

Policy Without Practice: Tokenistic Inclusion of Persons with Disabilities in Bangladesh's Union Parishads — A Multi-Site Qualitative Study

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Background: Bangladesh ratified the UN Convention on the Rights of Persons with Disabilities (CRPD) in 2007 and enacted the Persons with Disabilities Rights and Protection Act in 2013, yet the presence of persons with disabilities (PWDs) in local decision-making remains marginal. Union Parishads (UPs), the lowest tier of rural local government, are where citizenship is most directly experienced, but they have rarely been studied through a disability lens.

Objective: To examine (i) how far disability-inclusive provisions are integrated into UP governance, (ii) which sociocultural, legal and institutional factors restrict the participation of PWDs, and (iii) how stakeholders respond to the resulting gaps.

Methods: A multi-site qualitative exploratory design was used across ten UPs in ten districts (five peri-urban, five rural). Data comprised 50 key informant interviews (10 UP chairmen, 20 ward members [10 male, 10 female], 10 social welfare officers and 10 NGO representatives), two focus group discussions, one in-depth case study and document review. Data were analysed using reflexive thematic analysis, interpreted through the social model of disability, Arnstein's ladder of citizen participation and intersectionality, and synthesised in a SWOT matrix. Reporting follows COREQ.

Results: Five themes emerged: (1) a policy–practice gap, in which legal provisions exist but elected representatives have limited knowledge of them and no monitoring mechanism enforces them; (2) stigma rooted in moral/religious explanations of disability; (3) inaccessible offices, transport and polling arrangements, worst in hill and flood-prone areas; (4) financial exclusion, whereby allowances meet subsistence needs but cannot fund candidacy; and (5) a gendered “double burden” for women with disabilities. Observed participation clustered at the tokenistic rungs of Arnstein's ladder (informing, consultation,

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placation); no PWD held an elected or committee position in the study unions.

Conclusion: Disability inclusion in Bangladesh's local government is formally recognised but practically tokenistic. Enforceable committee representation, a reserved-seat or quota mechanism, accessibility audits of UP premises and polling stations, and disability-rights training for elected representatives are needed to move PWDs from beneficiaries to decision-makers, in line with SDG targets 10.2 and 16.7.

Keywords: disability inclusion; local governance; Union Parishad; political participation; social model of disability; tokenism; Bangladesh

1. Introduction

An estimated 1.3 billion people, about 16% of the world's population, live with significant disability, and the large majority live in low- and middle-income countries (World Health Organization [WHO], 2022). Article 29 of the CRPD obliges States Parties to guarantee persons with disabilities the right and opportunity to vote, to stand for election and to participate effectively in the conduct of public affairs (United Nations, 2006). The 2030 Agenda reinforces this through its pledge to "leave no one behind", especially target 10.2 on the political inclusion of all irrespective of disability and target 16.7 on responsive, inclusive and representative decision-making at all levels (United Nations, 2015).

Even in high-income democracies, however, PWDs vote, campaign and hold office less than their non-disabled peers, with gaps attributed to inaccessible polling, lower resources and lower political efficacy (Priestley et al., 2016; Schur & Adya, 2013; Schur et al., 2002). In the Global South these barriers are compounded by poverty, stigma and weak state capacity (Groce et al., 2011; Mitra et al., 2013; Virendrakumar et al., 2018). Studies in Cameroon, for example, report that socio-economic, cultural and physical barriers keep PWDs' political involvement minimal at both local and national levels (Opoku et al., 2016).

Bangladesh offers a telling case. It was among the early ratifiers of the CRPD (2007) and has a dedicated rights law, the Persons with Disabilities Rights and Protection Act, 2013 (Government of

the People's Republic of Bangladesh [GoB], 2013). The first standalone National Survey on Persons with Disabilities estimated a prevalence of 2.80%, with physical disability the most common type at 1.35% of the population (Bangladesh Bureau of Statistics [BBS], 2022). Disability in Bangladesh is closely associated with poverty, low education and unequal access to services (Hosain et al., 2002; Tareque et al., 2014). Local government, meanwhile, remains highly centralised and marked by elite capture and weak downward accountability (Khan, 2016; Panday, 2017). The Union Parishad (UP), established under the Local Government (Union Parishad) Act, 2009, is the closest point of contact between rural citizens and the state, where allowances are distributed, standing committees are formed and budgets are publicly discussed (GoB, 2009).

Despite this, Bangladeshi disability scholarship has concentrated on health, education, livelihoods and social protection (Nawaz & Saha, 2024; Tareque et al., 2014), while local-governance research has largely ignored disability (Khan, 2016; Panday, 2017). Recent legal analysis shows that the domestic framework itself is silent or contradictory on PWDs' political rights (Akther & Siddiky, 2025), but empirical evidence on how those rights operate inside local government institutions is scarce. **To the best of our knowledge, this is the first multi-site qualitative study to examine the inclusion of PWDs in Bangladesh's Union Parishads from the combined perspectives of elected representatives, government officers, NGO actors and PWDs themselves, and to locate**

the observed participation on Arnstein's ladder of citizen participation.

The study addressed three research questions:

- **RQ1.** To what extent are disability-inclusive provisions integrated into the existing structure and practice of Union Parishads?
- **RQ2.** Which sociocultural, legal and institutional factors restrict the effective participation of PWDs in local governance?
- **RQ3.** How do local stakeholders and PWDs respond to these gaps, and what actions do they consider necessary?

2. Literature Review and Theoretical Framework

2.1 Disability and political participation: a persistent gap

Research across contexts converges on one finding: formal political rights do not translate automatically into participation. In the United States, PWDs have lower turnout even after controlling for socio-demographic factors, a gap explained partly by lower resources and partly by mobility and access constraints (Schur et al., 2002; Schur & Adya, 2013). European evidence shows that accessibility of voting procedures and of political parties, rather than legal entitlement alone, shapes participation (Priestley et al., 2016). Legal scholarship argues that equal suffrage requires positive measures such as accessible procedures and supported decision-making (Lord et al., 2014). Where studies disagree is on the relative weight of individual resources versus structural barriers. Evidence from Africa, where a systematic review found barriers spanning legal, physical, informational and attitudinal domains (Virendrakumar et al., 2018), suggests that in low-resource settings structural factors dominate. This study tests that proposition at the level of local rather than national government.

2.2 Disability, poverty and governance in Bangladesh

Disability and poverty are mutually reinforcing in low- and middle-income countries (Banks et al., 2017; Groce et al., 2011; Mitra et al., 2013). In Bangladesh, disability prevalence is unequally

distributed by sex, age and socio-economic status (Tareque et al., 2014), and the means-tested disability allowance, while valued, is widely regarded as insufficient and difficult for women with disabilities to access (Nawaz & Saha, 2024). Governance studies document chronic central control, partisan interference and limited fiscal autonomy in local government (Khan, 2016; Panday, 2017). These two literatures have developed in parallel: governance scholars rarely examine disability, and disability scholars rarely examine governance. The legal review by Akther and Siddiky (2025) is a recent exception, but it is doctrinal rather than empirical.

2.3 Research gap

Three gaps follow. First, existing Bangladeshi work frames PWDs mainly as recipients of welfare rather than as political actors. Second, local-governance research has not integrated disability. Third, there is no multi-stakeholder, multi-site empirical evidence on how disability provisions are implemented inside UPs. This study addresses all three.

2.4 Theoretical framework

The study combines four complementary lenses (Figure 1). The **social model of disability** locates disability not in individual impairment but in attitudinal, environmental and institutional barriers created by society (Oliver, 1983, 2013). It provides the categories used to organise barriers in RQ2. The **human rights model** extends this by asserting that PWDs are rights-holders whose participation is an entitlement rather than a privilege (Degener, 2016; Lawson & Beckett, 2021), and anchors the analysis in the CRPD. The **moral/religious model**, which interprets disability as divine punishment or ancestral sin (Retief & Letšosa, 2018), is not used as an analytical frame but as an explanatory account of the stigma participants described, recognising that Northern models must be applied with attention to Global South realities (Grech, 2015; Meekosha, 2011).

To assess the **quality** rather than the mere presence of participation, we use **Arnstein's (1969) ladder of citizen participation**, which

distinguishes non-participation (manipulation, therapy), tokenism (informing, consultation, placation) and citizen power (partnership, delegated power, citizen control). Finally,

intersectionality (Crenshaw, 1989) is used to explain how gender, disability and poverty combine to produce compounded exclusion.

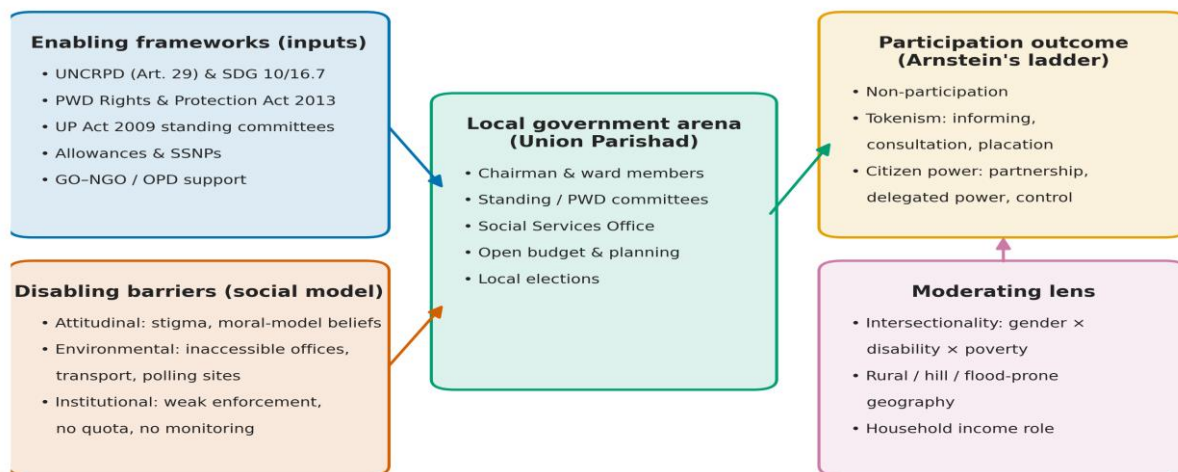


Figure 1. Conceptual framework of the study. Enabling frameworks and disabling barriers (social model) act on the Union Parishad arena; the resulting participation is located on Arnstein's (1969) ladder and moderated by intersecting gender, poverty and geography. Source: authors.

3. Methods

3.1 Study design

A qualitative exploratory multi-site design was adopted because the aim was to understand processes, meanings and institutional practices rather than to estimate prevalence. Multiple data sources (key informant interviews, focus group discussions, a case study and document review) were combined to allow methodological triangulation (Carter et al., 2014). The study is reported in accordance with the Consolidated

Criteria for Reporting Qualitative Research (COREQ) (Tong et al., 2007).

3.2 Study setting

Ten Union Parishads were purposively selected from ten districts covering seven administrative divisions, to capture variation in geography (plains, hill and flood-prone areas) and proximity to urban centres (Table 1). Five sites were designated urban/peri-urban and five rural in the sampling frame, including one rural site in the Chittagong Hill Tracts.

Table 1. Study sites and data sources

District	Upazila	Union Parishad	Setting	KIIs (n)	FGD	Other
Dhaka	Savar	Birulia	Peri-urban	5	FGD-1	
Sylhet	South Surma	Mogla Bazar	Peri-urban	5	—	
Barishal	Barishal Sadar	Chandpura	Peri-urban	5	—	
Jashore	Monirampur	Monirampur site†	Peri-urban	5	—	
Mymensingh	Fulbaria	Radhakanai	Peri-urban	5	—	

District	Upazila	Union Parishad	Setting	KIIs (n)	FGD	Other
Lalmonirhat	Hatibandha	Hatibandha site†	Rural	5	FGD-2	Case study
Chuadanga	Alamdanga	Belgachi	Rural	5	—	
Gaibandha	Gobindaganj	Talukkanupur	Rural	5	—	
Cumilla	Chauddagram	Munshirhat	Rural	5	—	
Khagrachhari	Panchhari	Panchhari	Rural (hill)	5	—	
Total	10 upazilas	10 unions		50	2	1

Note. KII = key informant interview; FGD = focus group discussion. † Hatibandha and Monirampur are upazilas; the field records identify these sites at upazila level, and the specific union is not specified.

3.3 Participants and sampling

Purposive sampling was used to select information-rich participants with direct responsibility for, or experience of, disability inclusion in local government (Palinkas et al., 2015). In each union, five key informants were interviewed: the UP chairman, one male ward member, one female (reserved-seat) ward member, the upazila social welfare officer responsible for the union, and one representative of an NGO or organisation of persons with disabilities active in the union (Table 2). Sample adequacy was judged by information power: the aim was narrow, participants were highly specific to it, and dialogue quality was strong (Malterud et al., 2016).

FGD participants were PWDs and caregivers recruited through the Upazila Social Services Office and the Centre for the Rehabilitation of the Paralysed (CRP), Savar (FGD-1), and through the Upazila Social Services Office in Hatibandha (FGD-2). Inclusion criteria were age ≥ 18 years, residence in the study area, and a physical or sensory disability registered under the 2013 Act, or being the primary caregiver of such a person. People with severe cognitive impairment or who were bed-bound and unable to communicate were excluded, as consent and interview procedures could not be adapted for them within the study's resources; we acknowledge this as a limitation.

Table 2. Characteristics of participants

Participant group	n	Code used in text
UP chairmen	10	KII (chairman)
Ward members, male	10	KII (member)
Ward members, female (reserved seat)	10	KII (member)
Upazila social welfare officers	10	KII (SWO)
NGO / OPD representatives	10	KII (NGO)
Total key informants	50	

Participant group	n	Code used in text
FGD-1 participants, Savar	PWDs and caregivers	FGD-1
FGD-2 participants, Hatibandha	PWDs and caregivers	FGD-2
Case study household, Hatibandha	1 household	Case R

Note. Each union contributed one key informant from each of the five roles. KII numbers cited in the Results (KII-1 to KII-50) refer to individual key informants.

3.4 Data collection

Key informant interviews. Interviews followed a semi-structured questionnaire, which allowed flexibility to probe informants' specialised knowledge (Palinkas et al., 2015). The questionnaire was organised around the three research questions and covered awareness of legal provisions, forms of PWD participation, committee representation, elections, accessibility, budget allocation and recommended actions.

Focus group discussions. Two FGDs were held to capture the lived experience of PWDs and caregivers and to encourage peer interaction (Opoku et al., 2016). A trained facilitator moderated each session using a topic guide (Appendix A), with a group agreement established at the start. Each session was audio-recorded and transcribed verbatim.

Case study. One household case study was developed in Hatibandha to provide a contextualised account of how disability, poverty and allowance dependence interact over a life course. The household was selected because it contained several members with disabilities and was known to the local Social Services Office.

Document review and field observation. Relevant documents (the 2013 Act, the UP Act 2009, union budget documents and committee records where available) were reviewed, and the accessibility of UP premises was noted during field visits, including signage, physical access to facilities and the presence of PWDs in meetings.

3.5 Data analysis

Data were analysed using thematic analysis (Braun & Clarke, 2006, 2019) with a hybrid approach. FGD transcripts were analysed inductively, while KII data were organised deductively against the conceptual framework under five initial categories: legal and policy integration; sociocultural attitudes; institutional accessibility; implementation practices and gaps; and outcomes of inclusive participation. These categories were then refined into the final themes and aligned with the three research questions. Observed forms of participation were then mapped onto Arnstein's (1969) ladder, and findings from all sources were integrated in a SWOT matrix to inform recommendations.

Trustworthiness was addressed following Lincoln and Guba (1985): credibility through triangulation of KII, FGD, case-study and documentary evidence (Carter et al., 2014), and transferability through description of ten diverse study sites.

3.6 Ethical considerations

Approval for the study was obtained from the relevant Disabled Peoples' Organisations (DPOs). The objectives of the study were explained to all participants, and each gave written informed consent using a form translated into Bangla. Participants could withdraw at any time without consequence. All names in this article are pseudonyms or role codes, and identifying details of the case-study household have been altered.

4. Results

Analysis produced five themes and fourteen sub-themes (Table 3). Themes 1 and 5 primarily answer RQ1; Themes 2–4 answer RQ2;

stakeholder responses (RQ3) are reported in Section 4.6.

Table 3. Themes, sub-themes and data sources

Theme	Sub-themes	Sources	RQ
1. Policy–practice gap	Uneven legal awareness; unformed or token committees; no monitoring or sanction	KII, FGD, documents	RQ1
2. Stigma and moral explanations of disability	Moral/religious beliefs; voter doubt about competence; household decision-making tied to earning	KII, FGD, case	RQ2
3. Inaccessible institutions	UP offices and polling stations; transport; hill and flood-prone geography; digital exclusion	KII, FGD, observation	RQ2
4. Financial exclusion from candidacy	Allowances sufficient only for subsistence; campaign costs; donor-dependent initiatives	KII, FGD, case	RQ2
5. Gendered double burden	Women with disabilities unheard in meetings; family gatekeeping of programme attendance	KII, FGD	RQ1/RQ2

4.1 Theme 1: A policy–practice gap

Uneven legal awareness. Social welfare officers and NGO representatives showed sound knowledge of the 2013 Act and related programmes. By contrast, most UP chairmen and ward members had only a general awareness that PWDs “have rights”, and could not name specific provisions. Informants attributed this to the absence of disability-focused orientation for newly elected representatives, low formal education among some members, and a political culture oriented to patronage. Several informants added that many PWDs were themselves unaware of their entitlements or of the support mechanisms available.

Unformed or token committees. Chairmen and members reported that PWDs are expected to be represented on UP committees. In practice, many unions had not formed such committees or had appointed a PWD without giving that member any meaningful role. Participation was

largely confined to attending seminars, training sessions and awareness meetings, and to voting.

No monitoring or sanction. Officers acknowledged that enforcement was weak and that no mechanism monitored compliance. FGD participants noted that union councils are required to hold open budget meetings and include PWDs, but that there is no penalty for non-compliance, so the requirement is easily ignored. Document review confirmed that inclusive provisions exist on paper, while field visits found no disability-focused committee records or grievance mechanisms in most unions.

4.2 Theme 2: Stigma and moral explanations of disability

Informants consistently described stigma as the deepest barrier. An NGO informant summarised the social environment:

“In the mainstream society, persons with disabilities have to face a lot of stigma and hardship. Neglect, dishonour, hostile and unfriendly

social settings, prejudice, superstition, discrimination and exploitation become common in their daily life.”
(KII-13)

Explanations of disability as punishment for the person's or the family's sins, characteristic of the moral model (Retief & Letšosa, 2018), were reported to remain common in rural areas and to lead families to hide disabled members. Stigma extended to the political arena: a ward member reported that during local elections voters were hesitant to support candidates with disabilities because they doubted their ability to manage public office (KII-46). Within households, informants observed that decision-making authority followed earning capacity: those with minor impairments who contributed to family income were consulted, whereas those unable to work or move independently were excluded from family decisions.

4.3 Theme 3: Inaccessible institutions

Social welfare officers reported that most UP buildings lacked ramps, accessible toilets and ground-floor meeting rooms (KII-6). These deficits prevented PWDs from attending meetings, accessing services and, in some cases, voting. FGD participants added that polling stations lacked accessible booths and that election materials were not available in Braille or sign language. Geography intensified the problem. A chairman from a flood-prone union explained that public buildings are deliberately raised above flood level but without ramps, making them even less accessible (KII-19). In the hill district, informants identified poor transport and internet connectivity as major obstacles, which also excluded PWDs from the online trainings increasingly used by NGOs.

4.4 Theme 4: Financial exclusion from candidacy

Informants described a range of state support, including disability allowances, the disability identity card, food-assistance cards and housing support. However, chairmen and members agreed that the allowance was insufficient to cover basic needs, let alone the costs of political

participation. One chairman stated that PWDs face significant hurdles in mobilising the resources needed to run an effective campaign (KII-30). FGD-1 participants reported that in Savar about 6,000 of roughly 30,000 allowance beneficiaries were PWDs, most now paid through mobile financial services, indicating improving reach of cash transfers but no corresponding pathway into leadership. Infrastructure improvements and inclusive initiatives, such as accessible school admissions and health centres, were attributed mainly to externally funded NGO projects rather than to routine UP budgets.

Within the ten study unions, no PWD held an elected seat or a substantive committee position; a few were employed in administrative support roles. FGD participants in Savar reported that 11 PWDs had been elected as members or councillors nationally in 2023 and that one PWD was contesting in Birulia UP. This national figure is participant-reported and could not be independently verified.

4.5 Theme 5: The gendered double burden

Women with disabilities were described as experiencing compounded exclusion. One NGO informant described this as a “double burden” of being a woman and being disabled, intensified by poverty (KII-9). A ward member contrasted how men and women with disabilities are treated in meetings:

“If a man has a disability, people still listen to him. But if it's a woman, no one even asks her opinion in meetings.” (KII-29)

A social welfare officer added that programmes for PWDs were attended mostly by men, because families did not support the participation of disabled women (KII-43). This pattern was reported to be strongest in rural areas.

4.6 Stakeholder responses to the gaps (RQ3)

Asked how gaps are, or should be, addressed, informants described a small set of existing practices and a larger set of demands (Table 4). Existing responses were local and ad hoc: yard

meetings and online sessions to share information, NGO-led vocational training, and a CDD-supported respite centre for mothers of children with disabilities in one union, which FGD-1 participants cited as evidence of what

targeted support can achieve. FGD participants were critical that they were consulted as “beneficiaries” rather than as decision-makers, and that top-down policy did not reflect local realities.

Table 4. Stakeholder-proposed actions, by source

Action area	Proposal	Proposed by
Economic independence	Vocational training (tailoring, handicrafts, small enterprise) to reduce dependence on allowances	Chairmen, members, NGOs
Information and voice	Regular yard meetings and online sessions linking PWDs to the UP	SWOs, NGOs
Attitude change	Awareness campaigns through traditional and social media	Members, NGOs
Partnership	Formal integration of NGO/OPD initiatives into UP plans and budgets	NGOs, SWOs
Legal reform	Amendment of the 2013 Act to strengthen local-level obligations and sanctions	Chairmen, SWOs
Outreach	Door-to-door engagement by elected representatives	Members, officers
Representation and jobs	Quotas in local employment; reserved seats for PWDs in UP	Chairmen, members, FGDs

4.7 Case study: disability, poverty and the limits of allowances

Mr R (pseudonym), aged 49, has been blind since birth and lives in Hatibandha. Encouraged by his mother, who told him that being different was a strength rather than a problem, he worked to become self-reliant. He married a woman who is also visually impaired; both of their children were born blind. The household’s income depends on Mr R’s daily work drying rice at a local mill. Successive shocks, including his son’s leg fracture and the serious illness of his daughter’s husband, pushed the family into deeper financial hardship. The disability allowance was described as crucial but far from sufficient. Although the household did not include a person with a physical disability

in the narrow sense, the case was retained because it illustrates how multiple disabilities within one household, chronic poverty and repeated health shocks leave no resources for civic or political engagement.

4.8 Integrated synthesis

Figure 2 maps the forms of participation observed onto Arnstein’s ladder. Attendance at awareness events corresponds to informing; yard meetings without follow-up to consultation; and nominal committee membership to placation. NGO pilot partnerships approached, but did not reach, genuine partnership. No evidence of delegated power or citizen control was found. Table 5 integrates the findings into a SWOT matrix.

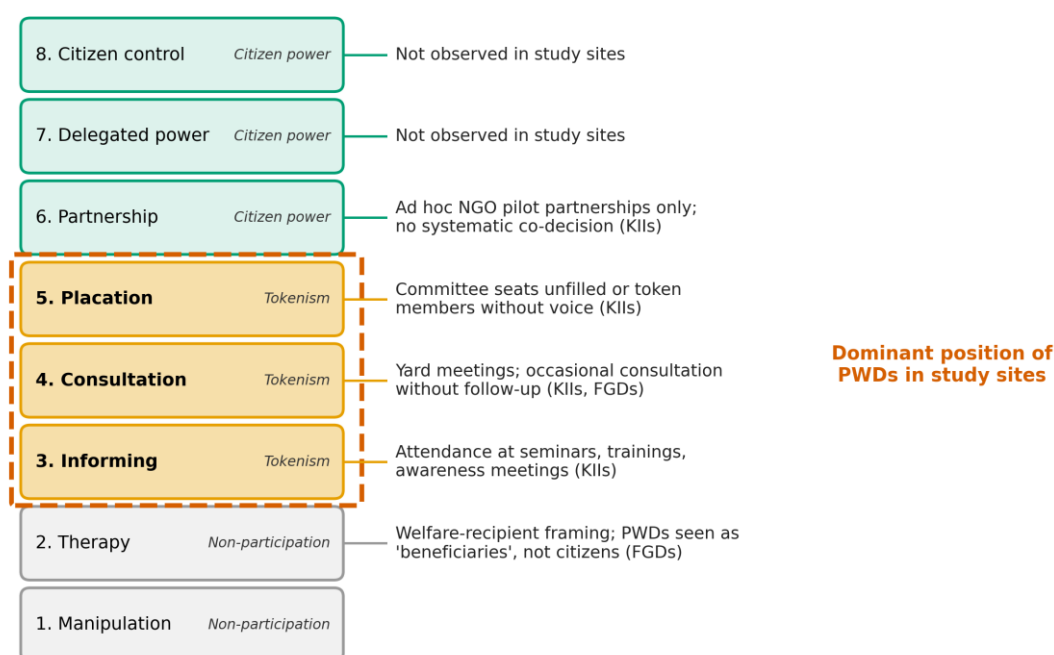


Figure 2. Observed forms of PWD participation in the study unions mapped onto Arnstein's (1969) ladder of citizen participation. The dashed box marks the dominant (tokenistic) position. Source: authors' analysis of KII and FGD data.

Table 5. SWOT synthesis of disability inclusion in Union Parishads

Strengths (internal)	Weaknesses (internal)
• CRPD ratification, 2013 Act and UP Act committee provisions • Expanding allowance coverage and digital payment • Knowledgeable social welfare officers	• Low legal awareness among elected representatives • No monitoring, sanctions or disability budget line • Inaccessible UP premises and polling arrangements
Opportunities (external)	Threats (external)
• Active NGOs/OPDs (e.g., CRP, CDD) with accessible-design models • Growing media attention to disability rights • Home-based and digital livelihoods	• Persistent moral/religious stigma • Patronage politics and corruption in benefit targeting • Compounded exclusion of women with disabilities • Donor dependence of inclusive initiatives

5. Discussion

This study asked how far Bangladesh's Union Parishads include persons with disabilities, what prevents fuller inclusion, and how stakeholders respond. The central answer is that inclusion is

formally recognised but practically tokenistic: legal provisions exist, but they are weakly known by those who must implement them, unenforced, and unaccompanied by the

accessibility and resources that would make participation possible. PWDs are positioned as recipients of allowances rather than as citizens who shape decisions.

5.1 Interpreting the findings

The policy–practice gap echoes doctrinal analysis showing that Bangladesh’s legal regime is silent or contradictory on PWDs’ political rights (Akther & Siddiky, 2025), and it reflects wider features of Bangladeshi local government: strong central control, limited fiscal autonomy and weak downward accountability (Khan, 2016; Panday, 2017). Where local bodies have little discretion and face no sanction, provisions that require extra effort, such as forming and resourcing a disability committee, are the first to be neglected. Our findings add that the knowledge gap lies not with officers, who were generally well informed, but with elected representatives, who hold decision-making power. This suggests that training targeted at newly elected UP members would have higher returns than further awareness work among officials.

The dominance of attitudinal barriers is consistent with evidence from Cameroon (Opoku et al., 2016) and from the systematic review of disability-inclusive elections in Africa (Virendrakumar et al., 2018). The persistence of moral explanations of disability supports arguments that disability theory developed in the Global North must be read alongside religious and cultural meanings in the Global South (Grech, 2015; Meekosha, 2011). Importantly, our data show that stigma operates at two levels: it discourages PWDs from coming forward, and it discourages voters from supporting them, which together keep candidacy rare.

The financial findings refine the resource model of participation proposed in high-income settings (Schur et al., 2002; Schur & Adya, 2013). In Bangladesh the issue is not simply that PWDs have fewer resources, but that the main state transfer is calibrated to subsistence. Allowances therefore reduce destitution without creating the surplus, networks or time required for leadership, reproducing the poverty–disability cycle described in the international literature (Banks et al., 2017; Groce et al., 2011; Mitra et al., 2013). The finding that inclusive infrastructure depended on donor projects indicates a sustainability risk.

The gendered double burden is an instance of intersectional disadvantage (Crenshaw, 1989): women with disabilities were excluded both by family gatekeeping and by meeting norms, a pattern consistent with Bangladeshi evidence on women’s access to the disability allowance (Nawaz & Saha, 2024). The female reserved seats in UPs, which have increased women’s presence in local government, have evidently not extended to women with disabilities.

5.2 Theoretical contribution

Applying Arnstein’s ladder shows that the problem is not the absence of participation but its quality. PWDs in the study unions were informed, occasionally consulted and sometimes nominally placed on committees, but never given decision-making power. Combining the social model with the ladder therefore distinguishes two distinct policy challenges: removing barriers to presence (accessibility, stigma, cost), and redistributing power once presence is achieved (enforceable representation, budget voice). Most current interventions in Bangladesh address only the first.

5.3 Policy implications

Table 6. Recommendations linked to findings

Finding	Recommended action	Responsible actor
Low legal awareness of elected members	Mandatory disability-rights module in orientation for all newly elected UP members	Local Government Division; NILG
Unformed or token committees	Make PWD representation on UP standing committees enforceable, with reporting in annual UP performance assessments	Local Government Division
No reserved representation	Consider a reserved seat or nomination mechanism for PWDs on each UP, as already exists for women	Parliament; Election Commission
Inaccessible premises and polling	Accessibility audits of UP buildings and polling stations, with ring-fenced funds for ramps and accessible toilets	LGED; Election Commission
Allowance insufficient for participation	Index allowance to inflation; add stipends for PWDs serving on committees	Ministry of Social Welfare
Double burden on women	Targeted outreach and transport support for women with disabilities to attend UP meetings	UP; Department of Social Services; OPDs

NILG = National Institute of Local Government; LGED = Local Government Engineering Department; OPD = organisation of persons with disabilities.

5.4 Strengths and limitations

Strengths include the multi-site design across seven divisions, the inclusion of all key institutional actors in each union, and triangulation across four data sources. Several limitations should be noted. First, key informants were institutional actors; the voices of PWDs came mainly from two FGDs and one case study, which may under-represent the diversity of disability experience. Second, purposive sampling of ten unions does not permit statistical generalisation, although the consistency of findings across diverse sites supports analytic transferability. Third, people with severe cognitive or communication impairments were excluded. Fourth, elected representatives may have given socially desirable answers about their own performance. Fifth, translation from Bangla may have altered nuance despite back-translation checks.

5.5 Future research

Future work should (i) centre the voices of PWDs through larger participatory or photovoice studies; (ii) quantify participation gaps using nationally representative data such as the NSPD with Washington Group measures; (iii) follow the few PWDs who contest local elections to identify enabling conditions; and (iv) evaluate pilot interventions, such as reserved committee seats, using implementation-science designs.

6. Conclusion

Bangladesh has built the legal architecture for disability inclusion, but in its Union Parishads persons with disabilities remain at the tokenistic rungs of participation. Stigma, inaccessible institutions, subsistence-level allowances and gendered gatekeeping keep them in the role of beneficiaries. Closing the gap requires enforceable representation, accessible premises and polling, targeted training for elected members, and resources that make candidacy realistic. **Inclusion will remain an elusive agenda until persons with disabilities are**

given not only a seat in the room, but a vote in the decision.

Declarations

Ethics approval and consent to participate:

Approval was obtained from the relevant Disabled Peoples' Organisations, and all participants provided written informed consent (see Section 3.6).

Data availability statement: De-identified transcripts and the coding framework are available from the corresponding author upon reasonable request, subject to ethical restrictions on participant confidentiality.

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Appendix A. Focus group discussion guide

Table A1. Order of FGD activities and semi-structured questions

#	Activity	Description
1	Introduction and welcome	Re-confirm purpose of the study; obtain signed or thumbprint consent; assure confidentiality.
2	Ice-breaker	Each participant describes in one word how they feel about today's topic.
3	Group agreement	Ground rules for discussion and for handling sensitive issues, generated with participants.
4	Discussion questions	(a) Experiences of participating in UP activities or meetings as a person with a disability. (b) Views on the representation of PWDs in UP decision-making. (c) Barriers to accessing and participating in UP activities. (d) Reasons PWDs are not heard in committees and decision-making forums. (e) Key challenges to inclusion in local government. (f) Opportunities and strategies to overcome these challenges. (g) Recommendations to policymakers and stakeholders. (h) Specific actions likely to increase PWD representation in decisions.
5	Refreshment break	To prevent fatigue.
6	Close	Thanks, questions from participants, farewell.