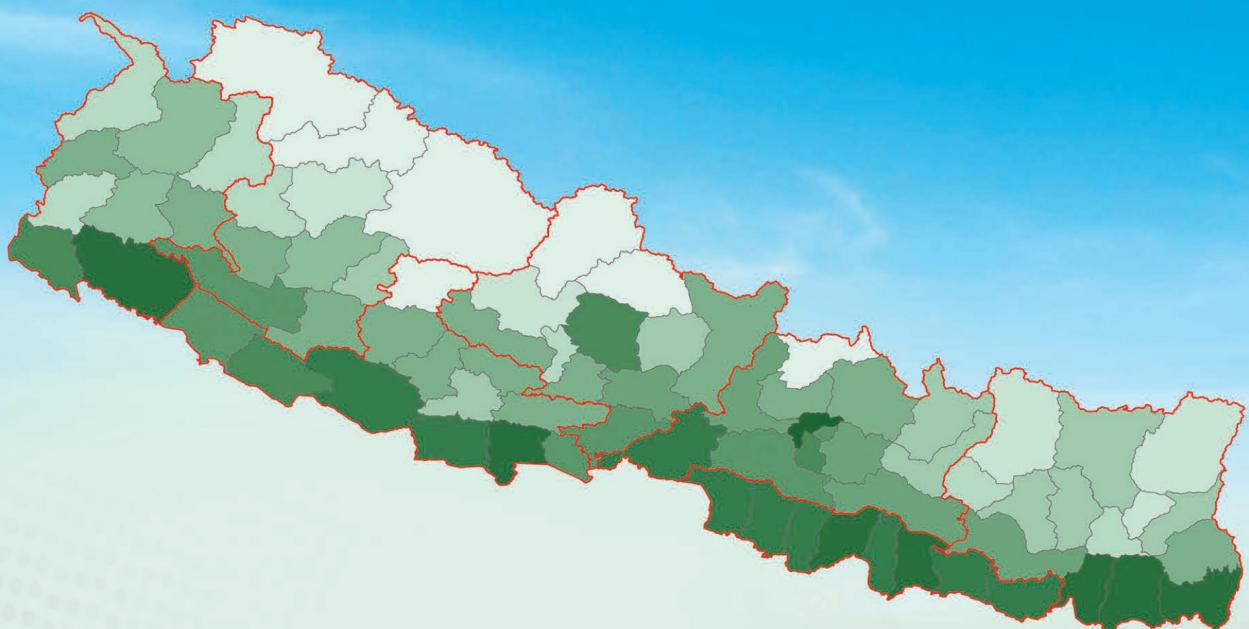
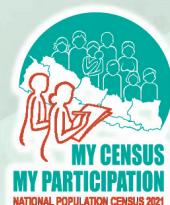


# National Population and Housing Census 2021

## Persons with Disabilities in Nepal



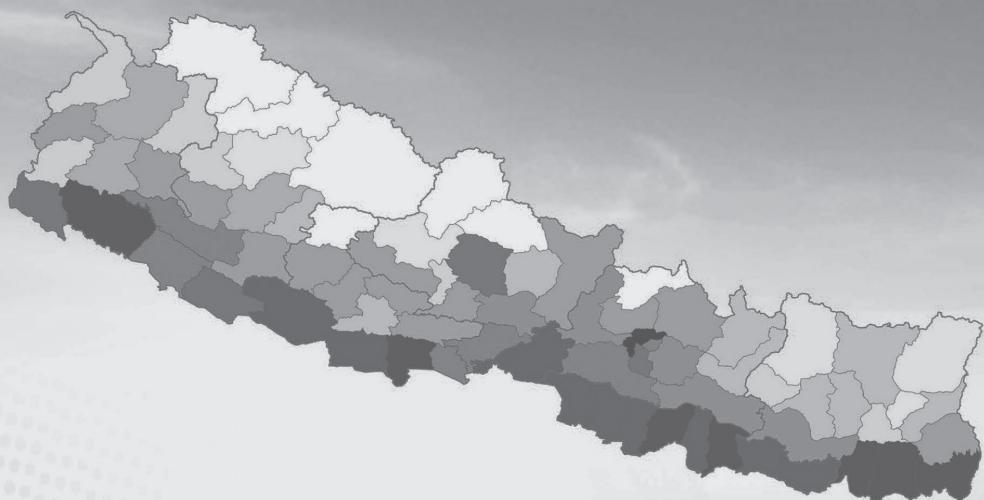
Government of Nepal  
Office of the Prime Minister and Council of Ministers  
**National Statistics Office**  
Thapathali, Kathmandu



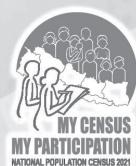


# National Population and Housing Census 2021

## Persons with Disabilities in Nepal



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Thapathali, Kathmandu



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The National Population and Housing Census (NPHC) is the only source that consistently provides demographic and housing data down to the lowest administrative unit, i.e., the Ward. To meet the needs of a broad range of users, we have included brief explanations of the data in our reports. Over the years, the National Statistics Office (NSO) has focused not just on statistical reports but also on valuable analytical ones that cater to a wide audience, both within and outside the country. The production and dissemination of quality statistics are not merely public goods but national resources in the data and information age.

Persons with disabilities constitute an integral part of Nepal's population and society. Understanding their situation is crucial not only from a human rights perspective but also from socio-economic and development planning standpoints. This report highlights key issues related to disability and its interlinkages with education, employment, health, social protection and participation in community life. The findings will be useful for designing inclusive policies and programmes that ensure equal opportunities, enhance social inclusion and reduce disparities. By addressing the challenges and harnessing the potential of persons with disabilities, Nepal can move towards a more just, equitable and sustainable development pathway.

I am pleased to present the report *Persons with Disabilities in Nepal*. This report, based on data from the National Population and Housing Census (NPHC) 2021, provides a detailed analysis of disability patterns and their implications for inclusive development.

I extend my appreciation to all contributors for their dedication in bringing this important analysis to light. I am confident that these findings will guide policymakers and planners in shaping development strategies for a more prosperous and sustainable future.

I would like to specifically commend the Population Section staff for their tireless efforts in generating data, providing support, and reviewing the report. The Head of the Social Statistics Division at NSO played a crucial role in coordinating all activities and I greatly appreciate his contributions. Special thanks to disability experts Mr. Keshab Kumar Gautam and Mr. Manish Prasai for analyzing crucial data and presenting important findings, and to Mr. Uttam Narayan Malla, former Director General of the Central Bureau of Statistics, for reviewing the report from a government perspective. I also acknowledge the technical support provided by the United Nations Development Programme (UNDP).

Lastly, I encourage constructive feedback from our users to improve future editions of this report.

Dr Kamal Prasad Pokhrel  
Chief Statistician

December 2025



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### **Additional Support**

1.	Mr. Atul Joshi	Map Designer	Map generation
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## कार्यकारी सारांश

विभिन्न कारणहरूले गर्दा मानिसहरूमा अपाङ्गता रहेको हुनसक्छ। अपाङ्गताको विद्यमानता जुनसुकै वर्ग, जातजाति, भौगोलिक क्षेत्र, समूह, समुदाय र समाजमा हुनसक्ने भएकोले यसलाई एक विश्वव्यापी मुद्दाका रूपमा लिइन्छ। जन्मजात कारणहरूदेखि बाहेक मानिसहरूमा शारीरिक, मानसिक, बौद्धिक वा युद्ध, दुर्घटना, रोग, महामारी, विपत्, उपचारजन्य लापर्बाही वा गल्तीका कारणबाट पैदा हुने इन्द्रियगत अशक्तता रहेको हुनसक्छ। अन्य विविध शारीरिक कठिनाइका साथसाथै सञ्चारसम्बन्धी व्यवधानका कारण यस्तो अवस्थाको सामना गरिरहेका व्यक्तिहरूले सामाजिक भेदभावको अनुभूति गर्दछन् र अपाङ्ग भएको व्यक्ति भए जीवनयापन गर्न बाध्य हुन्छन्। यसबाहेक मानिसहरूको जीवनशैलीमा देखिएको वर्तमान परिवर्तनका साथसाथै निरन्तर बढ्दो दरमा रहेका नसर्ने रोगहरू वा दीर्घ कालसम्म रहने स्वास्थ्य स्थितिको परिणामस्वरूप यस प्रकारका कठिनाइहरूको सामना गर्ने मानिसहरूको सङ्ख्या वृद्धि भइरहेको छ।

शताब्दीअँसम्म अपाङ्गता कुनै न कुनै रूपमा विश्वव्यापी बहसको विषय रहेको भए तापनि अपाङ्गता भएका व्यक्तिहरूको महासन्धिको अनुमोदनपछि अपाङ्गताको सवाललाई औपचारिक रूपमै अधिकारका रूपमा स्वीकार गरिएको पाइन्छ। यस अन्तर्राष्ट्रीय कानुनी साधनले अपाङ्गताका सवालहरूलाई विकासका अन्य मुद्दाहरूसँग आबद्ध गर्दै समावेशी विकासको एक अंशका रूपमा अङ्गीकार गरेको मात्र छैन अपितु यसको महत्वलाई पनि बढावा दिएको छ। दिगो विकासका लक्ष्यहरू अन्तर्गत अपाङ्गता भएका व्यक्तिहरूलाई पनि प्रमुख लाभग्राहीका रूपमा स्वीकार गरिएको छ।

वर्तमान विश्वमा अपाङ्गतासँग जोडिएका सवालहरूलाई सम्बोधन गर्नका लागि विद्यमान प्रमुख चुनौतीका रूपमा परस्पर तुलनीय, विश्वसनीय र विस्तृत तथ्याङ्कको अभावलाई लिन सकिन्छ। अपाङ्गता शारीरिक, मानसिक, बौद्धिक वा इन्द्रियजन्य अशक्तताको कारणबाट हुने हुनाले यससँग सामाजिक भेदभाव र वातावरणीय व्यवधानहरूसमेत सम्मिलित भए आउने गर्दछन्। अपाङ्गताभित्रको विविधता, अपाङ्गता मापनका प्राविधिक जटिलताका साथसाथै परिभाषा, बुझाइ र देशहरूसापेक्ष सामाजिक दृष्टिकोणले गर्दा अन्तर्राष्ट्रीय रूपमा तुलनीय र सामज्जस्यतायुक्त तथ्याङ्क सङ्कलनमा अनेक कठिनाइ विद्यमान रहेका छन्।

सन् २००१ देखि विश्व स्वास्थ्य संगठनले कार्यगत अपाङ्गता र स्वास्थ्यको वर्गीकरणमार्फत कार्यगत विधिको अनुमोदन गर्चो। त्यसबाट अपाङ्गताको स्तर र लेखाजोखामा उल्लेख्य सधाउ पुयो। पछिल्ला दशकमा वासिंगटन ग्रुप अन डिसाबिलिटी स्टाइस्टिक्सले अपाङ्गतासम्बन्धी तथ्याङ्क सङ्कलनका लागि सिफारिस गरेका स्तरीय विधि र औजारले गर्दा यस क्षेत्रमा विश्वव्यापी गति र उत्साह थपिएको छ। खासगरी यी विधिहरूको प्रभावकारिता निरन्तर बढिरहेको देखिन्छ।

नेपालमा वि.सं. २०३९ देखि राज्यले कानुनद्वारा अपाङ्गताका सवालहरूलाई सम्बोधन गर्न थालेको देखिन्छ । अपाङ्गता भएका व्यक्तिहरूको अधिकारसम्बन्धी महासन्धिको हस्ताक्षरकर्ता राष्ट्र भइसकेपछि नेपालको सर्विधानमा अपाङ्गता भएका व्यक्तिहरूको मौलिक हकका साथसाथै अन्य प्रावधानमार्फत अपाङ्गताका सवालहरूलाई सरकारले आत्मसात गरेको देखिन्छ । समानताको हक, सामाजिक न्यायको हक, शिक्षाको हक, भेदभावविरुद्धको हक र प्रतिनिधिसभा तथा प्रदेशसभामा समानुपातिक प्रतिनिधित्वको सुनिश्चिततासहित अपाङ्गतानिर्दिष्ट प्रावधानहरू सम्बोधन भएको देखिन्छ ।

अपाङ्गता भएका व्यक्तिहरूको संवैधानिक अधिकार र अपाङ्गता भएका व्यक्तिहरूको अधिकारसम्बन्धी महासन्धिमा उल्लिखित व्यवस्थाहरूको कार्यान्वयन गर्ने सिलसिलामा नेपाल सरकारले पुरानो अपाङ्ग संरक्षण तथा कल्याण ऐन, २०३९ लाई प्रतिस्थापन गर्दै अपाङ्गता भएका व्यक्तिहरूको अधिकारसम्बन्धी ऐन २०७४ कार्यान्वयनमा ल्याएको छ । यस ऐनले अपाङ्गताको आधारमा हुने कुनै पनि भेदभावलाई कसुर मानेको छ । ऐनले शिक्षा, स्वास्थ्य, रोजगारी, पुनर्स्थापना, सामाजिक सुरक्षामा समान पहुँच र सामुदायिक सुविधा, राजनीतिक अधिकार, विकास र सशक्तीकरण उपरको अधिकार सुनिश्चित गरेको छ ।

यस प्रतिवेदनमा वि.सं. २०७८ को जनगणनाबाट सङ्कलित अपाङ्गतासम्बन्धी तथ्याङ्को गहन विश्लेषण प्रस्तुत गरिएको छ । यसमा अपाङ्गता भएका व्यक्तिहरूको सामाजिक, आर्थिक र जनसाइखियकीय अवस्थाका विभिन्न आयामहरूको तुलनात्मक अध्ययन प्रस्तुत गरिएको छ । यसका प्रमुख प्राप्तिहरूलाई यहाँ प्रस्तुत गरिएको छ ।

जनगणनाको तथ्याङ्कले नेपालको कुल जनसङ्ख्यामध्ये २.२ प्रतिशत व्यक्तिहरूमा कुनै न कुनै प्रकारको अपाङ्गता रहेको देखाएको छ । संस्थागत परिवारहरूभित्र उल्लेखनीय रूपले १.९५ प्रतिशत सदस्यहरूमाझ अपाङ्गता रहेको देखिन्छ जहाँ प्रतिसय परिवारमा ६४६ जनामा अपाङ्गता विद्यमान छ जुन गैरसंस्थागत परिवारको तुलनामा अत्यधिक रहेको स्पष्ट छ । खासगरी ग्रामीण क्षेत्र, हिमाल र पहाडमा अपाङ्गता विद्यमानतादर निकै नै उच्च रहेको छ । दुर्गम जिल्लाहरूको आधिक्य रहेको कर्णाली प्रदेशमा पनि अपाङ्गता विद्यमानतादर अधिक रहेको छ । अपाङ्गताको प्रकारको आधारमा शारीरिक अपाङ्गताको सघनता सातै प्रदेश, तीनओटै भौगोलिक क्षेत्र र ग्रामीण तथा सहरी क्षेत्रमा विद्यमान रहेको छ ।

तथ्याङ्कले अपाङ्गता महिलाको तुलनामा पुरुषहरूमा बढी रहेको देखाएको छ । अपाङ्गता भएका पुरुष र महिलाको अनुपात ११८.५ रहेको देखिन्छ । परिवारमुलीका रूपमा अपाङ्गता भएका व्यक्तिहरूको उपस्थिति पनि उल्लेखनीय रूपले उच्च रहेको पाइएको छ । अपाङ्गता भएका कुल ५ लाख ५९ हजार १०९ परिवारहरूमध्ये ३६.८ अर्थात् २ लाख ५ हजार ५ सय ५५ परिवारहरूको मुली अपाङ्गता भएका व्यक्तिहरू रहेका छन् । यी परिवारहरूमा पुरुषहरूकै बाहुल्य रहेको छ । करिब ७४ प्रतिशत परिवारको नेतृत्व अपाङ्गता भएका पुरुषले गरेका छन् भने बाँकी २६ प्रतिशत परिवारहरूमा अपाङ्गता भएका महिलाहरू परिवारमुलीका रूपमा रहेका छन् । यसबाहेक बढ्दो उमेर सँगसँगै अपाङ्गताको विद्यमानतादर क्रमशः बढ्दै गरेको पाइन्छ । खासगरी ६०-६४ वर्ष उमेर समूहदेखि अपाङ्गता उल्लेखनीय रूपले वृद्धि हुन थालेको देखिन्छ । यसले उमेरसँग सम्बन्धित स्वास्थ्यमा हुने गिरावटलाई प्रतिविम्बित गरेको मान्न सकिन्छ ।

तथ्याङ्कले अपाङ्गता नभएका व्यक्तिहरूको तुलनामा अपाङ्गता भएका व्यक्तिहरूको शैक्षिक अवस्थामा निकै नै असमानता रहेको तथ्यलाई उजागर गरेको छ । अपाङ्गता भएका करिब ५० प्रतिशत जनसदृख्या निरक्षर रहेको देखिन्छ जुन अपाङ्गता नभएका निरक्षरको हिस्सा अर्थात् २३.१ प्रतिशतभन्दा लगभग दुईगुणा नै अधिक देखिन्छ । अपाङ्गता भएका व्यक्तिहरूतर्फ आधारभूत शिक्षा (कक्षा १-८) पूरा गर्नेहरूको हिस्सा करिब २७ प्रतिशत रहेको छ भने गैरअपाङ्गतर्फ यो मान ३७.२ प्रतिशत रहेको छ । माध्यमिक शिक्षातर्फ यो खाडल भन् फराकिलो हुँदै गएको देखिन्छ । अपाङ्गता भएका केवल १५.९ प्रतिशत व्यक्तिहरूले मात्र यो तह पूरा गरेको देखिन्छ जब कि गैरअपाङ्गतर्फ यो मान २९.१ प्रतिशत रहेको छ । यसले विद्यार्थीहरूलाई विद्यालयमा आबद्ध गर्ने दिशामा विशेष चुनौती रहेको तथ्यलाई सङ्केत गरेको मान्न सकिन्छ । उच्च शिक्षामा पहुँचको अवस्थालाई हेर्ने हो भने भन् नाजुक अवस्था विद्यमान रहेको देखिन्छ । अपाङ्गता भएका केवल २.४ प्रतिशत व्यक्तिहरूले मात्र स्नातक वा सोभन्दा माथिको शिक्षा पूरा गरेका छन् जब कि गैरअपाङ्ग व्यक्तिहरूतर्फ यो मान ५.२ प्रतिशत रहेको छ । अपाङ्गताको प्रकारअनुसार तुलना गर्दा बौद्धिक अपाङ्गतर्फ ७९.४ प्रतिशत र अटिजमतर्फ ६९.३ प्रतिशतले उपयुक्त शैक्षिक वातावरणको विषम अवस्थालाई प्रतिविम्बित गरेको अवस्था छ ।

काम गर्ने सक्रिय उमेर समूह (१५-१९) भित्र अपाङ्गता भएका र नभएका व्यक्तिहरूको जीवनयापनलाई हेर्दा आर्थिक क्रियाकलापमा संलग्नताको स्थितिमा उल्लेखनीय भिन्नता रहेको देखिन्छ । अपाङ्गता भएका सो उमेर समूहका केवल ६४.१ प्रतिशत आर्थिक रूपले सक्रिय देखिन्छन् भने सोही उमेर समूहका तर अपाङ्गता नभएका व्यक्तिहरूको यस्तो अनुपात करिब ७४ प्रतिशत रहेको छ । यसप्रकारको असमनाताले ती व्यक्तिहरूका लागि शिक्षा, सिप विकास र रोजगारीका अवसरहरूमा पहुँच प्राप्त गर्न व्यवधान रहेको दर्शाउँछ । अपाङ्गता भएका तर रोजगारीमा रहेका व्यक्तिहरूमध्ये ६१.५ प्रतिशत स्वरोजगार रहेका वा आपै काम गर्नेहरू छन् । तीमध्ये ३२.२ प्रतिशत उद्योगहरूमा काम गर्दछन् । अपाङ्गता नभएका व्यक्तिहरूतर्फ स्वरोजगारहरूको हिस्सा ५९.३ प्रतिशत र उद्योगहरूमा काम गर्नेहरू ३५.१ प्रतिशत रहेको देखिन्छ । रोचक तथ्य यो छ कि अपाङ्गता भएका व्यक्तिहरूको व्यवस्थापकीयभन्दा सहायकस्तरका प्रकृतिका कामहरूमा तुलनात्मक रूपले उच्च प्रतिनिधित्व रहेको छ । अपाङ्गता भएका व्यक्तिहरूतर्फ यो मान करिब ५ प्रतिशत छ भने नभएका व्यक्तिहरूतर्फ २ प्रतिशत हाराहारी रहेको छ । प्राविधिक र अरू पेसासम्बन्धित कार्यमा अपाङ्गता भएका व्यक्तिहरू करिब ४ प्रतिशत छन् भने अपाङ्गता नभएका व्यक्तिहरूमध्ये करिब ३ प्रतिशत मात्र छन् ।

सूचना र सञ्चारमाथिको पहुँचलाई दृष्टिगत गर्दा कुनै सदस्य अपाङ्ग भएका परिवारतर्फ रेडियो सुविधामा पहुँच करिब ३७ प्रतिशतको छ भने अपाङ्गता भएका सदस्य नहुने परिवारतर्फ यो मान केवल ३४ प्रतिशत रहेको छ । यसले रेडियोलाई सञ्चारको अलि बढी रुचाइएको माध्यमका रूपमा देखाएको छ । टेलिभिजन सुविधाको पहुँचमा भने उल्लेखनीय विषमता विद्यमान रहेको देखिन्छ । अपाङ्ग सदस्य नभएका परिवारमध्ये ५० प्रतिशतमा टेलिभिजन सुविधा रहेको छ भने कुनै अपाङ्ग सदस्य भएका परिवारमध्ये ४३.३ प्रतिशतसँग मात्र यस्तो सुविधा रहेको देखिन्छ । अपाङ्ग व्यक्ति भएका र नभएका दुवै प्रकारका परिवारहरूको स्मार्टफोनमाथिको पहुँच तुलनात्मक रूपले उच्च रहेको देखिन्छ । पहिलो समूहको हकमा यसको मान ६५.६ प्रतिशत र दोस्रो समूह (अपाङ्ग सदस्य नहुने) को हकमा यो मान करिब ७४ प्रतिशत रहेको छ । तथापि, यसमा विद्यमान रहेको भण्डै ८ प्रतिशत अन्तरले

कुनै न कुनै प्रकारको व्यवधानलाई सङ्केत गरेकै बुझ्न सकिन्छ । कम्प्युटर वा ल्यापटप सुविधामाथिको पहुँच समग्रमा न्यून नै देखिन्छ । अपाङ्ग सदस्य नभएका परिवारमध्ये यस्तो पहुँच १५.४ प्रतिशतमा छ भने अपाङ्ग सदस्य भएका परिवारमा यो मान १०.३ प्रतिशतमा सीमित छ । यसले आर्थिक क्षमता र पूर्वाधारजन्य चुनौतीलाई इङ्गित गरेको छ । इन्टरनेट सुविधामाथिको पहुँच पनि अपाङ्गता भएका व्यक्ति भएको परिवार र नभएका परिवारमा फरक देखिन्छ । अपाङ्ग सदस्य भएका परिवारतर्फ करिब ३१ प्रतिशतको इन्टरनेटमा पहुँच देखिन्छ भने अपाङ्ग सदस्य नभएका परिवारमध्ये ३८.४ प्रतिशतको इन्टरनेटमा पहुँच रहेको स्थिति छ । यसले पनि प्रत्यक्षतः अपाङ्गता भएका व्यक्तिहरूलाई डिजिटल संसारमा सामाजिक रूपले जोडिने अवस्थाबाट केही हदसम्म वज्ज्वत रहेको अवस्थालाई प्रतिविम्बित गरेको छ ।

निष्कर्षमा, अपाङ्गतासम्बन्धी तथ्याङ्क सङ्कलनका लागि भएका प्रयासबाट नेपाल सरकारले यस सवाललाई पछिल्लो समयमा प्रस्तुत गर्दै आएको प्रतिबद्धतालाई उजागर गरेको छ । तथ्याङ्क सङ्कलन नै अन्तिम गन्तव्य होइन । यो एक साधन मात्र हो जसले नीति, योजना र कार्यक्रमले निर्दिष्ट गरेका उद्देश्यहरूको प्राप्तिमा सहयोग गर्दछ । तथ्याङ्कले अपाङ्गता भएका व्यक्तिहरूको वास्तविक अवस्थालाई स्पष्टसँग प्रतिविम्बित गरेको हुँदा उनीहरूको जीवनमा अर्थपूर्ण परिवर्तन ल्याउनका लागि यस्तो सूचना र तथ्याङ्कको नीति निर्माण र निर्णय प्रक्रियामा कति उपयोग गरिन्छ भन्ने सवाल महत्वपूर्ण रहन्छ । यी सबै विकास र असल अभ्यासहरू हुँदाहुँदै पनि अपाङ्गतासम्बन्धी तथ्याङ्क सङ्कलनमा उन्नत विधि, औजार र कार्यमूलक पद्धतिको अवलम्बन अपरिहार्य देखिन्छ जसले हाप्रो तथ्याङ्क देशभित्र र अन्तर्राष्ट्रिय रूपमा पनि तुलनीय हुने गुज्जायस प्रस्तुत गर्दछ ।

## EXECUTIVE SUMMARY

Due to various reasons, individuals may have to experience conditions of disability. Since persons with disabilities exist across all classes, genders, castes, geographic regions, levels, groups, communities, and societies, disability is a global issue. Apart from congenital causes, individuals may acquire different types of physical, mental, intellectual, or sensory impairments due to war, accidents, disease, pandemics, disasters, medical negligence, or errors. Social discrimination against people who must live with such difficulties, along with various physical and communication-related barriers they face, leads them to live in a state of disability. Moreover, due to recent changes in human lifestyles as well as increased life expectancy and growing prevalence of non-communicable diseases or chronic health conditions, the number of people experiencing such difficulties is increasing.

Although disability has remained a topic of discussion in some form or another globally for centuries, it was only after the adoption of the Convention on the Rights of Persons with Disabilities (CRPD) that disability issues were formally recognized as subject to rights. This international legal instrument emphasized the need to address disability issues as a part of inclusive development by linking them with various other development agendas, thereby increasing its significance. Furthermore, as the Sustainable Development Goals (SDGs) have explicitly included persons with disabilities among the primary beneficiaries, it has motivated governments to address these issues more practically and effectively.

One of the major global challenges today in addressing disability issues is the lack of comprehensive, comparable and reliable data. Since disability is a condition resulting from physical, mental, intellectual, or sensory impairments, combined with social discrimination and environmental barriers, the diversity associated with it, the technical complexities in measuring disability, and the varying definitions, understanding, and social perspectives across countries make it difficult to collect internationally comparable and consistent disability data.

Since 2001, the World Health Organization's adoption of the functioning-based approach provided standards to define and assess disability when it released "International Classifications of Functions, Disability and Health (ICF)". The recent efforts by the Washington Group on Disability Statistics to standardize methods and tools for collecting disability data, has also created strong global momentum and optimism in this area—especially as the effectiveness of these approaches becomes increasingly evident.

In Nepal, the state began addressing disability issues somehow through legislation starting from the year 2039 B.S. (1982 A.D.). After becoming a State Party to CRPD, the Government of Nepal incorporated disability-related issues under fundamental rights and other provisions in the Constitution of Nepal 2072. Disability specific provisions are addressed under the provision of

right to equality, the right to social justice, the right to education, the right against discrimination, and the right to representation in the House of Representatives and Provincial Assemblies through a proportional representation system.

To enforce the constitutional rights of persons with disabilities and the provisions of the CRPD, the government repealed the old Disability Protection and Welfare Act of 2039 B.S. and introduced the Act on the Rights of Persons with Disabilities, 2074 B.S. (2017 A.D.). This Act criminalizes any form of discrimination based on disability and guarantees persons with disabilities equal access to education, health, employment, rehabilitation, social security, accessibility, community services, and political rights for their development and empowerment.

To ensure the effective implementation of the provisions in this Act, a separate Regulation was issued in 2077 B.S. (2020 A.D.). Additionally, in 2080 B.S. (2023 A.D.), a National Policy on Disability was introduced, which outlines various policies and strategies for the development and empowerment of persons with disabilities.

Apart from dedicated legal and policy frameworks on disability, several sectoral laws also address disability-related concerns. Notable among these are the Education Act, 2028 B.S. (1971 A.D.); Civil Service Act, 2049 B.S. (1993 A.D.); Public Health Act, 2075 B.S. (2018 A.D.); Local Government Operation Act, 2074 B.S. (2017 A.D.); Social Security Act, 2075 B.S. (2018 A.D.); and the Compulsory and Free Education Act, 2075 B.S. (2018 A.D.)

No matter how many provisions are included in the law, implementing them in practice requires the development of various programs and plans—and for that, the most essential requirement is comprehensive and reliable data. Keeping this in mind, Nepal has also been making continuous efforts to improve the collection, management, and use of disability-related data. These efforts have been ongoing for years and have gradually evolved and improved over time.

Looking at the history of disability data collection in Nepal, disability-related question existed in some form in Nepalese population censuses since the fifth census 2009/2011 B.S. (1952/1954 A.D.). Over time, this process has become more refined and organized. Compared to earlier censuses, the disability-related questions became significantly more specific and structured from census 2058 B.S. In this respect, the latest census 2078 B.S. incorporated definition of disability based on impairment, difficulty and barriers in functioning outlined in the Act on the Rights of Persons with Disabilities, 2074 B.S. (2017 A.D.) and the classification of disability included in it despite the recommendations made by the UNFPA to use WG-Short set.

Similarly, other surveys conducted for various purposes by the Government also incorporates disability-related questions. The most recent Nepal Living Standards Survey, Nepal Multiple Indicators Cluster Survey and Nepal Demographic and Health Survey have also collected disability-related data. In contrast to the census, these surveys use function-based disability data collection. However, they have sample size limitations to get disaggregated statistics at the lower level. In addition to data provided by the censuses and surveys, there exists a pool of administrative data generated while providing the disability identity card and distributing social security allowance by

the Government to persons with disability. However, the data lacks international comparability and suffers from issues like measurement, under and over reporting. In addition to government-level data collection efforts, various non-governmental organizations have also contributed to addressing the data gap in this field by conducting small-scale qualitative and quantitative surveys or studies though they are time and space specific.

In recent times, whether through national censuses or dedicated disability surveys, there has been a growing trend at the international level to use the data collection methods and tools developed by the Washington Group on Disability Statistics. These methods have been successfully applied in countries of all types—developed, developing, and least developed.

This report provides an in-depth analysis of the disability-related data collected from the 2021 census, offering a comparative examination of various dimensions of the social, economic, and demographic status of persons with disabilities. Some major highlights are presented below:

The census data reported that a 2.2 percent of Nepal's total population is living with some form of disability. A notably high concentration of persons with disabilities (1.95%) is found in institutional households, where the prevalence reaches 646 individuals per 100 households—much higher than in non-institutional households. Disability prevalence is generally higher in rural areas, mountain and hill regions, and provinces with much remoteness such as Karnali. Among all types of disabilities, physical disability has the highest prevalence rate and consistently ranks first across all provinces, ecological zones, and both urban and rural areas.

The data shows that disability is more common among males, with a male-to-female sex ratio of 118.5 among persons with disabilities. A notable proportion of persons with disabilities also serve as household heads; out of 559,109 households with disabled members, 36.76 percent (205,555 households) are headed by individuals with disabilities, with a significant gender gap—73.57 percent are male-headed and only 26.43 percent female-headed. Additionally, disability prevalence increases with age, especially among the elderly, with a marked rise beginning from the 60–64 age group, reflecting typical patterns of age-related health decline.

The data highlights that, the education status of persons with disabilities in Nepal reveals significant disparities compared to those without disabilities. Nearly half (49.8%) of persons with disabilities are illiterate, more than double the rate (23.1%) of the non-disabled population. Only 26.7 percent have completed basic education (grades 1–8), compared to 37.2 percent of their peers without disabilities. The gap widens further at the secondary level, with just 15.9 percent of persons with disabilities reaching this stage, compared to 29.1 percent of those without disabilities, indicating major challenges in student retention. Access to higher education is even more limited—only 2.4 percent of persons with disabilities attain a bachelor's degree or higher, compared to 5.2 percent of non-disabled individuals. Among disability types, illiteracy is especially high among persons with intellectual disabilities (79.4%) and autism (69.3%), pointing to a critical lack of tailored educational support.

Looking at the livelihood status there is a notable economic participation gap between persons with and without disabilities in the prime working age group (15-59 years), with only 64.1 percent of persons with disabilities being economically active compared to 73.7 percent of those without disabilities. This gap highlights barriers in accessing education, skill development, and employment opportunities. Among employed persons with disabilities, a majority (61.5%) are self-employed as own-account workers, while 32.2 percent work as employees in firms; in contrast, persons without disabilities have a slightly lower rate of self-employment (59.3%) and higher employment as firm employees (35.1%). Interestingly, persons with disabilities have greater representation in certain occupations such as clerical support (4.85% vs. 2.01%) and technical and associate professional roles (3.80% vs. 2.88%), indicating that these sectors may be relatively more inclusive.

Regarding the access to information and communication the data shows that households with persons with disabilities show slightly higher access to radios (36.9%) compared to those without disabilities (34%), indicating radio remains as more preferable communication medium. However, there is a noticeable gap in television access, with only 43.3 percent of households with disabilities having TVs versus 50 percent of households without disabilities. Smartphone access is relatively high for both groups—65.6 percent for households with disabilities and 73.7 percent for those without—but the 8.1 percentage point gap highlights ongoing barriers. Access to computers and laptops is low overall, with 10.3 percent of households with disabilities and 15.4 percent of those without, reflecting economic and infrastructure challenges. Internet access is also limited—30.9 percent for households with disabilities compared to 38.4 percent for those without—revealing a significant digital divide that may exacerbate social exclusion for persons with disabilities.

In conclusion, Nepal's recent efforts in disability data collection reflect the government's growing commitment on the issue. However, data in itself is not the end goal—it is a tool to be used in achieving the objectives set by policies, programs, and plans. While the data has clearly highlighted the situation of persons with disabilities, the real test lies in using this information to implement programs and initiatives that bring meaningful change to their lives. Furthermore, despite all these development and good practices, Nepal still needs to improve its data collection methods and tools, especially by adopting the function-based approach, to ensure coverage within the country and comparability at the international level.

# CONTENTS

<b>कार्यकारी सारांश</b>	<b>i</b>
<b>EXECUTIVE SUMMARY</b>	<b>v</b>
<b>CONTENTS</b>	<b>ix</b>
<b>LIST OF TABLES/BOXES</b>	<b>xi</b>
<b>LIST OF FIGURES/MAPS</b>	<b>xiv</b>
<b>ABBREVIATIONS</b>	<b>xv</b>
<b>CHAPTER ONE: INTRODUCTION</b>	<b>1</b>
1.1. Background and Context	1
1.2. Objectives	3
1.3. Data sources and analytical domains	3
1.4. Organization of Report	4
<b>CHAPTER TWO: CONCEPTUAL FRAMEWORK ON MEASUREMENT OF DISABILITY</b>	<b>5</b>
2.1 An overview on measuring disability in international context	5
2.2 An overview on measuring disability in national context	10
<b>CHAPTER THREE: DATA QUALITY EVALUATION</b>	<b>19</b>
<b>CHAPTER FOUR: DATA ANALYSIS</b>	<b>23</b>
4.1. Disability prevalence	23
i. Disability prevalence in institutional and non-institutional households.	23
i. Disability prevalence in institutional and non-institutional households.	23
iii. Distribution of disability by type and sex, NPHC 2021	28
iv. Provincial distribution of persons with disability by type	30
v. Distribution of number of persons with and without disabilities by urban-rural area	31
vi. Disability prevalence rate for selected area	31
vii. Disability Gender Parity Index (DGPI)	34
4.2. Demographic characteristics of persons with disabilities	36
a. Households headed by persons with disabilities	36
b. Age-sex structure of persons with and without disabilities	39
c. Marital status of persons with disabilities	45
i. Marriage formation	47
ii. Marriage disruption	50

d. Birth registration status of children with disabilities	53
<b>4.3. Socio-economic Characteristics</b>	<b>54</b>
a. Disability and access to education	54
i. Literacy	55
ii. Education level attained	58
iii. School attendance by age group	61
iv. School attendance rate of children by sex	62
v. School attendance rate by types of disability	65
b. Access to employment opportunities	67
i. Economic activity status for persons 10 years and above	67
ii. Economically active population with and without disability 15-59 years and level of education	69
iii. Economically active population 15-59 years by type of disability and sex	70
iv. Comparison of status in employment and occupation of persons with and without disability aged 15-59 years	72
c. Disability and Wealth-status	77
i. Disability prevalence by wealth index quintile	77
ii. Comparison between persons with and without disabilities by wealth index quintiles	79
iii. Disability prevalence by types of disability based on level of functioning (NLSS-IV)	80
iv. Disability and poverty rate (NLSS-IV)	81
d. Disability and castes and ethnicity	83
<b>4.4. Household characteristics of persons with disabilities.</b>	<b>84</b>
a. Family structure	84
b. Types of housing units	86
c. Access to improved source of drinking water	88
d. Access to toilets	91
e. Access to information and communication devices	93
f. Female ownership in fixed assets	97
g. Ownership of non-agricultural small enterprises	99
<b>CHAPTER FIVE: FINDINGS AND RECOMMENDATIONS</b>	<b>101</b>
a. Findings	101
b. Policy recommendations	107
<b>REFERENCES</b>	<b>111</b>
<b>ANNEXES</b>	<b>113</b>

## LIST OF TABLES/BOXES

Table 2.1:	Key Differences between ICF and CRPD	7
Box 2.1:	Disability, Barriers, and the challenge of data collection	8
Table 2.2:	Disability-related questions in various censuses of Nepal	10
Box 2.2:	Disability Data, Definitions, and the CRPD: Nepal's 2018 review	15
Table 2.3:	Disability prevalence rates of Nepal from population censuses, 2038-2078	13
Box 2.3:	Key disability specific legal frameworks	18
Table 2.4:	Prevalence of disability by different surveys in Nepal	14
Table 2.5:	Types of disability used in NPHC 2021 questionnaire	17
Table 4.1:	Number of persons and households with and without disability, and disability prevalence rate in institutional and non-institutional households, NPHC 2021.	24
Table 4.2:	Comparison of percent distribution of population with and without disability in NHPC 2011 and NHPC 2021, both sexes	26
Table 4.3:	Percentage of persons with disabilities by types of disabilities and province, NPHC 2021	30
Table 4.4:	Number and percentage of persons with and without disabilities by rural-urban area, NPHC 2021	31
Table 4.5:	Disability Prevalence Rate, sex ratio and Disability Gender Parity Index (DGPI) by urban-rural area, ecological region and province, NPHC 2021	32
Table 4.6:	Top and bottom ten districts with highest and lowest disability prevalence rates, NPHC 2021	34
Table 4.7:	Top and bottom ten districts with highest and lowest Disability Gender Parity Index (DGPI), NPHC 2021	35
Table 4.8:	Number of households headed by persons with and without disabilities by sex, NPHC 2021	36
Table 4.9:	Number of households headed by persons with disabilities by age group, NPHC 2021	38
Table 4.10:	Number of persons with and without disabilities by age groups and sex, NPHC 2021	39

Table 4.11: Marital status of persons 10 years of age and above with and without disabilities by sex, NHPC 2021	46
Table 4.12: Percentage of marital status of persons with and without disabilities by age groups and sex.	48
Table 4.13: Percentage distribution of marriage disruption among persons with and without disabilities by sex, NPHC 2021	51
Table 4.14: Birth registration status of children 5 years and below with and without disability, NPHC 2021	53
Table 4.15: Literacy rates of persons with and without disabilities 5 years and above, NHPC 2021	55
Table 4.16: Literacy rates of persons with and without disabilities 5 years and above by disability type and sex, NHPC 2021	57
Table 4.17: Percentage distribution of persons with and without disabilities attending school/colleges and other opportunities of study, NPHC 2021	61
Table 4.18: School attendance status (%) of children with and without disabilities by sex, NPHC 2021	63
Table 4.19: School attendance status (%) of persons with disability by type, NPHC 2021	65
Table 4.20: Distribution of economically active individuals with and without disabilities 10 years and above by broad age groups and sex, NPHC 2021	67
Table 4.21: Distribution of economically active population with disabilities aged 15-59 years by types of disability and sex, NPHC 2021	70
Table 4.22: Percentage distribution of persons with and without disabilities, aged 15-59, by employment or livelihood status, NPHC 2021	73
Table 4.23: Distribution of the number and percentage of persons with and without disabilities aged 15-59 by the types of occupation, NPHC 2021	74
Table 4.24: Percentage distribution of people with and without disabilities across wealth index quintiles, NPHC 2021	79
Table 4.25: Disability Prevalence rate by degree of urbanization, NLSS-IV 2022/23	80
Table 4.26: Poverty rate by degree of functional difficulties, NLSS-IV, 2022/23	82
Table 4.27: Disability prevalence rates by caste and ethnicity, and sex, NPHC 2021	83
Table 4.28: Total population with and without disabilities living in different family structures by sex, NPHC 2021	85
Table 4.29: Number and percentage of households with and without disabilities by the type of housing unit, NPHC 2021	87

Table 4.30: Number of households and persons with and without disabilities by their access to improved and unimproved source of drinking water, NPHC 2021	88
Table 4.31: Number of persons with and without disabilities by their access to source of drinking water, NPHC 2021	90
Table 4.32: Number of persons with and without disabilities by their access to toilet facilities, NPHC 2021	92
Table 4.33: Percentage of households with and without disabilities by access to various means of information and communication, NPHC 2021	94
Table 4.34: Percentage of individuals with and without disabilities by their access to various means of information and communication, NPHC 2021	96
Table 4.35: Percentage of households with and without disabilities by type of ownership of fixed assets (land and house) by women, NPHC 2021	97
Table 4.36: Number and percentage distribution of households of persons with and without disabilities by the types of small enterprises, NPHC 2021	100
Box: A2.1: Definition and Classification of Disability according to the Act Relating to the Rights of Persons with Disabilities 2017	113

## LIST OF FIGURES/MAPS

Figure 2.1: Interaction of ICF components	6
Figure 3.1: Disability-related question in NPHC 2021	19
Figure 4.1: Percentage of Institutional and Non-institutional households with at least one person with disabilities, NPHC 2021	24
Figure 4.2: Comparison of percent distribution of disability by type, NPHC 2011 and 2021, both sexes	28
Figure 4.3: Percent distribution of persons with disabilities by type, both sexes(total), males, females, NPHC 2021	29
Map 4.1: Disability prevalence rates by province and district, NPHC 2021	33
Map 4.2: Disability Gender Parity Index (DGPI) by province and district, NPHC 2021	35
Figure 4.4: Percentage distribution of household heads by type of disability and sex, NPHC 2021	37
Figure 4.5: Share of population with and without disability by age group and sex, NPHC 2021	40
Figure 4.6: Population pyramid of persons with and without disabilities, NPHC 2021	42
Figure 4.7: Age-specific disability prevalence rate by sex, NPHC 2021	43
Figure 4.8: Mean and median age (years) of population with and without disability by sex and disability type, NPHC 2021	44
Figure 4.9: Percentage distribution of married population with and without disability, NPHC 2021	50
Figure 4.10: Percentage distribution of marriage disruption among persons with and without disabilities, NPHC 2021	52
Figure 4.11: Percentage distribution of persons with and without disabilities by level of education, NPHC 2021	58
Figure 4.12: Percentage distribution of persons with disabilities by types of disability and level of education attained, NPHC 2021	59
Figure 4.13: Percentage distribution of economically active persons with and without disabilities by age groups, NPHC 2021	68
Figure 4.14: Percentage distribution of economically active population with and without disability aged 15-59 by level of education, NPHC 2021	69
Figure 4.15: Percentage distribution of persons with and without disabilities aged 15-59 by institutional sector of employment, NPHC 2021	76
Figure 4.16: Disability prevalence rate by wealth index quintile and sex, NPHC 2021	78
Figure 4.17: Percentage of persons with and without disabilities by their access to different source of drinking water, NPHC 2021	90

## ABBREVIATIONS

<b>ARRPD</b>	–	Act Relating to the Rights of Persons with Disabilities
<b>CBS</b>	–	Central Bureau of Statistics
<b>CFM</b>	–	Child Functioning Module
<b>CRPD</b>	–	Convention on the Rights of Persons with Disabilities
<b>DGPI</b>	–	Disability Gender Parity Index
<b>GDP</b>	–	Gross Domestic Product
<b>ICF</b>	–	International Classification of Functioning, Disability and Health
<b>ILO</b>	–	International Labour Organization
<b>LSMS</b>	–	Living Standards Measurement Surveys
<b>NMICS</b>	–	Nepal Multiple Indicators Cluster Survey
<b>NDHS</b>	–	Nepal Demographic and Health Survey
<b>NFDN</b>	–	National Federation of the Disabled Nepal
<b>NGO</b>	–	Non-governmental Organizations
<b>NLSS</b>	–	Nepal Living Standards Survey
<b>NPHC</b>	–	National Population and Housing Census
<b>NSO</b>	–	National Statistics Office
<b>OHCHR</b>	–	Office of the High Commissioner for Human Rights
<b>OPD</b>	–	Organization of Persons with Disabilities
<b>SDG</b>	–	Sustainable Development Goals
<b>SN</b>	–	Serial Number
<b>UNDP</b>	–	United Nations Development Programme
<b>UNESCO</b>	–	United Nations Educational, Scientific and Cultural Organization
<b>UNFPA</b>	–	United Nations Population Fund
<b>UNHCR</b>	–	United Nations High Commissioner for Refugees
<b>UNICEF</b>	–	United Nations Child Fund
<b>UNPRPD</b>	–	UN Partnership to Promote the Rights of Persons with Disabilities
<b>USAID</b>	–	United States Agency for International Development
<b>WG</b>	–	Washington Group
<b>WGQ</b>	–	Washington Group Questionnaires
<b>WHO</b>	–	World Health Organization



## CHAPTER ONE

### INTRODUCTION

#### 1.1. Background and context

Persons with disabilities represent one of the most marginalized and excluded groups in Nepal. They often face widespread barriers to accessing education, employment, healthcare, infrastructure, information, and political participation. Discrimination and stigma associated with disability, compounded by factors such as poverty, gender, ethnicity, and geography, significantly limit their ability to participate fully and equally in society. Fulfilling the rights and meeting the needs of persons with disabilities is not only a matter of human rights, but also a crucial step toward building inclusive and sustainable development.

Accurate measurement and understanding of disability are foundational to formulating effective policies and interventions. However, disability is a complex and multidimensional concept that goes beyond medical conditions to include physical, sensory, intellectual, and psychosocial impairments that, in interaction with various barriers, may hinder full participation in society. Adopting this functional approach, about 16 percent of the global population live with some form of disability (WHO, 2022).

Nepal has made national and international commitments to the rights and inclusion of persons with disabilities. The country is a signatory to the United Nations Convention on the Rights of Persons with Disabilities (CRPD) and is actively pursuing the 2030 Agenda for Sustainable Development. The SDGs emphasize “Leaving No One Behind” and require disaggregated data by disability status to monitor progress. Several SDG targets directly address disability, including those under SDG 1 (poverty), SDG 3 (health), SDG 4 (education), SDG 5 (gender equality), SDG 8 (employment), SDG 10 (reduced inequalities), SDG 11 (inclusive cities), and SDG 16 (inclusive institutions).

For instance, SDG Indicator 4.5.1 requires monitoring parity in education for persons with disabilities, while Indicator 8.5.1 focuses on equal employment opportunities. These indicators require robust and disaggregated data, which the 2021 Census now begins to provide. In addition, Target 17.18 of the SDGs calls for enhancing capacity for high quality, timely, and reliable disaggregated data, including by disability. In this context, national statistics serve not only as a monitoring tool but also as a catalyst for policy and programmatic interventions.

Various national legal frameworks have provided number of provisions and mandates to federal, provincial and local governments of Nepal for providing health and rehabilitation services, assistive devices, disability ID cards, disability allowance, education, employment, skill development trainings, livelihood support, various discounts and affirmative actions, making accessible public infrastructures, transportation services, information and communication services and more for persons with disabilities. These laws and policies also provide strong mandates to ensure the participation of persons with disabilities in the decision-making process and access to justice.

Nepal's sixteenth Five-Year Plan (FY 2024/25 – 2028/29) has reinforced the commitment to disability inclusion. The Plan prioritizes social justice, equality, and inclusive development, explicitly recognizing the rights and dignity of persons with disabilities. It calls for expanding access to assistive technologies, inclusive education, skill development, and social protection. To achieve these goals, the Plan emphasizes the need for strong evidence, targeted programs, and collaborative efforts among all stakeholders.

National Statistics Office (NSO) plays the pivotal role in producing disaggregated disability statistics through decennial population censuses and various periodic surveys. While, multiple institutions play vital roles in disability governance and service delivery. The Ministry of Women, Children and Senior Citizens serves as the central agency for disability-related policy coordination. Other ministries, such as Health, Education, and Labour, have sectoral responsibilities. The National Federation of the Disabled Nepal (NFDN), along with various Organization of Persons with Disabilities (OPDS), civil society actors, and development partners, contributes to advocacy, awareness, service delivery, and monitoring. Their roles are especially crucial in ensuring that statistics translate into action on the ground.

The 2021 National Population and Housing Census recorded that 2.2 percent of Nepal's population live with some form of disability. The census utilized the disability classification according to the provisions made in the act on the rights of persons with disabilities, 2074 that mostly adopts ICF guidelines to identify disability type. While this figure provides a national baseline, it also reveals significant underreporting likely due to stigma, self-identification issues, and data collection challenges. Nevertheless, the census represents a foundational step in understanding the demographics, distribution, and socio-economic status of persons with disabilities across provinces, municipalities, and social groups, which is critical for evidence-based policymaking.

A disability-inclusive approach to development requires not only policy commitments but also a strong evidence base to inform decisions. In this context, the Disability Thematic Report from the 2021 Census provides a critical evidence base. It enables government bodies, researchers, and development partners to better understand the characteristics, needs, and challenges of persons with disabilities in Nepal. Furthermore, it lays the foundation for integrating disability more systematically into all aspects of national development, aligning with SDG priorities and the goals of the Sixteenth Plan.

However, no matter how strong the legal and policy frameworks are, it remains a challenge to deliver the services and facilities outlined in such laws and policies to persons with disabilities unless accurate and disaggregated data about them is available. Persons with disabilities are still underrepresented in education and employment, face limited access to public infrastructure and services, and are disproportionately affected during disasters and crises (UN, 2018). These issues are often exacerbated in rural, remote, and marginalized communities, where data gaps are even wider. The lack of data and statistics on disability contributes to the invisibility of persons with disabilities. This presents an obstacle to achieving development planning and implementation to improve lives and well-being of persons with disabilities (UN, 2016). Likewise, the lack of detailed and disaggregated data on disability has been identified as the major obstacle for expanding the equitable delivery of disability-related services, developing necessary action plans,

and formulating additional policies as required. Similarly, UN systems and various international partner organizations, which aim to work on disability issues through government and civil society organizations, are unable to invest effectively in impactful programs due to the absence of reliable disability data and evidence-based analysis. Therefore, improving the quality, coverage, and use of disability data is essential for effective targeting and resource allocation.

This report highlights the latest demographic and social conditions of persons with disabilities, including their access to education, health, employment, and basic services as documented by the recent population census and other credible sources. Furthermore, the report compares the status of persons with disabilities to that of non-disabled individuals across various social and economic sectors, identifying and clarifying the gaps observed.

## **1.2. Objectives**

The overall objective of this thematic report is to inform the nation on the current situation of persons with disabilities and contribute to the development of disability related policies and realistic plans by unbundling the insights hidden behind the data and information. Besides, this report is expected to fulfil the following specific objectives.

- a) Analyze disability prevalence rate, trend and distribution across provinces, regions and rural-urban areas.
- b) Assess the demographic situation of persons with disabilities by the types of disability, geography, gender and caste and ethnicity.
- c) Highlight the housing condition of persons with disabilities and compare the situation with that of persons without disabilities to suggest appropriate measures to enhance accessibility.
- d) Examine the current situation of persons with disabilities in various socio-economic domains such as marriage formation and dissolution, employment and livelihood, education, and more.
- e) Compare the data of persons with and without disabilities in different socio-economic domains and identify the gaps.
- f) Prepare a policy brief with practical recommendations to fill the gaps by using the data, findings and facts of this thematic report.

## **1.3. Data sources and analytical domains**

The report is primarily based on disability-specific data from the latest National Population and Housing Census 2021, conducted by the National Statistics Office (NSO). However, a critical review of disability data from previous censuses and other sources were also undertaken to allow for comparison and to analyze trends in disability-data collection practices in Nepal. Besides, reports of previous population censuses, living standard surveys, and other various disability specific and disability inclusive surveys and studies were also reviewed.

In the analysis, most of the data and indicators are presented across urban-rural areas, ecological regions, and provinces using tables, figures and maps. A comparison between individuals with and without disabilities is provided in most of the analyses, including a breakdown of data by different types of disabilities.

#### **1.4. Organization of report**

This report contains five chapters. The first chapter sets the background and elaborates key objectives of preparing the report highlighting on the data sources. The second chapter presents concepts and definitions of disability in the national and international context. Disability-specific laws and policies are also discussed in this chapter including national practices of disability data collection. An evaluation of the data quality of the NPHC 2021 is discussed in the third chapter. The fourth chapter presents a detailed analysis of household and individual data comparing persons with and without disability, where demographic, social and economic status has been compared along with differentials by ecological region, province, urban-rural, major castes and ethnicity, education level and wealth quintile wherever applicable. The fifth and the last chapter presents findings and recommendations that can be drawn from the analysis of data.

## CHAPTER TWO

# CONCEPTUAL FRAMEWORK ON MEASUREMENT OF DISABILITY

### 2.1 An overview on measuring disability in international context

The concept of disability has gradually evolved from religion and culture-based school of thought to social and human rights approach and gained a huge paradigm shift. Before 1960 there was a domination of the “medical model” in defining disability that only focused on impairment that defined disability as a medical issue, framing it as an individual problem requiring only treatment or cure. The independent living movement of persons with disabilities in America and Europe during the period of 1960s-70s, shifted the focus to those environmental, social and cultural aspects that create barriers and discrimination against persons with impairments on the basis of their health condition (Hayman, 2019). In 1980 the terms “Social Model of Disability” was coined, and disability was conceptualized as a trapped or isolated situation which is imposed to persons with impairments (physical, mental, intellectual and sensory) due to the social, infrastructural and communication barriers (Lacke, 2021).

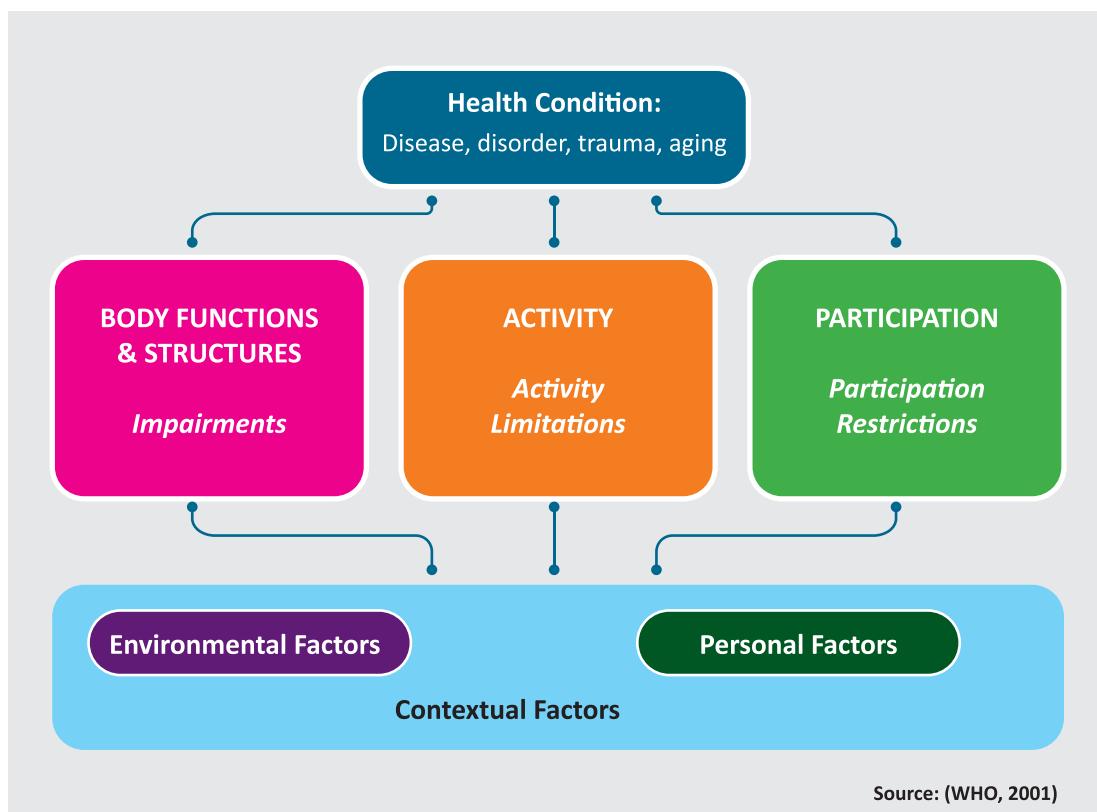
The human rights approach, of disability also standing in the foundation of social model, is primarily advocated by United Nations views disability as an issue of rights and equality, focusing on dignity, non-discrimination, and autonomy. The Convention on the Rights of Persons with Disabilities (CRPD) is the leading document of human rights model of disability. Additionally, the recently emerged debates among the organizations of persons with disabilities (OPDs) and disability stakeholders have raised the Intersectional Perspectives of disability, which emphasize to integrate intersectionality, considering how disability intersects with race, gender, class, and other identities.

Taking this evolvement in the concept of disability into account, defining the term "disability" is challenging due to its complex and multidimensional nature, encompassing health condition (such as physical, mental, intellectual and sensory) and social, and cultural factors. The multidimensional aspect of disability includes physical, sensory, intellectual, and psychological impairments, as well as limitations shaped by societal barriers. Similarly, the cultural and contextual Variability of societies and nations vary the perception towards disability, making it hard to establish a universally accepted definition. The dynamic attributes of disability— such as permanent or temporary, visible or invisible, and even perceived—complicate the establishment of a universally accepted definition of disability. Additionally, the definitions of disability are often shaped by policymakers, health professionals, and legal systems, and may sometimes overlook the lived experiences of persons with disabilities.

On the international level, since 2001, the WHO has made significant efforts to standardize the definition and classification of disability, taking into account the latest concepts developed in the field of disability. Similarly, the CRPD issued by the United Nations in 2006 has provided ample guidance for understanding and defining disability in an accurate manner.

The International Classification of Functioning, Disability and Health (ICF), developed by the WHO in 2001, provides a standardized framework for understanding and measuring health and disability. It adopts a biopsychosocial model of disability, integrating both health aspects and social perspectives of disability. According to the ICF, disability is defined as an umbrella term that includes impairments, activity limitations, and participation restrictions. It denotes the interaction between a person's health condition and environmental and personal factors. ICF explains disability by classifying it into four main components – Body Functions and Structures, Activity Limitations, Participation Restrictions and Contextual Factors (WHO, 2001). The body functions and structures refer to the impairments of the body or the problems in body functions which may be physiological, psychological or structures (anatomical). For example, loss of limbs, vision or hearing capacity. The activity limitation denotes the difficulties in executing tasks or actions. For example, having difficulty in walking, seeing things, listening to sound or communicating.

**Figure 2.1: Interaction of ICF components**



Source: (WHO, 2001)

The participation restrictions refer to a situation that occurs when individuals with impairment or activity limitations face various challenges to involve in life situations. For example, lack of access to education, employment or social participation. ICF further classifies the contextual factors into two sub-categories which are environmental factors and personal factors. The environmental factors include physical, social, and attitudinal environment that can act as barriers or facilitators and the personal factors involve individual characteristics such as age, gender, and education.

Adopted by the United Nations in 2006, the CRPD emphasizes the human rights-based approach to interpret disability. It views disability as a result of the interaction between impairments and attitudinal or environmental barriers, which hinder full participation in society. CRPD, in its preamble (e), recognizes disability as an evolving concept and further explains it as conditions *“....that results from the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others (UNCRPD, 2006).<sup>1</sup>*” Similarly, according to article 1 of the convention the term “persons with disabilities” 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.”

Analyzing the definitions incorporated by CRPD we can conclude that it has adopted the principles of Impairments, Barriers and Intersectionality to describe the disability condition. The impairment includes physical, mental, intellectual, and sensory impairments whereas the barriers refer to the attitudinal and environmental barriers that obstruct equal participation of persons with disabilities on an equal basis. The intersectionality refers to the degree of disability multiplied by other forms of discriminations such as based on gender, age, or ethnicity. CRPD sees disability as societal issue, and emphasize to equality, accessibility, and dignity. While comparing both frameworks of defining disability we can find some differences. However, these differences are not fundamental but rather complement each other.

**Table 2.1: Key differences between ICF and CRPD**

SN	Dimension	ICF	CRPD
1	Perspective	Biopsychosocial (inclined towards health aspects)	Rights-based (inclined towards society or social aspects)
2	Disability as concept	Impairments, activity limitations, participation restrictions	Interaction between impairment and various barriers
3	Focus	Health condition, functioning, and contextual factors	Equality, non-discrimination, and inclusion
4	Frameworks	Scientific and descriptive	Legal and Normative

1. UNCRPD, preamble (e)

### ***International practices of disability data collection***

About 16 percent of the world's population or 1 in 6 of us is living with some forms of disabilities, which is 1.3 billion people with this condition (WHO, 2022). Looking at the history of disability data collection, it is evident that the methods and practices of data collection differ from country to country. This variation arises because the methods and processes of data collection are influenced by the disability-related laws, definitions, and classifications adopted by the respective countries and their other contextual contexts like development priorities and financial constraints. Therefore, these varying practices across countries have created significant challenges in making disability-related data internationally comparable and reliable ([www.humanity-inclusion.org.uk](http://www.humanity-inclusion.org.uk), 2018). Another challenge observed in disability data collection is the lack of disaggregated data, which makes it difficult to address the basic and specific needs of persons with disabilities and to formulate effective policies and plans.

#### ***Box: 2.1: Disability, barriers, and the challenge of data collection***

"Disability is understood not only through a spectrum of different health conditions and severity but in interaction with environmental, attitudinal or institutional barriers. Disability is a complex, dynamic and multi-dimensional process which is defined and interpreted differently across societies and nations, making data collection in the international context an even greater challenge."

- *Humanity and Inclusion & Leonard Cheshire, Disability Data Collection 2018*

Article 31 of the CRPD mandates State Parties to collect comprehensive and disaggregated data on disability to ensure the effective implementation of the convention and address the fundamental and specific needs of persons with disabilities (UNCRPD, 2006).

Looking at the SDG agenda 2030, the issue of disability is directly or indirectly linked to all the goals. However, goal 4, 8, 10, and 17 directly address persons with disabilities. Goal 17 considers the disaggregated data of the beneficiaries of development initiatives as the crucial recruitment to measure the progress of sustainable development goals and emphasize to collect and maintain disaggregated data by income, gender, age, race, ethnicity, migratory status, disability, geographic location, and other characteristics in national context (UN).

To reduce the complexities in collecting disability data globally and to achieve uniformity in data collection and analysis, the United Nations Statistical Commission initiated the establishment of the Washington City Group on Disability Statistics (WG) in 2001 to develop widely accepted methods and standards for collecting disability-related data. The WG particularly promotes international cooperation in the area of health statistics with a focus on the development of methods for disability measurement suitable for census and national surveys. The other objective of WG is to provide a worldwide comparable data on disability ([Washingtongroup-disability.com](http://Washingtongroup-disability.com), n.d.).

WG has adopted the functional approach of disability in line with the ICF promoted by WHO to develop methods for disability data collection and tools purposefully avoiding the terms 'disability'. This is because there are several experiences that people - due to stigma and prejudice that can be attached to this label in many societies - are often reluctant to admit that someone in the household has a disability. The functional approach of ICF shifts the focus from a purely medical or diagnostic understanding of disability to a more holistic perspective that considers disability as the results of interplay between an individual's health condition, personal factors, and environmental factors. WG has developed different sets of questionnaires, also called Washington Group Questionnaires (WGQ), to collect disability data and to identify the number of individuals experiencing functional difficulties across domains such as seeing, hearing, mobility, self-care, cognition, and communication. The main objectives of WGQ are to identify people with functional difficulties that may limit their participation in daily activities and to facilitate data collection on disability prevalence for policy making, planning, service delivery, and monitoring the implementation of international commitments such as CRPD and SDGs.

The WGQ has different sets that can be applied in different contexts of disability data collection. The Short Set includes six core questions designed to be used in censuses and surveys where brevity is essential. It focuses on six functional domains – seeing, hearing, walking, remembering, self-care and communication and each domain contains one question with four options – No difficulty, Some difficulty, A lot of difficulty and Cannot do at all (Washingtongroup-disability.com, WG Short Set of Functioning, n.d.). Additionally, the Enhanced Short Set WGQ includes some additional questions to collect more detailed information. The next set of WGQ is Extended Set which is designed to suit specialized disability survey or studies. It includes 37 questions covering 10 functional domains – vision, hearing, mobility, cognition, self-care, communication, affect (anxiety and depression), upper body functions, pain and fatigue (Washingtongroup-disability.com, WG Extended Set on Functioning (WG-ES), n.d.). Moreover, WG in collaboration with UNICEF has developed a separate version of WGQ called Child Functioning Module (CFM) to collect the data of children with functional difficulties between the ages of 2 to 17 years (Washingtongroup-disability.com, n.d.). Similarly, WG has developed different modules to examine children's experiences and barriers to education (Washingtongroup-disability.com, WG/UNICEF Inclusive Education Module, n.d.) and impacts in employment and workforce participation (Washingtongroup-disability.com, WG ILO Labor Force Survey Disability Module, n.d.).

Internationally WGQ have been recognized and approved as the most suitable to collect the disaggregated data of disability and used by UNDP, ILO, UNICEF, WHO, UNHCR, OHCHR, UNESCO, UNFPA, UN-Women and UNPRPD. Similarly, International Disability Alliance, CBM, World Bank, Humanity and Inclusion, Sightsavers have also been using and promoting the use of WGQ globally. As reported by WG, by 2020, the WGQ Short Set was used in over 80 countries of the world during census or survey. The other WGQ sets were used in the Demographic and Health Surveys (DHS) and the Multiple Indicator Cluster Surveys (MICS) promoted by the United States Agency for International Development (USAID) and the UNICEF respectively. Similarly, WGQ were used in some 70 World Bank-sponsored Living Standards Measurement Surveys (LSMS) and some 70 UNICEF-supported Multiple Indicator Cluster Surveys (Economic and Social Council, 2020).

## 2.2 An overview on measuring disability in national context

Article 31 of the CRPD requires state parties to gather appropriate information, including statistical and research data disaggregated for persons with disabilities, to develop and implement policies aligned with the convention. It also emphasizes compliance with legal safeguards, such as data protection laws, to ensure the confidentiality and privacy of individuals with disabilities, adhering to internationally recognized human rights and ethical standards in data collection and usage (UN, 2006). Government of Nepal has formulated various disability specific policies, laws, regulations and guidelines to ensure the human rights of persons with disabilities as specified in CRPD by promoting their equal access to all kinds of services, facilities and opportunities along with their participation in decision-making process. The Government has also demonstrated its commitment to collecting disability-related data through various national and international legal frameworks.

Disability-related data collection in Nepal has been undertaken by both governmental and non-governmental entities for various purposes for many years. Nepal started collecting Disability-related data through the national census in some form since the fifth census in 2009/2011 B.S. that is when the first scientific census started in census-taking history. However, in this and the subsequent census in 2018, the disability-related information was sought indirectly by asking why an individual was not economically active, and the response categories were: fracture of hands or legs, blindness, sickness, madness, diseases, disability, long-term diseases. Disability specific question was asked in a more structured way from the 2028 census and more options in disability categories were added in the subsequent censuses until 2078, except in 2048 census when the direct question was dropped and the indirect question – asking reason for economic inactivity – was reintroduced with “physically sick” and “mentally sick” as the two categories. However, over time, the approaches for data collection have gradually improved. Table 2.2 highlights the purposes for which disability-related statistics were collected during various census periods.

**Table 2.2: Disability-related questions in various censuses of Nepal**

Data collection year (BS)	Purpose of data collection	Types of questions	Response categories
2009/2011	Identify the reasons for not engaging with any work.	<ul style="list-style-type: none"> <li>Are you engaged in any work?</li> <li>If not, what are the reasons?</li> </ul>	Yes   No Fracture of hands or legs, blindness, sickness, <i>Madness</i> , diseases
2018	Identify the reasons for not being economically active among the age group 15 or above	What are the reasons for not being economically active?	Disability, Madness, long term diseases

Data collection year (BS)	Purpose of data collection	Types of questions	Response categories
2028	Identify members with different impairment in family	<ul style="list-style-type: none"> <li>● Do you have any family members with the following conditions?</li> <li>● Do you have any family member(s) with mental illness?</li> </ul>	<p>Yes No</p> <ul style="list-style-type: none"> <li>● Physical deformities,</li> <li>● Deaf and Dumb</li> <li>● Both,</li> <li>● Only deaf,</li> <li>Blindness</li> </ul>
2038	Collect data of physical and mental disability and weakness	<p>Do you have any members with the following condition? (this data was collected by gender and age)</p>	<ul style="list-style-type: none"> <li>● Blind,</li> <li>● Deaf,</li> <li>● Dumb and deaf,</li> <li>● Mad,</li> <li>● Lulo Langado, Kunjo</li> </ul>
2048	Identify the reasons for not being economically active	What are the reasons for not being active economically?	<ul style="list-style-type: none"> <li>● Physically sick,</li> <li>● Mentally sick</li> </ul>
2058	Collect the household data of persons with disabilities	Do you have any member having disability in your family?	<p>Yes No</p>
		If yes, what types of disability?	<ul style="list-style-type: none"> <li>● Physical disability,</li> <li>● Blindness,</li> <li>● Dumb and Deafness,</li> <li>● Mental disability,</li> <li>● Multiple disability,</li> <li>● No disability</li> </ul>
2068	Collect the household data of persons with disabilities	Do you have any member having disability in your family?	<p>Yes No</p>
		If yes, what types of disability?	<ul style="list-style-type: none"> <li>● Physical disability,</li> <li>● Vision related disability,</li> <li>● Hearing disabilities,</li> <li>● Speech and vocal-related,</li> <li>● Mental disability,</li> <li>● Intellectual disability,</li> <li>● Multiple disability</li> </ul>

Data collection year (BS)	Purpose of data collection	Types of questions	Response categories
2078	Collect the household data of persons with disabilities	Do you have any kinds of disability?	<ul style="list-style-type: none"> <li>● Physical disability,</li> <li>● Blindness,</li> <li>● Low vision,</li> <li>● Deafness,</li> <li>● Hard of hearing</li> <li>● Deaf-blindness,</li> <li>● Speech and vocal-related,</li> <li>● Hemophilia Related,</li> <li>● Psychosocial disability,</li> <li>● Intellectual disability,</li> <li>● Autism,</li> <li>● Multiple disability</li> <li>● No disability</li> </ul>

Source: Statistical Report on Disability, National Population and Housing Census 2021, Government of Nepal, Nepal Statistics Office

Table 2.2 shows significant progression of disability-related questions in the census questionnaire over time. Stated differently, it is evident that, in the first two censuses, disability was noted only as a reason for inability to work. However, beginning in 2028 B.S., efforts shifted towards identifying whether any household members had disabilities. The types of disabilities recorded, and the methods of questioning have varied across censuses, reflecting ongoing evolution.

Early censuses used traditional and often inappropriate (not respectful towards persons with disabilities) terms to describe different types of impairments. Since 2068 B.S., however, the terminology has become more respectful and inclusive. Similarly, the categories of disabilities have gradually expanded over time.

Improvements in the collection and development of disability-related data have been driven by several factors, including political changes post-2046 B.S., increased social awareness about disability, organized advocacy by persons with disabilities, the state's commitment to international treaties and conventions, and legal reforms following the establishment of a republic and federal structure. These advancements have been further bolstered by the introduction of new and refined disability-related legislation in 2074 B.S.

**Table 2.3 : Disability prevalence rates of Nepal from population censuses, 2038-2078**

SN	Census year (BS)	Disability prevalence (%)
1	2038	0.5
2	2058	0.5
3	2068	1.9
4	2078	2.2

Source: National Statistics Office, 2080 B.S.

In addition to the census, disability-related data in Nepal have been collected through specialized surveys and various studies conducted by government bodies, non-governmental organizations, and international agencies. Key surveys incorporating disability-related information include the Nepal Living Standards Survey, Nepal Demographic and Health Survey, and the National Multiple Indicator Cluster Survey.

Nepal lacks a uniform approach to collecting disability-related data. While some surveys rely on traditional and customized methods, others use the internationally recognized Washington Group Questionnaire (WGQ). For instance, in 2001, the National Planning Commission and New Era jointly conducted a study on the situation of persons with disabilities in Nepal. This survey used purely a medical approach for defining and classifying disability. Similarly, in 2016, a study on the living conditions of persons with disabilities was carried out through a collaboration involving the Norwegian research organization SINTEF, the Valley Research Group, and the National Federation of the Disabled-Nepal (NFDN). This survey applied the functional approach to define disability and used WGQ to collect the data.

Similarly, the Multiple Indicators Cluster Survey (MICS) is known as major national level survey that identifies the situation of women and children in Nepal. This survey adopts functional approach to define disability and uses the Child Functioning Module (CFM) developed jointly by the Washington Group and UNICEF to collect data on children's functioning. The Ministry of Health and Population conducted Nepal Demographic and Health Survey (NDHS) in 2022. This survey used the WGQ short set for collecting data related to functional difficulties of people. The National Statistics Office utilized WG short-set (WG-SS) of questions in its latest Living Standards Measurement Survey 2022/23. As with the WG-SS, the functioning in six dimensions were measured in continuum of difficulty with the categories: 'No difficulty', 'Some difficulty', 'A lot of difficulty' and 'Cannot do at all'. However, the survey was not specifically designed to measure disability. Measuring disability as a continuum of difficulty in functioning is wider than the classification of disability adopted by the government of Nepal through the latest legislation.

The recent disability-data collection practices of Nepal, especially in NDHS and NLSS, seem promising and reflect the government's growing recognition of the importance of statistics on persons with disabilities. However, inconsistencies in the approaches and methods employed lead to varying data outcomes, raising questions about accuracy and reliability.

**Table 2.4: Prevalence of disability by different surveys in Nepal**

Name of census/survey	Data type	Disability classification	Disability prevalence (%)
National Population and Housing Census 2021	Percentage of People with Disabilities.	As per national act <sup>2</sup>	2.2
National Population and Housing Census 2021	Percentage of Children with Disabilities (0-14 years)	As per national act	1.2
Nepal Living Standard Survey IV, 2022/2023	Percentage of people coded as 'some difficulty' or 'a lot of difficulty' or 'cannot do' at all at least in one functional domain: Type 1 disability	Functional Approach, WGQ short set	8.1
Nepal Living Standard Survey IV, 2022/2023	Percentage of people coded as 'some difficulty' or any one domain/question is coded 'a lot of difficulty' or 'cannot do at all': Type 2 disability	Functional Approach, WGQ short set	3.5
Nepal Living Standard Survey IV, 2022/2023.	Percentage of people coded as 'a lot of difficulty' or cannot do at all: Type 3 disability	Functional Approach, WGQ short set	1.8
Nepal Living Standard Survey 2022/2023.	Percentage of people coded as 'cannot do at all': Type 4 disability	Functional Approach, WGQ short set	0.5
Nepal Demographic and Health Survey 2022.	Percentage of persons who have some level of difficulty in at least one domain (out of six functional domains)	Functional Approach, WGQ short set	23.0
Nepal Demographic and Health Survey 2022.	Percentage of Persons having a lot of difficulty in at least one domain. (out of six functional domains)	Functional Approach, WGQ short set	5.0
Nepal Demographic and Health Survey 2022.	Percentage of people coded as "cannot do at all" in at least one functional domain. (out of six functional domains)	Functional Approach, WGQ short set	1.0
Nepal Multiple Indicators Cluster Survey 2019.	Percentage of children aged 2-4 years with functional difficulty in at least one domain. (out of eight functional domains)	Functional Approach, WGQ/ UNICEF	1.7
Nepal Multiple Indicators Cluster Survey 2019.	Percentage of children age 5-17 years with functional difficulty in at least one domain. (out of thirteen functional domains)	Functional Approach, WGQ/ UNICEF	13.2
A situation analysis on disability in Nepal, 2001 NPC/UNICEF/NEW-Era (13005 households)	Percentage of people with disability	As per national act	1.6
Nepal Living Standards Survey III, CBS, 2011 (7200 households)	Percentage of people with disability	As per national act	3.6

2. The "As per national act" approach refers to using the classification system of disability types used by the Act on the Rights of Persons with Disabilities, 2074. The definition of disability is in fact based on International Classification of Functioning, Disability and Health (ICF), which mentions impairment, functioning difficulty and barriers to define disability.

Observing the disability prevalence rates shown in Table 2.5, we find two primary approaches of classification applied to collect the data. The first is the “*as per national act*” approach that has been in practice in censuses, and the second is the functional approach promoted by the Washington Group (WG). Notably, the prevalence rates of disability are significantly higher when data is collected using the functional approach compared to the “*as per national act*” approach. Hence, a notable gap exists between the disability statistics reported in the national census and those from other national-level surveys, largely due to differences in methodologies, definition and classification of disability. However, it is noteworthy to mention that the main objective of posing disability-related questions in the census is to obtain prevalence rates whereas the survey’s sample design may not necessarily be designed to determine the representative prevalence rates.

**Box: 2.2 : Disability data, definitions, and the CRPD: Nepal’s 2018 review**

**In April 2018, reviewing the Nepal’s initial report on CRPD implementation, the UNCRPD Committee issued the following recommendations regarding to article 31 to the Government of Nepal (UNCRPD committee, 2018):**

- Regarding the definition of disability, Nepal’s approach focuses primarily on conditions stemming from inherent personal or medical limitations, neglecting the impact of environmental factors. This contrasts with the CRPD’s preamble (e), which emphasizes that disability arises from the interaction between individuals with impairments and attitudinal or environmental barriers that hinder their full and effective participation in society on an equal basis with others.
- These discrepancies not only impact policy formulation and planning but likely to hinder the equitable distribution of services and resources. Addressing these gaps is essential.
- The Committee advised Nepal to link its efforts under Article 31 with Sustainable Development Goal (SDG) Target 17.18. This target focuses on significantly increasing the availability of high-quality, timely, and reliable disaggregated data by income, gender, age, race, ethnicity, migratory status, disability, geographic location, and other relevant national factors. Such data is crucial for tailoring services for persons with disabilities. The Committee also recommended using the Washington Group’s questions on disability statistics in future censuses to ensure comprehensive data collection.

***An overview of disability-specific laws and policies in Nepal***

In Nepal, there has been a traditional practice of defining and classifying disability. However, the government began establishing the formal definition of disability and persons with disabilities in 2039 BS (1982 AD). At that time, the term “persons with disabilities” was not used; instead, the word “disabled” was used. In 2039 BS, the Government of Nepal enacted a separate Act to

work for persons with disabilities. This Act provided a formal definition of disability for the first time in Nepal. According to this Act, “disabled” referred to Nepali citizens who were physically or mentally unable or incapable of performing routine daily activities (The Protection and Welfare of the Disabled Persons Act 2039 (1982 A.D.), 2039). This definition was heavily influenced by the medical model of disability, focusing solely on the physical or mental conditions of a person. Furthermore, some terms used in the Act to explain the types of disability were derogatory, traditionally used to demean or insult persons with disabilities.

In 2046 BS (1990 AD), “*Panchayat system*” of governance ended and multiparty democratic system was established. The new Constitution of Nepal, promulgated in 2047 BS, guaranteed human and civil rights, including the right to organize and raise voices for one’s rights. Consequently, persons with disabilities began organizing themselves under the banner of non-governmental organizations (NGO), marking the beginning of a disability rights movement in Nepal. Through this movement, they advocated for the implementation of the provisions of the Act by formulating required regulations. Simultaneously, they pressured the government to remove derogatory terms used in the Act and revise the definition and classification of disability to align with contemporary standards. As a result, the government issued the *Disabled Protection and Welfare Regulations* in 2051 BS (1994 AD) and revised the definition and classification of disability in 2063 BS (2006 AD).

According to the revised definition (published in the Gazette dated 2063, Bhadra 2) in 2063 BS, disability refers to “a condition caused by problems in bodily functions or structures, combined with physical, social, cultural, and communication barriers, that create difficulties in performing daily activities normally and fully participating in social life (Ministry of Women Children and Senior Citizen, 2068).” Comparatively the revised definition was more progressive, recognizing both physical or mental conditions and environmental barriers as contributing factors to disability. Acknowledging environmental barriers signified a shift toward embracing the social model of disability. Alongside this revised definition, the classification of disability was also updated. Disability was categorized into seven types: physical disability, visual disability, hearing disability, deaf-blindness, speech and vocal-related disability, mental disability, and multiple disabilities. Additionally, disability was categorized into four levels based on severity: complete disability, severe disability, moderate disability, and mild disability, with provisions for issuing disability identity cards accordingly (Ministry of Women Children and Senior Citizen, 2068).

The constitution of Nepal has recognized persons with disabilities among those who are socially and economically left behind and marginalized. The constitution mentions some important rights of persons with disabilities such as right to against discrimination, rights to education, right to equal participation, right to social protection, right to political representation in house of representatives and national assembly under fundamental rights, right to social justice, and political participation (Nepal Law Commission, 2072). The constitution also incorporated the obligations of a signatory nation (signed in 2067 BS (2010 AD), of the UN *Convention on the Rights of Persons with Disabilities* (CRPD).

The government replaced the *Disabled Protection and Welfare Act* of 2039 BS with the *Act on the Rights of Persons with Disabilities*, 2074 to align it to the provisions of the constitution and the CRPD. During this process, the definition and classification of disability were revised once

again. The term "disability" was removed, and a refined definition of "persons with disabilities" was included. According to the new definition, "*Persons with disabilities*" means them who have long-term physical, mental, intellectual or sensory disability or functional impairments or existing barriers that may hinder their full and effective participation in social life on an equal basis with others (Nepal Law Commission, 2074)." This definition was more refined and comprehensive than the 2063 BS definition and attempted to align with the ICF frameworks<sup>3</sup> of disability by encompassing long-term impairments and environmental barriers. However, the classification of the disability types by this Act does not fully meet the sprits of the CRPD as it retained traditionally used categories. Nevertheless, apart from retaining the severity-based disability categories with previously maintained four levels (Complete Disability, Severe Disability, Moderate Disability, and Mild Disability) extending the disability types to ten with separate classifications for hemophilia, psychosocial disabilities, autism, and intellectual disabilities is the most commendable part of this Act as regards to making it inclusive. The NPHC 2021 adopted the broader definition of disability as per the Act and used the classification prescribed by it (Table 2.5 ) rather than utilizing the measurement tools/questionnaire prescribed by the WG.

**Table 2.5: Types of disability used in NPHC 2021 questionnaire**

SN	Types of disability
1	Physical Disability
2	Disability Related to Vision
2.1	Blindness
2.2	Low Vision
2.3.	Totally Blind
3	Disability Related to Hearing
3.1	Deaf
3.2	Hard of Hearing
4	Deaf-blindness
5	Disability Related to Voice and Speech
6	Mental or Psychosocial Disability
7	Intellectual Disability
8	Disability Associated to Hemophilia
9	Disability Related to Autism
10	Multiple Disability

3. See annex for full descriptions on different types of disability

The *Act Relating to the Rights of Persons with Disabilities, 2074* mandates local governments and the focal ministry to maintain detailed and updated records of persons with disabilities. Section 6 requires local governments to prepare annual records of individuals with disabilities residing permanently in their jurisdictions and forward this information to the federal ministry, which will consolidate the data at the national level. Section 26 of the Act obliges institutions to maintain and update records of employees with disabilities, including the facilities provided to them and other prescribed details.

**Box: 2.3**

**Key disability - specific legal frameworks:**

- Act Relating to the Rights of Persons with Disabilities 2074,
- Regulations on the Rights of Persons with Disabilities 2077,
- Guidelines and Standards to Make the Physical Infrastructure and Communication Services Accessible for Persons with Disabilities 2069,
- Disability ID Card Distribution Guidelines 2075,
- National Education Policy 2076,
- Civil Service Act 2049,
- Social Security Act 2075,
- Free and Compulsory Education Act 2075,
- Local Government Operation Act 2074,
- Public Health Services Act 2075,
- House of Representatives Member Election Act 2074,
- Province Assembly Member Election Act 2074,
- National Disability Policy 2081

## CHAPTER THREE

### DATA QUALITY EVALUATION

This report utilizes NPHC 2021 data for analyzing demographic and socio-economic characteristics of persons with disabilities. The figure 3.1 displays the question asked in the main questionnaire of census 2021 for eliciting the disability status from individuals.

**Figure 3.1: Disability-related question in NPHC 2021**

Serial Number	Disability Information
	Does ..... [Name] .... have any kind of the disabilities mentioned below:
	Physical disability ..... 1
	Deaf ..... 2
	Low hearing ..... 3
	Blind ..... 4
	Low sight ..... 5
	Voice and speech-related ..... 6
	Hearing and sight ..... 7
	Hemophilia ..... 8
	Autism ..... 9
	Intellectual disability ..... 10
	Psycho-social disability ..... 11
	Multiple disabilities ..... 12
	No disability ..... 13
(1)	(30)
01	

As also discussed in the earlier chapter and presented in Figure 3.1, the NPHC 2021 used the impairment-based classification of disability adopted by the government. This approach stands in contrast to the United Nations Principles and Recommendations for Population and Housing Censuses, Revision 3 (2017), which recommend using the Washington Group Short Set (WG-SS) of questions. The WG-SS is designed to assess difficulties in four levels separately in six core functional domains (seeing, hearing, walking, cognition, self-care, and communication) and is globally recognized for improving data quality, inclusiveness, and comparability.

The change in this latest round of census in 2021 was that “No disability” was included together with disability types as a separate option in contrast to earlier census that had a separate question asking if any member of the household was with disability. Then, a next follow-up question recorded the type of disability of individuals with a positive response in the earlier question.

The respondents were categorized into one of the ten disability types (though sub categories of seeing and hearing were also used as separate options, making 12 in total) classified by the Government of Nepal. The inclusion of the “No disability” option in the response category was intended to encourage enumerators to ask about the disability status of each individual, rather than simply inquiring whether any household member had a disability—as was done in previous censuses. This change aimed to reduce the likelihood of enumerators skipping the question prematurely by assuming the absence of disability within the household. However, the census enumerated 647744 individuals with some form of disability out of total 29164578 and 7038 (0.02%) not-stated cases. This displays asking a disability-related question is still either a taboo or some kind of negligence on part of the enumerators. The use of binary yes/no options may result in underreporting of disability.

Taking all of this into account, the following summarizes the limitations of the NPHC 2021 data:

**i. Continued use of impairment-based measurement**

Despite global shifts in disability statistics methodology, Nepal’s 2021 Population and Housing Census continued to apply an impairment-based approach to measure disability. This method identifies disability primarily through self-reported medical or physical impairments, rather than focusing on functional limitations in daily activities. It may not distinguish well between presence of impairment and functional limitation. As it did not use graded, function-based response options like those in the Washington Group Short Set (e.g., some difficulty, a lot of difficulty, cannot do at all), it does not capture the broader spectrum of disability fully, especially less visible, mild or moderate or non-physical forms such as psychosocial, intellectual, and cognitive disabilities. Though the response categories are simple, the binary yes/no options may result in underreporting of disability.

**ii. Underreporting and stigma**

The impairment-based approach tends to result in significant underreporting, especially in conservative, rural, or low-awareness communities. Many respondents may not recognize or report certain conditions as “disabilities,” especially if they do not view them as medically diagnosed or socially visible. Additionally, social stigma associated with disability can lead to deliberate non-disclosure, particularly for women, children, or individuals with mental or developmental disabilities.

**iii. Lack of functional assessment**

The 2021 census did not adequately measure how impairments interact with environmental and societal barriers to limit participation. Functional approaches recognize that disability is not solely a medical condition but is shaped by contextual and social factors, such as inaccessible infrastructure, negative attitudes, or lack of support services. Without such assessment, it is difficult to design policies and services that address real-world barriers.

#### **iv. Exclusion of children and episodic disabilities**

The impairment model tends to miss children with developmental or learning disabilities and adults with episodic or mental health conditions, as these are not always categorized as “disabilities” under a medical lens. This limits the utility of census data for understanding the full disability population, especially in planning for inclusive education (SDG 4) and community-based mental health services (SDG 3).

#### **v. Limitations in international comparability**

Due to methodological inconsistency, Nepal’s census disability data are not fully comparable with international datasets that use the Washington Group questions or the International Classification of Functioning, Disability and Health (ICF). This makes it difficult to benchmark Nepal’s progress toward SDG targets and report disaggregated data regionally or globally for international commitments like the Voluntary National Reviews (VNRs) and CRPD.

#### **vi. Missed opportunity for SDG monitoring**

The SDGs emphasize “leaving no one behind” and include over a dozen indicators that explicitly call for data disaggregated by disability status (e.g., Indicators 4.5.1, 8.5.1, 10.2.1, 17.18.1). Due to the limitations of impairment-based measurement, the census cannot adequately support robust SDG monitoring, especially for inclusive education, employment, healthcare access, and political participation of persons with disabilities.

#### **vii. Low sensitivity and specificity**

From a statistical standpoint, impairment-based questions often show low sensitivity (miss real cases of disability) and low specificity (can confuse chronic illness or age-related weakness with disability). This compromises the validity and reliability of the data and may result in underestimation or misclassification, particularly in older populations or among those with multiple impairments. The measurement lacks sensitivity to mild or moderate difficulties.

#### **viii. Lack of Environmental and participation variables**

The 2021 census did not collect data on access to assistive devices, personal assistance, accessibility and barriers in transport or information, or participation in community life. These variables are critical to understanding disability from a human rights and social model perspective, as recommended by both the CRPD and international statistical guidelines.



## CHAPTER FOUR

### DATA ANALYSIS

This chapter primarily focuses on examining disability data obtained from the NPHC 2021. The analysis covers disability prevalence and the demographic characteristics of persons with disabilities, as well as their status in areas such as education, health, livelihood, and employment, in comparison to persons without disabilities. Additionally, the results and findings of other national-level surveys, including the Nepal Multiple Indicators Cluster Survey, Nepal Demographic and Health Survey, Nepal Living Standards Survey, and various disability-specific surveys and qualitative studies have been reviewed and considered to enhance the quality of results and findings and add more perspectives about disability and its dynamics.

#### 4.1. Disability prevalence

Disability prevalence refers to the percentage of a country's population living with some forms of disabilities. However, the calculation of disability prevalence depends on the specific definition and classification of disability accepted by the country, as well as its interpretation in the society, available knowledge, and the methodologies employed in gathering disability-related data. While the condition of disability is prevalent among people across all regions, communities, societies, genders, race, caste and ethnicities, variations in its definition and classification between countries influence how such data is collected. The methodological variation in disability data collection has created challenges to make the data internationally comparable and reliable. Although countries traditionally use their own methods for collecting disability statistics and calculating prevalence, the evolving international dialogues and initiatives have aimed to create standardized approaches. Notably, the efforts of the Washington Group on Disability Statistics, discussed in earlier chapters, are particularly significant in this regard.

In Nepal, the NPHC 2021 gathered disability data using a single-question approach based on the nation's official definition and classification of disability. In contrast, other large-scale surveys, such as the Nepal Demographic and Health Survey 2022, the Nepal Multiple Indicators Cluster Survey 2019, and the National Living Standards Survey 2023, adopted the Washington Group Questionnaires for disability-related data collection.

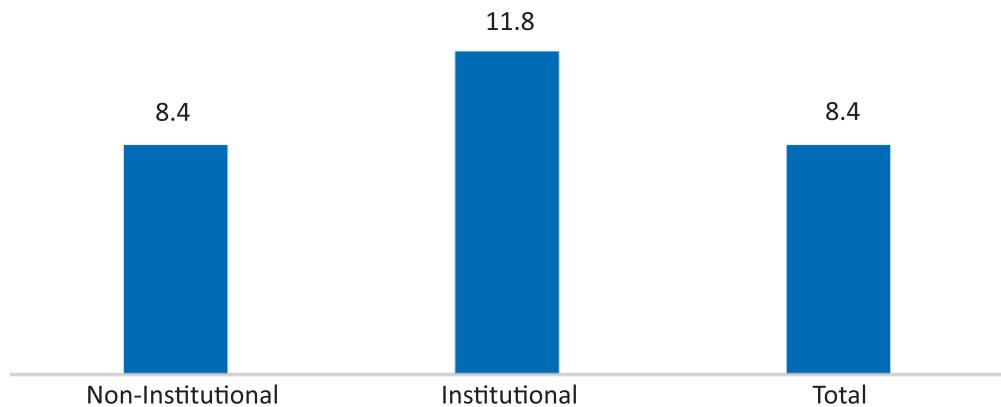
According to NPHC 2021, Nepal's total population is 29,164,578, of which 647,744 individuals live with some form of disability, yielding a disability prevalence rate of 2.2 percent.

#### i. Disability prevalence in institutional and non-institutional households.

The NPHC 2021 categorized households into two types: institutional and non-institutional households. Institutional households refer to shared residential arrangements where individuals from diverse backgrounds and identities live collectively in the management of a single authority,

such as army and police barracks, hostels, shelter homes, and rehabilitation centers. Non-institutional households, on the other hand, encompass all conventional private residential setups. According to the NPHC 2021, there are 6,666,937 households in total, with 6,660,841 categorized as non-institutional and 6,096 as institutional. Of these, 559,830 households, accounting for 8.4 percent of the total, include persons with disabilities. Of the total 6096 institutional households, 721 or 11.8 percent includes persons with disabilities whereas 559,109 or 8.4 percent of total 6,660,841 non-institutional households accommodate persons with disabilities (Figure 4.1).

**Figure 4.1: Percentage of institutional and non-institutional households with at least one person with disabilities, NPHC 2021**



**Table 4.1: Number of persons and households with and without disability, and disability prevalence rate in institutional and non-institutional households, NPHC 2021**

Types of households	Number of households	Number of households with disabilities	Population without disabilities	Population with disabilities	Total population	Disability prevalence rate (%)	Number of persons with disability per household
	i	ii	iii	iv	v	iv/v*100	iv/ii
Non-institutional	6,660,841	559,109	28,282,396	643,084	28,925,480	2.2	1.15
Institutional	6,096	721	234,438	4,660	239,098	1.9	6.46
<b>Total</b>	<b>6,666,937</b>	<b>559,830</b>	<b>28,516,834</b>	<b>647,744</b>	<b>29,164,578</b>	<b>2.2</b>	<b>1.16</b>

The disability prevalence rate is the percentage of the population that has some kind of disability. The data in Table 4.1 reveals that the disability prevalence rate among the population residing in non-institutional households is 2.2 percent, slightly higher than the 1.9 percent prevalence rate in institutional households. However, institutional households, despite being fewer in number, have a much higher concentration of persons with disabilities (646 persons per 100 households) compared to non-institutional households. This highlights a notable presence of persons with disabilities in institutional settings.

This trend stands in contrast to the principles outlined in the CRPD 2006. Article 19 of the CRPD explicitly states that state parties must take effective measures to ensure the full inclusion and participation of persons with disabilities in the community. The convention mandates that persons with disabilities should have the freedom to choose their place of residence and decide with whom they live, on an equal basis with others, without being forced into any particular living arrangement. Additionally, it emphasizes providing access to a range of in-home, residential, and community support services, including personal assistance, to prevent isolation and segregation.<sup>4</sup> Reflecting these international commitments, Section 9 of the Act Relating to the Rights of Persons with Disabilities (ARRPD) 2074 ensures that persons with disabilities have the right to live with their family, guardian, or a place of their choice, on an equal basis with others, and cannot be compelled to reside in a specific location. Considering the obligations under the CRPD and national legislation, it is essential to discourage institutional living arrangements for persons with disabilities. Efforts should focus on re-integrating individuals in institutional care into the community, enabling them to live with their families or relatives and fostering their full inclusion and participation in society.

## ii. Comparisons of disability prevalence in NPHC 2011 and 2021

The Nepal government has classified disabilities based on the type of impairment and the degree of severity as outlined in the ARRPD. According to the nature of impairment, disabilities are categorized into 10 main types (refer to Chapter 3 for details) and grouped into four levels of severity: Complete Disability, Severe Disability, Moderate Disability, and Mild Disability. However, NPHC 2021, only impairment types were considered for data collection.

Examination of the evolution of disability categories in various census periods reveals its continuous development in both the classification of disabilities and the language used to describe them (Chapter 2). For instance, the 2001 census (2058 BS) identified five types of impairments, which increased to seven in the 2011 census (2068 BS). By the 2021 census (2078 BS), the classification expanded to include 10 main types of impairments as defined in the ARRPD. Among these, vision-related disabilities were divided into blindness and low vision, while hearing disabilities were classified into deafness and hard of hearing. These sub-categories were also accounted for separately in the 2021 census data collection. However, there was no solid demarcation of intensity of disability in this classification except their literal range from mild disability to severe

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4. CRPD 2006, article 19

disability. Consequently, mild and moderate disabilities might have been under enumerated in the census due to recognition problems by respondents as well as enumerators.

The Table 4.2 shows, in the overall population, the prevalence of disability is higher in the NPHC 2021 (2.2%) by 0.3 percentage points compared to the NPHC 2011 (1.9%). In both the censuses, out of the total persons with disability, physical disabilities had the highest percentage, increasing by 0.8 percentage points in NPHC 2021. Vision-Related and Hearing Disabilities ranked second and third in both censuses, with increases of 4 and 0.5 percentage points, respectively, in 2021. However, Speech and Vocal-related Disabilities, which were in fourth place in 2011 with 11.5%, dropped to 6.4% in 2021, marking a decrease of 5.1 percentage points. The percent of Multiple Disabilities increased by 1.4 points in 2021 compared to 2011. Meanwhile, the percent of Psychosocial Disabilities, Intellectual Disabilities, and Deaf-Blindness decreased in NPHC 2021 by 1.7, 1.1, and 0.2 points, respectively.

**Table 4.2: Comparison of percent distribution of population with and without disability in NPHC 2011 and NPHC 2021, both sexes**

Type of disability	Census 2011					Census 2021				
	Male	Female	Both Sexes	Both sexes (%)	Sex ratio	Male	Female	Both	Both Sexes (%)	Sex ratio
With disability	280,086	233,235	513,321	1.94	120.1	351,301	296,443	647,744	2.2	118.5
without disability	12,568,955	13,412,228	25,981,183	98.06	93.7	13902250	14614584	28516834	97.8	95.1
Total	12,849,041	13,645,463	26,494,504	100	94.2	14,253,551	14,911,027	29,164,578	100	95.6
Physical	108,279	78,178	186,457	36.3	138.5	141,434	99,175	240,609	37.1	142.6
Blindness / low-vision	47,041	47,724	94,765	18.5	98.6	71,534	74,133	145,667	22.5	96.5
Low-vision						53,730	56,795	110,525	17.1	94.6
Blindness						17,804	17,338	35,142	5.4	102.7
Deaf / Hard of hearing	41,204	38,103	79,307	15.4	108.1	52,974	49,919	102,893	15.9	106.1
Deafness						26,875	24,498	51,373	7.9	109.7
Hard of hearing						26,099	25,421	51,520	8	102.7
Deaf-Blindness	4,803	4,633	9,436	1.8	103.7	5,368	4,819	10,187	1.6	111.4
Speech and vocal-related	33,190	25,665	58,855	11.5	129.3	23,672	18,004	41,676	6.4	131.5
Psychosocial	16,787	14,210	30,997	6	118.1	14,973	13,072	28,045	4.3	114.5
Intellectual	8,280	6,608	14,888	2.9	125.3	5,869	5,489	11,358	1.8	106.9
Hemophilia						2,357	2,580	4,937	0.8	91.4
Autism						2,258	2,628	4,886	0.8	85.9
Multiple	20,502	18,114	38,616	7.5	113.2	30,862	26,624	57,486	8.9	115.9
<b>Total</b>	<b>280,086</b>	<b>233,235</b>	<b>513,321</b>	<b>100</b>	<b>120.1</b>	<b>351,301</b>	<b>296,443</b>	<b>647,744</b>	<b>100</b>	<b>118.5</b>

The sex ratio is defined as the ratio of number of males to the number of females, and is expressed per 100 females. When comparing the sex ratios, despite less number of males per 100 females in the population without disabilities, more number of males per 100 females were found in the population with disabilities in both censuses. The sex ratio from Table 4.2 reveals that male-to-female sex ratio for persons with disabilities in census 2021 is 118.5, indicating that disabilities are more common among males than females. However, this is decreased by about 2 males (1.6) per 100 females in 2021 than in 2011, suggesting a negligible rise in number of females with disabilities.

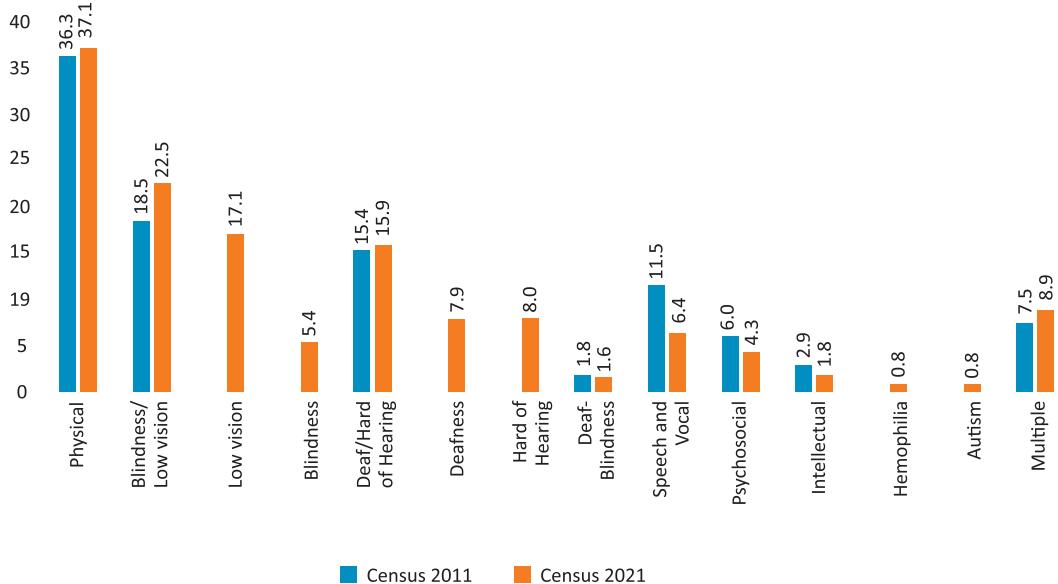
Among the different types of impairments, physical disability shows the highest male-to-female sex ratio of 142.6, signifying its greater prevalence in males. The second highest ratio is found in speech and vocal-related disabilities at 131.5. Other notable categories with higher prevalence in males are multiple disabilities (115.9), psychosocial disabilities (114.5), and deaf-blindness (111.4).

Examining sex ratios by types of disabilities (Table 4.2), physical disability had the highest male-to-female sex ratio in both censuses, with an increase of 4.1 males per 100 females in 2021. Speech and Vocal-related Disability ranked second in both censuses, with sex ratios of 129.3 in 2011 and 131.5 in 2021. In NPHC 2011, Intellectual Disabilities held the third position with a ratio of 125.3, while in 2021, Multiple Disability ranked third with a ratio of 115.8. Psychosocial Disability maintained the fourth position in both censuses. For other disability categories, in NPHC 2011, Multiple Disability, Hearing Disability, and Deaf-Blindness occupied fifth, sixth, and seventh positions with sex ratios of 113.2 percent, 108.1 percent, and 103.7 percent, respectively but in 2021, Deaf-Blindness, Deafness, and Blindness took these positions in the male-to-female sex ratio rankings.

Changes in sex ratios were observed across the two census periods for various types of disabilities. Increases were noted in Physical Disability (4.1 males per 100 females), Deaf-Blindness (7.7 males per 100 females), Speech and Vocal-related Disability (2.2), and Multiple Disability (2.7), indicating a greater prevalence of these disabilities among males compared to females. Conversely, decreases in the male-to-female sex ratio were observed in Vision-related Disability (2.1), Hearing Disability (2), Psychosocial Disability (3.6), and Intellectual Disability (18.4), reflecting a growing prevalence of these disabilities among females.

The Figure 4.2 shows the comparison of disability types between 2011 and 2021 within total disabilities. There is no significant change in Physical and deaf & hard of hearing disabilities between the two censuses. The blindness/low-vision increased by about 4 percent in 2021, while the Speech and vocal-related disability has decreased by nearly half in this period. Likewise, the share of Psychosocial and Intellectual disabilities have diminished, whereas the share of the multiple disability increased slightly in 2021.

**Figure 4.2: Comparison of percent distribution of disability by type, NPHC 2011 and 2021, both sexes**

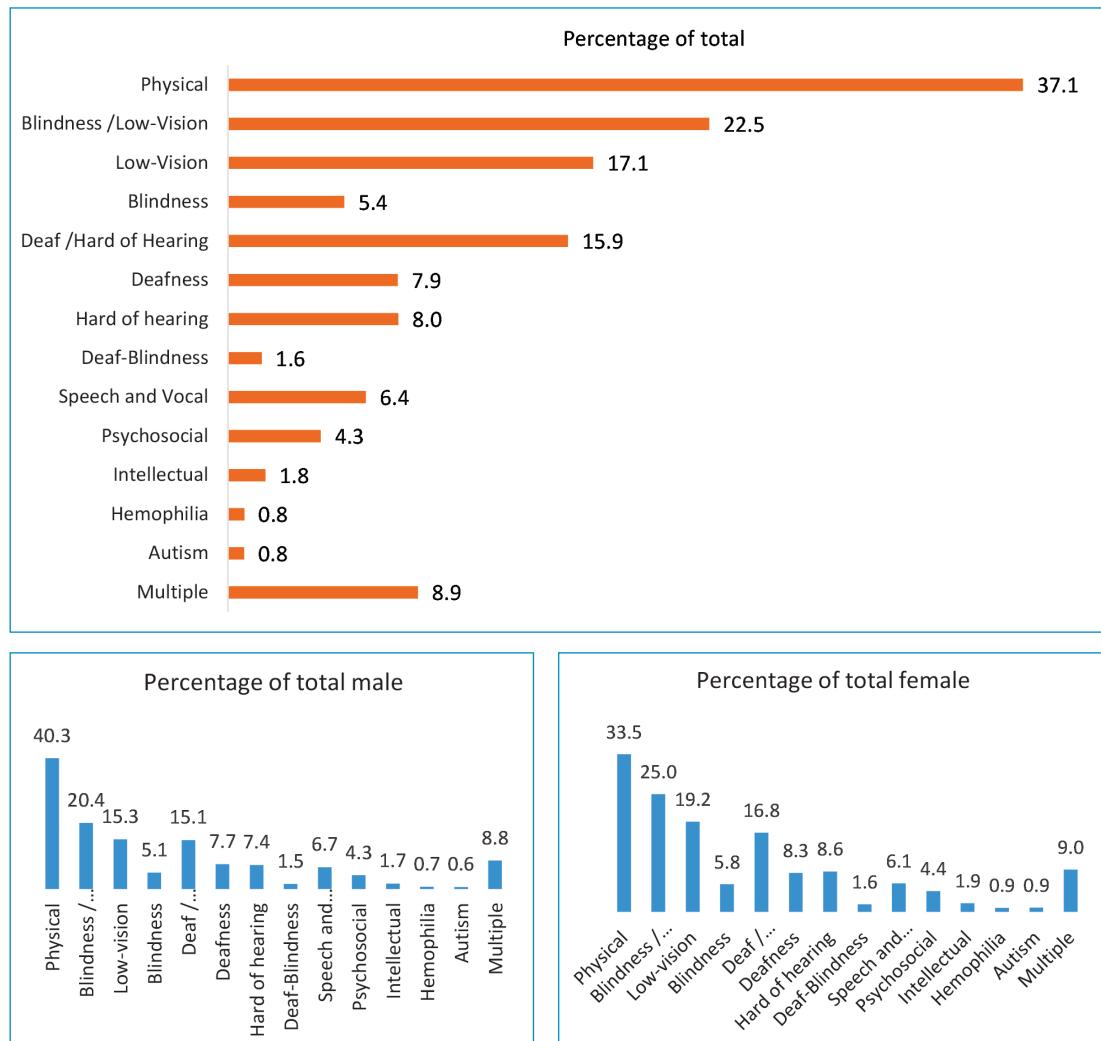


### iii. Distribution of disability by type and sex, NPHC 2021

When analyzing the percent distribution of disability by types of impairment (Figure 4.3), physical disabilities have the highest prevalence among individuals with disabilities, accounting for 37.1 percent of the total, which is higher in males compared to females. In contrast, Autism and Hemophilia-related disabilities have the lowest prevalence, each at 0.8 percent. Vision-related disabilities rank second at 22.5 percent, but there is a notable disparity between the prevalence of blindness and low vision within this category. Low vision accounts for 17.1 percent of all disabilities, making it the fourth most common type, and its prevalence is more than three times higher than that of blindness (5.4 %). Among the total number of individuals with vision-related disabilities (71,534), low vision constitutes 75.1 percent. But the low-vision is seen more in females than in males.

The Hearing Disability accounts for 15.9 percent of the total population of persons with disabilities. Within this main category the prevalence rates of deafness and hard of hearing are nearly identical. Hard of hearing accounts for 8 percent, which is marginally higher by 0.1 percent point than the prevalence of deafness (7.9%). Among the remaining categories, Multiple Disabilities account for 8 percent of the total prevalence, followed by Speech and Vocal-related disabilities at 6.4 percent. Psychosocial disabilities have a prevalence of 4.3 percent, while Intellectual Disabilities and Deaf-blindness account for 1.8 percent, and 1.6 percent respectively.

**Figure 4.3: Percent distribution of persons with disabilities by type, both sexes(total), males, females, NPHC 2021**



Some disabilities have been seen less prevalent in males, as shown by the Table 4.2 [sex ratios for low vision (94.6), hemophilia-related disabilities (91.4), and autism (85.9)] and percent distribution in Figure 4.3. However, global health research highlights a contrasting trend, particularly for autism and hemophilia, which are significantly more frequently diagnosed in males. For Autism Spectrum Disorder (ASD), one of the most striking and consistent findings is its markedly higher prevalence in males, accounting for approximately 70 percent of diagnosed cases.<sup>5</sup> Similarly in the case of Hemophilia the findings says that it is rarely diagnosed in female (Rassouli, 2024).

5. PMCID: PMC4164392 NIHMSID: NIHMS627253 PMID: 23406909

So the data indicates a need of further focused research to find out if such critical cases are due to misclassification (e.g., intellectual and autism misclassified) or measurement errors (e.g., any blood-related problem in women mislabeled as hemophilia).

#### iv. Provincial distribution of persons with disability by type

An analysis of the provincial distribution of disability data by type, as depicted in Table 4.3, reveals both patterns of consistency and variation. Physical disability consistently ranks first in all provinces with the highest percentage in Karnali (45.4%) and the lowest in Gandaki (33.6%). Low vision ranks second across all provinces and deaf-blindness, intellectual disability, hemophilia-related disability, and autism exhibit stable rankings across provinces. Deaf-blindness remains low in all regions, generally ranking towards the bottom. Intellectual disability is also consistently ranked among the less prevalent disabilities, with only slight differences in percentages. Hemophilia-related disability and autism have the lowest percentages overall, maintaining their positions as the least reported disabilities in all provinces.

**Table 4.3: Percentage of persons with disabilities by types of disabilities and province, NPHC 2021**

Type of disability	Nepal	Koshi	Madhesh	Bagmati	Gandaki	Lumbini	Karnali	Sudurpashchim
Physical disability	37.1	34.5	37.7	35.1	33.6	37.8	45.4	40.8
Low-vision	17.1	16.4	17.3	18.0	16.8	17.7	14.2	17.6
Blindness	5.4	5.4	8.0	5.4	3.7	5.0	4.3	5.3
Deafness	7.9	7.8	6.5	7.6	10.7	7.8	9.1	7.2
Hard of hearing	8.0	9.5	3.5	8.6	10.1	8.0	7.6	7.9
Deaf-blindness	1.6	1.7	1.5	1.5	1.6	1.6	1.6	1.5
Speech and vocal-related	6.4	7.3	7.0	5.9	7.4	5.9	6.1	5.4
Psychosocial disability	4.3	4.7	4.3	4.6	5.3	4.3	2.8	3.6
Intellectual disability	1.8	1.9	1.9	1.8	1.9	1.9	1.0	1.4
Hemophilia-related disability	0.8	0.7	1.1	1.1	0.3	0.8	0.3	0.6
Autism	0.8	0.8	0.9	1.0	0.6	0.7	0.6	0.5
Multiple disability	8.9	9.3	10.4	9.4	8.0	8.5	6.9	8.3
<b>Total</b>	<b>100.0</b>							

However, some disability types show variation in ranking across provinces. Deafness and hard of hearing do not maintain same position. For example, in Madhesh, hard of hearing is significantly lower (3.5%) compared to other provinces, where it is closer to 8–10 percent. Speech and vocal-related disabilities also show fluctuations, ranking differently across regions, with Koshi (7.3%) and Gandaki (7.4%) reporting relatively higher percentages than others. Psychosocial disability varies in ranking, with Gandaki having the highest percentage (5.3%), while Karnali reports the lowest (2.8%). Multiple disabilities also exhibit variability, ranking higher in Madhesh (10.4%) and lower in Karnali (6.9%).

#### v. Distribution of number of persons with and without disabilities by urban-rural area

The comparative analysis of the data of persons with and without disabilities by their distribution in urban or rural set up is crucial basically to explore the current living situation of persons with disabilities in comparison to their peers without disabilities. The comparison of the distribution as presented in Table 4.4 across urban, peri-urban, and rural areas highlights significant differences.

**Table 4.4. Number and percentage of persons with and without disabilities by rural-urban area, NPHC 2021**

Type of disability	Number				Percentage			
	Urban	Peri-urban	Rural	Total	Urban	Peri-urban	Rural	Total
Persons with disabilities	134,593	222,813	290,338	647,744	20.8	34.4	44.8	100
Persons without disabilities	7,828,979	11,331,469	9,356,386	28,516,834	27.5	39.7	32.8	100
<b>Total</b>	<b>7,963,572</b>	<b>11,554,282</b>	<b>9,646,724</b>	<b>29,164,578</b>	<b>27.3</b>	<b>39.6</b>	<b>33.1</b>	<b>100</b>

Of the total number of persons with disabilities, the majority reside in rural areas, with 44.8 percent (290,338 individuals). This is followed by peri-urban areas, which account for 34.4 percent (222,813 individuals), and urban areas, comprising 20.8 percent (134,593 individuals). This distribution indicates that a disproportionately high percentage of persons with disabilities live in rural settings, where access to disability specific services and infrastructural accessibility may be more limited.

In contrast, among persons without disabilities, the highest proportion is found in peri-urban areas, constituting 39.7 percent (11,331,469 individuals) of their population. Urban areas host 27.5 percent (7,828,979 individuals), and rural areas account for 32.8 percent (9,356,386 individuals). The relatively balanced distribution of persons without disabilities across all regions suggests a broader range of living environments compared to those with disabilities.

The data reveals a notable disparity in the geographic distribution of persons with disabilities, who are more concentrated in rural areas compared to persons without disabilities, who are relatively more prevalent in peri-urban and urban settings. This discrepancy underscores the need for targeted interventions and resource allocation to support persons with disabilities in rural areas, where challenges such as access to healthcare, rehabilitation service, education, and social services may be more pronounced.

#### vi. Disability prevalence rate for selected area

The Table 4.5 demonstrates that disability prevalence rate varies for urban-rural settings, with a highest prevalence in rural areas (3%) compared to urban areas (1.7%). Analyzing prevalence by sex, males have a slightly higher rate (2.5%) than females (2.0%). By ecological region, the

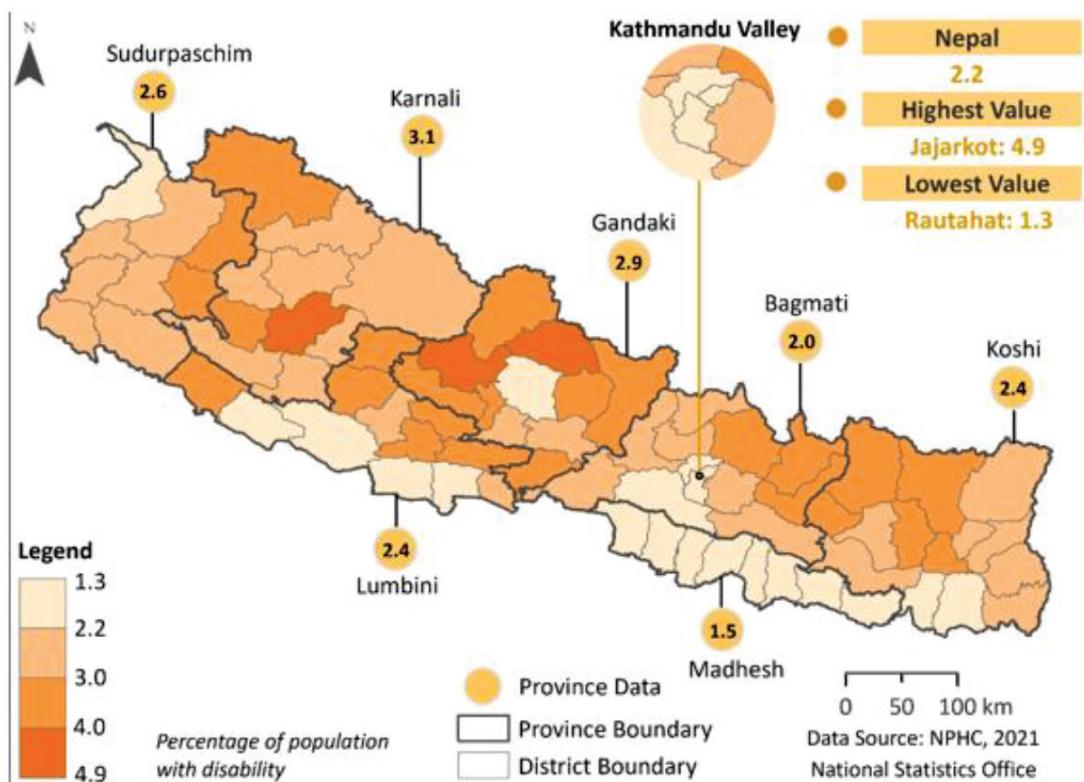
mountain region shows the highest 2.9 percent disability prevalence, while the Tarai region has the lowest (1.9%). The Hill region's prevalence is 2.5 percent, which is lower than the mountain region but significantly higher than the Tarai.

When comparing the sex ratio among populations with and without disabilities (Table 4.5), the ratio for persons with disabilities (118.5) is higher than that of those without disabilities (95.1). These sex ratios for persons with and without disability mean that, there are about 119 males per 100 females for persons with disability while there are only 95 males per 100 females without disability. This pattern is consistent across rural-urban settings, ecological regions, and provinces.

**Table 4.5: Disability Prevalence Rate, sex ratio and Disability Gender Parity Index (DGPI) by urban-rural area, ecological region and province, NPHC 2021**

Area	Disability prevalence rate					
	Male	Female	Total	Sex ratio for population without disability	Sex ratio for population with disability	Disability Gender Parity Index (DGPI)
<b>Urban-Rural</b>						
Urban	1.8	1.6	1.7	99.6	116.5	0.86
Peri-urban	2.2	1.7	1.9	95.3	120.2	0.80
Rural	3.4	2.6	3.0	91.4	118.2	0.78
<b>Ecological Region</b>						
Mountain	3.2	2.6	2.9	96.7	121.0	0.80
Hill	2.8	2.3	2.5	94.2	116.1	0.82
Tarai	2.1	1.7	1.9	95.7	120.5	0.80
<b>Province</b>						
Koshi	2.6	2.1	2.4	94.5	117.0	0.81
Madhesh	1.7	1.3	1.5	100.1	131.6	0.76
Bagmati	2.2	1.9	2.0	99.1	113.2	0.88
Gandaki	3.3	2.6	2.9	89.7	114.7	0.79
Lumbini	2.7	2.1	2.4	91.4	118.9	0.77
Karnali	3.5	2.7	3.1	94.4	125.1	0.76
Sudurpashchim	2.9	2.3	2.6	89.0	113.1	0.79
<b>Nepal</b>	<b>2.5</b>	<b>2.0</b>	<b>2.2</b>	<b>95.1</b>	<b>118.5</b>	<b>0.81</b>

Map 4.1: Disability prevalence rates by province and district, NPHC 2021



Looking at the disability prevalence rates by province as displayed in Table 4.5 and Map 4.1, Karnali has the highest rate (3.1%), while Madhesh has the lowest (1.5%). Gandaki ranks second (2.9%), followed by Sudurpaschim (2.6%), Koshi and Lumbini (2.4%), and Bagmati, which has the second-lowest rate (2%). These provincial variations highlight that provinces with difficult geography and remote areas, like those in the hills and mountains, tend to have higher disability prevalence compared to plains like the Tarai. The Table 4.6 presents 10 districts with the highest and lowest 10 values of disability prevalence rates. The table shows Jajarkot, Myagdi and Manang are the top 3 districts having the highest prevalence of disability while Rautahat, Bhaktapur and Bara are the bottom 3 districts which all lie in Tarai and Madhesh.

**Table 4.6: Top and bottom ten districts with highest and lowest disability prevalence rates, NPHC 2021**

Top 10		Bottom 10	
District	Prevalence rate (%)	District	Prevalence rate (%)
Jajarkot	4.94	Rautahat	1.33
Myagdi	4.77	Bhaktapur	1.38
Manang	4.68	Bara	1.41
Rolpa	3.80	Parsa	1.43
Rukum (East)	3.80	Lalitpur	1.44
Humla	3.68	Kathmandu	1.50
Mustang	3.64	Dhanusa	1.52
Gorkha	3.58	Saptari	1.53
Lamjung	3.57	Mahottari	1.56
Arghakhanchi	3.53	Sarlahi	1.56

**vii. Disability Gender Parity Index (DGPI)**

Gender Parity Index assesses if there exists any disparity in favor of any sexes as regards to various aspects, for example, education, employment, health, political participation. However, in this analysis, the Gender Parity Index is considered as regards to experiencing disability, and is defined as the ratio of female disability prevalence rate to the male disability prevalence rate. So, the value of DGPI greater than 1 would mean that females have higher disability rates and a value less than 1 would mean that females have lower disability. A value equal to 1 shows equal parity between the sexes as regards to having disability. The Map 4.2 shows the disability gender parity index for province and districts. Analyzing gender differences in disability through the lens of the Gender Parity Index<sup>6</sup> reveals that, overall, females are less likely to have or report disability compared to males, with an index value of 0.81, and the index is less than 1 in every level of disaggregation. That is, there is greater propensity of males, proportionately, to report a disability than females. The Map 4.1.2 displays that the disability parity is not much different among the provinces except Bagmati, but there is much variation among the districts.

Looking at the disability disparity in urban-rural area (Table 4.5), the disparity widens in peri-urban and rural areas within the urban-rural context, that is, the rural areas have highest propensity of males to report disability than males. In ecological regions, the disparity is consistent in the Mountain and Tarai regions, both with an index value of 0.80, while it is slightly higher in the Hill region at 0.82. The Table 4.7 gives the list of districts with the highest and lowest DGPI. The higher than 1 DGPI in Mustang and Manang districts show higher propensity of females in those districts to report disability. Gulmi has the lowest DGPI (0.66), meaning that male disability prevalence rate is higher than that for female.

6. The Gender Parity Index (GPI) is a statistical measure used to assess gender equality, particularly in terms of access to resources such as education, employment, or healthcare. It is typically calculated as the ratio of females to males for a specific indicator.

Map 4.2: Disability gender parity Index (DGPI) by province and district, NPHC 2021

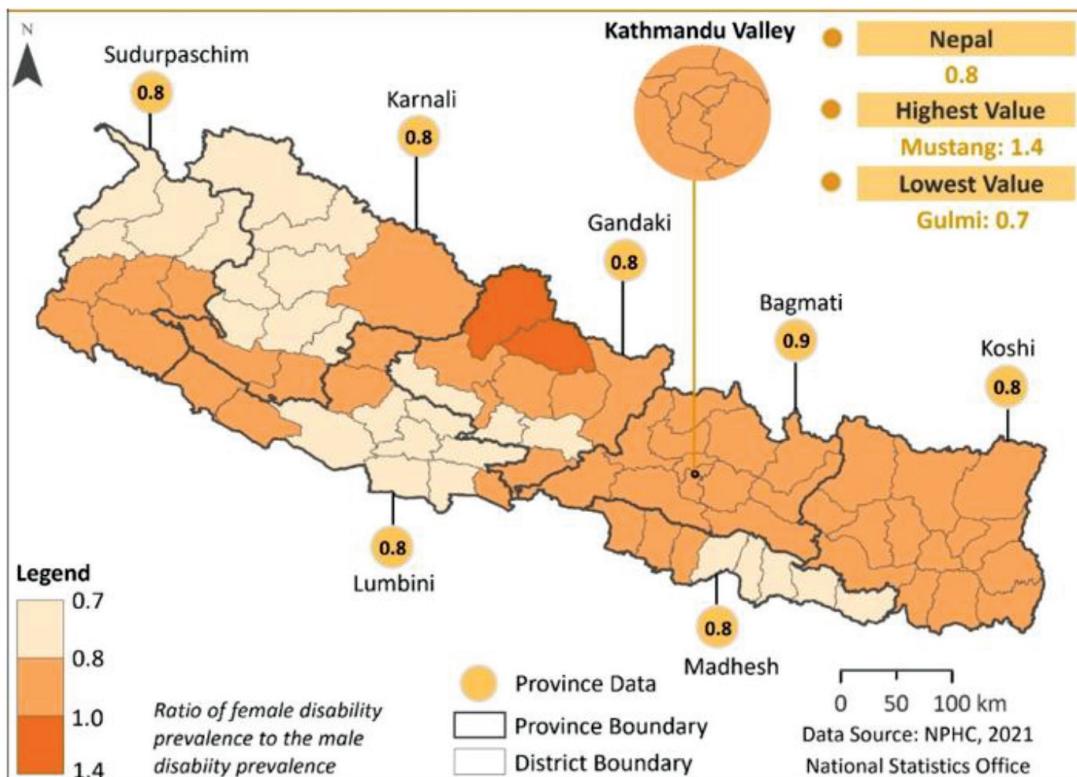


Table 4.7: Top and bottom ten districts with highest and lowest disability gender parity index (DGPI), NPHC 2021

Top 10		Bottom 10	
District	DGPI	District	DGPI
Mustang	1.40	Gulmi	0.66
Manang	1.12	Arghakhanchi	0.68
Kathmandu	0.92	Humla	0.69
Kavrepalanchok	0.90	Mahottari	0.69
Lalitpur	0.90	Jumla	0.70
Sankhuwasabha	0.88	Pyuthan	0.71
Solukhumbu	0.88	Syangja	0.71
Taplejung	0.88	Saptari	0.71
Bhaktapur	0.87	Baitadi	0.71
Makwanpur	0.86	Bajura	0.72

Looking at all these facts and figures, it can be suggested that the federal disability-specific laws and policies, such as the ARRPD, the Disability-related Policy 2023, and the Regulation on the Rights of Persons with Disabilities 2020, include provisions for effective disability management. These laws ensure various services and benefits for persons with disabilities, including rehabilitation, social security allowances, scholarships, assistive devices, personal attendants, care services, disability ID cards, and livelihood support. The prevalence rates suggest that programs and services should prioritize rural areas and regions with challenging terrains, such as the hills and mountains.

## 4.2. Demographic characteristics of persons with disabilities

### a. Households headed by persons with disabilities

The effective functioning of a household heavily relies on the leadership of its head. However, in our society, there is often little faith in the capabilities of persons with disabilities. There is also a traditional view that they are incapable of working or leading a family. However, with the progression of development, such beliefs have been gradually changing. Due to advancements in science and technology, as well as education and awareness, persons with disabilities are increasingly being recognized as capable members of their families, on par with others. Being a household head often requires leadership qualities such as decision-making, resource allocation, and conflict resolution. Persons with disabilities in the role of household head demonstrate resilience, creativity, and adaptability in navigating societal and environmental barriers, thus serving as role models for their families and communities. They can challenge stereotypes of dependency and demonstrate that impairment does not limit one's capacity to lead.

**Table 4.8: Number of households headed by persons with and without disabilities by sex, NPHC 2021**

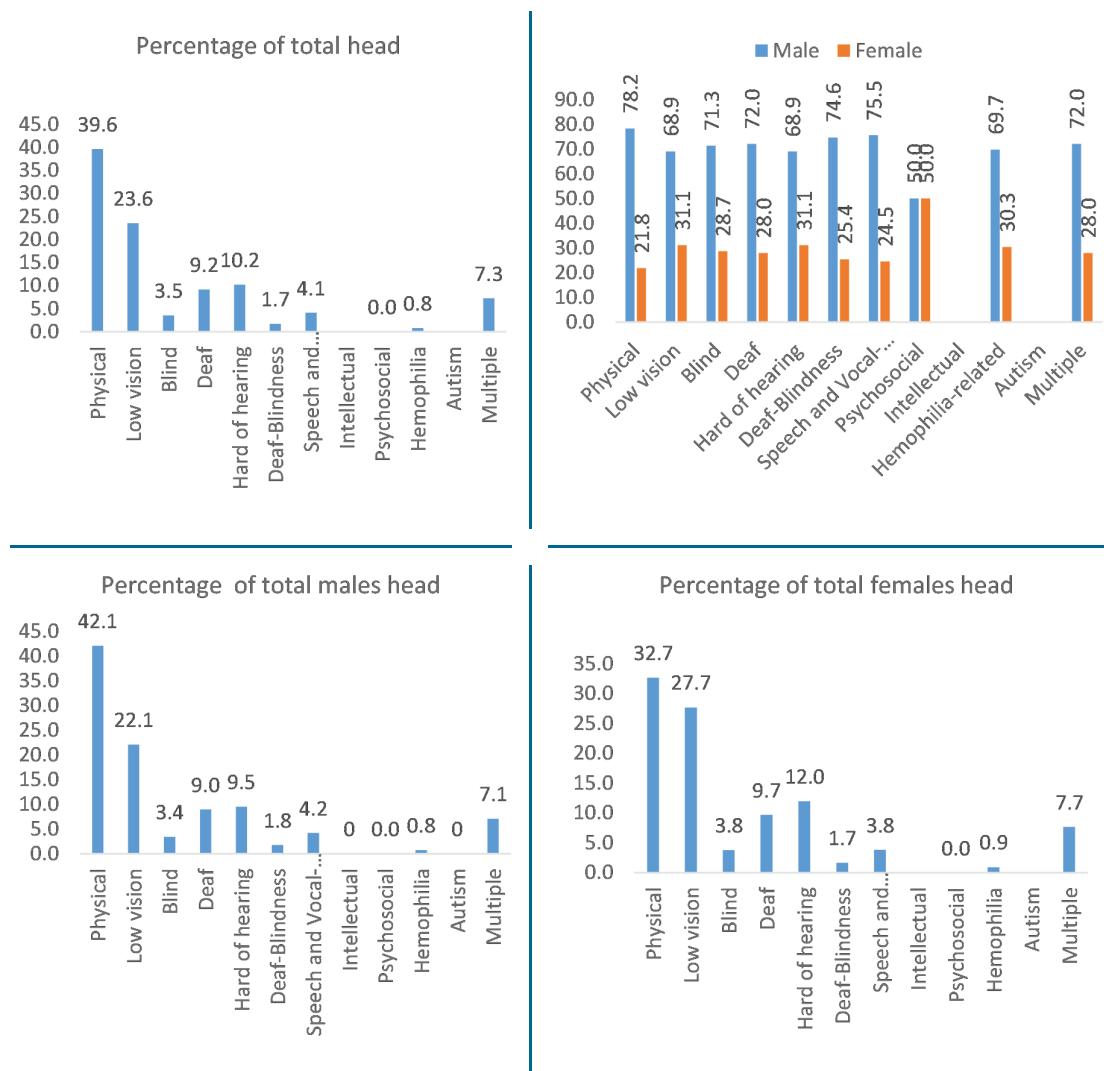
	Total number of household heads			Number of households headed by persons with disability			Number of households headed by persons without disability		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Number	4,563,659	2,103,278	6,666,937	151,235	5,4320	205,555	4,412,424	2,048,958	6,461,382
Percent	68.5	31.5	100.0	73.6	26.4	100.0	68.3	31.7	100.0

As also discussed earlier in section 4.1, out of the total 6,666,937 households, 559,109 households include at least one person with disabilities. Out of the households having persons with disabilities, 205,555 (36.76%), are headed by persons with disabilities, which is 3.1 percent of total households. Among the households headed by persons with disabilities, 73.6 percent (151,235) are males and 26.4 percent (54,320) are females.

When comparing the leadership of households with and without persons with disabilities, there are 6,461,382 households led by persons without disabilities. Of these, 68.3 percent (4,412,424) are headed by males, and 31.7 percent (2,048,958) by females. While household leadership in both categories is predominantly male, the proportion of households headed by females without disabilities exceeds those headed by females with disabilities by 5.3 percentage points.

Figure 4.4 (top left panel) shows that persons from all disability categories except persons with autism and intellectual disabilities are in the role of household heads. About two-in-five (39.6%) of the household heads with disabilities have physical disability, about one-in-four (23.6%) have low vision, and about one-in-five (19.4%) have Hearing-related (Deaf and hard-of-hearing) disability. Similar pattern can be observed for males and females head with disabilities (bottom two panels of Figure 4.4).

**Figure 4.4: Percentage distribution of household heads by type of disability and sex, NPHC 2021**



Across all disability categories, males head a significantly higher percentage of households compared to females (Figure 4.4 top right panel), with the exception of psychosocial disabilities, where the distribution is equal at 50 percent for males and females (each one person for this disability type). The highest male representation is observed in households where the head has a physical disability (78%), followed closely by those with speech and vocal-related and deaf-blind disabilities, both at 75 percent. Except psychosocial disabilities, which is an outlier in this case, low vision (31%) and hard of hearing (31%). Overall, the distribution of male and female heads is relatively consistent across most disability types, with males consistently dominant, except in the unique case of psychosocial disabilities.

There is a clear gender bias, with males being the predominant household heads across most disability types. Physical disabilities, speech and vocal-related, and deaf-blind disabilities show a higher skew towards male-headed households. The percentages for male-headed households generally range from 69 percent to 78 percent, with psychosocial disabilities being the notable exception to this pattern. This distribution may reflect broader societal norms where males are typically seen as household heads, even among persons with disabilities.

**Table 4.9: Number of households headed by persons with disabilities by age group, NPHC 2021**

Type of disability	Age group of household heads with disability				
	10-14	15-44	45-59	60+	Total
Physical disability	43	24,079	26,834	30,532	81,488
Low vision	12	7,153	13,436	27,860	48,461
Blindness	8	2,602	1,992	2,602	7,204
Deafness	31	2,383	5,449	10,978	18,841
Hard of hearing	6	2,667	5,682	12,593	20,948
Deaf-blindness	2	842	846	1,865	3,555
Speech and vocal-related disability	8	2,405	3,422	2,647	8,482
Psychosocial disability				2	2
Hemophilia related disability	1	599	564	492	1,656
Multiple disability	8	4,323	4,450	6,137	14,918
<b>Total</b>	<b>119</b>	<b>47,053</b>	<b>62,675</b>	<b>95,708</b>	<b>205,555</b>

Table 4.9 shows the distribution of households headed by persons with disabilities across various age groups. The data shows that, the majority of household heads are aged 60 and above, comprising 95,708 (46.5%) households, followed by the 45-59 age group, which accounts for 62,675 (30.5%) households, and the 15-44 age group, representing 47,053 (22.9%) households. The youngest age group, 10-14 years, constitutes only 119 (0.1%) households, also indicating a presence of child household heads.

The results highlight a clear trend: the prevalence of disabilities among household heads increases significantly with age, especially in the 60+ and 45-59 age groups. This trend also signals the natural progression of ageing and its associated health challenges, particularly for physical, sensory, and multiple disabilities. Conversely, younger age groups (10-14 and 15-44) have minimal representation, likely due to social, cultural, and economic factors limiting their likelihood of being household heads.

### b. Age-sex structure of persons with and without disabilities

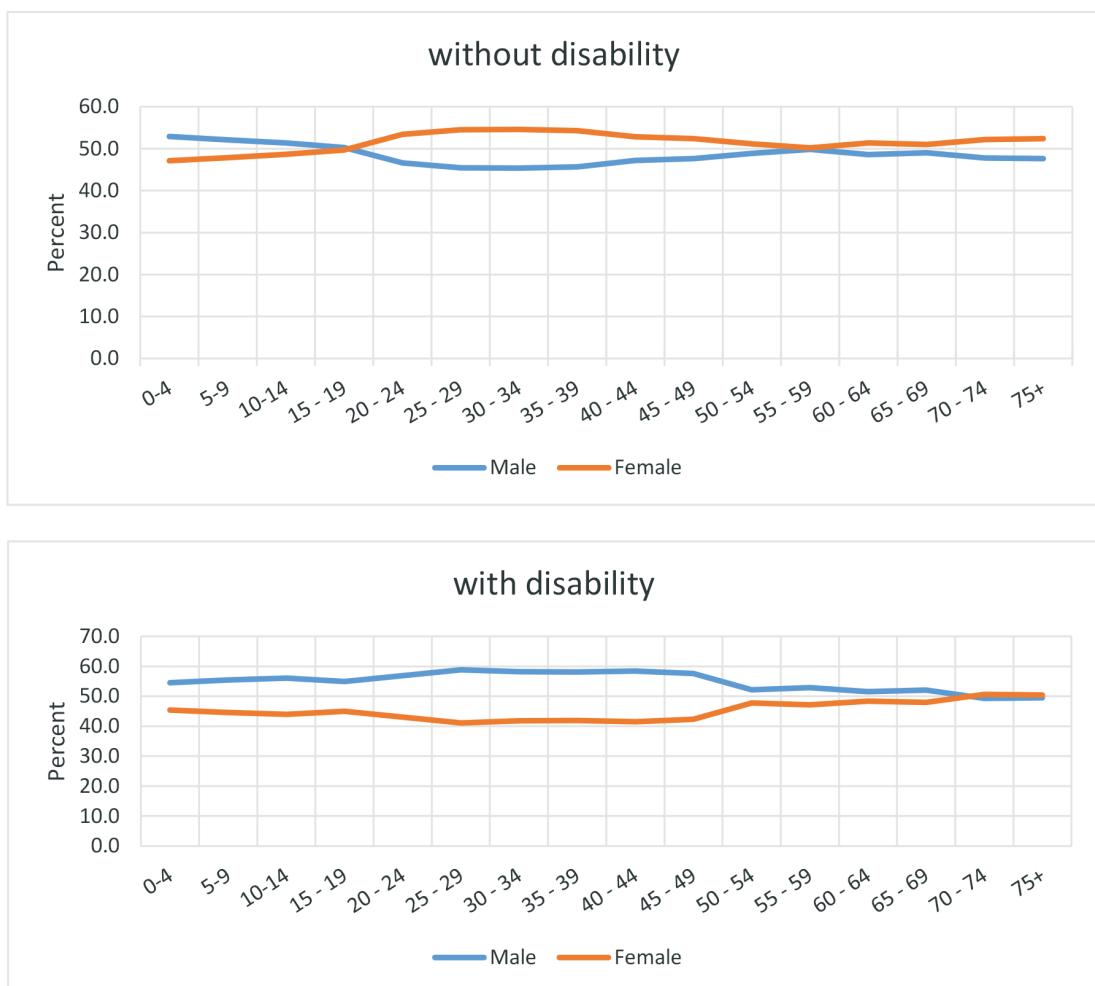
Understanding the age-sex structure of the disability population is crucial for designing inclusive and effective policies. Disability prevalence and its impacts vary significantly across age groups and between men and women, reflecting differences in health risks, social roles, and access to opportunities. For example, children with disabilities require early intervention, inclusive education, and family support, while working-age adults benefit from vocational training, employment opportunities, and workplace accommodations. Older persons with disabilities often need assistive devices, health care, and community-based care services. Gender differences are equally important, as women with disabilities may disproportionately face more discrimination than men with disabilities do. Analyzing this demographic structure allows policymakers to allocate resources equitably, identify vulnerable subgroups, and ensure that programs align with country's commitments to the UN Convention on the Rights of Persons with Disabilities and the Sustainable Development Goals, thereby ensuring no one is left behind.

**Table 4.10: Number of persons with and without disabilities by age groups and sex, NPHC 2021**

Age group	Persons with disability			Without disability		
	Male	Female	Total	Male	Female	Total
0-4	14365	11956	26321	1276160	1136802	2412962
5-9	19412	15605	35017	1423993	1307417	2731410
10-14	19373	15206	34579	1476581	1398705	2875286
15 - 19	25551	20918	46469	1468972	1450963	2919935
20 - 24	21490	16278	37768	1279528	1465764	2745292
25 - 29	19686	13759	33445	1102556	1323348	2425904
30 - 34	18106	13001	31107	960870	1155735	2116605
35 - 39	18995	13714	32709	917936	1090847	2008783
40 - 44	19628	13955	33583	808865	905384	1714249
45 - 49	20243	14871	35114	667282	733644	1400926
50 - 54	26216	23997	50213	666278	697361	1363639
55 - 59	23998	21385	45383	513560	517001	1030561
60 - 64	26243	24610	50853	439719	465032	904751
65 - 69	24980	23017	47997	354709	368912	723621
70 - 74	22671	23286	45957	269383	294030	563413
75+	30344	30885	61229	275858	303639	579497
<b>Total</b>	<b>351,301</b>	<b>296,443</b>	<b>647,744</b>	<b>13,902,250</b>	<b>14,614,584</b>	<b>28,516,834</b>

The data of persons with disabilities distributed across different age groups in Table 4.10 shows an overall trend that the number of persons with disabilities increases with age, particularly among the older population. In the younger age groups (0-4 to 20-24), males consistently outnumber females, with the gap gradually narrowing as age increases. From age 50-54 onward, the gender difference becomes less pronounced, and by the 70-74 and 75+ age groups, the number of females with disabilities slightly exceeds that of males. The number of males with disabilities is higher in every age groups up to the age below 70 years, then, in 70 plus age groups the number of females exceed males.

**Figure 4.5: Share of population with and without disability by age group and sex, NPHC 2021**



The Figure 4.5 illustrate the age-sex distribution of the population with and without disability in Nepal based on the NPHC 2021. Overall, they reveal important differences between males and females across age groups, reflecting broader demographic, social, and health-related patterns in the country.

Among the population without disability, males constitute a slightly higher share in the early age groups (0–14), which reflects Nepal's traditionally male-biased sex ratio at birth and in childhood due to cultural preferences and possible underreporting of female children. However, from adolescence through the working-age population (15–54 years), the share of females surpasses that of males. This may be attributed to higher male out-migration during these ages, particularly for employment abroad—a well-documented demographic pattern in Nepal. Since the census counts de facto population (those present in the country at the time), the absence of a large number of working-age males abroad likely increases the relative share of females in the non-disabled group. After age 50, the gap narrows, and the male and female shares become nearly equal in older age groups, which could be due to a combination of reduced migration and increased mortality among males.

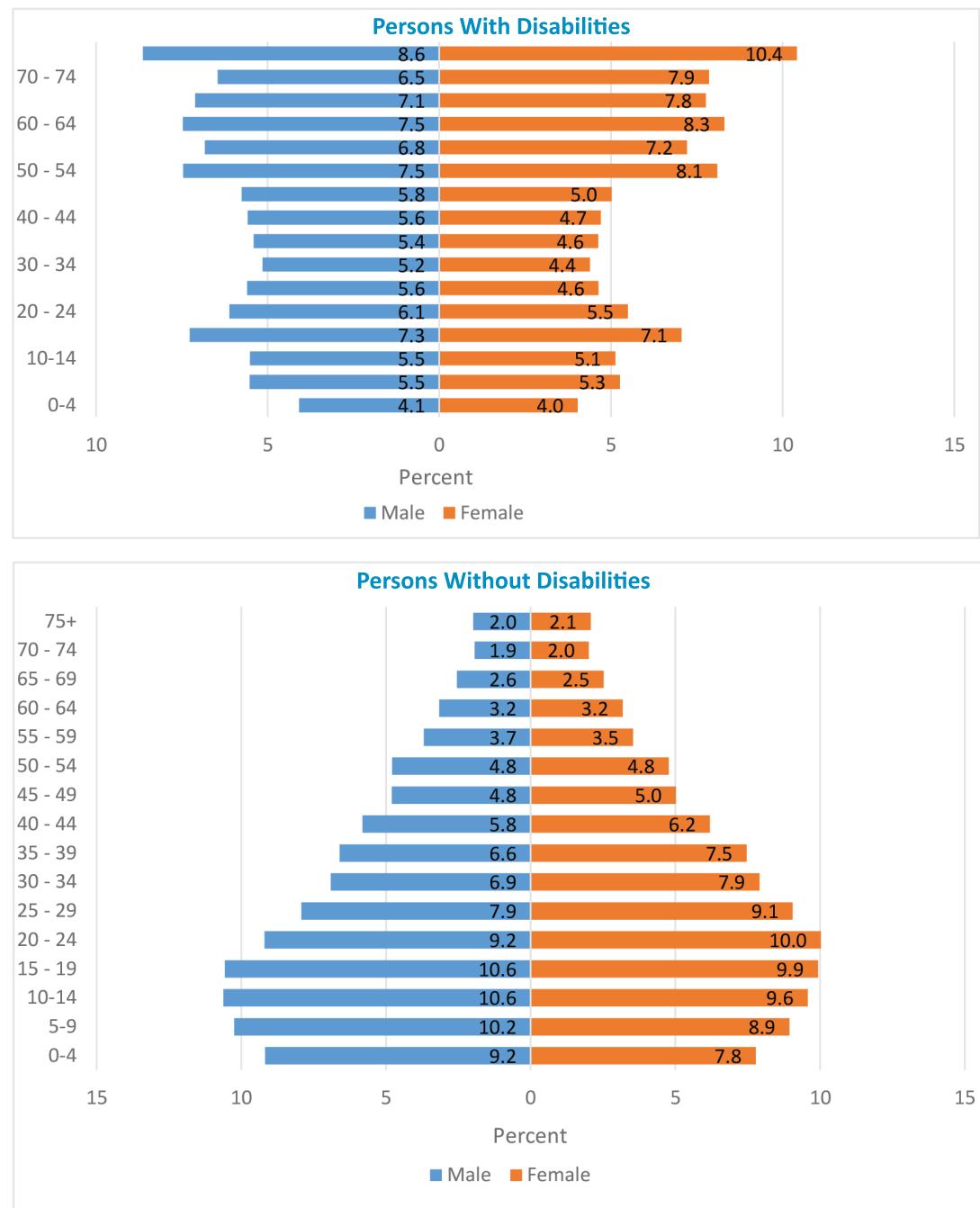
In contrast, the population with disability is dominated by males across nearly all age groups, particularly from 15 to 54 years, where they make up over 55–60 percent of the group. This may reflect higher exposure of men to physically demanding and hazardous jobs, occupational injuries, and behavioral risks (e.g., alcohol use, traffic accidents), which can lead to disability. Additionally, males may be more likely to report or be reported with disabilities, while females may face stigma and underreporting—especially in rural areas. After age 55, the male-female difference begins to decline, and by the 75+ group, the shares are nearly equal. This convergence at older ages likely reflects biological longevity advantages for females and the natural increase in disability prevalence due to aging, which affects both sexes more evenly in old age.

In summary, the age-sex structure of the disabled and non-disabled populations in Nepal reflects a complex interplay of demographic trends (such as migration and mortality), occupational risks, cultural norms, and reporting practices. These patterns have important implications for disability-inclusive policies, social protection, and gender-sensitive planning—especially in health and Labour sectors. The pattern highlights the need for age-specific and gender-sensitive interventions in addressing disability. The significant proportion of elderly persons with disabilities suggests a need for age and disability friendly environments, intensive care, geriatric healthcare, and community-based social support systems.

Age pyramids can also be used to explain how population of persons with and without disabilities is divided across different age groups such as children, youth, adults and elderly and examine the changes over age groups, such as increasing, decreasing, or fluctuating patterns.

Looking at the population pyramids of persons with and without disabilities (Figure 4.6), it is evident that they show quite dissimilar patterns as regards to composition of population in the corresponding age groups. Speaking overall, the pyramid of persons with disability has narrower base and wider top signifying higher proportion of individuals with disability in the older age groups, while quite opposite can be observed in the age pyramid of persons without disabilities.

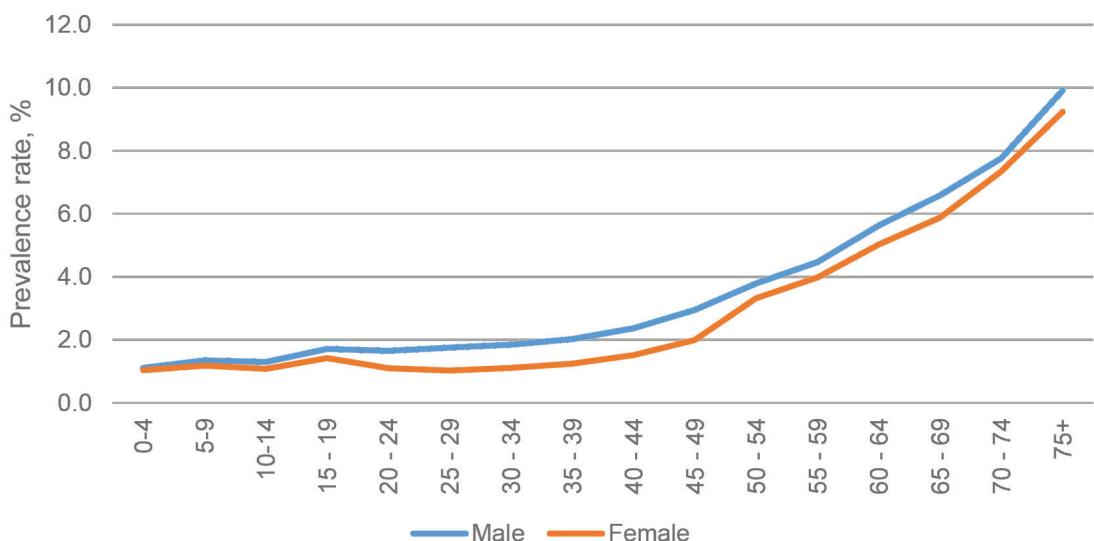
**Figure 4.6: Population pyramid of persons with and without disabilities, NPHC 2021**



Among the population of persons without disabilities, it is seen that, males outnumber females in all age groups up to the age 19 but the opposite is seen in the age groups above 19 years. Comparing with the population with disabilities, the percentage of individuals with disabilities increases with age, while the population without disabilities declines. The proportion of younger age groups (0–19 years) is relatively higher in the population without disabilities, whereas older age groups (60 years above) dominate the population with disabilities.

In terms of policy implications, it is essential to focus on disability specific interventions such as community-based rehabilitation services, disability inclusive services, promotion of accessible physical infrastructures, information and communication services. Similarly, it is essential to take healthcare and preventive measures in middle-aged and younger populations to delay or reduce the onset of age-specific impairments that lead to disability. As the population ages, there is a clear need for targeted services and infrastructure for both persons with and without disabilities.

**Figure 4.7: Age-specific disability prevalence rate by sex, NPHC 2021**

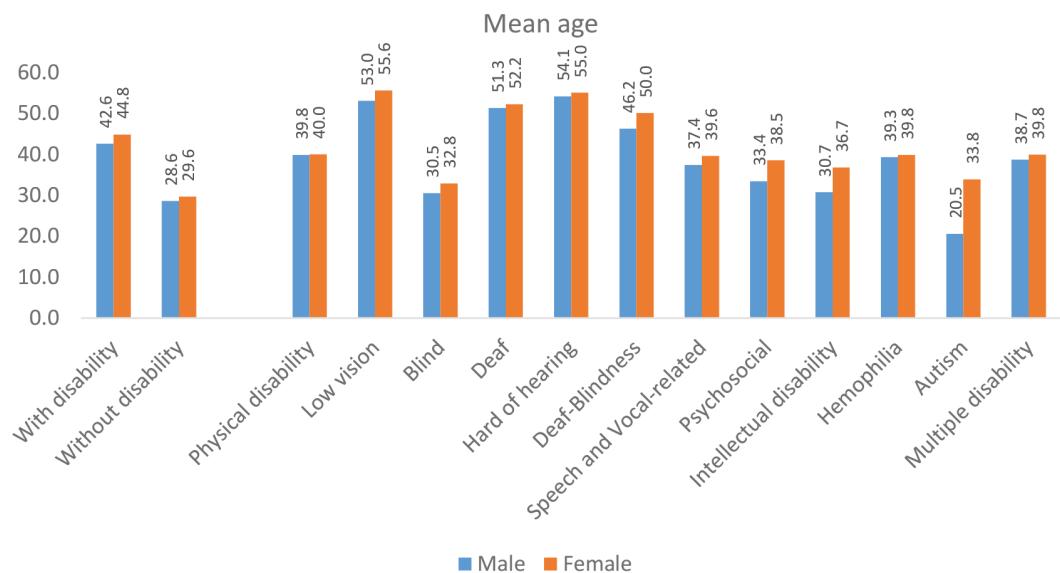


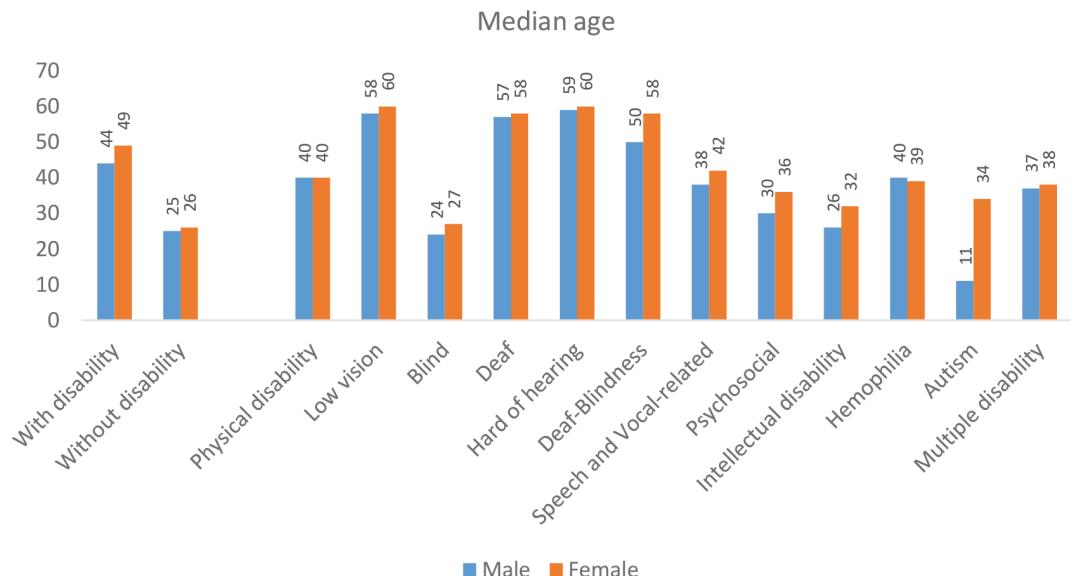
The Figure 4.7 depicts the age-specific prevalence rates of males and females which shows that the prevalence for each sex stays relatively stable up until ages 44 and then steeply increases with age.

The Figure 4.8 presents the mean and median age of population with and without disability, and by types of disabilities for males and females. It is seen that both of mean and median age for persons with disability are quite higher, for both the sexes, than for persons without disability (above 40 years for persons with disability and below 30 years for persons without disability). This shows that the population with disability is much older than the population without disability. This is because of the fact that most people suffer from disability later in life or the younger persons with a disability do not survive due to their condition.

When we consider the median age of vision related disability, it is much higher (around 60 years) for low vision than for blindness (around 25 years). This might also be due to the fact that most people have difficulty with low vision in later life whereas the blindness may be due to congenital or other causes in early life. Similar pattern is seen for persons with hard of hearing and deaf disability but the average ages for these two groups are not that far apart (hard of hearing – about 55 years, deaf – about 52 years). Comparing the median age for different types of disabilities by sex, the biggest difference is seen for autism where half of males are below 11 years of age against half of females below 34 years. As also mentioned in earlier section, this is not quite in line with the established findings globally which hints toward some problem with data collection as chances are that the cases with intellectual disability might have been classified into this category due to similar symptoms observed by the respondent. Overall, the mean and median ages are consistently higher for females than males for all the types of disabilities except physical for which the mean and median ages coincide for both sexes at age 40.

**Figure 4.8: Mean and median age (years) of population with and without disability by sex and disability type, NPHC 2021**





### c. Marital status of persons with disabilities

Marriage, as a significant social institution, is closely tied to an individual's family life. The right to marry with freedom of choice and free consent, along with the right to family life, are recognized as fundamental human rights. It plays a vital role in the establishment and continuity of families. The data of marital status is essential for understanding family structures, household composition, and societal norms surrounding relationships and family life.

In the context of disability, human rights principles affirm that persons with disabilities have equal rights to enjoy marriage and family life on the same footing as others. Article 23 of the Convention on the Rights of Persons with Disabilities (CRPD) obligates state parties to take effective and appropriate measures to eliminate discrimination against persons with disabilities in all matters related to marriage, family, parenthood, and relationships. It also requires states to ensure that individuals with disabilities of marriageable age have the right to marry and establish a family based on the free and full consent of both intending spouses (UNCRPD, 2006).<sup>7</sup>

7. UNCRPD, Article 23.

**Table 4.11: Marital status of persons 10 years of age and above with and without disabilities by sex, NHPC 2021**

Disability Status	Sex	Never married %	Married %	Widow/ Widower %	Divorced %	Separated %	Total %
With disability	Male	29.4	62.0	7.0	0.4	1.2	100
	Female	25.9	52.5	20.1	0.3	1.2	100
	Total	27.8	57.6	13.0	0.4	1.2	100
Without disability	Male	38.5	59.0	2.1	0.1	0.3	100
	Female	28.5	64.6	6.3	0.2	0.5	100
	Total	33.3	61.9	4.3	0.1	0.4	100
Total	Male	38.2	59.1	2.2	0.1	0.3	100
	Female	28.4	64.3	6.6	0.2	0.5	100
	Total	33.1	61.8	4.5	0.2	0.4	100

The data in Table 4.11 reveals that among persons with disabilities, the overall marriage rate is 57.6 percent, with 62.0 percent of males and 52.5 percent of females being married. This highlights a noticeable gender disparity in the opportunity to experience married life, with males having a higher likelihood of being married than females. In comparison, the marriage rate for persons without disabilities is higher, with 59.0 percent of males and 64.6 percent of females married, resulting in an overall rate of 61.9 percent. While males with disabilities are more likely to be married than their female counterparts, the opposite pattern is observed among persons without disabilities, where females are more likely to be married than males.

Among the population that has never married, 27.8 percent of persons with disabilities remain unmarried, including 29.4 percent of males and 25.9 percent of females. In comparison, the rate is higher among persons without disabilities, with 38.5 percent of males and 28.5 percent of females never married, resulting in an overall rate of 33.3 percent. Interestingly, males without disabilities have a significantly higher likelihood of remaining unmarried compared to males with disabilities (38.5% vs. 29.4%). Similarly, females without disabilities also show a slightly higher rate of remaining unmarried compared to females with disabilities (28.5% vs. 25.9%).

Widowhood rates show a significant disparity between genders and disability status. Among persons with disabilities, females are far more likely to be widowed (20.1%) compared to males (7.0%), with an overall rate of 13.0 percent. Similarly, among persons without disabilities, females again have higher widowhood rates (6.3%) than males (2.1%), resulting in a total rate of 4.3 percent. Widowhood is markedly more prevalent among persons with disabilities, particularly women, which may reflect differences in health outcomes, life expectancy, or the availability of marital support and chances/intent of remarrying.

Divorce and separation rates are relatively low across all groups, though persons with disabilities show slightly higher values. The divorce rate for persons with disabilities stands at 0.4 percent, compared to 0.1 percent for those without disabilities. Similarly, separation rates are higher

among persons with disabilities (1.2%) than among those without (0.4%). While these rates remain low overall, the marginally higher figures among persons with disabilities may indicate additional challenges faced in sustaining marital relationships.

Among both groups, females with disabilities show significantly higher widowhood rates than their male counterparts, likely due to gender disparity. Males with disabilities are slightly more likely to marry than females with disabilities (62.0% vs. 52.5%). In contrast, for persons without disabilities, females are more likely to marry than males (64.6% vs. 59.0%), and hence the gap in males and females without disabilities to remain in widow/widower (6.3% vs 2.1%) is lesser than that in the with-disability group (20.1% vs 7%).

In conclusion, persons with disabilities have lower marriage rates and higher widowhood rates compared to those without disabilities. Gender differences are pronounced in widowhood rates, with females disproportionately affected, especially among persons with disabilities. Divorce and separation are uncommon across all groups, with a marginally higher occurrence among persons with disabilities. The data highlights significant disparities in marital patterns, potentially reflecting the social and economic barriers faced by persons with disabilities.

### *i. Marriage formation*

The United Nations Convention on the Rights of Persons with Disabilities (UN CRPD) 2006 is a landmark human rights initiative that affirms the full and equal enjoyment of all human rights and fundamental freedoms by persons with disabilities. In the context of marriage, the CRPD emphasizes the right of individuals with disabilities to marry, form a family, and make decisions about personal relationships on an equal basis with others. This recognition is rooted in a broader understanding that disability should never be a ground for denying someone's autonomy or dignity.

In this context, Article 23 of the UN CRPD, titled Respect for Home and the Family, is especially significant. It obliges States Parties to eliminate discrimination against persons with disabilities in all matters related to marriage, family, parenthood, and personal relationships. This includes the right to marry and found a family with the free and full consent of both parties, the right to decide on the number and spacing of children, and the right to retain fertility. The article underscores that persons with disabilities must have equal access to age-appropriate information on reproduction, as well as the services and support needed to exercise these rights.

Respecting this right also enhances personal autonomy and dignity. The freedom to choose a life partner, form intimate relationships, and create a family is central to human well-being. When this freedom is denied on the basis of disability, it not only isolates individuals socially but also reinforces their exclusion from full participation in society. Upholding the right to marry contributes to breaking down stereotypes and stigma that portray persons with disabilities as incapable, dependent, or asexual.

Moreover, the CRPD promotes the concept of supported decision-making, especially for individuals with intellectual or psychosocial disabilities. Rather than substituting decisions through legal guardianship, the convention urges that individuals should be provided with the

necessary support to make their own informed choices. This ensures that persons with disabilities can exercise their marital and family rights independently and with dignity.

Another critical aspect of this right is the protection of reproductive rights and parenthood. The CRPD reaffirms their right to decide freely on matters of reproduction and to access the services needed to become and remain parents, with support as required.

Lastly, marriage rights are interconnected with other rights such as access to housing, legal identity, inheritance, and social security. Denying marriage can have cascading effects on an individual's legal and economic standing. Therefore, ensuring the right to marry for persons with disabilities is not only a matter of individual liberty but also crucial for their social inclusion and equal citizenship.

**Table 4.12: Percentage of marital status of persons with and without disabilities by age groups and sex**

Age groups	Married male		Married female	
	With disability (%)	Without disability (%)	With disability (%)	Without disability (%)
15-19	3.5	3.8	9.3	14.4
20-24	23.6	31.0	32.7	61.9
25-29	49.0	66.5	54.4	86.7
30-34	68.6	88.3	66.6	94.3
35-39	77.8	95.1	73.2	95.0
40-44	81.0	96.7	74.9	93.7
45-49	82.8	96.9	74.4	91.8
50-54	82.2	96.3	75.3	88.2
55-59	83.6	95.2	73.0	83.9
60-64	82.0	92.6	67.3	76.5
65-69	81.1	89.1	61.1	68.9
70-74	77.0	82.8	49.4	55.3
75-79	72.6	77.1	39.7	44.6
80-84	66.5	70.0	31.5	35.5
85-89	59.5	61.4	26.3	28.8
90-94	49.7	53.7	21.0	24.6
95+	44.8	47.8	18.3	23.2
Total	62.0	59.0	52.5	64.6

Table 4.12 and Figure 4.9 show that the overall marriage rate is slightly higher for males with disabilities (62.0%) compared to those without disabilities (59.0%). Conversely, the total marriage rate for females with disabilities (52.5%) is significantly lower than for females without disabilities (64.6%). It is clearly observed that, while males with disabilities have higher overall marriage rates, females with disabilities face notable disadvantages in marriage opportunities, reflecting gendered societal norms and barriers.

Analyzing the data on the basis of age groups and sex, at the earlier age groups (15 to 19 years & 20 to 24 years) marriage rates for male with disabilities are slightly lower than those for without disabilities in both the age groups (15–19: 3.5% vs. 3.8% and 20–24: 23.6% vs. 31.0%). Similarly, females with disabilities in 15–19 age group have lower marriage rates compared to those without disabilities, but for the 20–24 age group, the disparity is significant (32.7% vs. 61.9%). It clearly tells that younger females with disabilities are less likely to be married, potentially due to societal barriers, stigmas, and other factors that delay opportunities for marriage.

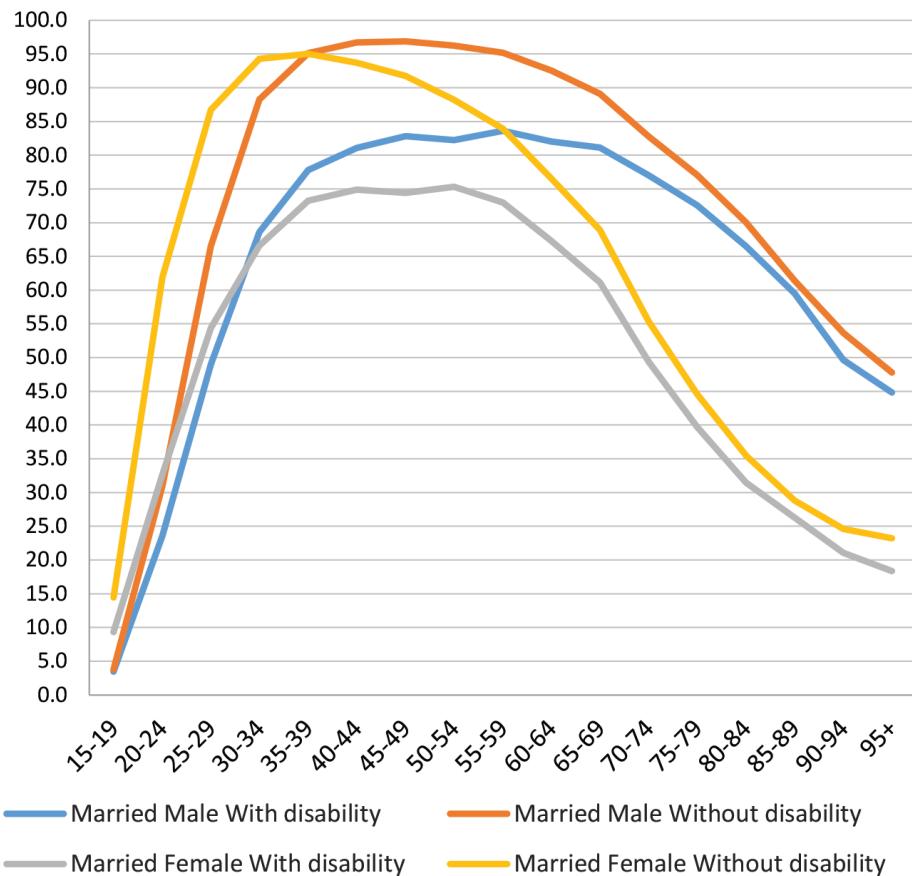
The Figure 4.9 shows that the marriage rates for males with disabilities increase steadily, peaking at 83.6 percent in the 55–59 age group. However, they consistently lag behind males without disabilities, who reach a peak of 96.9 percent in the 45–49 age group. Marriage rates for females with disabilities also rise but remain consistently lower than their counterparts without disabilities, particularly in the 25–29 age group (54.4% vs. 86.7%) and 30–34 age group (66.6% vs. 94.3%). While marriage rates increase with age for both groups, individuals with disabilities face significant disparities, with females showing larger gaps compared to males. This reflects potential societal barriers, discrimination based on gender and disability, stigma and reduced opportunities for women with disabilities to enjoy married life.

In the middle to older age group (50–69 years) the marriage rates for males with disabilities stabilize around 81–83 percent and begin to decline after that age group, whereas males without disabilities maintain higher rates, exhibiting about 90 percent until the 65–69 age group. For females with disabilities, marriage rates plateau around 75 percent in middle age but decline faster than for females without disabilities, especially after the 60–64 age group (67.3% vs. 76.5%). The decline in marriage rates among older individuals with disabilities may reflect widowhood or separation, with females experiencing this decline earlier and more sharply than males.

In the elderly age groups, the marriage rates decline significantly for both male and female with disabilities, but males with disabilities maintain a consistent gap below those without disabilities (for instance, 44.8% vs. 47.8% at 95 years plus age group). Marriage rates among females drop steeply for those with disabilities, reaching only 18.3 percent at 95+ compared to 23.2 percent for females without disabilities. The lower marriage rates in older age groups may be attributed to higher widowhood rates, particularly for women with disabilities, as well as differences in life expectancy and remarriage opportunities.

In conclusion, the disparities in marriage rates between individuals with and without disabilities are more pronounced for females than males. Younger age groups show the largest gaps, especially for females with disabilities, indicating challenges in early marriage opportunities. The decline in marriage rates at older ages is sharper for females, particularly those with disabilities, likely due to higher widowhood rates and fewer remarriage prospects. The data underscores the impact of societal, cultural, and structural barriers on the marital opportunities of persons with disabilities, particularly women.

**Figure 4.9: Percentage distribution of married population with and without disability, NPHC 2021**



## *ii. Marriage disruption*

The UN CRPD not only guarantees the right to enter into marriage and family life but also implicitly upholds the right to leave a marriage or partnership, including through divorce or separation, on an equal basis with others.

The term “marriage disruption” typically refers to a situation in which the stability, harmony, or continuity of a marriage is disturbed due to several factors such as conflict or misunderstanding, infidelity, financial issues, abuse, . or health problems. It signifies a breakdown or significant change in the relationship dynamics between spouses, which can manifest in emotional, physical, or legal forms. In this analysis, divorce and separation are considered as the disruption in marriage.

Marriage disruption often has disproportionate consequences for persons with disabilities due to existing social, economic, and legal vulnerabilities. After a separation or divorce, persons with disabilities—particularly women—may face increased risks of poverty, isolation, and abuse. In

many societies, disability is still stigmatized, and divorced or separated individuals with disabilities may face double discrimination: first for their disability, and second for the social stigma attached to divorce. This can lead to exclusion from family support systems and community networks, further limiting their opportunities for independent living.

Economic consequences are also significant. Persons with disabilities often experience lower employment rates, limited income, and restricted access to property and financial resources. After divorce, these disparities can worsen, especially if there are no legal protections to ensure equitable division of assets, spousal support, or continued access to assistive services. Women with disabilities, in particular, may lose not only financial security but also custodial rights to their children due to biased assumptions about their parenting capacity.

In cases where the person with a disability is dependent on a spouse for physical support or care, marriage disruption can result in loss of essential care and lead to institutionalization or neglect if alternative community-based services are not available. This is particularly critical in contexts where public disability support systems are weak or absent. Therefore, the CRPD's emphasis on independent living and community inclusion (Article 19) must be considered when addressing the consequences of marriage disruption.

The psychological and emotional toll of divorce or separation can also be more pronounced for individuals with disabilities who may have limited access to counseling, peer support, or mental health services. Without inclusive psychosocial support systems, these individuals may experience increased vulnerability to depression, anxiety, or exploitation.

**Table 4.13: Percentage distribution of marriage disruption among persons with and without disabilities by sex, NPHC 2021**

Age groups	Marriage disrupted male		Marriage disrupted female	
	With disability (%)	Without disability (%)	With disability (%)	Without disability (%)
15-19	0.07	0.02	0.14	0.06
20-24	0.53	0.18	0.68	0.30
25-29	1.56	0.52	1.53	0.58
30-34	2.74	0.74	2.00	0.77
35-39	3.14	0.79	2.52	0.92
40-44	3.44	0.77	2.75	1.07
45-49	2.82	0.67	2.68	1.11
50-54	2.33	0.60	2.51	1.17
55-59	2.03	0.52	2.13	1.14
60-64	1.75	0.50	1.84	1.11
65-69	1.27	0.47	1.62	0.95
70-74	1.02	0.47	1.17	0.78
75-79	0.80	0.43	0.95	0.70
80-84	0.80	0.42	0.70	0.56
85-89	0.66	0.40	0.71	0.41

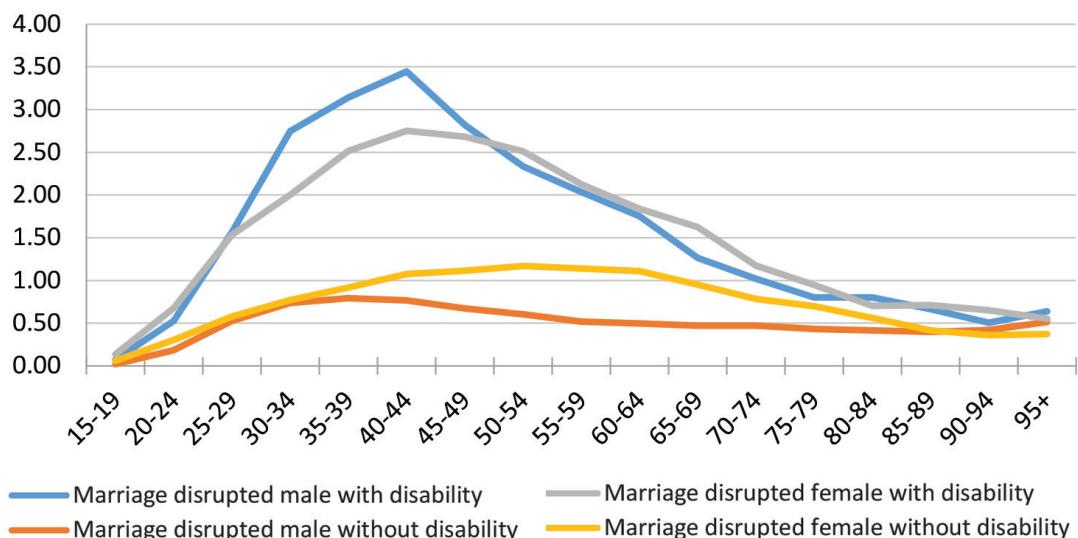
Age groups	Marriage disrupted male		Marriage disrupted female	
	With disability (%)	Without disability (%)	With disability (%)	Without disability (%)
90-94	0.51	0.42	0.65	0.36
95+	0.64	0.51	0.55	0.37
Total	1.61	0.42	1.54	0.63

Note: The figures in the table express the share of marriage disrupted males or females of the respective total population with or without disabilities.

The Table 4.13 shows that the proportion of marriage disruption (divorce or separation) is significantly higher among males and females with disabilities compared to those without disabilities across all age groups. It peaks in the middle-age group (40–44 years) for both male and females with disabilities and gradually declines in older age groups. Both males and females with disabilities consistently have higher rates of marriage disruption compared to their counterparts without disabilities. Across all age groups, both males and females with disabilities experience higher rates of marriage disruption than those without disabilities. For example, in the 20–24 years age group males with disabilities have 0.53 disruption rate while males without disabilities have 0.18. In the same way, the marriage disruption rate in this age group is 0.68 in female with disabilities while it is 0.30 in female without disabilities. This trend persists in later age groups, with a general widening of the gap as age increases.

On average, individuals with disabilities have a disruption rate nearly 3 to 4 times higher than those without disabilities (Total: 1.61 vs. 0.42 for males, and 1.54 vs. 0.63 for females). The disparity is especially noticeable in middle-age groups (30–54 years), where females with disabilities experience rates 2–3 times higher than those without disabilities. However, the gap narrows slightly in older age groups (75+), as marriage disruption rates decline for all demographics.

**Figure 4.10: Percentage distribution of marriage disruption among persons with and without disabilities, NPHC 2021**



In conclusion, the higher rates of marriage disruption among persons with disabilities indicate that they have been facing more societal, relational, or systemic barriers, discrimination and stigma on the basis of disability. Looking at the gender dynamics females with disabilities face particularly high disruption rates compared to males, reflecting additional layers of vulnerability, discrimination, possibly linked to gender-based roles, societal perceptions, or care burdens. Observing the age-related trends in marriage disruption rate, it peaks in middle age (30–49 years) and decline in older age groups. This pattern may relate to the stabilization of marriages or the decreasing likelihood of remarriage after disruptions in older age. The pronounced disparity between individuals with and without disabilities highlights the need for targeted support systems, inclusive relationship counseling, and social interventions to mitigate the challenges faced by persons with disabilities in maintaining marital stability.

#### **d. Birth registration status of children with disabilities**

Vital registration is the continuous, permanent, and compulsory recording of important life events such as birth, marriage, migration, and death. These records are crucial for both individuals and society. Birth registration provides individuals with a legal identity, proof of age, and citizenship, enabling them to access their rights. It helps to enroll individual in various service schemes and facilities such as education, healthcare, social security and many more. It is also helpful to the government in planning services like education and maternal health. In Nepal, individual birth registration is maintained by the local government as per the provision of “Birth, Death and Other Personal Incidents (Registration) Act, 2033”.

**Table 4.14: Birth registration status of children 5 years and below with and without disability, NPHC 2021**

Status of disability	Birth registration		
	Yes	No	Total
With disability (Num.)	25,432	7,629	33,061
%	77	23	100
Without disability (Num.)	2,201,283	773,304	2,974,587
%	74	26	100
Total (Num.)	2,226,715	780,933	3,007,648

When comparing the birth registration data for children aged 5 years and below with and without disabilities, it is observed that a total of 2,226,715 children (74% of the total) had their births registered, while 780,933 children (26%) remained unregistered. Among the 33,061 children with disabilities in this age group, 77 percent had their births registered, compared to 74 percent of the 2,974,587 children without disabilities. This indicates that children with disabilities have a slightly higher birth registration rate (77%) than those without disabilities (74%), suggesting relatively greater awareness or targeted efforts aimed at ensuring registration for children with disabilities.

The data reveals that while birth registration rates are higher among children with disabilities, a substantial portion of both groups remains unregistered. This underscores the need for continued efforts to achieve universal birth registration, with a particular focus on addressing barriers faced by marginalized populations, including children with and without disabilities.

### **4.3. Socio-economic characteristics**

#### **a. Disability and access to education**

Article 31 of Nepal's Constitution guarantees every citizen's right to education, mandating free and compulsory education up to the basic level and free education up to the secondary level provided by the State. It further ensures that citizens with disabilities and economically disadvantaged individuals have the right to access free higher education as prescribed by law. Moreover, the Constitution grants special rights to individuals with visual and hearing impairments, enabling them to receive education through Braille script and sign language, in accordance with legal provisions.

Similarly, Article 24 of CRPD recognizes the right of persons with disabilities to education and obliges state parties to establish an inclusive education system at all levels, along with lifelong learning opportunities. It explicitly requires that persons with disabilities must not be excluded from the general education system based on their disability. Children with disabilities must not be excluded from free and compulsory primary education or secondary education for the same reason. The CRPD ensures access to inclusive, quality, and free primary and secondary education in community-based settings, with reasonable accommodations and support provided to facilitate effective learning. It also emphasizes individualized support measures in environments that promote full academic and social inclusion. Additionally, Articles 9 and 24 underscore the importance of making school environments accessible to persons with disabilities.

Section 21 of the ARRPD 2017 specifies that government-operated educational institutions, those run by local levels, or institutions receiving government grants must provide free higher education to persons with disabilities. Subsections 6 and 7 further require that education for persons with disabilities be delivered through multiple means, such as Braille, alternative scripts, sign language, information technology, and peer learning. Accessible information technology, along with appropriate languages, scripts, curricula, and textbooks, should be utilized as needed to ensure effective learning.

To improve educational access for persons with disabilities, the government has implemented various initiatives, including scholarships for school and higher education, free Braille books, resource classes, and specialized schools.

This analysis examines multiple dimensions of educational access for persons with disabilities, such as literacy rates, school attendance, and education levels achieved, comparing these metrics to those of individuals without disabilities.

### i. Literacy

Studying literacy status between the population with and without disabilities is important because it highlights the educational inequality that directly affects long-term social and economic inclusion.

In the Nepal context, comparing literacy rates between these two groups shows whether persons with disabilities are benefiting equally from the country's education system or remain disproportionately excluded. A lower literacy rate among persons with disabilities often reflects systemic barriers—such as inaccessible learning materials, lack of inclusive teaching, or social discrimination—that limit their opportunities from childhood onwards. This gap has lifelong consequences, as literacy is a foundation for higher education, employment, and civic participation. Understanding the size and nature of this disparity enables policymakers to design targeted interventions, such as accessible curricula, teacher training in inclusive education, and adult literacy programs for those left behind.

**Table 4.15: Literacy rates of persons with and without disabilities 5 years and above, NHPC 2021**

Area	Literacy rates (Proportion of literate population, %)		
	With disability	Without disability	Total
Nepal	50.1	76.9	76.2
<b>Ecological region</b>			
Mountain	46.6	73.6	72.8
Hill	51.8	81.7	80.9
Tarai	49.1	73.6	73.1
<b>Urban-Rural</b>			
Urban	61.5	84.9	84.5
Peri-urban	47.4	72.1	71.6
Rural	47.0	75.7	74.8
<b>Province</b>			
Koshi	51.5	80.4	79.7
Madhesh	42.2	63.9	63.5
Bagmati	51.6	82.7	82.1
Gandaki	49.6	82.7	81.7
Lumbini	52.4	78.7	78.1
Karnali	53.2	76.9	76.1
Sudurpashchim	49.8	77.0	76.2

Area	Literacy rates (Proportion of literate population, %)		
	With disability	Without disability	Total
<b>Wealth quintile</b>			
Lowest	38.0	62.8	62.0
Lower	48.0	71.8	71.2
Middle	50.0	74.9	74.3
Higher	59.2	83.2	82.8
Highest	67.9	90.3	90.0

Table 4.15 shows that the literacy status of persons with disabilities of the aged 5 years and above is significantly lower compared to those without disabilities (50.1% Vs. 76.9%) indicating a substantial gap in access to education. This inequality exists across ecological regions, urban-rural divides, provinces, and wealth quintiles, revealing systemic challenges in inclusive education.

Across ecological regions, persons with disabilities have lower literacy rates than those without disabilities. The Hill region has the highest literacy rate among persons with disabilities (51.8%), while the Mountain region reports the lowest (46.6%). In contrast, literacy among persons without disabilities is highest in the Hills (81.7%) and lowest in the Mountain and Tarai regions (73.6%). This pattern suggests that accessibility challenges in mountainous areas significantly affect education for persons with disabilities.

Looking at the urban-rural divide urban areas show the highest literacy rate for persons with disabilities (61.5%), whereas rural (47.0%) and Peri-urban (47.4%) areas lag behind. A similar trend is seen among persons without disabilities, where urban literacy is highest (84.9%). The significant urban-rural gap highlights the advantage of better facilities, and comparatively disability-friendly infrastructures in cities, while rural areas struggle with accessibility and educational support.

Across provinces, the literacy rate for persons with disabilities varies widely. Madhesh Province reports the lowest literacy for persons with disabilities (42.2%), while Karnali Province has the highest (53.2%). This is in contrast to the literacy rate for persons without disabilities, where Bagmati (82.7%) and Gandaki (82.7%) have the highest levels, while Madhesh remains the lowest (63.9%). The low literacy rate in Madhesh for both groups suggests broader systemic educational challenges, including lower school enrollment and fewer inclusive education programs.

Analyzing the data on the basis of wealth quintile shows that, among persons with disabilities, literacy increases with wealth, from 38.0 percent in the lowest quintile to 67.9 percent in the highest quintile. A similar pattern is observed for those without disabilities, where literacy rises from 62.80 percent in the lowest to 90.3 percent in the Highest group. This sharp contrast underscores the role of financial stability in accessing education, as wealthier individuals are more likely to afford quality schooling, assistive technologies, and need-based learning support.

**Table 4.16: Literacy rates of persons with and without disabilities 5 years and above by disability type and sex, NHPC 2021**

Disability type	Sex	Population		Literacy rate (%)	Disability type	Sex	Population		Literacy rate (%)
		Total	Literate				Total	Literate	
With disability	Total	621423	311630	50.1	Speech and vocal-related	Total	40677	15790	38.8
	Male	336936	202054	60.0		Male	23075	10267	44.5
	Female	284487	109576	38.5		Female	17602	5523	31.4
Without disability	Total	26103872	20066350	76.9	Psychosocial	Total	27767	12870	46.3
	Male	12626090	10628832	84.2		Male	14812	7988	53.9
	Female	13477782	9437518	70.0		Female	12955	4882	37.7
Physical disability	Total	227079	135951	59.9	Intellectual	Total	11134	2270	20.4
	Male	133998	91499	68.3		Male	5725	1308	22.8
	Female	93081	44452	47.8		Female	5409	962	17.8
Low vision	Total	109433	48795	44.6	Hemophilia	Total	4747	3136	66.1
	Male	53150	31637	59.5		Male	2263	1736	76.7
	Female	56283	17158	30.5		Female	2484	1400	56.4
Blind	Total	30877	19560	63.3	Autism	Total	3815	1159	30.4
	Male	15531	10927	70.4		Male	1694	658	38.8
	Female	15346	8633	56.3		Female	2121	501	23.6
Deaf	Total	50529	20393	40.4	Multiple disability	Total	54670	26189	47.9
	Male	26426	13355	50.5		Male	29330	15785	53.8
	Female	24103	7038	29.2		Female	25340	10404	41.1
Hard of hearing	Total	51046	21187	41.5					
	Male	25843	14041	54.3					
	Female	25203	7146	28.4					
Deaf-Blindness	Total	9649	4330	44.9					
	Male	5089	2853	56.1					
	Female	4560	1477	32.4					

The data in Table 4.16 shows a substantial literacy gap between persons with and without disabilities in Nepal, with overall literacy among persons with disabilities at 50.1 percent compared to 76.9 percent for those without disabilities. This gap is wider for females where literacy is 38.5 percent for women with disabilities versus 70.0 percent for women without disabilities. The corresponding values are 60.0 percent and 84.2 percent for males respectively. Literacy rates vary significantly by type of disability, being highest among those with hemophilia (66.1%), blindness (63.3%), and physical disabilities (59.9%), and lowest among those with intellectual disabilities (20.4%), autism (30.4%), and deafness (40.4%). In almost all disability categories, males have higher literacy rates

than females, with the gender gap being particularly large for low vision (29 percentage points), hard of hearing (25.9 points), and deafness (21.3 points). These patterns highlight both the overall disadvantage faced by persons with disabilities in education and the compounded disadvantage for women, indicating a need for targeted, gender-sensitive, and disability-specific educational interventions.

### *ii. Education level attained*

**Figure 4.11: Percentage distribution of persons with and without disabilities by level of education, NPHC 2021**

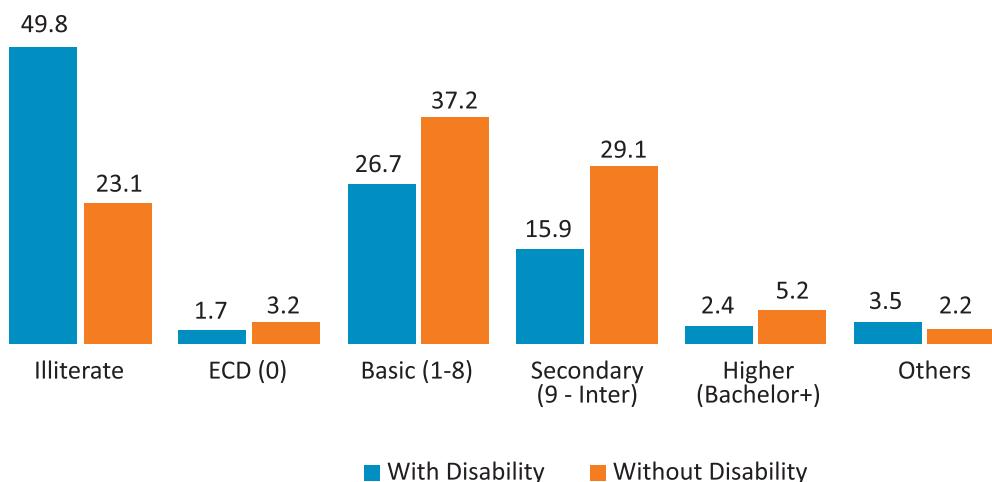


Figure 4.11 shows significant disparities in educational attainment between persons with and without disabilities. The illiteracy rate among persons with disabilities is alarmingly high at 49.8 percent, compared to only 23.1 percent for those without disabilities. This clear difference demonstrates that nearly half of individuals with disabilities do not attain basic literacy, which severely limits their opportunities for personal and professional development.

When it comes to early childhood development (ECD), only 1.7 percent of persons with disabilities have attained this level compared to those without disabilities (3.2%). This gap at the foundational level indicates that persons with disabilities face barriers even in the initial stages of education, which can have long-term implications for their educational journey.

In basic education (grades 1–8), the disparity continues, with 26.7 percent of persons with disabilities attaining this level compared to 37.2 percent of those without disabilities. The gap widens further at the secondary level, where only 15.9 percent of persons with disabilities achieve this milestone, in contrast to 29.1 percent of their peers without disabilities. This significant drop indicates systemic challenges in retaining students with disabilities as they progress through the education system.

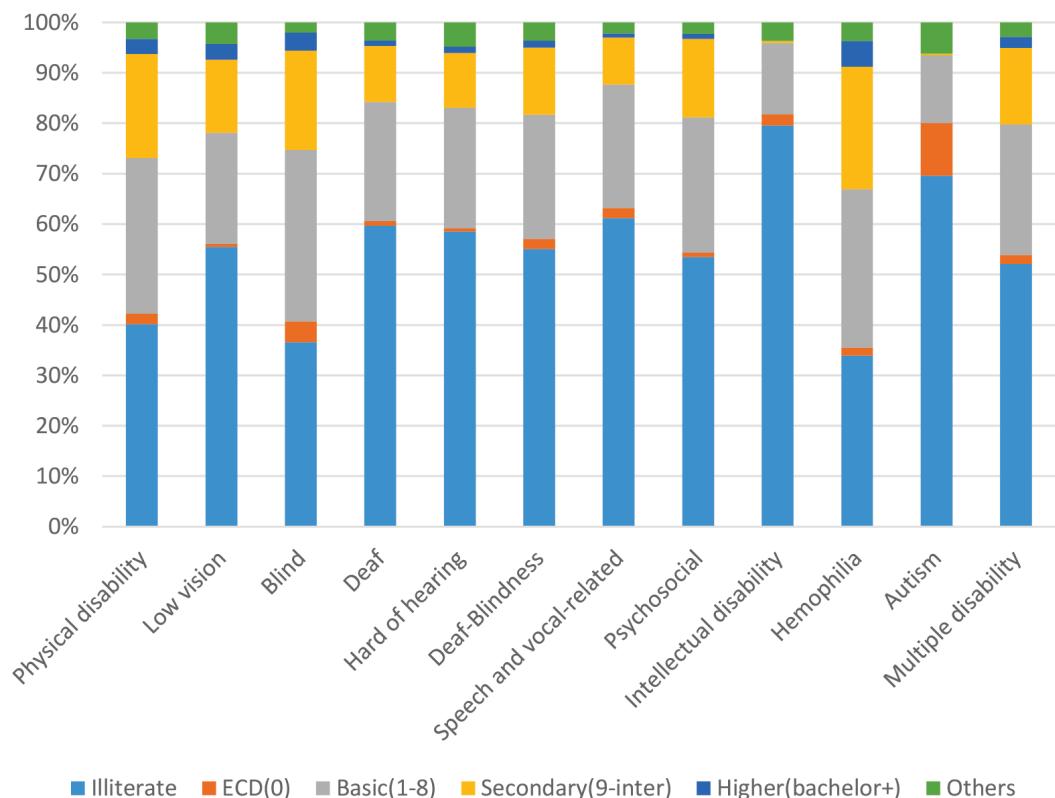
The disparity becomes even more pronounced in higher education. Only 2.4 percent of persons with disabilities attain a bachelor's degree or higher, compared to 5.2 percent of those without disabilities. This shows that individuals with disabilities are more than twice as likely to face barriers to higher education, limiting their access to advanced knowledge and career opportunities.

Interestingly, a slightly higher proportion of persons with disabilities fall into the "Others" category (3.5%) compared to 2.2 percent of those without disabilities. This category likely includes individuals pursuing non-formal or alternative education pathways, which may reflect their need to seek educational opportunities outside the mainstream system.

In summary, the data reveals a persistent educational disadvantage faced by persons with disabilities across all levels of education. The largest gaps are observed in illiteracy rates, secondary education, and higher education. These findings emphasize the need for inclusive policies, accessible infrastructure, and targeted interventions to address the barriers preventing persons with disabilities from achieving equitable educational opportunities.

The Figure 4.12 highlights a comparison of educational attainment across different types of disabilities, revealing both challenges and progress for individuals with various impairments.

**Figure 4.12: Percentage distribution of persons with disabilities by types of disability and level of education attained, NPHC 2021**



A notable trend is the high illiteracy rate among individuals with intellectual disabilities and autism. For example, 79.4 percent of individuals with intellectual disabilities are illiterate, reflecting significant barriers to literacy, likely due to cognitive impairments. Similarly, autism has a high illiteracy rate of 69.3 percent, suggesting a lack of specialized support to address the learning difficulties of persons living with these impairments. Communication-related disabilities such as voice and speech related disability (61.0% illiteracy) and deafness (59.6% illiteracy) also show high rates of illiteracy, likely due to challenges in communication and inadequate access to accessible educational methods.

In contrast, physical disabilities and conditions like hemophilia exhibit lower illiteracy rates, suggesting better access to educational opportunities. For instance, 40.1 percent of individuals with physical disabilities are illiterate, which is lower than the rates for intellectual disabilities and autism. Similarly, individuals with low vision have an illiteracy rate of 55.4 percent, which is still high but less severe compared to other disabilities like intellectual disabilities. Hemophilia, with an illiteracy rate of 33.9 percent, shows the lowest illiteracy rate among all disability types, indicating better access to education for this group.

When examining educational attainment beyond literacy, it is clear that individuals with disabilities face significant barriers at various levels of education. Individuals with physical disabilities tend to show more balanced participation across basic, secondary, and higher education, with 30.8 percent in basic education and 20.6 percent in secondary education. Similarly, individuals with low vision and blindness exhibit strong participation in basic education (22.0% and 34.0%, respectively), although their progression to higher education is limited, with only 3.1 percent of individuals with low vision reaching higher education and 3.6 percent of individuals who are blind.

For individuals with hearing-related disabilities, such as those who are deaf or hard of hearing, participation in higher education is notably low. Only 1.1 percent of deaf individuals and 1.3 percent of hard of hearing individuals have attained higher education. This points to the significant barriers these individuals face in accessing advanced education, likely due to communication difficulties and insufficient educational accommodations. Similarly, autism and intellectual disabilities show very low representation in higher education. Autism, in particular, shows only 0.3 percent in secondary education and no representation in higher education, highlighting the challenges faced by individuals with autism in accessing advanced educational opportunities.

Individuals with hemophilia and multiple disabilities show comparatively better outcomes in higher education, with 5.1 percent of individuals with hemophilia and 2.2 percent of those with multiple disabilities attaining a bachelor's degree or higher.

In conclusion, the data underscores the disparity in educational outcomes based on disability type. While individuals with intellectual disabilities and autism face significant challenges in literacy and progressing to higher education, other disabilities, such as physical disabilities and hemophilia, show more positive outcomes. This highlights the importance of targeted interventions, such as inclusive education programs, assistive technologies, and inclusive policies, to ensure that individuals with all types of disabilities have the opportunity to succeed in education.

### *iii. School attendance by age group*

Analyzing school attendance rates by age is important because it reveals patterns of enrolment, progression, and dropout across different stages of education. Age-specific analysis helps determine whether children are starting school on time, staying enrolled through critical transitions—such as from primary to lower secondary—and completing their education within the expected age range. It can highlight periods when attendance drops sharply, which may be linked to factors like child labour, early marriage, economic hardship, or lack of accessible and safe school facilities. Such insights enable policymakers and educators to design age-targeted interventions, including early childhood education programs, retention strategies for adolescents, or re-entry opportunities for overage students. This approach ensures that educational planning addresses the unique challenges faced at each stage, improving both retention and completion rates. Monitoring school attendance of persons with disabilities by age is essential to ensure equitable access to education and identify groups at risk of exclusion.

**Table 4.17. Percentage distribution of persons with and without disabilities attending school/colleges and other opportunities of study, NPHC 2021**

Age group	Attending school/college currently (%)	Attending Informal education currently (%)	Attending Self-study currently (%)	Attended school/college in the past (%)	Never attended for study (%)	Not reported (%)	Total (%)
<b>5 years and above</b>							
With disability	15.7	0.7	0.3	33.4	49.7	0.1	100
Without disability	33.0	0.4	0.2	43.3	23.0	0.1	100
Total	32.6	0.5	0.2	43.1	23.6	0.1	100
<b>5-9 years</b>							
With disability	82.5	0.2	0.0	1.1	15.9	0.3	100
Without disability	91.7	0.1	0.0	0.6	7.4	0.2	100
Total	91.6	0.1	0.0	0.6	7.5	0.2	100
<b>10-14 years</b>							
With disability	75.2	0.2	0.1	7.9	16.6	0.1	100
Without disability	90.8	0.1	0.0	5.7	3.3	0.0	100
Total	90.7	0.1	0.0	5.7	3.5	0.0	100
<b>15 years and above</b>							
With disability	7.8	0.8	0.4	37.1	53.9	0.1	100
Without disability	17.0	0.5	0.2	54.3	27.9	0.0	100
Total	16.8	0.6	0.2	53.9	28.5	0.0	100

Table 4.17 provides a comparative data of the status of school attendance among persons with and without disabilities across different age groups. Overall, the data reveals significant disparities in educational engagement, with persons with disabilities experiencing lower participation and higher rates of exclusion from education. These disparities are evident in current school attendance, past attendance, and the proportion of individuals who have never attended school.

For the total population aged 5 years and above, only 15.7 percent of persons with disabilities are currently attending school, compared to 33.0 percent of those without disabilities. Additionally, nearly half (49.7%) of persons with disabilities have never attended school, which is more than double the proportion of persons without disabilities (23.0%). While 33.4 percent of persons with disabilities attended school or college in the past, this figure is significantly lower than the 43.3 percent recorded for persons without disabilities, highlighting barriers to educational access and retention.

Among children aged 5-9 years, school attendance is relatively high for both groups, but a gap still exists. Approximately 82.5 percent of children with disabilities are attending school, compared to 91.7 percent of those without disabilities. It is concerning that 15.9 percent of children with disabilities in this age group have never attended school, compared to 7.4 percent for their non-disabled peers. These early disparities suggest that barriers to education begin at a young age and may be related to a lack of accessible educational environments or societal attitudes.

For the 10-14 years age group, the gap widens further, with 75.2 percent of children with disabilities attending school, compared to 90.8 percent of their peers without disabilities. Additionally, 16.6 percent of children with disabilities have never attended school, which is five times the 3.3 percent for children without disabilities. This age group also sees a higher percentage of persons with disabilities (7.9%) who attended school in the past but are no longer enrolled, indicating challenges in retaining students with disabilities in the education system.

The disparities are even more pronounced among individuals aged 15 years and above. Only 7.8 percent of persons with disabilities are currently attending school or college, compared to 17.0 percent of persons without disabilities. More than half (53.9%) of persons with disabilities in this age group have never attended school, a marked difference to 27.9 percent of persons without disabilities. Furthermore, while 37.1 percent of persons with disabilities attended school or college in the past, this figure is significantly lower than the 54.3 percent recorded for their non-disabled counterparts.

In conclusion, the data underscores pervasive inequities in educational opportunities for persons with disabilities across all age groups. The gap begins early, with disparities in school attendance evident among children aged 5-9 years, and it widens as individuals grow older. These findings highlight the need for targeted interventions to address systemic barriers, promote inclusive education, and ensure that persons with disabilities have equal access to learning opportunities.

#### *iv. School attendance rate of children by sex*

Comparing school attendance between children with and without disabilities is vital for understanding the true extent of educational inclusion and identifying persistent inequalities.

Such comparisons reveal the “inclusion gap”, showing how far children with disabilities are from achieving equal access to education. For instance, while enrolment rates in early grades may be similar, attendance for children with disabilities often declines earlier due to barriers such as inaccessible school infrastructure, lack of trained teachers, limited transportation, or social stigma. Analyzing the differences by sex highlight gender-specific barriers such as mobility restrictions, safety concerns, early marriage, or cultural biases. For example, girls with disabilities may face greater challenges in continuing education during adolescence due to inadequate sanitation facilities or social stigma, whereas boys may be more likely to leave school for work to support their families.

**Table 4.18: School attendance status (%) of children with and without disabilities by sex, NPHC 2021**

Age group/ Disability Status	Attending School/ college currently	Attending informal education currently	Attending in self- study	Ever attended in the past	Never attended for study	Not reported	Total
<b>Age group 5-9 years</b>							
<b>Male</b>							
With disability	81.9	0.2	0.1	1.1	16.5	0.4	100.0
Without disability	91.9	0.1	0.0	0.6	7.2	0.2	100.0
Total	91.8	0.1	0.0	0.6	7.3	0.2	100.0
<b>Female</b>							
With disability	83.4	0.2	0.0	1.1	15.0	0.3	100.0
Without disability	91.5	0.1	0.0	0.6	7.6	0.2	100.0
Total	91.4	0.1	0.0	0.6	7.7	0.2	100.0
<b>Both sexes</b>							
With disability	82.5	0.2	0.0	1.1	15.9	0.3	100.0
Without disability	91.7	0.1	0.0	0.6	7.4	0.2	100.0
Total	91.6	0.1	0.0	0.6	7.5	0.2	100.0
<b>Age group 10-14 years</b>							
<b>Male</b>							
With disability	74.4	0.2	0.1	8.3	17.0	0.1	100.0
Without disability	90.7	0.1	0.0	6.1	3.1	0.0	100.0
Total	90.5	0.1	0.0	6.1	3.2	0.0	100.0

Age group/ Disability Status	Attending School/ college currently	Attending informal education currently	Attending in self- study	Ever attended in the past	Never attended for study	Not reported	Total
<b>Female</b>							
With disability	76.3	0.2	0.0	7.4	16.0	0.1	100.0
Without disability	91.0	0.1	0.0	5.3	3.6	0.0	100.0
Total	90.8	0.1	0.0	5.3	3.7	0.0	100.0
<b>Both sexes</b>							
With disability	75.2	0.2	0.1	7.9	16.6	0.1	100.0
Without disability	90.8	0.1	0.0	5.7	3.3	0.0	100.0
Total	90.7	0.1	0.0	5.7	3.5	0.0	100.0

Table 4.18 presents comprehensive data of school attendance among children with and without disabilities across two age groups (5–9 and 10–14 years) for males, females and both sexes. A significant disparity is evident in the current school attendance rates between children with and without disabilities. For instance, in the 5–9 age group, 81.9 percent of males and 83.4 percent of females with disabilities are attending school, compared to 91.9 percent and 91.5 percent, respectively, for their non-disabled counterparts. This gap widens in the 10–14 age group, where attendance rates drop to 74.4 percent for males and 76.3 percent for females with disabilities, compared to over 90 percent for children without disabilities in the same group. This trend highlights the systemic barriers faced by children with disabilities, particularly as they grow older.

The data also reveals a striking contrast in the proportion of children who have never attended school. Among 5–9-year-olds, 16.5 percent of males and 15 percent of females with disabilities have never been to school, compared to 7.2 percent and 7.6 percent for those without disabilities. Similarly, in the 10–14 age group, the percentage of children with disabilities who have never attended school remains alarmingly high at 17.0 percent for males and 16.0 percent for females, compared to just 3.1 percent and 3.6 percent for their peers without disabilities.

Participation in informal education and self-study remains minimal for both groups, with children without disabilities showing slightly higher involvement. For example, in the 5–9 age group, 0.2 percent of males with disabilities are engaged in informal education, compared to 0.1 percent of males without disabilities. These low numbers suggest that alternative education pathways are underutilized and could be explored as a means to provide educational opportunities for children who cannot attend formal schooling.

Gender disparities are also evident in the data. Males consistently show slightly higher school attendance rates than females across both age groups and disability statuses. The proportion of children who never attended for study is roughly the same for both of the age groups and sexes. However, the cases of educational status “Not stated” is more for children with disability than for children without disability for both sexes and age groups.

The data underscores the cumulative disadvantage faced by children with disabilities in accessing education. As they grow older, the gap in attendance rates between children with and without disabilities widens. This trend reflects systemic issues such as inaccessible schools, inadequate support systems, and societal stigma. It highlights the critical need for targeted interventions to promote inclusive education.

Efforts to address these disparities should include implementing inclusive education policies that ensure accessibility at schools, and provide necessary resources, such as assistive technologies, appropriate teaching learning methods, and trained staff. Awareness campaigns can help reduce stigma and emphasize the importance of education for children with disabilities. Special attention should be given to addressing the unique challenges faced by girls with disabilities. Expanding alternative education programs such as informal education, school-at-home, and self-study opportunities could also provide viable options for those unable to attend formal schools. Similarly, developing community-based support system to facilitate children with disabilities for their education could help to increase their school attendance. Lastly, robust monitoring and accountability systems are essential to track the progress of educational initiatives and ensure that children with disabilities are not left behind.

#### ***v. School attendance rate by types of disability***

Comparing school attendance rates by types of disability is important because different disabilities present different barriers to education, and understanding these variations allows for more targeted and effective policy responses. This is even more important when the rates are analyzed for different age groups. For example, children with physical disabilities may face challenges related to inaccessible school buildings or lack of transportation, while those with hearing or visual impairments may require specialized learning materials, assistive devices, or trained teachers. Children with intellectual or psychosocial disabilities might encounter greater social stigma, limited curriculum adaptation, or a shortage of appropriate support services. By analyzing attendance rates across disability types, policymakers can identify which groups are most at risk of exclusion, allocate resources more efficiently, and design interventions tailored to the specific needs of each group.

**Table 4.19: School attendance status (%) of persons with disability by type, NPHC 2021**

Types of disability	Currently attending: School/ college (formal)	Currently attending: Informal education	Currently attending: Self-study	Attended in the past	Never attended for study	Not reported	Total
Physical disability	18.9	0.7	0.3	40.1	40.0	0.1	100
Low vision	10.5	1.0	0.5	32.9	55.1	0.0	100
Blind	32.6	0.4	0.2	30.3	36.5	0.1	100
Deaf	13.7	0.8	0.4	25.4	59.6	0.1	100
Hard of hearing	8.6	1.0	0.6	31.4	58.3	0.1	100
Deaf-Blindness	15.7	0.6	0.4	27.7	55.5	0.1	100

Types of disability	Currently attending: School/ college (formal)	Currently attending: Informal education	Currently attending: Self-study	Attended in the past	Never attended for study	Not reported	Total
Speech and vocal-related	16.3	0.4	0.2	22.2	60.9	0.2	100
Psychosocial	10.1	0.3	0.1	36.0	53.1	0.4	100
Intellectual disability	7.4	0.6	0.3	12.3	79.1	0.3	100
Hemophilia	16.6	1.0	0.4	48.1	33.9	0.1	100
Autism	18.6	1.5	0.4	10.0	69.2	0.3	100
Multiple disability	16.0	0.5	0.2	31.1	52.1	0.1	100
Total	15.7	0.7	0.3	33.4	49.7	0.1	100

While analyzing the data presented on Table 4.19, a notable variation is observed in educational participation across different disability groups. Individuals with blindness exhibit the highest percentage of current formal school attendance (32.6%), significantly exceeding the overall average (15.7%). Those with physical disabilities (18.9%) and autism (18.6%) also show relatively higher levels of participation. In contrast, individuals with intellectual disabilities (7.4%) and hard of hearing (8.6%) have the lowest levels of current attendance, indicating significant barriers to accessing formal education.

The proportion of individuals who have never attended any form of education is alarmingly high for certain groups. For example, 79.1 percent of individuals with intellectual disabilities and 69.2 percent of those with autism have never attended school. This sharply contrasts with individuals with hemophilia-related disabilities (33.9%) and blindness (36.5%), who report the lowest percentages of non-attendance. These findings underscore the urgent need for targeted interventions to reduce educational exclusion for groups with higher non-attendance rates.

A significant number of individuals have attended school in the past but are no longer enrolled. This trend is most prominent among individuals with hemophilia-related disabilities (48.1%) and physical disabilities (40.1%). These figures suggest that while initial access to education may be better for these groups, challenges in retention or progression remain. On the other hand, individuals with autism and intellectual disabilities not only face difficulties in accessing education but also report lower participation in past attendance, further highlighting the compounded challenges they face.

Participation in informal education and self-study is minimal across all disability types, rarely exceeding 1.5 percent. Exceptions include individuals with autism (1.5%) and low vision (1.0%), who show slightly better engagement with informal learning. This indicates the need to strengthen alternative learning opportunities for persons with disabilities, particularly for those unable to access formal education.

Overall, the analysis reveals significant disparities in educational access and participation among persons with disabilities. Disabilities affecting communication and intellectual functioning, such as intellectual disabilities, autism, and deafness, show the highest rates of non-attendance. In

contrast, individuals with physical and hemophilia-related disabilities exhibit better access but still face issues with retention. To address these challenges, inclusive education policies must focus on early intervention for marginalized groups, improve retention rates, and promote alternative learning models. Moreover, raising community awareness and enhancing infrastructure, such as assistive technologies and accessibility measures, are essential steps to bridge the educational gap for persons with disabilities.

### **b. Access to employment opportunities**

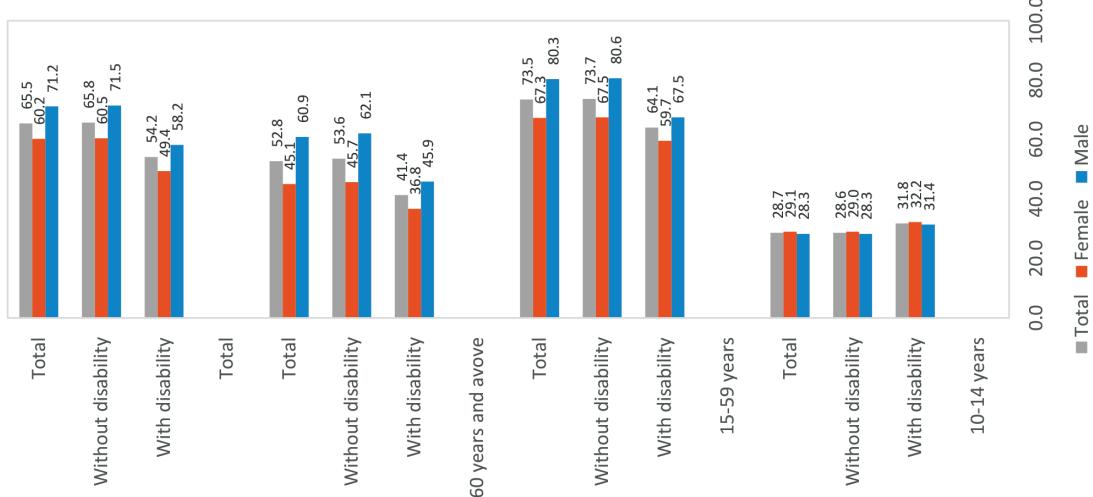
#### ***i. Economic activity status for persons 10 years and above***

NPHC 2021 defines the economically active population as those aged 10 years or above who were either engaged in some forms of economic activities or seeking for work during the reference period, regardless of the duration of the activity. According to NPHC 2021, the total economically active population in Nepal is 23,958,868, out of which 23,372,462 are individuals without disabilities, and 586,406 are individuals with disabilities. As such, the disability prevalence within the total economically active population is 2.4 percent.

**Table 4.20: Distribution of economically active individuals with and without disabilities 10 years and above by broad age groups and sex, NPHC 2021**

Age group	Economically active population			Total population		
	Male	Female	Total	Male	Female	Total
<b>10-14 years</b>						
With disability	6,088	4,902	10,990	19,373	15,206	34,579
Without disability	417,603	405,897	823,500	1,476,581	1,398,705	2,875,286
Total	423,691	410,799	834,490	1,495,954	1,413,911	2,909,865
<b>15-59 years</b>						
With disability	130,889	90,602	221,491	193,913	151,878	345,791
Without disability	6,762,102	6,300,294	13,062,396	8,385,847	9,340,047	17,725,894
Total	6,892,991	6,390,896	13,283,887	8,579,760	9,491,925	18,071,685
<b>60 years and above</b>						
With disability	47,864	37,417	85,281	104,238	101,798	206,036
Without disability	831,962	654,157	1,486,119	1,339,669	1,431,613	2,771,282
Total	879,826	691,574	1,571,400	1,443,907	1,533,411	2,977,318
<b>Total</b>						
With disability	184,841	132,921	317,762	317,524	268,882	586,406
Without disability	8,011,667	7,360,348	15,372,015	11,202,097	12,170,365	23,372,462
Total	8,196,508	7,493,269	15,689,777	11,519,621	12,439,247	23,958,868

**Figure 4.13: Percentage distribution of economically active persons with and without disabilities by age groups, NPHC 2021**



The Table 4.20 and Figure 4.13 highlight the economic activity levels of persons with and without disabilities across different age groups and genders. In the 10-14 age group, the people with disabilities show slightly higher economic participation (31.8%) compared to their peers without disabilities (28.6%). This trend is consistent across both males and females, with females with disabilities (32.2%) showing slightly greater participation than males with disabilities (31.4%).

In the prime working age group of 15-59 years, the disparity becomes more pronounced. The economic activity rate for persons with disabilities (64.1%) is significantly less than the rate for their counterparts without disabilities (73.7%). Among males, the gap is particularly wide, with 67.5 percent of males with disabilities being economically active compared to 80.6 percent of males without disabilities. Similarly, females with disabilities (59.7%) lag behind females without disabilities (67.5%). These figures point to potential barriers faced by persons with disabilities in accessing education, skills development, and workplace opportunities, which are critical during this economically productive phase of life.

For individuals aged 60 years and above, economic activity declines overall, but the disparity between those with and without disabilities remains evident. Only 41.4 percent of older (60+) persons with disabilities are economically active compared to 53.6 percent of those without disabilities. The gender gap is also pronounced in this age group, with males with disabilities (45.9%) being active than males without disabilities (62.1%), and females with disabilities (36.8%) trailing behind females without disabilities (45.7%). This trend highlights the limited opportunities for older persons with disabilities to remain economically engaged, possibly due to a lack of accessible work environments or age-related challenges.

When looking at the total population across all age groups, less persons with disabilities (54.2%) are economically active than those without disabilities (65.8%). Males with disabilities (58.2%) have about ten-percentage point difference than males without disabilities (71.5%), which is

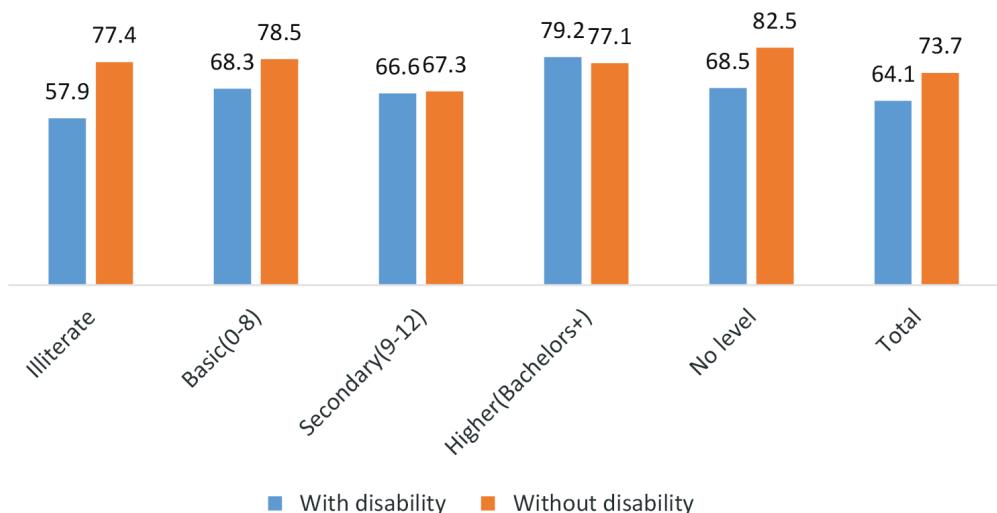
nearly the same gap for females with disabilities (49.4%) and without disabilities (60.5%). These figures reflect systemic challenges that hinder economic participation for persons with disabilities, including inadequate workplace accommodations, discrimination, and lack of inclusive policies and programs for the economic empowerment of persons with disabilities.

Overall, the table underscores the need for targeted interventions to reduce these disparities. Policies promoting accessible education and vocational training for young persons with disabilities can help sustain their participation in economic activities. For the 15-59 age group, workplace accommodation, inclusive hiring practices, and equal opportunities are crucial. Among the elderly, flexible and part-time work options could enhance economic engagement.

#### *ii. Economically active population with and without disability 15-59 years and level of education*

Figure 4.14 presents the economically active people with and without disability aged 15-59 by level of education. When analyzed by education level, the data shows that illiteracy presents a major barrier to economic participation for both groups, but more so for persons with disabilities. Only 57.9 percent of illiterate individuals with disabilities are economically active, compared to 77.4 percent of those without disabilities. This indicates that the absence of education exacerbates existing barriers for individuals with disabilities, making them less likely to participate in the workforce.

**Figure 4.14: Percentage distribution of economically active population with and without disability aged 15-59 by level of education, NPHC 2021**



As education levels improve, economic participation among persons with disabilities increases significantly. At the basic education level (0-8 classes), the economic activity rate for individuals with disabilities rises to 68.3 percent, though it remains lower than that of their non-disabled peers (78.5%). Similarly, at the secondary education level (9-12 classes), the gap narrows slightly,

with 66.6% of persons with disabilities and 67.3 percent of those without disabilities participating economically. These figures highlight the positive role of education in enabling economic engagement for persons with disabilities, though the disparities persist.

Higher education (Bachelors and above) has the most profound impact on the economic activity of individuals with disabilities. At this level, their economic participation rate (79.2%) surpasses that of their non-disabled peers (77.1%), demonstrating the transformative potential of higher education in overcoming employment barriers. This suggests that advanced education can serve as a powerful equalizer, enabling persons with disabilities to achieve comparable or even better economic outcomes than their counterparts without disabilities.

Overall, the table underscores the critical role of education in improving economic participation for persons with disabilities. While higher education significantly reduces the gap in economic activity, persons with disabilities still face systemic barriers at lower education levels. To address these disparities, policies should focus on enhancing access to education for persons with disabilities, particularly at the higher education level. Additionally, efforts to creating inclusive workplaces, and providing skill development programs and employment opportunities for less-educated individuals with disabilities are essential to ensure equitable economic participation across all levels of education.

### *iii. Economically active population 15-59 years by type of disability and sex*

The column “Economic Activity Rate (%)” in the Table 4.3.6 provides a clear picture of the labour force participation among people with different types of disabilities in Nepal. This rate indicates the proportion of people with a given disability type who are economically active—that is, either employed or seeking employment.

**Table 4.21: Distribution of economically active population with disabilities aged 15-59 years by types of disability and sex, NPHC 2021**

Type of disability	Number of economically active population			Economic activity rate (%)	Total population		
	Male	Female	Total		Male	Female	Total
Physical disability	56,513	32,205	88,718	64.1	84,011	54,293	138,304
Low vision	20,012	16,359	36,371	75.3	24,485	23,796	48,281
Blindness	5,881	4,985	10,866	65.5	8,493	8,097	16,590
Deafness	9,285	7,224	16,509	72.9	11,898	10,763	22,661
Hard of hearing	8,975	7,568	16,543	73.6	11,385	11,082	22,467
Deaf-blindness	2,056	1,245	3,301	77.5	2,502	1,759	4,261

Type of disability	Number of economically active population			Economic activity rate (%)	Total population		
	Male	Female	Total		Male	Female	Total
Speech and vocal-related	10,388	6,564	16,952	64.0	15,145	11,344	26,489
Psychosocial	4,828	3,659	8,487	39.7	11,960	9,436	21,396
Intellectual	1,460	1,206	2,666	34.8	4,081	3,587	7,668
Hemophilia	1,036	1,228	2,264	70.2	1,417	1,810	3,227
Autism	397	692	1,089	55.9	801	1,147	1,948
Multiple disability	10,058	7,667	17,725	54.5	17,735	14,764	32,499
Total	130,889	90,602	221,491	64.1	193,913	151,878	345,791

Among all disability types, people with deaf-blindness (77.5%), low vision (75.3%), hard of hearing (73.6%), and deafness (72.9%) have the highest economic activity rates. This suggests that individuals with sensory impairments—particularly those related to hearing and vision—are actively participating in the labour market, possibly due to greater adaptability or better integration mechanisms for these specific groups.

On the other hand, people with intellectual disabilities (34.8%) and psychosocial disabilities (39.7%) show the lowest economic activity rates. These lower rates reflect the structural barriers they face, such as stigma, lack of inclusive education and job opportunities, or limited support services for independent living and workplace integration.

The overall economic activity rate across all types of disabilities is 64.1 percent, which is comparable to the national average but conceals significant variation across disability types. For example, psychosocial individuals show a participation rate of 39.7 percent, and those with intellectual disabilities have a rate of 34.8 percent, likely due to the compounded challenges these groups face in accessing the labour market.

The Table 4.21 also highlights that individuals with physical disabilities constitute the largest group of economically active persons, with 88,718 individuals representing 40.1 percent of the total economically active 221,491 persons with disabilities. Within this group, males (56,513) significantly outnumber females (32,205), making up 64 percent of the subgroup. Similarly, individuals with low vision (36,371) form the second largest economically active group (16.4% of 221,491), with a male predominance (55%). The trend of male dominance in economic participation persists in other categories as well which indicate significant barriers for females in accessing economic opportunities.

The analysis underscores significant gender disparities in economic participation among individuals with disabilities, with males consistently showing higher activity rates. Additionally, economic participation varies significantly across disability types, with physical disabilities and low vision showing higher engagement, while intellectual disabilities and autism remain underrepresented. These findings highlight the need for tailored interventions to address the challenges faced by women and individuals with specific disabilities in accessing economic opportunities.

In summary, while some persons with disabilities, particularly those with sensory impairments, are relatively active in the workforce, others—especially those with cognitive or psychosocial conditions—remain significantly underrepresented. This highlights the need for targeted policy interventions and inclusive employment programs that address the specific barriers different disability groups face in Nepal.

#### *iv. Comparison of status in employment and occupation of persons with and without disability aged 15-59 years*

Various laws and policies have made numbers of provisions for accessing persons with disabilities to livelihood and employment opportunities. Article 27 of CRPD states that state parties must prohibit discrimination on the basis of disability with regard to all matters concerning all forms of employment, including conditions of recruitment, hiring and employment, continuance of employment, career advancement and safe and healthy working conditions. It further obligates the state parties to enable persons with disabilities to have effective access to general technical and vocational guidance programs, placement services and vocational and continuing training; and promote opportunities for self-employment, entrepreneurship and development of cooperatives and starting one's own business.

According to section 25 of ARRPD 2017 the Government of Nepal may, to the extent of availability of any work in any enterprise according to the physical capacity, training, qualification and experience of the persons with disabilities, prescribe in such a way that the persons with disabilities have to be appointed in any specific number. Section 24.3 strictly prohibits all kinds of discrimination against the persons with disabilities, with regard to employment and any matter related thereto. Section 7 of Civil Service Act 1993 has provision to allocate 5 percent seats for persons with disabilities out of the total quota reserved for disadvantaged and marginalized groups in government services.

NPHC 2021 has defined those as working or employed people who are engaged in some forms of income generating activities for the last 6 or more months of reference period.

#### **Employment Status**

Table 4.22 displays the percentage distribution of individuals with and without disabilities, aged 15–59, and based on the nature of their employment or livelihood opportunities. The NPHC 2021 categorized employment status into four main groups: employees (working for others), employers (operating businesses and providing jobs to others), own-account workers, and contributing family members.

**Table 4.22: Percentage distribution of persons with and without disabilities, aged 15-59, by employment or livelihood status, NPHC 2021**

Number of months worked	Employment status						Total (%)
	Employee in other firms/enterprises (%)	Employer (%)	Own account worker (%)	Contributing family members (%)	Not reported (%)		
<b>With disability</b>							
6 months or more	32.2	2.1	61.5	4.0	0.2	100	
3 to 6 months	20.6	0.5	51.1	27.4	0.3	100	
Less than 3 months	21.3	0.5	39.0	39.0	0.2	100	
Total	27.8	1.5	55.2	15.3	0.2	100	
<b>Without disability</b>							
6 months or more	35.1	2.1	59.3	3.4	0.1	100	
3 to 6 months	22.8	0.5	52.4	24.2	0.1	100	
Less than 3 months	24.1	0.2	36.8	38.8	0.0	100	
Total	31.6	1.6	55.2	11.5	0.1	100	

Among persons with disabilities, a significant reliance on self-employment is evident. For those employed for six months or more: 61.5 percent are own-account workers, while 32.2 percent work as employees in firms. Employers and contributing family members make up smaller shares at 2.1 percent and 4.0 percent, respectively. As the duration of employment decreases, the reliance on family-supported livelihoods increases significantly, rising to 39.0 percent for those employed less than three months, matching the share of own-account workers in this category. Overall, persons with disabilities are predominantly own-account workers (55.2%), followed by employees in firms (27.8%) and contributing family members (15.3%), with minimal participation as employers (1.5%).

For persons without disabilities, the distribution shows some similarities but also key differences. Among those employed for six months or more, own-account workers make up 59.3 percent, while employees in firms constitute 35.1 percent, a higher share compared to persons with disabilities. contributing family members and employers remain small categories, at 3.4 percent and 2.1 percent, respectively. As employment duration shortens, the proportion of family supporters rises significantly, reaching 38.8 percent for those employed less than three months, closely mirroring the pattern seen among persons with disabilities. However, the share of employees in firms remains consistently higher among persons without disabilities, even for shorter employment durations.

Overall, own-account workers dominate in both groups, representing 55.2 percent of employment status. However, persons without disabilities have a higher proportion of employees

in firms (31.6%) compared to those with disabilities (27.8%). Dependence on family-supported livelihoods is notably higher among persons with disabilities, particularly for shorter employment durations. This data highlights the challenges faced by persons with disabilities in accessing formal employment and their increased reliance on self-employment and family-based livelihoods as a means of sustaining themselves.

### ***Occupation***

When observing the occupation (Table 4.23) of those who worked at least for six months or more during the last 12 months of census reference period, a dominance of the occupation - “skilled agricultural, forestry, and fishery workers” is seen in both of with-and-without disability group, which accounts for 50.78 percent and 48.95 percent respectively. This indicates a heavy reliance on the agricultural sector for employment. Additionally, elementary occupations and service/sales roles also constitute significant shares, though persons without disabilities have slightly higher proportions in these categories.

**Table 4.23: Distribution of the number and percentage of persons with and without disabilities aged 15-59 by the types of occupation, NPHC 2021**

Occupation	Number of persons			Percent		
	With disability	Without disability	Total	With disability	Without disability	Total
Armed forces occupations	90	104,055	104,145	0.1	1.2	1.2
Managers	11,141	682,459	693,600	8.6	7.8	7.8
Professionals	7,211	524,698	531,909	5.6	6.0	6.0
Technicians and associate professionals	4,938	252,112	257,050	3.8	2.9	2.9
Clerical support workers	6,289	176,168	182,457	4.9	2.0	2.1
Service and sales workers	7,801	758,437	766,238	6.0	8.7	8.6
Skilled agro-based, forestry and fishery workers	65,896	4,283,754	4,349,650	50.8	49.0	49.0
Craft and related trades workers	9,432	717,834	727,266	7.3	8.2	8.2
Plant and machine operators and assemblers	3,419	372,277	375,696	2.6	4.3	4.2
Elementary occupations	13,444	872,967	886,411	10.4	10.0	10.0
Don't know	56	3,260	3,316	0.04	0.04	0.04
Not reported	62	2,899	2,961	0.05	0.03	0.03
Total	129,779	8,750,920	8,880,699	100.00	100.00	100.00

Table 4.23 shows underrepresentation of persons with disabilities in certain fields. In “armed forces”, they constitute only 0.07 percent compared to 1.19 percent for persons without disabilities, indicating substantial barriers to participation in armed force related occupations. Similarly, persons with disabilities are underrepresented in “plant and machine operators and assemblers,” with only 2.63 percent employment compared to 4.25 percent for those without disabilities. These disparities suggest physical and systemic constraints that may limit opportunities for persons with disabilities in these areas.

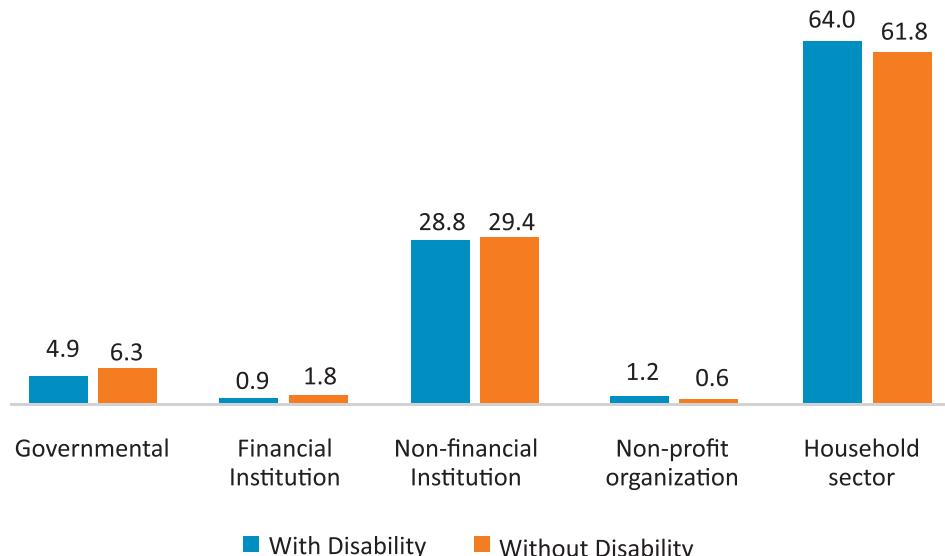
Interestingly, persons with disabilities exhibit higher representation in some occupations. For example, they account for 4.85 percent of clerical support workers compared to 2.01 percent for those without disabilities. Similarly, in technical and associate professional roles, persons with disabilities hold a slightly larger share (3.80%) than it is for their non-disabled counterparts (2.88%). These findings suggest that administrative and technical occupations may offer relatively inclusive environments for persons with disabilities. Moreover, in managerial roles, persons with disabilities have a marginally higher share (8.58%) than it is for persons without disabilities (7.80%), reflecting some progress in leadership inclusion.

However, disparities persist in professional roles, where persons without disabilities have a slight edge (6.0 percent compared to 5.56 percent for persons with disabilities). This reflects gaps in education or skill development that may restrict persons with disabilities from accessing high-skill jobs. Similarly, the higher share of non-disabled in service and sales roles (8.67% versus 6.01%) indicates an area where targeted efforts could enhance the participation of persons with disabilities.

These patterns highlight both progress and challenges in inclusive employment. To bridge the gaps, skill development programs tailored for persons with disabilities could help improve access to professional and technical roles. Policies promoting workplace adaptations, especially in underrepresented fields like manufacturing and armed forces related occupation can foster greater inclusivity. Additionally, enhancing accessibility through infrastructure improvements and assistive technologies is crucial to grab the multiple opportunities for employment and other livelihood options. Awareness campaigns and employer incentives could further encourage hiring practices that prioritize equity.

Similarly, analyzing the data of employment status (worked at least 6 months or more during last 12 months of reference period) of persons with disabilities aged 15-59 according to the types of institutions they involved with a comparison to their counterparts without disabilities reveal some notable differences and patterns between these groups, offering insights into their employment dynamics.

**Figure 4.15: Percentage distribution of persons with and without disabilities aged 15-59 by institutional sector of employment, NPHC 2021**



In governmental institutions, 4.9 percent of persons with disabilities are employed compared to 6.3 percent of persons without disabilities. This shows a slightly lower representation of persons with disabilities in this sector - indicating potential barriers to accessing jobs in government services despite quota reservation in civil service Act, 1993. Similarly, employment in financial institutions is minimal for both groups, but the proportion of persons with disabilities (0.9%) is half that of those without disabilities (1.8%), underscoring limited opportunities for persons with disabilities in structured, formal financial setups.

Non-financial institutions employ a significant proportion of both groups, with 28.8 percent of persons with disabilities and 29.4 percent of without disabilities working in this sector. While the difference is small, it suggests a relatively equitable participation rate in these types of organizations. However, stark variation emerges in non-profit organizations, where 1.2 percent of persons with disabilities (Figure 4.15) are employed compared to only 0.6 percent of persons without disabilities. This indicates that non-profit organizations play a more active role in including and empowering persons with disabilities, potentially through targeted initiatives and inclusive policies.

The slightly higher representation of persons with disabilities in this sector suggests that informal or family-based employment might be the only alternative or more preferable to them compared to formal sectors. This reliance on the household sector highlights the need for initiatives that enable persons with disabilities to transition into more formal and structured employment opportunities.

Overall, the data reflects several critical insights. While non-profit organizations provide valuable opportunities for persons with disabilities, their representation in governmental and financial institutions remains disproportionately low. The household sector's dominant role as an employer underscores the importance of skill development and inclusive policies to improve formal employment access for persons with disabilities. These trends call for targeted efforts to bridge the gaps and create equitable employment opportunities across all sectors.

### **c. Disability and wealth-status**

Disability and poverty are interconnected phenomenon because disability is both causes and consequences of poverty. United Nations claims that people with disabilities are more likely to experience poverty than those without disabilities due to societal barriers such as discrimination, restricted access to education and employment opportunities, and exclusion from livelihood and social programs. The existing evidence reveals that a higher percentage of people with disabilities live below the national or international poverty line. In some countries, this proportion is even twice as high as compared to individuals without disabilities (UNDESA, 2019).

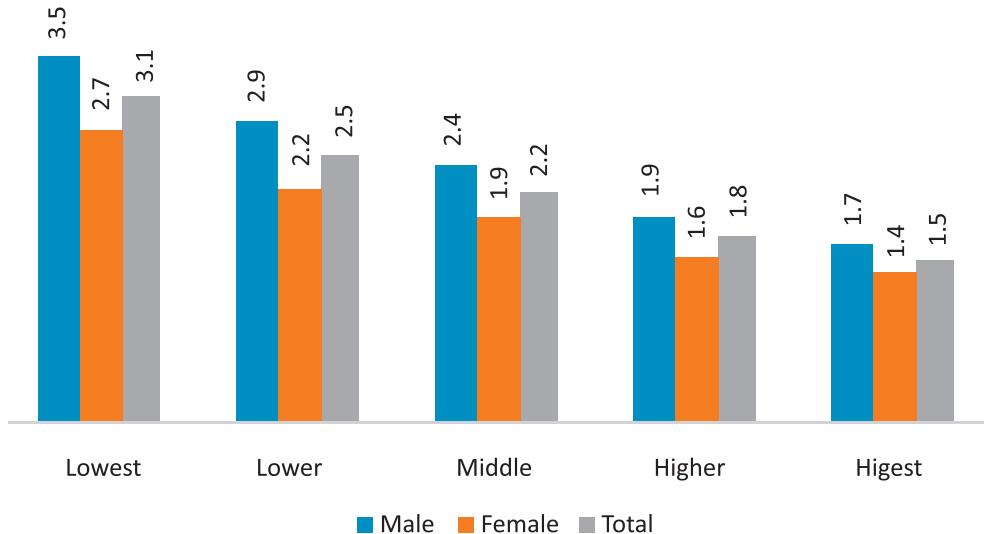
#### ***i. Disability prevalence by wealth index quintile***

NHPC 2021 divided households residing in various regions of the country into five levels with equal percentage based on structural characteristics and types (foundation, walls, roof, flooring, etc.) of houses, the primary source of drinking water, the type of fuel used for cooking and lighting, access to toilet facilities, and other household assets. This is also called wealth index quintiles.<sup>8</sup> In this classification, households with minimal access to resources and facilities were placed in the first quintile (lowest 20%), while those with the highest access were placed in the fifth quintile (highest 20%). Since this classification evenly distributes all households into five groups, each quintile consists of exactly 20 percent of the families in the country.

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8. Five wealth quintiles generated by households. This can be considered as proxy indicators of wealth status of household. The methodology uses Principal Component Analysis (PCA) to compute the index using 17 variables comprising 9 types of household assets, 4 utilities, and 4 housing characteristics. The five quintiles are Lowest, Lower, Middle, Higher and Highest which show increasing wealth status of the household. Detailed methodology available in (National statistics Office, 2024a).

**Figure: 4.16 : Disability prevalence rate by wealth index quintile and sex, NPHC 2021**



The Figure 4.16 presents the prevalence of disability across wealth index quintiles and shows a clear relationship between socioeconomic status and disability. Disability prevalence is highest among households in the lowest quintile (3.1%) and gradually decreases as wealth increases, reaching the lowest prevalence in the Highest quintile (1.5%). This trend highlights the significant impact of socioeconomic conditions on the likelihood of experiencing disability.

When analyzing the data by gender, males consistently exhibit higher disability prevalence rates than females in all quintiles. For instance, in the lowest quintile, the prevalence among males is 3.5 percent, compared to 2.7 percent for females. This pattern persists across all wealth levels, with the highest quintile males showing a prevalence of 1.7 percent, slightly higher than 1.4 percent for females.

The gradual decline in disability prevalence from the lowest to the highest quintile underscores the role of access to resources and living conditions. Lower quintile households, as defined by structural characteristics and limited access to essential facilities, appear more vulnerable to disability. This highlights the need for targeted interventions aimed at improving living conditions, healthcare, and access to resources for the most disadvantaged populations.

In conclusion, the table demonstrates a strong socioeconomic gradient in disability prevalence, with lower quintile populations disproportionately affected. Addressing this disparity requires policies and programs that prioritize the needs of persons in the lower wealth quintiles.

### *ii. Comparison between persons with and without disabilities by wealth index quintiles*

Comparing persons with and without disabilities by wealth index quintiles is important because it exposes the extent of economic inequality linked to disability and highlights how poverty and disability can reinforce each other. In the Nepal context, such comparisons reveal whether persons with disabilities are disproportionately concentrated in lower wealth quintiles, which can indicate limited access to education, employment, health services, and social protection. Understanding this distribution is crucial because poverty can increase the risk of disability through poor health, unsafe working conditions, and inadequate care, while disability can push individuals and families deeper into poverty due to reduced earning potential and higher living costs. By analyzing wealth disparities between these two groups, policymakers can identify the need for targeted economic inclusion measures—such as social protection schemes, accessible livelihood programs, and disability-sensitive poverty reduction strategies—ensuring that development efforts reach the most disadvantaged and help break the cycle of poverty and disability.

**Table 4.24: Percentage distribution of people with and without disabilities across wealth index quintiles, NPHC 2021**

Wealth quintile	Persons with disabilities		Persons without disabilities	
	Population	Percent	Population	Percent
Lowest	178,190	27.7	5,580,500	19.7
Lower	148,811	23.1	5,758,837	20.4
Middle	130,692	20.3	5,852,803	20.7
Higher	95,911	14.9	5,375,891	19.0
Highest	89,480	13.9	5,714,365	20.2
Total	643,084	100.0	28,282,396	100.0

The Table 4.24 presents the proportion of people with and without disabilities by sex across the wealth index quintiles. The data highlights a significant disparity in the distribution of people with disabilities and people without disabilities across wealth quintiles, with clear patterns of socioeconomic inequality. Among those with disabilities, the largest proportion is concentrated in the Lowest quintile, accounting for 27.7 percent of the total population with disabilities. This percentage steadily declines across wealth levels, with only 13.9 percent of people with disabilities falling into the Highest quintile. In contrast, persons without disabilities have a more even distribution, with 19.7 percent in the Lowest quintile and 20.2 percent in the Highest quintile, reflecting a relatively better economic status.

A comparative analysis reveals that people with disabilities are disproportionately represented in lower wealth quintiles. While 27.7 percent of people with disabilities fall into the Lowest quintile, only 19.7 percent of people without disabilities are in the same group. Conversely, in the Highest quintile, the representation of people with disabilities (13.9%) is much lower than that of people without disabilities (20.2%). These figures underscore the link between disability and poverty, indicating that people with disabilities face systemic barriers to achieving economic prosperity.

These findings point to the need for targeted policy interventions. Poverty alleviation programs must prioritize people with disabilities, especially those in the Lowest and Lower quintiles, to address the economic disparities highlighted by the data.

### ***iii. Disability prevalence by types of disability based on level of functioning (NLSS-IV)***

Nepal Living Standards Survey-IV used Washington Group of Questionnaire to collect information on disability. The survey categorized people into four types of disability depending on the presence of combinations of different levels of difficulties in functioning.<sup>9</sup> Table 4.25 presents disability prevalence rates for urban-rural areas and provinces for different types of disabilities computed from this survey.

**Table 4.25: Disability Prevalence rate by degree of urbanization, NLSS-IV 2022/23**

Area	Type of disability/prevalence rate (%)			
	Type 1	Type 2	Type 3	Type 4
<b>Urban-Rural</b>				
Urban	6.8	3.0	1.5	0.4
Peri-urban	7.2	3.1	1.5	0.4
Rural	10.5	4.8	2.5	0.8
<b>Province</b>				
Koshi	5	2.5	1.5	0.7
Madhesh	6.2	3	1.6	0.4
Bagmati	8.6	3.8	1.6	0.4
Gandaki	10.5	5.1	2.5	0.6
Lumbini	9.4	3.4	1.7	0.8
Karnali	11.5	5.1	2.3	0.4
Sudurpashchim	10.1	4.2	2.2	0.5
<b>Total</b>	<b>8.1</b>	<b>3.5</b>	<b>1.8</b>	<b>0.5</b>

The data presented in the Table 4.25 highlights significant disparities in disability prevalence across different urbanization levels and provinces in Nepal. Disabilities are categorized into four types based on levels of difficulty in functioning, with Type 4 representing the most severe form (unable to perform at least one core function at all).

9. See Table 2.5 for detail description on types of disability based on level of functioning by NLSS-IV

A clear pattern emerges with respect to urban-rural differences. Rural areas exhibit the highest disability prevalence across all four types, with 10.5 percent of individuals experiencing Type 1 disability and 0.8 percent suffering from Type 4 (severe functional limitation). In contrast, urban areas report 6.8 percent and 0.4 percent for Type 1 and Type 4, respectively, while peri-urban areas lie in between. This trend suggests that rural populations are more vulnerable to disability, likely due to factors such as limited access to healthcare, higher poverty rates, and inadequate early intervention and rehabilitation services. These disparities point to an urgent need for targeted interventions in rural areas to address both prevention and management of disabilities.

At the provincial level, the highest overall prevalence is seen in Karnali Province, where 11.5 percent of the population experiences Type 1 disability, and 0.4 percent face the most severe (Type 4) difficulty. Notably, Lumbini Province also records a relatively high proportion of Type 4 disabilities (0.8%), which aligns with the high rural prevalence observed earlier. Koshi Province, with a Type 4 rate of 0.7 percent, is close to the national average of 0.5 percent, while Bagmati and Madhesh show lower prevalence rates of severe disability at 0.4 percent, reflecting possibly better access to health infrastructure and social services in more urbanized and developed regions like Bagmati.

The national average, as the table notes, indicates that 5 out of every 1,000 individuals suffer from severe disability (Type 4). However, this figure rises to 8 per 1,000 in rural areas and Lumbini, underscoring the importance of disaggregated data in understanding inequalities in health and well-being. The relatively lower Type 4 disability rate in Karnali (0.4%), despite high Type 1 disability, suggests that while minor or moderate functional limitations may be widespread due to geographic hardship or undernutrition, fewer people are classified as fully impaired—possibly due to reporting limitations or a lack of access to formal assessment.

This information (NLSS-IV, Table 4.25) calls for disability-inclusive planning that accounts for geographic and provincial disparities. It emphasizes the importance of integrating disability identification and service delivery into community-level health systems, particularly in rural and under-served provinces like Karnali and Lumbini. Furthermore, it points to the need for equitable access to disability assessment, early screening, assistive technologies, and social protection programs to bridge the urban-rural gap and uphold the rights of persons with disabilities in line with UN CRPD (2006).

#### ***iv. Disability and poverty rate (NLSS-IV)***

The Table 4.26 from the Nepal Living Standards Survey-IV (NLSS-IV) categorizes persons with disabilities into four types based on the severity of functional limitations, and it shows the percentage of individuals within each category who live in poverty. The data reveals a strong association between poverty and disability, with notable differences by disability type, urban-rural location, and province.

**Table 4.26: Poverty rate by degree of functional difficulties, NLSS-IV, 2022/23**

Area	Proportion (%) of people <sup>10</sup> by type of disability			
	Type 1	Type 2	Type 3	Type 4
<b>Urban-Rural</b>				
Urban	10.1	15.5	13.2	21.8
Peri-urban	24.8	28.4	34.1	30.8
Rural	29.8	31.8	38.1	48.7
<b>Province</b>				
Koshi	25.4	25.9	36.3	44.7
Madhesh	23.7	31.0	23.1	17.4
Bagmati	12.4	16.6	19.9	20.4
Gandaki	13.3	19.4	22.5	24.7
Lumbini	28.7	28.8	36.0	47.9
Karnali	25.6	29.3	33.6	48.2
Sudurpashchim	36.0	41.1	51.2	46.1
Total	22.8	26.3	30.2	35.9

Overall, the poverty rate increases with the severity of disability. For example, the national average poverty rate is 22.8 percent for those with Type 1 disabilities and rises to 35.9 percent for those with the most severe (Type 4) disabilities. This suggests that the more profound the disability, the greater the economic vulnerability—likely due to barriers in education, employment, and social participation.

When comparing urbanization levels, the rural population with disabilities faces significantly higher poverty rates. For instance, among those with Type 4 disabilities, the poverty rate in rural areas is 48.7 percent, compared to 21.8 percent in urban areas and 30.8 percent in peri-urban areas. This rural-urban gap reflects disparities in access to services, assistive devices, education, and income-generating opportunities. Persons with disabilities in rural areas are often more isolated and have fewer support systems, which increases their dependency and limits their financial autonomy.

By province, the highest disability-related poverty rates are observed in SudurPashchim, where over 50 percent of people with Type 3 (51.2%) and Type 4 (46.1%) disabilities live in poverty. This province also shows the highest rates for Type 1 (36.0%) and Type 2 (41.1%), indicating a widespread lack of economic security for persons with disabilities regardless of severity. Similarly, Karnali and Lumbini provinces also show very high poverty rates among people with Type 4 disabilities, at 48.2 percent and 47.9 percent respectively. These provinces are historically underdeveloped, with poor infrastructure and limited access to disability-inclusive social services.

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10. Unpublished data, computed recently by the NSO.

In contrast, provinces like Bagmati and Gandaki—which are more urbanized and developed—show much lower poverty rates across all disability types. For instance, in Bagmati, only 20.4 percent of persons with Type 4 disabilities live in poverty, compared to 44.7 percent in Koshi and 47.9 percent in Lumbini. This reflects the impact of regional development, service availability, and inclusive policy implementation on the well-being of persons with disabilities.

In conclusion, this data underscores that poverty and disability are mutually reinforcing, with people with more severe disabilities facing the greatest risks. The burden is particularly high in rural areas and disadvantaged provinces, calling for targeted interventions. These should include expanded social protection, inclusive education, vocational training, accessible infrastructure, and healthcare tailored for persons with disabilities. Addressing these disparities is crucial for achieving inclusive development goals and ensuring no one is left behind, in line with the principles of the UN CRPD (2006) and the Sustainable Development Goals.

#### **d. Disability and castes and ethnicity**

For the purpose of data analysis NPHC 2021 has categorized various castes and ethnicities living in Nepal into eight categories (National Statistics Office, 2024a); namely - Hill castes, Madhesi (Tarai castes), Mountain/Hill Janajatis, Tarai Janajatis, Hill Dalits, Madhesi Dalit, Religious/Linguistic groups, and Others, Foreigners and Not Stated.

**Table 4.27: Disability prevalence rates by caste and ethnicity, and sex, NPHC 2021**

Major caste and ethnic groups	Disability prevalence rate (%)			Disability Gender Parity Index (DGPI)
	Male	Female	Total	
Hill Castes	2.7	2.2	2.4	0.82
Madhesh/Tarai Castes	1.7	1.3	1.5	0.77
Hill Dalits	3.4	2.6	2.9	0.76
Madhesh/Tarai Dalits	1.8	1.4	1.6	0.76
Mountain/Hill Janajatis	2.8	2.3	2.5	0.80
Tarai Janajatis	2.3	1.9	2.1	0.81
Others, Foreigners & Not stated	1.3	1.7	1.5	1.28
Religious/Linguistic groups	1.7	1.3	1.5	0.76
Total	2.5	2.0	2.2	0.81

Table 4.27 shows that the highest disability prevalence is among Hill Dalits with 2.9 percent, which is also significantly higher than the national average (2.2%). This indicates that Hill Dalits face greater challenges related to disabilities compared to other groups. Similarly, the Mountain/Hill Janajatis also have a relatively high disability prevalence rate (2.5%), slightly above the national average. Madhesi or Tarai Castes and Religious and Linguistic groups have the lowest disability prevalence with 1.5 percent. Comparing between Hill and Tarai Dalit communities, the disability prevalence is significantly higher among Hill Dalits by 1.6 percentage points. Similarly comparing it between Janajatis of Mountain/Hill and Tarai, Mountain/Hill Janajatis have higher disability prevalence by 0.5 percentage points.

Except Others, Foreigners & Not stated males have high disability prevalence than females across all groups. The Others, Foreigners & Not stated have a unique pattern, with females (1.7%) having a higher disability prevalence than males (1.3%). The Disability Gender Parity Index is below 1 for all groups except "Others, Foreigners & Not stated" (DGPI = 1.28). A DGPI value of less than 1 indicates lower prevalence of disability among females, which is in fact good unless there is underreporting or misclassification in data. The lowest DGPI is observed among Hill Dalits and Madhesh Dalit (both 0.76). Hill Dalits group shows the largest gender disparity in disability prevalence rates, with disproportionately higher prevalence of disability in males.

Regarding the policy implications, the data highlights the need for targeted interventions for Hill Dalits and Madhesh Dalit, who face both high disability prevalence and significant gender disparities. Similarly, the programs should also address the challenges faced by Mountain/Hill Janajatis, who have a disability prevalence rate above the national average.

#### **4.4. Household characteristics of persons with disabilities**

The quality of personal residence or housing unit, associated facilities, household amenities, and access to drinking water are among the basic indicators used to measure households' living standards. In this part of analysis, some of these key household characteristics will be analyzed. The NPHC 2021 collected household characteristics data from the non-institutional households only in which structure of housing unit, household assets, utilities and amenities like drinking water, cooking fuel, source of lighting, toilet, etc. were collected. Similarly, presence or absence of any informal non-agricultural enterprises in the household, and ownership of land and/or housing-unit by the female was also collected from the household. So, this section is based on 66,60,841 non-institutional households where 643084 persons with disabilities reside out of total non-institutional population (28,925,480).

##### **a. Family structure**

While collecting data of family structure in the conventional households (i.e. non-institutional households), NHPC 2021 has classified the family structures into two major categories called nuclear family and joint/extended family. The Table 4.28 highlights the distribution of persons with and without disabilities across nuclear and joint/extended family structures, with a further breakdown by sex.

**Table 4.28: Total population with and without disabilities living in different family structures by sex, NPHC 2021**

Family structure	Type of disability	Sex		
		Both sexes		Male
Nuclear family	With disability	N	282,429	157,815
		%	100.0	55.9
	Without disability	N	1,3190,838	6,479,396
		%	100.0	49.1
	Total	N	13,473,267	6,637,211
		%	100	49.3
	Disability prevalence Rate	%	2.1	2.4
Joint/Extended family	With disability	N	360,655	190,596
		%	100.0	52.8
	Without disability	N	15,091,558	7,227,988
		%	100.0	47.9
	Total	N	15,452,213	7,418,584
		%	100.0	48.0
	Disability prevalence Rate	%	2.3	2.6
Total/Both types of family	With disability	N	643084	348411
		%	100.0	54.2
	Without disability	N	28282396	13707384
		%	100.0	48.5
	Total	N	28925480	14055795
		%		48.6
	Disability prevalence Rate	%	2.2	2.5

The total population in joint/extended families (15,452,213) surpasses that in nuclear families (13,473,267). Both family types display a nearly balanced gender distribution, though joint/extended families have a slightly higher proportion of females compared to males.

Focusing on persons with disabilities, joint/extended families accommodate a larger number of persons (360,655) compared to that of nuclear families (282,429). In nuclear families, males with disabilities constitute 55.9 percent of the total with disabilities, while females make up 44.1 percent. Similarly, in joint/extended families, males account for 52.8 percent, and females represent 47.2 percent. The gender gap in disability prevalence is narrower in joint/extended families than in nuclear ones, which may reflect differences in support systems and cultural factors influencing caregiving dynamics.

Among persons without disabilities, nuclear families have a total of 13,190,838 individuals, with females (50.9%) slightly outnumbering males (49.1%). Similarly, joint/extended families consist of 15,091,558 individuals without disabilities, with females making up 52.1 percent. These figures indicate a consistently higher proportion of females in the general population across both family structures.

The proportion of persons with disabilities relative to the total population reveals some key insights. In nuclear families, 2.1 percent of the population has a disability, whereas in joint/extended families, the figure is slightly higher at 2.3 percent. This suggests that joint/extended families may be a preferred family structure for individuals requiring additional care as they may offer more support for persons with disabilities. The collective caregiving nature of joint/extended families could explain this trend, while nuclear families, with their limited support systems, may present greater challenges for individuals with disabilities.

Gender dynamics further reveal that males with disabilities consistently outnumber females in both family types. However, females constitute a majority in the general population, raising questions about the possible underreporting of disabilities among females or other socio-cultural factors that influence these disparities.

In conclusion, joint/extended families appear to be more inclusive of persons with disabilities, likely due to the shared caregiving responsibilities they provide. The data underscores the importance of tailoring disability support programs to address the challenges faced by individuals in nuclear families, where caregiving resources may be limited. Additionally, the gender disparities in disability prevalence call for further investigation and targeted policy interventions to ensure equitable support for both males and females.

#### **b. Types of housing units**

Based on the data of NHPC 2021, overall, the physical structure like roof, wall and foundation of houses have been used to classify them into three major categories namely Pakki, Ardha-Pakki, Kachchi and Other. This also reflects the quality of housing unit used by persons with and without disabilities. The study on housing type used by the persons with disability is important as it is directly related to the safety and preparedness of the residents especially during the disaster.

**Table 4.29: Number and percentage of households with and without disabilities by the type of housing unit, NPHC 2021**

Type of housing unit	Number of households			Percent		
	With disability	Without disability	Total	With disability	Without disability	Total
Pakki <sup>11</sup>	413,016	4,679,359	5,092,375	76.7	73.9	76.5
Ardha-Pakki <sup>12</sup>	100,988	948,467	1,049,455	15.5	18.1	15.8
Kachchi <sup>13</sup>	44,883	472,121	517,004	7.7	8.0	7.8
Other	222	1,785	2,007	0.0	0.0	0.0
Total	559,109	6,101,732	6,660,841	100.0	100.0	100.0
Type of housing unit	Number of persons living in			Percent		
Pakki	474,444	2,1137,303	21,611,747	73.8	74.7	74.7
Ardha-Pakki	116,367	4,624,390	4,740,757	18.1	16.4	16.4
Kachchi	52,029	2,513,365	2,565,394	8.1	8.9	8.9
Other	244	7338	7582	0.0	0.0	0.0
Total	643,084	28,282,396	28,925,480	100.0	100.0	100.0

Comparing the data by type of household it is observed that the distribution across all housing types is similar between households with and without disabilities, with minor variations. The households with disabilities (76.7%) have a slightly higher proportion living in Pakki houses compared to those without disabilities (73.9%). This may indicate better access to permanent housing structures for households with disabilities. In contrast households without disabilities (18.1%) have a higher proportion living in Ardha-Pakki houses than those with disabilities (15.5%). The proportion of households living in Kachchi houses is nearly the same for both groups (7.7% for those with disabilities and 8.0% for those without disabilities). Both groups experience similar exposure to this vulnerable housing type, indicating comparable challenges in certain socioeconomic strata. In other types of houses the proportion is negligible (0.0%) for both groups.

Comparing the data considering the number and percentage of persons with and without disabilities living in different types of households it is observed that a slightly higher percentage of individuals without disabilities (74.7%) live in Pakki houses compared to those with disabilities

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11. Pakki (permanent) housing units have their walls and roofs both made of the durable construction materials of cement, bonded brick, concrete, stone, slate, tile, and galvanized sheets.
12. Ardha-Pakki (semi-permanent) housing units have either their walls or roofs mainly constructed with durable materials.
13. Kachchi (temporary) housing units have their walls and roofs both made of non-durable materials like wooden planks/ shingles, bamboo, straw, thatch, mud and unbaked bricks. For details see: Housing and household composition in Nepal, a thematic report published by the NSO, available at <https://censusnepal.cbs.gov.np/results/downloads/national?type=report>

(73.8%). However, the difference is minimal, suggesting comparable access to durable housing for individuals with and without disabilities. In the case of Ardha-Pakki houses more individuals with disabilities (18.1%) live in such types of houses compared to those without disabilities (16.4%). This contrasts with the household-level data, potentially reflecting differences in household size or distribution of individuals in certain housing types. But in Kachchi types of houses the percentages of individuals without disabilities is slightly higher (8.9%) compared to those with disabilities (8.1%). In other types of households the proportion is negligible for both groups (0.0%).

In conclusion, the overall distribution shows that housing type proportions are consistent across individuals with and without disabilities, with minor differences. The data highlights minimal differences between individuals and households with and without disabilities in housing type distribution. Households with disabilities show a slightly higher proportion in Pakki housing, possibly reflecting greater reliance on durable housing types. The proportion of individuals in Ardha-Pakki and Kachchi houses suggests some nuanced differences in individual-level distribution versus household-level patterns. Policymakers may consider examining the factors contributing to these small but notable differences and address barriers that may prevent equitable access to all housing types for persons with disabilities.

### c. Access to improved source of drinking water

The NHPC 2021 has classified the main source of drinking water into nine categories, that are: tap/piped water (inside the house compound), tap/piped water (outside the house compound), tubewell/hand pump, covered well, uncovered well, spout water, river stream, jar/bottle and other.

Based on the overall safety and quality of the source of drinking water, the sources can be classified into two major groups as “improved” and “unimproved” source of drinking water.

**Table 4.30: Number of households and persons with and without disabilities by their access to improved and unimproved source of drinking water, NPHC 2021**

Sources of water	Number of households			Percent		
	With disability	Without disability	Total	With disability	Without disability	Total
Improved sources <sup>14</sup>	511,300	5,676,364	6,187,664	91.4	93.0	92.9
Unimproved sources <sup>15</sup>	47,809	425,368	473,177	8.6	7.0	7.1
Total	559,109	6,101,732	6,660,841	100.0	100.0	100.0
Sources of water		Number of persons			Percent	
Improved sources	587,907	26,330,236	26,918,143	91.4	93.1	93.1
Unimproved sources	55,177	1,952,160	2,007,337	8.6	6.9	6.9
Total	643,084	28,282,396	28,925,480	100.0	100.0	100.0

14. Improved sources: 1. Tap/piped (inside of house compound), 2. Tap/piped (outside of house compound), 3. Tubewell / hand pump, 4. Covered well, 5. Jar /bottle

15. Unimproved sources: 1. Uncovered well, 2. Spout water, 3. River / stream, 4. Others

The Table 4.30 presents data on the accessibility of water sources, categorized into “Improved” and “Unimproved” sources, for both households and persons. The information is further disaggregated by disability status, allowing for a comparative analysis between those with and without disabilities.

In household level, 91.4 percent of those with disabilities access improved water sources, compared to 93.0 percent of households without disabilities. Conversely, reliance on unimproved water sources is slightly higher among households with disabilities (8.6%) than among those without disabilities (7.0%). This pattern suggests that households with disabilities experience marginally lower access to improved water sources, reflecting an inequity that may be linked to systemic or physical barriers.

Similarly, on the individual level, 91.4 percent of individuals with disabilities access improved water sources, which is slightly less than the 93.1 percent of individuals without disabilities. The percentage of persons relying on unimproved water sources is higher for those with disabilities (8.6%) compared to those without disabilities (6.9%). This consistent disparity, though small (approximately 1.5 percentage points), highlights the need for targeted interventions to ensure equitable access to water for persons with disabilities.

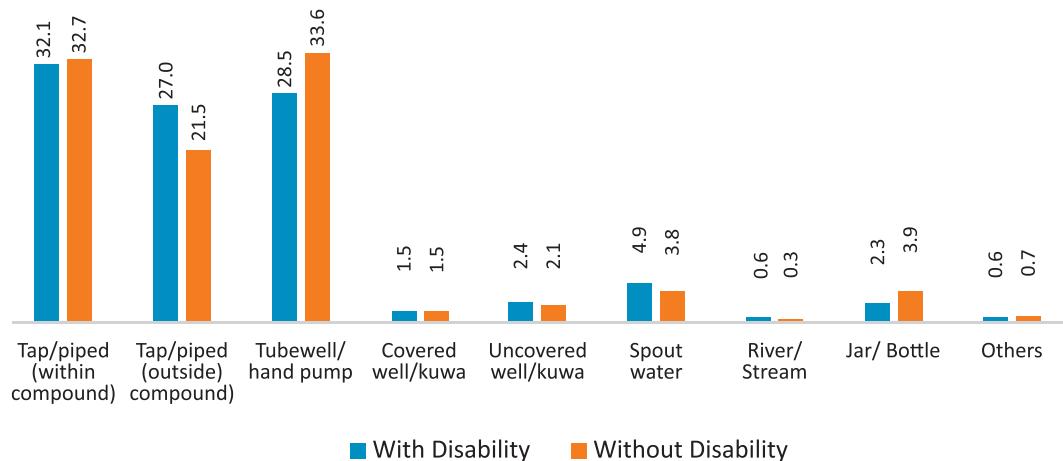
The data also reveals that households with disabilities make up 8.4 percent of all the non-institutional households, and persons with disabilities account for 2.2 percent of that population. These figures underscore the importance of addressing the specific needs of this group to ensure their inclusion in water access initiatives.

In conclusion, the data emphasizes the need for equity in access to improved water sources. Governments and organizations may give attention to promoting inclusive and accessible infrastructure development and the elimination of barriers that disproportionately affect individuals with disabilities. Additionally, regular monitoring and evaluation of water accessibility by disability status are essential for achieving equitable outcomes, particularly in alignment with the United Nations’ Sustainable Development Goal 6, which advocates for universal access to clean water and sanitation.

The Table 4.4.4 gives the detail information on the number of persons with and without disabilities by their access to different sources of drinking water and the Figure 4.4.1 displays percentage distribution.

**Table 4.31: Number of persons with and without disabilities by their access to source of drinking water, NPHC 2021**

Main source of drinking water	Population		
	With disability	Without disability	Total
Tap/piped (inside of house compound)	206,237	9,254,470	9,460,707
Tap/piped (outside of house compound)	173,908	6,072,088	6,245,996
Tube-well / hand pump	183,375	9,494,000	9,677,375
Covered well	9,376	414,582	423,958
Uncovered well	15,507	592,177	607,684
Spout water	31,785	1,076,671	1,108,456
River / stream	3,749	98,418	102,167
Jar /bottle	15,011	1,095,096	1,110,107
Others	4,136	184,894	189,030
Total	643,084	28,282,396	28,925,480

**Figure 4.17: Percentage of persons with and without disabilities by their access to different source of drinking water, NPHC 2021**

It is evident from the Table 4.31 and Figure 4.17 that the overall proportion of persons with disabilities who primarily rely on piped or tap water source is slightly more compared to persons without disabilities. Among those with disabilities, 32.1 percent have access to piped water inside their house premises, while 27.0 percent rely on piped water outside the house premises, making

a combined total of 59.1 percent. In contrast, for persons without disabilities, 32.7 percent have access to piped water inside their house compound, and 21.5 percent rely on piped water outside the house compound, with a combined total of 54.2 percent.

Use of tube-well or hand pumps as a primary source of drinking water is lower among persons with disabilities compared to those without disabilities. Approximately 28.5 percent of persons with disabilities rely on tube-well or hand pumps, while the proportion is higher at 33.6 percent among persons without disabilities.

Reliance on covered and uncovered wells as a source of drinking water is relatively low for both persons with and without disabilities. Among persons with disabilities, 1.5 percent use covered wells, which is nearly identical to the 1.5 percent usage among persons without disabilities. However, the use of uncovered wells is slightly higher for persons with disabilities at 2.4 percent compared to 2.1 percent for those without disabilities.

Persons with disabilities show a slightly higher reliance on natural water sources, such as spout water and rivers/streams, compared to persons without disabilities, while their use of packaged drinking water is lower. Among persons with disabilities, 4.9 percent rely on spout water as a primary source of drinking water, compared to 3.8 percent among those without disabilities. Similarly, 0.6 percent of persons with disabilities depend on rivers or streams, compared to 0.3 percent of persons without disabilities. In contrast, only 2.3 percent of persons with disabilities use packaged drinking water (jar/bottle), whereas the proportion is 3.9 percent for persons without disabilities. This trend suggests that persons with disabilities may face economic or logistical barriers to accessing packaged water and could benefit from initiatives that promote affordable and convenient access to safer water options.

The use of other or unspecified sources of drinking water is minimal for both persons with and without disabilities. Among persons with disabilities, 0.6 percent rely on these sources, which is nearly identical to the 0.7 percent among persons without disabilities. This indicates a limited reliance on unconventional means for drinking water across both groups, reflecting a general preference or availability of more defined and conventional water sources.

In conclusion, persons with disabilities depend more on accessible sources like piped water, highlighting the need to improve and expand such facilities for inclusivity. The lower usage among persons with disabilities suggests physical or environmental barriers. Improved design and placement of these facilities could mitigate this gap. Persons with disabilities show a higher dependency on potentially unsafe sources like uncovered wells and natural streams. Targeted interventions to improve accessibility to safe water sources are crucial. Governments and stakeholders should prioritize infrastructure improvements, particularly accessible piped water supply inside house compounds, to ensure equitable access for persons with disabilities.

#### **d. Access to toilets**

On the basis of current practices NHPC 2021 has classified toileting practices into five categories called flush toilet (linked to public sewerage), flush toilet (with septic tank), ordinary toilet, public toilet and no toilet. The difference between the first and the second type of toilets is only the

presence or absence of a public sewerage system connected with the toilet. However, the excreta can be flushed with water mechanically or manually and these types are considered more hygienic compared to ordinary toilets (National Statistics Office, 2077).

The Table 4.31 presents a breakdown of households and individuals with and without disabilities based on the type of toilet they use. It highlights both the number of households and people in each category, along with the corresponding percentages. Analyzing this data reveals some notable patterns in access to sanitation facilities and the potential disparities between persons with disabilities and those without.

**Table 4.32: Number of persons with and without disabilities by their access to toilet facilities, NPHC 2021**

Types of toilet	Number of households			Percent		
	With disability	Without disability	Total	With disability	Without disability	Total
Flush toilet (linked to public sewerage)	35,487	618,223	653,710	6.3	10.1	9.8
Flush toilet ( with septic tank)	313,358	3,354,422	3,667,780	56.0	55.0	55.1
Ordinary toilet	178,340	1,827,140	2,005,480	31.9	29.9	30.1
Public toilet	2,849	29,532	32,381	0.5	0.5	0.5
No toilet	29,075	272,415	301,490	5.2	4.5	4.5
Total	559,109	6,101,732	6,660,841	100.0	100	100
Types of toilet		Number of persons			Percent	
Flush toilet (public sewerage)	40,400	2,484,415	2,524,815	6.3	8.8	8.7
Flush toilet (septic tank)	360,593	15,278,450	15,639,043	56.1	54.0	54.1
Ordinary	205,428	9,036,789	9,242,217	31.9	32.0	32.0
Public	3234	138,580	141,814	0.5	0.5	0.5
No toilet	33,429	1,344,162	1,377,591	5.2	4.8	4.8
Total	643,084	28,282,396	28,925,480	100.0	100.0	100.0

Looking at the household level, flush toilets linked to public sewerage are used by a significantly lower percentage of households with disabilities (6.3%) compared to those without disabilities (10.1%), with the overall percentage being 9.8 percent. This suggests that households with disabilities may have less access to public sewerage systems, potentially due to factors like infrastructure or accessibility. On the other hand, flush toilets with septic tanks are the most common type of toilet across both groups, with 56.0 percent of households with disabilities and 55.0 percent of households without disabilities relying on them. This indicates that septic tank-linked toilets are a primary sanitation solution in many areas.

When it comes to ordinary toilets, 31.9 percent of households with disabilities use them, which is slightly higher than the 29.9 percent of households without disabilities. This difference may reflect varying living conditions or types of housing, which could affect the type of toilet available. However, the overall percentage of households using ordinary toilets stands at 30.1 percent. Public toilets are used by a minimal proportion of both groups (0.5%), indicating that most people rely on private toilets rather than public facilities. Additionally, there is a slightly higher percentage of households with disabilities (5.2%) lacking toilet facilities compared to those without disabilities (4.5%), pointing to a potential area for improvement in ensuring universal access to basic sanitation.

When considering the number of people using each type of toilet, the trends are similar. A smaller percentage of persons with disabilities (6.3%) have access to flush toilets linked to public sewerage, compared to persons without disabilities (8.8%). This difference highlights an ongoing issue with infrastructure accessibility for people with disabilities. Flush toilets with septic tanks remain the most widely used sanitation facility for both groups, with 56.1 percent of persons with disabilities and 54.0 percent of persons without disabilities relying on them.

The usage of ordinary toilets remains nearly identical for both groups, at 31.9 percent for persons with disabilities and 32.0 percent for persons without disabilities, reflecting consistent access to this toilet type across both groups. Similarly, the usage of public toilet remains very low at 0.5 percent, again suggesting preference for private sanitation facilities. Finally, the percentage of individuals without any toilet facilities is slightly higher among persons with disabilities (5.2%) compared to those without disabilities (4.8%), which may indicate a need for targeted policies to address the sanitation needs of people with disabilities.

In conclusion, the data suggests that while toilet linked with septic tanks are the most common type of toilet, persons with disabilities face some disparities in access to more organized sanitation systems, such as flush toilets linked to public sewerage. The higher percentage of individuals with disabilities living in households without toilet access indicates an area that may warrant policy attention. To address these disparities, it is essential to promote inclusive sanitation facilities, ensuring that both public and private toilets are accessible to all, including persons with disabilities. Furthermore, attention may be given to support households without any toilet facilities, particularly those with disabilities, to ensure equitable access to basic sanitation.

#### **e. Access to information and communication devices**

Access to information and communication is a fundamental right for all individuals. According to Article 19 of the Constitution of Nepal, no publication, broadcast, or dissemination of news, editorials, feature articles, or other materials, whether print, audio, or audiovisual, shall be censored. Article 27 further guarantees every citizen's right to seek and receive information on matters of personal or public interest.

Despite these provisions, persons with disabilities face significant barriers in accessing information and communication due to insufficient attention to their specific needs, such as screen readers, sign language, captioning, web accessibility, tactile language, Braille, and easy-to-read formats.

Article 9 of the CRPD requires state parties to take measures ensuring equal access for persons with disabilities to the physical environment, transportation, and communication, including information technologies and services, both in urban and rural areas. Article 21 mandates states to ensure persons with disabilities can fully exercise their right to freedom of expression and opinion, including the right to seek, receive, and share information through any means of their choice. Additionally, it calls for governments to provide information to the general public in accessible formats and technologies, catering to the needs of various disabilities, and without extra cost. It also emphasizes the facilitation of sign language, Braille, augmentative communication, and other accessible methods. In alignment with the CRPD, Section 15 of the ARRPD 2017 guarantees persons with disabilities the right to easily access public services and facilities, including education, housing, employment, buildings, transportation, and electronic communication.

To enhance access to information and communication for individuals with hearing impairments, the government offers free video call services on mobile devices. Nepal Television broadcasts news in Nepali Sign Language once a week, and the Ministry of Women, Children, and Senior Citizens (MOWCSC) has designated a sign language interpreter to assist deaf individuals. Additionally, in certain provinces, such as Koshi Province, the Ministry of Social Development has also appointed sign language interpreters to provide services for the deaf community.

In this section, based on the data of NHPC 2021, the access of persons with disabilities to the major means of information and communication such as radio, TV, smart phone and internet have been examined along with a comparison to their counterparts without disabilities.

**Table 4.33: Percentage of households with and without disabilities by access to various means of information and communication, NPHC 2021**

Means of information & communication	Households with disability – With/without the device (%)			Households without disability -with/without the device (%)		
	Yes	No	Total	Yes	No	Total
Radio	36.9	63.1	100.0	34.0	66.0	100.0
TV	43.3	56.7	100.0	50.0	50.0	100.0
Smart phone	65.6	34.4	100.0	73.7	26.3	100.0
Computer/Laptop	10.3	89.7	100.0	15.4	84.6	100.0
Internet	30.9	69.1	100.0	38.4	61.6	100.0

Table 4.33 shows that, at the household level, the data demonstrate that, a higher percentage of households with disabilities (36.9%) have access to radios compared to households without disabilities (34%). This trend highlights the continued importance of radio as an accessible and affordable medium of communication for persons with disabilities. Its audio nature makes it particularly suitable for individuals with visual impairments who may have limited access to other forms of media. Additionally, the low-cost operation of radios ensures they remain a vital source of information and entertainment for households that may face financial constraints.

In contrast, a noticeable gap is observed in access to television between households with and without disabilities, with 43.3 percent of households with disabilities having access compared to 50 percent of households without disabilities. This disparity may stem from economic challenges or infrastructure barriers that disproportionately affect households with disabilities. These obstacles could include the inability to afford televisions or subscription services, limiting their access to this vital medium of information and entertainment.

Smartphones have a high penetration in both groups, with 65.6 percent of households with disabilities and 73.7 percent of households without disabilities having access. However, the 8.1 percentage-points gap highlights that households with disabilities still face barriers in accessing this essential tool. Having accessibility features, smartphones play a crucial role in bridging accessibility gaps, as they enable persons with disabilities to use assistive applications and access a wide range of information and services. Despite their potential, challenges such as affordability and digital literacy continue to limit smartphone adoption among households with disabilities, underscoring the need for targeted interventions to address these issues.

Proportion of households and population owning computers and laptops is low for both groups, with only 10.3 percent of households with disabilities and 15.4 percent of households without disabilities having access. The 5.1 percentage-points gap highlights deeper economic constraints or limited digital infrastructure faced by households with disabilities. This restricted access can have significant implications, limiting opportunities for education, employment, and broader participation in digital spaces. For people with disabilities, the lack of access to these tools further exacerbates existing inequalities and hinders their ability to engage fully in a technology-driven world.

Internet access is relatively low for both groups, with 30.9 percent of households with disabilities and 38.4 percent of households without disabilities having access. The 7.5 percent gap in access underscores a significant digital divide, which could further contribute to social exclusion for persons with disabilities to go with the current trend. As the world becomes increasingly reliant on digital media for communication, education, and other services, this lack of access for individuals with disabilities may limit their ability to participate fully in society and exacerbate existing inequalities. Addressing this gap is essential to ensure that all individuals have equal opportunities in the digital age.

Table 4.34 shows that in the individual level, the data reveals interesting insights into the access to various means of information and communication for persons with and without disabilities. When it comes to access to radio, the difference between the two groups is minimal (37.1% of persons with disabilities against 34.5% of without). This suggests that both groups have relatively similar levels of radio access, indicating that radio is equally accessible to people with disabilities as it is to those without.

**Table 4.34: Percentage of individuals with and without disabilities by their access to various means of information and communication, NPHC 2021**

Means of information & communication	Persons <sup>16</sup> with disability – with/without the device			Persons without disability – with/without the device		
	Yes	No	Total	Yes	No	Total
Radio	37.1	62.9	100	34.5	65.5	100.0
TV	43.0	57.0	100	51.0	49.0	100.0
Smart phone	65.2	34.8	100	75.2	24.8	100.0
Computer/Laptop	10.2	89.8	100	15.2	84.8	100.0
Internet	30.7	69.3	100	37.3	62.7	100.0

Looking at access to television, a slightly higher percentage of persons without disabilities is observed to have access to TV compared to those with disabilities (43% of persons with disabilities against 51% of persons without disabilities). The disparity between the two groups is small, but it still indicates that persons with disabilities may face some additional challenges when it comes to accessing television.

In the case of smartphones, the gap in access between the two groups increases significantly, though both have relatively high levels of access. 65.2 percent of persons with disabilities have access to smartphone against 75.2 percent of persons without disabilities. This reveals that while smartphones are broadly accessible, individuals with disabilities face a greater challenge, with a 10 percentage-points lower access rate compared to the population without disabilities.

When it comes to computers and laptops, access is considerably lower for both groups. Only 10.2 percent of persons with disabilities have access against 15.2 percent of their counterpart. This points to a significant digital divide, with persons with disabilities facing even greater barriers to computer and laptop access. This could be due to factors like the affordability of devices, the need for assistive technology, or the lack of suitable infrastructure to support such devices for persons with disabilities.

Lastly, internet related data shows a similar trend (30.7% of persons with disabilities against 37.3% of persons without disabilities). While the gap is not as large as with computers and laptops, the lower percentage of internet access among persons with disabilities still points to challenges in digital engagement, which could stem from a lack of suitable devices, accessibility issues, or limited access to internet infrastructure in certain regions.

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16. Individual level access or use of various devices were not asked in the census. So, if a household reports having access to a device, it is considered that the persons residing in it do have access.

In summary, while there are some similarities in access to means of information and communication between persons with and without disabilities, notable disparities exist, particularly in the areas of computers, laptops, and internet access. Persons with disabilities may face greater barriers, especially in terms of affordability, accessibility, and the availability of assistive technologies, highlighting the need for targeted interventions to bridge the digital divide.

#### f. Female ownership in fixed assets

According to the constitution of Nepal every citizen has rights to private properties. Female ownership in the fixed assets like land and building ensures women have control over valuable assets, contributing to their financial independence and long-term economic stability. It enables women to access credit, invest in businesses, and generate wealth, thus improving their overall economic status. To enhance the female ownership in land, the Government of Nepal has made special legal provisions to provide 25 percent discount in land registration charges if it is registered in the name of female or persons with disabilities. Moreover, in the country like Nepal where the patriarchic thought is very influential in family, female ownership in the fixed assets is essential to break traditional gender norms and stereotypes that often limit women's roles to domestic spheres. It fosters greater gender equality by enabling women to actively participate in the economic and property markets.

**Table 4.35: Percentage of households with and without disabilities by type of ownership of fixed assets (land and house) by women, NPHC 2021**

Area	Disability status	Percentage of households (%)					
		House only	Land only	House and land	None	Not stated	Total
Nepal	With disability	2.1	9.6	11.7	75.0	1.6	100.0
	Without disability	2.4	9.7	11.9	74.5	1.6	100.0
	Total	2.3	9.7	11.8	74.6	1.6	100.0
Koshi	With disability	1.5	12.6	14.2	70.8	0.9	100.0
	Without disability	1.6	12.6	14.3	70.7	0.9	100.0
	Total	1.6	12.6	14.3	70.7	0.9	100.0
Madhesh	With disability	2.7	12.1	12.5	71.3	1.4	100.0
	Without disability	2.6	10.5	11.9	73.4	1.6	100.0
	Total	2.7	10.6	12.0	73.2	1.6	100.0

Area	Disability status	Percentage of households (%)					
		House only	Land only	House and land	None	Not stated	Total
Bagmati	With disability	3.0	9.7	13.5	72.9	0.9	100.0
	Without disability	3.0	9.3	12.5	74.3	0.9	100.0
	Total	3.0	9.4	12.5	74.2	0.9	100.0
Gandaki	With disability	2.7	9.7	13.6	71.0	3.1	100.0
	Without disability	3.5	10.9	14.2	68.3	3.2	100.0
	Total	3.4	10.8	14.1	68.5	3.2	100.0
Lumbini	With disability	2.3	9.2	11.6	75.3	1.6	100.0
	Without disability	2.6	9.3	11.5	74.7	1.8	100.0
	Total	2.6	9.3	11.5	74.8	1.8	100.0
Karnali	With disability	0.8	5.0	5.9	85.6	2.7	100.0
	Without disability	0.9	5.5	6.2	84.6	2.7	100.0
	Total	0.9	5.5	6.2	84.7	2.7	100.0
Sudurpashchim	With disability	0.7	4.8	5.9	87.0	1.6	100.0
	Without disability	0.7	4.7	6.4	86.4	1.8	100.0
	Total	0.7	4.7	6.4	86.4	1.8	100.0

The Table 4.35 presents the province-wise percentage of households with female ownership of fixed assets (house and/or land) for both females with and without disabilities. Analyzing the data reveals several important trends and insights regarding the disparity in property ownership.

At the national level, there is only a small difference in property ownership between females with disabilities and those without. Approximately 75 percent of females with disabilities do not own any property, which is only slightly higher than the 74.5 percent of females without disabilities. This indicates that, at a broader level, disability status does not significantly affect property ownership in Nepal. The percentage of females who own either a house or land, but not both, is somewhat similar for both groups, with females with disabilities owning slightly lower proportions of property overall.

Looking at the data province-wise, the trends vary somewhat. For instance, in the Koshi province, both females with and without disabilities show a similar pattern of property ownership. A

significant proportion of females in this region (12.6%) own land only, a higher percentage than the national average, with minimal variation between those with and without disabilities. This suggests that the impact of disability status on property ownership is less pronounced in this province.

In Madhesh province, the difference between females with and without disabilities is almost negligible, with both groups showing nearly identical patterns of property ownership. A slightly higher percentage of females with disabilities own land only compared to the national average, but the overall ownership trends are consistent across both groups.

The situation in Bagmati province mirrors this trend, where there is little difference between females with and without disabilities in terms of property ownership. The patterns of ownership in terms of house only, land only, and house and land are nearly identical for both groups, indicating that disability status does not have a major impact on property ownership here.

However, in Gandaki province, a slight difference is observed: less females with disabilities own property than their non-disabled counterparts, especially in terms of owning both house and land. Nevertheless, the difference is not drastic, and overall property ownership remains quite similar between the two groups.

In Lumbini province, the proportion of females without disabilities owning property is similar to the national average, but the percentage of females with disabilities not owning property (75.3%) is relatively higher compared to other provinces. This suggests that the barriers to property ownership may be more pronounced for females with disabilities in this region.

Karnali and Sudurpashchim provinces stand out for their high percentages of females with disabilities who do not own property. In Karnali, an overwhelming 85.6 percent of females with disabilities have no property ownership, the highest proportion across all provinces. Sudurpashchim also shows a similar trend, with 87 percent of females with disabilities lacking property. These two provinces exhibit the most significant disparity in property ownership between females with and without disabilities, highlighting the challenges faced by women with disabilities in these areas.

In conclusion, while the data suggests that there are some differences in property ownership based on disability status across regions, the overall national trend shows only a slight gap between females with and without disabilities. The most significant disparities are observed in Karnali and Sudurpashchim provinces, where females with disabilities are far less likely to own property compared to their counterparts without disabilities. This highlights the complex interplay of regional, social, and economic factors that may contribute to the challenges faced by women with disabilities in securing property ownership.

#### **g. Ownership of non-agricultural small enterprises**

Apart from the agriculture-based work, formally registered enterprises and formal sector employment a significant number of people are engaged in non-agricultural small enterprises which are playing a vital role in the livelihood support of people but operated with very low investment and without formal registration and paid employee. NPHC 2021 defines such small

enterprises as the 'non-agricultural small enterprises'. Such enterprises are categorized into four major types called cottage, trade, transport related, and services and these categories are used as options for the related question during data collection.

The Table 4.36 demonstrates the household level data on the involvement of persons with and without disabilities in the non-agricultural small enterprises.

**Table 4.36: Number and percentage distribution of households of persons with and without disabilities by the types of small enterprises, NPHC 2021**

Disability status	Number of households by type of non-agriculture small enterprises							
	Cottage	Trade	Transportation	Service	Other	Without small scale enterprises	Not Stated	Total
<b>Number</b>								
With disability	13,524	24,428	2,799	6,162	6,546	503,834	1,816	559,109
Without disability	124,120	286,423	31,857	63,015	6,9013	5,507,515	19,789	6,101,732
Total	137,644	310,851	34,656	69,177	75,559	6,011,349	21,605	6,660,841
<b>Percent</b>								
With disability	2.4	4.4	0.5	1.1	1.2	90.1	0.3	100.0
Without disability	2.0	4.7	0.5	1.0	1.1	90.3	0.3	100.0
<b>Total</b>	<b>2.1</b>	<b>4.7</b>	<b>0.5</b>	<b>1.0</b>	<b>1.1</b>	<b>90.2</b>	<b>0.3</b>	<b>100.0</b>

The data shows that a small proportion (9% to 10%) households of both groups are engaged in non-agricultural small scale activities. This suggests that this is not a primary livelihood source for most individuals, regardless of disability status. In cottage type enterprises, households with disabilities with (2.4%) have a slightly higher participation than that of households without disabilities (2.0%) suggesting that such enterprises are more accessible and adaptable for persons with disabilities. In contrast, the percentage of households without disabilities is higher (4.7%) than with disabilities (4.4%) in trade. Both groups have equal participation (0.5%), in transport-related business. In service sector, households with disabilities (1.1%) are slightly more involved than those without disabilities.

In conclusion, while the differences are minor, persons with disabilities tend to be slightly more engaged in cottage and service related enterprises, possibly due to their suitability for home-based or low-mobility work. The lower participation of persons with disabilities in trade and other sectors might be due to financial constraints, accessibility issues, or lack of support system.

## CHAPTER FIVE

### FINDINGS AND RECOMMENDATIONS

#### a. Findings

##### Disability prevalence

- A 2.2 percent (647,744 persons) of the total population of Nepal is living with some forms of disabilities as per the definition and classification of disability adopted by the government of Nepal. It is 2.5 percent for males and 2.2 percent for females. This overall disability prevalence rate in 2021 for Nepal is 0.3 percentage points higher than the rate in 2011.
- Jajarkot (4.9%), Myagdi (4.8%) and Manang (4.7%) have the highest prevalence rates greater than 4 percent while Rautahat (1.3%) and Bhaktapur (1.4%) are the two districts with the lowest prevalence rates.
- The disability prevalence is closely associated to rural area, mountain and hill region or difficult geographies, and remote areas in Karnali province.
- A significant disparity is observed in the sex ratio of the population of persons with and without disabilities. The sex ratio for persons with disabilities (118.5 males for 100 females) is higher than that of those without disabilities (95.1 males for 100 females). This pattern is consistent across rural-urban area, ecological regions, provinces and districts.
- The overall Gender Parity Index is 0.81, which shows that females have less propensity to have disability than males. This is greater than 1 in Mustang and Manang with index values of 1.40 and 1.12 respectively which means that females have higher prevalence of disability in those districts compared to males.
- Physical disability occupies the largest proportion (37.1%) of the total persons with disability with male-to-female sex-ratio of 142.6, showing its greater prevalence in males. This type of disability consistently affects highest proportion of persons with disabilities in all provinces, ecological belt and urban-rural set up. Vision-related (blindness and low-vision combined) disabilities occupy the second largest share with 22.5 percent, whereas hearing-related (deaf and hard-of-hearing combined) disabilities covers the third largest share with 15.9 percent.
- The disability prevalence rate among the persons living in institutional households is 1.95 percent. Institutional households, despite being fewer in number, have a much higher concentration of persons with disabilities (646 persons per 100 households) compared to non-institutional households (115 persons per 100 households).

### Sex ratio

- The overall sex ratio in the population of persons with disabilities is 118.5, indicating that living with disability condition is more common among males than females. Additionally, among the different types of impairments, physical disability shows the highest sex ratio of 142.6 percent, signifying its greater prevalence in males. Conversely, some other types of disabilities are more prevalent in females, as shown by the sex ratios such as low vision (94.6%), hemophilia-related disabilities (91.4%), and autism (85.9%). However, global health research highlights a contrasting trend, particularly for autism and hemophilia, which are significantly more frequently diagnosed in males, indicating to either data error or to the further research on it.

### Household headship

- Persons with disabilities head a significant number of households. Thirty-six percent (36.76%) or 205,555 out of the total 559,109 households having member(s) with disabilities are headed by persons with disabilities. While disaggregated further by sex, 73.57 percent (151,235) are headed by males with disabilities, and 26.43 percent (54,320) by females with disabilities. The gender disparity, with males being the predominant household heads across most disability types reflect broader societal norms where males are typically seen as household heads, even among persons with disabilities.

### Birth registration of children

- The birth registration related data of children with and without disabilities aged 5 years and below reveals an encouraging fact. The birth registration rate is higher among children with disabilities (76.9%) than children without disabilities (74%). However, a substantial portion of both groups remains unregistered, indicating to the need of focused program to increase the birth registration.

### Age factors

- The disability prevalence increases with age, aligning with common patterns of age-related health deterioration. A significant rise in the number of persons with disabilities is observed in the elderly age groups, particularly from 60-64 onwards.
- The inverted shape of population pyramid of persons with disabilities depicts that as the population ages the proportion with disabilities increases which is in contrast with the persons without disabilities.

### Marital status

- The overall proportion of married persons with disabilities is 57.6 percent which is marginally lower than the married proportion of persons without disabilities (61.9%). The difference of this proportion between the sexes among the persons with disabilities (62.0% for males and 52.5% for females) highlights a noticeable gender disparity in the opportunity to experience married life, with males having a higher likelihood of being married than females.

- The marital status of persons with disabilities shows significant variation by age and sex. Among females aged 20–24, only 32.7 percent of those with disabilities are married—nearly half the proportion of their non-disabled counterparts (61.9%). For females without disabilities, the highest proportion of marriage is observed in the 35–39 age group (95%), whereas for females with disabilities, this peak is delayed until the 50–54 age group, and it reaches to only 75.3 percent before it starts declining.
- Persons with disabilities have higher proportion of persons with widowhood status compared to those without disabilities. Gender differences are marked in widowhood status, with females disproportionately affected, especially among persons with disabilities. Divorce and separation are uncommon across all groups, with a marginally higher occurrence among persons with disabilities.
- The proportion of marriage disruption (divorce or separation) is significantly higher among individuals with disabilities (in both male and female) compared to those without disabilities across all age groups. Further research is necessary to study why such higher rates of marriage disruption exist among persons with disabilities.

### Access to education

- Half of the persons with disabilities are illiterate (49.8%), compared to only 23.1 percent for those without disabilities. This significant difference demonstrates that nearly half of individuals with disabilities do not attain basic literacy.
- Only 26.7 percent of persons with disabilities have attained basic (1-8 class) level of education compared to 37.2 percent of those without disabilities. The gap widens further at the secondary level, where only 15.9 percent of persons with disabilities achieve this milestone, in contrast to 29.1 percent of their peers without disabilities. This significant drop indicates systemic challenges in retaining students with disabilities as they progress through the education system.
- The disparity becomes even more pronounced in higher education. Only 2.4 percent of persons with disabilities attain a bachelor's degree or higher, compared to 5.2 percent of those without disabilities. This shows that individuals with disabilities are more than twice as likely to have lower participation in higher education which may limit their access to advanced knowledge and career opportunities.
- By types of disability, high illiteracy is noted among individuals with intellectual disabilities and autism with 79.4 percent and 69.3 percent respectively, suggesting a lack of specialized support to address the learning difficulties of persons living with these impairments.
- Individuals with physical disabilities tend to show more balanced participation across basic, secondary, and higher education, with 30.8 percent in basic education and 20.6 percent in secondary education.

- Individuals with low vision and blindness exhibit strong participation in basic education (22.0% and 34.0% respectively), although their progression to higher education is limited, with only 3.1 percent of individuals with low vision and 3.6 percent of individuals who are blind.
- Participation in higher education of deaf or hard of hearing is notably low. Only 1.1 percent of deaf individuals and 1.3 percent of hard of hearing individuals have attained higher education. This points to the significant barriers these individuals face in accessing higher education, likely due to communication difficulties, lack of trained teachers and insufficient educational accommodation.
- Similarly, autism and intellectual disabilities show very low representation in higher education. Autism, in particular, shows only 0.3 percent in secondary education and no representation in higher education.
- Individuals with hemophilia and multiple disabilities show comparatively better outcomes in higher education, with 5.1 percent of individuals with hemophilia and 2.2 percent of those with multiple disabilities attaining a bachelor's degree or higher.

### School attendance

- When it comes to the status of school attendance the data reveals significant disparities in educational engagement, with persons with disabilities experiencing lower participation and higher rates of exclusion from education. These disparities are evident in current school attendance, past attendance, and the proportion of individuals who have never attended school.
- For the total population aged 5 years and above, only 15.7 percent of persons with disabilities are currently attending school, compared to 33 percent of those without disabilities. Additionally, nearly half (49.7%) of persons with disabilities have never attended school, which is more than double the proportion for persons without disabilities (23%).
- Among children aged 5-9 years, school attendance is relatively high for both groups, but a gap still exists. Approximately 82.5 percent of children with disabilities are attending school, compared to 91.7 percent of those without disabilities. About 15.9 percent of children with disabilities in this age group have never attended school, more than double the 7.4 percent observed among their peers without disabilities. For the 10-14 years' age group, the gap widens further, with 75.2 percent of children with disabilities attending school, compared to 90.8 percent of their peers without disabilities. Additionally, 16.6 percent of children with disabilities have never attended school, which is five times the 3.3 percent for children without disabilities. The disparities are even more pronounced among individuals aged 15 years and above. Only 7.7 percent of persons with disabilities are currently attending school or college, compared to 17 percent of persons without disabilities.

### Wealth-status

- People with disabilities are disproportionately represented in lower wealth quintiles. While 27.7 percent of people with disabilities fall into the lowest wealth quintile, only 19.7 percent of people without disabilities are in the same group. Conversely, in the highest quintile, the representation of people with disabilities (13.9%) is much lower than that of people without disabilities (20.2%).

### Engagement in economic activities

- A significant disparity is observed between persons with and without disabilities on their economic participation in the prime working age group of 15-59 years. Only 64.1 percent of persons with disabilities are economically active compared to 73.7 percent of their counterparts without disabilities. These figures point to potential barriers faced by persons with disabilities in accessing education, skills development, and workplace opportunities, which are critical during this economically productive phase of life.
- Talking about the economic participation of persons 15-59 by level of education, at the basic education level (0-8 classes), the economic activity rate for individuals with disabilities maintains at 68.3 percent, though it remains lower than that of their non-disabled peers (78.5%). Similarly, at the secondary education level (9-12 classes), the gap narrows slightly, with 66.6 percent of persons with disabilities and 67.3 percent of those without disabilities participating economically. But the proportion of persons with disability having higher education level (Bachelors and higher) being economically active surpasses, though marginally, persons without disability (79.2% against 77.1%)
- Among persons with disabilities, a significant reliance on self-employment is evident. For those employed for six months or more: 61.5 percent are own-account workers, while 32.2 percent work as employees in firms. However, among persons without disabilities, own-account workers make up 59.3 percent, while employees in firms constitute 35.1 percent, a higher share compared to persons with disabilities.
- Both of the persons with and without disabilities are predominantly employed in the “skilled agricultural, forestry, and fishery workers” category, making up 50.8 percent and 49.0 percent of their respective employed population. This highlights a strong dependence on the agricultural sector for economic activities.
- Persons with disabilities exhibit higher representation in some occupations. For example, they account for 4.9 percent of clerical support workers compared to 2.0 percent for those without disabilities. Similarly, in technical and associate professional roles, persons with disabilities hold a slightly larger share (3.8%) than their non-disabled counterparts (2.9%). This suggests that administrative and technical occupations may offer relatively inclusive environments for persons with disabilities.

- For persons who worked six months or more in the last 12 months, notable differences in employment by institutional sector is observed for individuals with and without disabilities aged 15-59. The household sector emerges as the largest employer for both groups, employing 64.0 percent of persons with disabilities and 61.8 percent of persons without disabilities., indicating lower representation and potential barriers despite quota reservations under the Civil Service Act 1993.
- In government institutions, 4.9 percent of persons with disabilities are employed, compared to 6.3 percent of those without disabilities. Similarly, employment in financial institutions is minimal for both groups, but persons with disabilities (0.9%) are half as likely to be employed compared to those without disabilities (1.8%). This highlights limited opportunities in formal sectors. These patterns indicate to potential barriers that persons with disabilities faces while accessing structured employment opportunities.

#### **Access to durable housing units**

- The households with disabilities have a slightly higher proportion living in Pakki houses (76.7%) compared to those without disabilities (73.9%). In contrast households without disabilities (18.1%) have a higher proportion living in Ardha-Pakki houses than those with disabilities (15.5%). The proportion of households living in Kachchi housing units is nearly the same for both groups (7.7% for those with disabilities and 8.0 percent for those without disabilities). Pakki, Ardha-Pakki and Kachchhi housing units only refer to the types of construction materials used in the roof, wall and foundation of the building. They measure the durability or the housing units rather than the accessibility and facilities required for the occupants.

#### **Access to drinking water**

- Access to amenities of household with person(s) with disabilities is reported to be marginally less as compared to the one without. Ninety-one percent (91.4%) of those with disabilities have access to improved water sources, compared to 93.0 percent of households without disabilities. Conversely, reliance on unimproved water sources is slightly higher among households with disabilities (8.6%) than among those without disabilities (7.0%). This pattern suggests that households with disabilities experience marginally lower access to improved water sources, reflecting an inequity that may be linked to systemic or physical barriers. As such, persons with disabilities have a higher dependency on potentially unsafe sources like uncovered wells and natural streams.

#### **Access to toilets**

- Slightly higher proportion of households with disabilities use ordinary toilets (31.9%) as compared to that of households without disabilities (29.9). Similarly, 5.2 percent of households with disabilities have no toilets at home as compared to 4.5 percent of households without disabilities. Regarding using ordinary toilets or having no toilets at home, persons with disabilities are more vulnerable than persons without disabilities are.

### Access to information and communication

- At the household level, a higher percentage of households with disabilities (36.9%) have access to radios compared to households without disabilities (34%). This trend highlights the continued importance of radio as an accessible and affordable medium of Communication for persons with disabilities. In contrast, a noticeable gap is observed in access to television with 43.3 percent of households with disabilities having access compared to 50 percent of households without disabilities. This disparity may stem from economic challenges or infrastructure barriers that disproportionately affect households with disabilities.
- Access to smart phones do not differ much among households with or without persons with disabilities as 65.6 percent of households with disabilities and 73.7 percent of households without disabilities are reported to be having access. However, the 8.1 percentage point gap highlights that households with disabilities still face barriers in accessing this essential tool. Having accessibility features, smartphones play a crucial role in bridging accessibility gaps among persons with disabilities.
- At the household level, access to computers and laptops is low for both groups, with only 10.3 percent of households with disabilities and 15.4 percent of households without disabilities having access. The gap of 5.1 percentage point indicates economic constraints or limited digital infrastructure faced by households with disabilities.
- Internet access is relatively low for both group of households, with 30.9 percent of households with disabilities and 38.4 percent of households without disabilities are reported having access. The gap of 7.5 percent in access underscores a significant digital divide, which could further contribute to social exclusion for persons with disabilities.

### Female ownership in fixed assets

- As regards to female ownership in fixed assets like house and/or land, differences based on disability status persist across provinces, though the overall national trend shows only a slight gap among households with and without disabilities. The national rates of households having no ownership of females in land or house are 75 percent and 74.5 percent respectively for households with and without disabilities. The proportion of such households in Karnali and SudurPashchim are above 85 percent (Karnali - 85.6% and SudurPashchim - 87%). Koshi and Gandaki are ahead of all provinces in having highest proportion (about 14%) of households having female ownership in land and/or house for both types of households.

## b. Policy recommendations

### Address data gap for policy implementation by updating methodology of disability data collection

- The severity of disability on functional basis, barriers and accessibility status including the access to services and opportunities and status of discrimination based on disability could not be studied by the present thematic report due to the limitations in data. So, it is advised

to carry out a disability - specific survey that may cater the demand of disaggregated data, particularly for planning and policy formulation, at all three levels of Government.

2. To make the data uniform, reliable and internationally comparable, it is advised to use the latest classification and disability measurement tool as defined by the Washington Group Questionnaire (WGQ), and which is also recommended by the UNFPA for the next census. This will not only help design the master sample frame for future disability surveys but also address the spirit of UNCRPD. This will also generate evidence base to monitor SDG indicators and conduct disability specific researches and studies by national and international institutions in the future.
3. It is also advised to update the existing methodology used in the disability identity card distribution system by the government and incorporate objective procedures to identify functional difficulties in persons with disabilities. This will help validate the disability data obtained from periodic censuses and surveys.

### **Plan and implement targeted programs to address inequality in the following aspects**

#### ***Disability prevalence***

4. A 2.2 percent (647744 persons) of the total population of Nepal is living with some forms of disabilities as per the definition and classification of disability adopted by the government of Nepal. The sex ratio for persons with disabilities is 119 males for 100 females with disabilities. This elevated sex ratio is a matter of concern when the same for persons without disabilities is 95 males per 100 females. So, it is required to ensure if males are more susceptible to disability or there is underreporting of disability in case of females by conducting specific inquiries or surveys.
5. The concentration of persons with disabilities in institutional households is extremely high (646 persons per 100 households). It is advised to conduct further study to find the reason for such a high concentration, which is against the sprits of the UNCRPD if that is not voluntary. Therefore, efforts may focus on supporting the re-integration of individuals in institutional care into the community, enabling them to live with their families or relatives and fostering their full inclusion and participation in society.
6. The disability prevalence rate is high especially in rural, mountain and Karnali province. So, focused programs related to disability management such as disability ID card, disability awareness, accessibility promotion, disability allowance, special discount, scholarship, assistive devices, rehabilitation and habilitation, medical care, personal attendant services, sign language and other community-based services or disability inclusive mainstream programmes may be prioritized for more remote and underdeveloped areas.

#### ***Birth registration of children***

7. Birth registration is crucial to get access to various legal capacities and access to services and opportunities. Nearly a quarter of children with disabilities do not have their birth registered. This may have affected their access to government-provided support services.

There are about an equal proportion of children without disabilities who do not have their birth registered. However, the children with disabilities are more vulnerable to external shocks. Therefore, it may be beneficial to implement various targeted programmes, such as providing essential support, collecting data on unregistered individuals, raising awareness and educating parents, and organizing mobile camps.

#### ***Age factors***

8. The prevalence of disability is strongly positively correlated with age. The proportion of individuals with disabilities increases with age and it inclines sharply after 60 years. Therefore, it is essential to take healthcare and preventive measures in middle-aged and younger populations to delay or reduce the onset of age-specific impairments that lead to disability. However, as the population ages, there is a clear need for targeted services and infrastructure for both persons with and without disabilities. This is also urgent as the prevalence is expected to increase due to ageing populations, chronic health conditions and improved measurement and reporting.

#### ***Marital status***

9. The proportion of married females with disabilities in the age group 20-24 is 32.7 percent against 61.9 percent of their counterpart females without disabilities. This proportion for females without disabilities peaks to 95 percent in the age group 35-39, whereas this peak is delayed until 50-54 to reach to only 75 percent for females with disabilities. This shows that younger age groups show the largest gaps, especially for females with disabilities, indicating challenges in early marriage opportunities. The decline in marriage rates at older ages is sharper for females, particularly those with disabilities, likely due to higher widowhood rates and fewer remarriage prospects. Therefore, it may be helpful to conduct widespread community-based and national awareness programmes aimed at addressing stigma and traditional beliefs that may limit persons with disabilities—particularly women with disabilities—from living a marital life.

#### ***Types of housing unit used and access to basic services and amenities***

10. The persons with disabilities residing in Kachchi and Ardha-Pakki housing units are more vulnerable as compared to persons without disabilities. There are about 8 percent and 16 percent housing units that are occupied by persons with disabilities. Therefore, it is recommended to conduct targeted programs to identify the most vulnerable persons with profound disability and address their housing need.

#### ***Access to basic services***

11. Since persons with disability are disproportionately affected much by the inaccessible and inadequate sources of drinking water and sanitation facilities including toilet. About 9 percent of persons with disability uses unimproved sources of water and 5.2 percent do not have toilet at home. Therefore, appropriate programs are required to focus especially to the

household of persons with disabilities to ensure improved drinking water and toilet facilities accessible to them.

#### **Access to information and communication**

12. About one-third and two-third of the households with disabilities have access to radio and smart phone respectively. In addition, about 31 percent of the households have internet. So, it is necessary to have a clear policy to provide tailor-made information and communication services in an accessible way with special focus to the need of persons with disabilities.

#### **Literacy and access to education**

13. First and foremost, respecting article 24 of CRPD, the Disability Inclusive Education could be promoted in every mainstream educational institution including the private schools and colleges. The education Act may also consider including mandatory accessibility requirements to be followed by educational institutions.
14. All the three tiers of the Government may consider implementing mandatory guidelines and standards for private schools to ensure their physical infrastructure is accessible. This could help children with disabilities and their parents find suitable schools within their communities, reducing the need to send children to distant institutional settings away from family care.

#### **Disability and wealth-status**

15. The disability prevalence rate increases as the wealth-status of households deteriorates from the highest to the lowest. Therefore, it is advised that the existing poverty reduction programs of the government under various ministries be streamlined to have a mandatory priority provisions to include households and persons with disabilities that belong to the lowest wealth quintile.
16. For effective coordination and reducing duplication, a mechanism can be established to report the data of beneficiaries in a central server.

#### **Engagement in economic activities**

17. The fact that 54.2 percent of persons with disabilities are economically active in comparison with 65.8 percent of persons without disabilities. This may reflect systemic challenges that hinder economic participation of persons with disabilities, including inadequate workplace accommodations, discrimination, and lack of inclusive policies and programs for the economic empowerment of persons with disabilities.
18. Enabling environment like workplace accommodation, inclusive hiring practices, equal opportunities, flexible and part-time work options, job-related and self-employment-related training are crucial to enhance economic engagement.

## REFERENCES

Central Bureau of Statistics. (2014). *Population Monograph of Nepal, Volume II, Social Demography*.

Economic and Social Council. (2020). Joint report of the Secretary-General, the Washington Group on Disability Statistics and international agencies. *Reports to UN Statistical Commission, Washington Group on Disability Statistics*. Retrieved from <https://unstats.un.org/unsd/statcom/51st-session/documents/2020-34-DisabilityStats-E.pdf>

Hayman, B. (2019, May 31). *Independent Living History*. Retrieved February 27, 2025, from Access Living: <https://www.accessliving.org/newsroom/blog/independent-living-history/>

Lacke, S. (2021, January 15). *The History and Evolution of Disability Models*. Retrieved February 27, 2025, from Accessibility.com: <https://www.accessibility.com/blog/the-history-and-evolution-of-disability-models>

Ministry of Women Children and Senior Citizen. (2068). *Disability Resource Book 2068, page -6*. Retrieved from <https://www.karunafoundation.nl/download/disability-resource-book-2068.pdf>

National Statistics Office (NSO). (2023). *The HRM, Agriculture Census 2021/22 – Significant Shifts in Nepal's Agricultural Landscape Agriculture Census 2021/22*. Retrieved 7 12, 2024, from <https://thehrmnepal.com/report/agriculture-census-2021-22-significant-shifts-in-nepals-agricultural-landscapeagriculture-census-2021-22/>

National Statistics Office. (2024). *Population statistics*. Retrieved 7 12, 2024, from National Population and Housing Census: <https://censusnepal.cbs.gov.np/results/cast-ethnicity>

National Statistics Office. (2024a). *Population composition of Nepal*.

National Statistics Office. (2024b). *Population Composition of Nepal*. Kathmandu.

National Statistics Office. (2077). *Census Enumeration Manual - Nepali version*.

National Statistics Office. (2080 B.S.). *अपाङ्गतासम्बन्धी तथ्याङ्कीय प्रतिवेदन* (Statistical report on disability). Kathmandu.

National Statistics Office(NSO). (2023). *National Population and Housing Census 2021, National Report, Vol. I*. Retrieved from <https://censusnepal.cbs.gov.np/results/downloads/national?type=report>

Nepal Law Commission. (2072). Constitution of Nepal 2072.

Nepal Law Commission. (2074). The Act Relating to the Rights of Persons with Disabilities (English Version) 2074.

Nepal Tourism Board (NTB). (n.d.). *Geography*. Retrieved 7 12, 2024, from <https://ntb.gov.np/plan-your-trip/about-nepal/geography>

Rassouli, D. (2024, August 13). *Why is Hemophilia More Common in Male?* Retrieved April 15, 2025, from <https://ameripharmaspecialty.com/hemophilia/why-hemophilia-is-more-common-in-males/>

Nepal Law Commission. (2039). *The Protection and Welfare of the Disabled Persons Act 2039 (1982 A.D.)*.

UN. (2006). Convention on the Rights of Persons with Disabilities (CRPD) -2006, article 31. Retrieved from <https://social.desa.un.org/issues/disability/crpd/convention-on-the-rights-of-persons-with-disabilities-crpd>

UN. (2016). *The Invisibility of Disability*. Retrieved February 25, 2025, from [https://www.un.org/disabilities/documents/sdgs/infographic\\_statistics\\_2016.pdf](https://www.un.org/disabilities/documents/sdgs/infographic_statistics_2016.pdf): [https://www.un.org/disabilities/documents/sdgs/infographic\\_statistics\\_2016.pdf](https://www.un.org/disabilities/documents/sdgs/infographic_statistics_2016.pdf)

UN. (2018). *Disability and Development Report: Realizing the Sustainable Development Goals by, For and with persons with disabilities*. United Nations Economic and Social Commission.

UN. (n.d.). *Transforming Our World: The 2030 Agenda for Sustainable Development*, United Nation,. Retrieved from <https://sustainabledevelopment.un.org/content/documents/21252030%20Agenda%20for%20Sustainable%20Development%20web.pdf>

UNCRPD. (2006). Convention on the Rights of Persons with Disabilities (CRPD) -2006. Retrieved from <https://social.desa.un.org/issues/disability/crpd/convention-on-the-rights-of-persons-with-disabilities-crpd>

UNCRPD committee. (2018). *Concluding Observation on the Initial Report of CRPD implementation in Nepal*.

UNDESA. (2019). *Ending poverty and hunger for all persons with disabilities (Goals 1 and 2)*. Retrieved from <https://social.desa.un.org/sites/default/files/migrated/15/2019/11/poverty-hunger-disability-brief2019.pdf>

Washingtongroup-disability.com. (n.d.). *Washington Group on Disability Statistics*. Retrieved from About the Washington Group: <https://www.washingtongroup-disability.com/>

Washingtongroup-disability.com. (n.d.). *WG Extended Set on Functioning (WG-ES)*. Retrieved from <https://www.washingtongroup-disability.com/question-sets/wg-extended-set-on-functioning-wg-es/>

Washingtongroup-disability.com. (n.d.). *WG ILO Labor Force Survey Disability Module*. Retrieved from <https://www.washingtongroup-disability.com/question-sets/wg-unicef-child-functioning-module-cfm/>

Washingtongroup-disability.com. (n.d.). *WG Short Set of Functioning*. Retrieved from WG Short Set of Functioning: <https://www.washingtongroup-disability.com/question-sets/wg-short-set-on-functioning-wg-ss/>

Washingtongroup-disability.com. (n.d.). *WG/UNICEF Child Functioning Module (CFM)*. Retrieved from <https://www.washingtongroup-disability.com/question-sets/wg-unicef-child-functioning-module-cfm/>

Washingtongroup-disability.com. (n.d.). *WG/UNICEF Inclusive Education Module*. Retrieved from <https://www.washingtongroup-disability.com/question-sets/wg-unicef-child-functioning-module-cfm/>

WHO. (2001). *International Classification of Functioning, Disability and Health*. Geneva: World Health Organization.

WHO. (2022). *Global report on health equity for persons with disabilities*. Geneva: World Health Organization .

www.humanity-inclusion.org.uk. (2018, October). *Disability Data Collection: A summary review of the use of the Washington Group Questions by development and humanitarian actors*. (L. Chishire, & H. a. Inclusion, Editors) Retrieved February 27, 2025, from www.humanity-inclusion.org.uk: [https://www.humanity-inclusion.org.uk/sn\\_uploads/document/2018-10-summary-review-wgq-development-humanitarian-actors.pdf](https://www.humanity-inclusion.org.uk/sn_uploads/document/2018-10-summary-review-wgq-development-humanitarian-actors.pdf)

## ANNEXES

### Box: A2.1

#### Definition and Classification of Disability according to the Act Relating to the Rights of Persons with Disabilities 2017

**“Person with disability”** means a person who has long-term physical, mental, intellectual or sensory disability or functional impairments or existing barriers that may hinder his or her full and effective participation in social life on an equal basis with others.

1. **Physical disability:** Problem that arises in operation of physical parts, use and movement in a person due to problems in nerves, muscles and composition and operation activities of bones and joints (for example, disability that arises due to polio, lack of a physical organ, effect of leprosy, muscular dystrophy, permanent problem associated with joints and backbone, reversal of clubfeet, problem associated with rickets bones), and a person whose height is excessively lower than the average height that a person having attained sixteen years of age has according to the age.
2. **Disability related to vision:** the condition where there is no knowledge about an object's figure, shape, form and color in an individual due to the following problem with vision.
  - (a) **Blindness:** A person who cannot distinguish fingers of hand by both eyes from a ten feet distance or who cannot read the letters on the fourth row of the Snellen chart (3/60), even upon utilization of medicines, operation, lenses or lens.
  - (b) **Low vision:** A person who cannot distinguish fingers of hand by both eyes from a twenty feet distance or who cannot read the letters on the fourth row of the Snellen chart (6/18), even upon utilization of medicines, operation, lenses or lens.
  - (c) **Total absence of sight:** A person who cannot differentiate between brightness or darkness.
3. **Disability related to hearing:** Problems arising in an individual who cannot discriminate composition of the parts of hearing and voice, rise and fall of position, and level and quality of voice,
  - (a) **Deaf:** A person who cannot hear voice above eighty decibels or who needs sign language for communication.

(b) **Hard of hearing:** A person who needs a hearing device to hear or who can hear voice from sixty-five to eighty decibels.

4. **Deaf-Blind:** A person who is without both hearing and vision or who has joint interaction of disabilities in two organs.

5. **Disability related to voice and speech:** Difficulty produced in parts related to voice and speech and difficulty in rise and fall of voice to speak, unclear speech, repetition of words and letters.

6. **Mental or psycho-social disability:** The inability to behave in accordance with age and situation and delay in intellectual learning due to problems in performing intellectual activities like problems arising in the brain and mental parts and awareness, orientation, alertness, memory, language, and calculation.

7. **Intellectual disability:** A person who is in a condition that results in the problem in doing activity relative to the age or environment due to lack of intellectual development resulting from the lack of development of intellectual awareness along with the increase in age (for example, Down syndrome).

8. **Disability associated with hemophilia:** A person who has such physical condition that there arises problem in the clotting of blood due to the deflection in factors in blood because of genetic effect.

9. **Disability associated with autism:** A person who has problem in the development of veins or tissues and functionality thereof (for example, a person who has difficulty to communicate, to understand and apply general social rules, and who does not show normal behavior along with the age, who shows abnormal reaction, repeats the same activity, does not assimilate with others or makes reaction instantly).

10. **Multiple disability:** A person who has a problem of two or more than two types of disability mentioned above (for example, cerebral palsy).



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