TECHNICAL AND VOCATIONAL EDUCATION AND TRAINING (TVET) PROGRAM EXPERIENCES FOR PERSONS WITH TRAUMATIC SPINAL CORD INJURY IN NEPAL: A NARRATIVE INQUIRY

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2021

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Nepal
Technical and Vocational Education and Training (Tvet) Program
Experiences for Persons with Traumatic Spinal Cord Injury in Nepal: A
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Foundation (SNSF).
I dedicate this dissertation to my research participants and the project “Vocational Rehabilitation Project for Persons with Disabilities in Kavre, Nepal”.
ABSTRACT

This study explores the experiences of TVET programs for persons with traumatic SCI in Nepal. Recently, the National Planning Commission published the 15th plan that aims to encourage the country as a prosperous, independent, and socialist-oriented national economy through healthy, educated, decent citizens who enjoy equal opportunity (National Planning Commission, 2019). In terms of economic growth, it ensures inclusive and equitable access to quality technical education and vocational skill development. Persons with traumatic spinal cord injury are eligible for ensuring the aforementioned equitable access and high living standards. TVET emphasizes linking persons with traumatic spinal cord injury and the labor market to achieve economic success. The deepening stories by the research question that how do persons with traumatic spinal cord injury narrate their experience of TVET programs are included in the study.

Through are view of disability and TVET related literature, I learned that the TVET program acted as a bridge between employment and disability. Besides, employment made affirmative impacts on economic independence for persons with traumatic spinal cord injury. Several types of research justified showing a significance of the program in diverse Asian countries such as Taiwan, Bangladesh. I could not find the study associated with TVET and spinal cord injury patients in Nepal. Many researchers investigated the effects of TVET on persons with physical disabilities, but the cases were blended with different types of disabilities. Thus, comprehensive findings could be partially applicable for persons with the injury.

In this study, I used a narrative inquiry within the interpretative framework. Also, I conducted an in-depth interview to pay attention to the voice of persons with traumatic spinal cord injury. The interview helped me to understand the stories. Especially five participants who were experienced in TVET programs were purposefully selected for the study. I considered that my participants are the range of twenty-one to forty years of
The participants were six months post-injured. A total of five participants were interviewed physically and through telephone communication. The stories and information were analyzed and interpreted based on the theory of the social model. The social model concentrated on social oppression to make unjust circumstances rather than physical impairment.

The stories of the study show that persons with traumatic spinal cord injury are excluded from the main stream in TVET program. They have frequently been deprived of the opportunity of participating in the program due to physical limitations. To be specific, their stories interpreted some similarities that motivation: encourage to be independent, low accessibility: information, disability-friendly educational environment, lack of awareness of disability in society, limited training curricula, devasting economic consequences. Reintegration signifies not economic empowerment but emotional independence. As firstly said, despite persons with traumatic spinal cord injury has faced uncountable barriers in training, it is sure that supported them to reintegrate into the community. On the other hand, TVET provides an essential opportunity to back to the community, but circumstantial constraints restrict the chance. Most private TVET institutes are not prepared for disability-friendly education environments. For instance, the institution is located on the 2nd floor without a lift. People with wheelchairs have no access to the program. Like this, disability is not considered training conditions, insufficient space to move a wheelchair, steps have prevailed. Financial hardship was a critical problem for my participants. Moreover, they appealed to the attitude of TVET educators. When TVET stakeholders whom my participants met, they showed disrespectful attitudes about disability. Although participants were in difficulties, they succeeded in completing the vocational training. The training led them to innovate life through generating income. Now they could maintain livelihood, looking after children.

By discovering participants' stories, I came to know the importance of hearing their experiences in the TVET program. Otherwise, fundamental interests and needs overlooked TVET programs are likely to be planned. It may decline the effectiveness
of the program. My participants’ experiences refer that ensuring education rights in TVET programs is the first step to improve the quality of life of persons with traumatic spinal cord injury.
ACKNOWLEDGEMENTS

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# TABLE OF CONTENT

ABSTRACT ......................................................................................................... i
ACKNOWLEDGEMENTS .................................................................................. iv
TABLE OF CONTENT .................................................................................... v
LIST OF TABLES ............................................................................................. vii
ABBREVIATIONS ........................................................................................... viii
CHAPTER I ....................................................................................................... 1
INTRODUCTION ............................................................................................. 1
  General Background of the Study ............................................................... 1
  Spinal Cord Injury (SCI) ............................................................................... 3
Statement of the Problem ............................................................................. 4
Purpose of the Study .................................................................................... 5
Research Question ......................................................................................... 5
Significance of the Study .............................................................................. 5
Delimitation of the Study ............................................................................. 7
CHAPTER II ................................................................................................... 8
LITERATURE REVIEW .................................................................................... 8
  Framework and Prevalence of Disabilities ................................................ 8
  Historical Policies for Persons with Disabilities in Nepal ..................... 10
  Education Policies for Persons with Disabilities .................................... 12
Empirical Review ........................................................................................ 15
  Social Model Lens ....................................................................................... 18
CHAPTER III .................................................................................................. 20
METHODOLOGY ........................................................................................... 20
  Research Design .......................................................................................... 20
  Narrative Inquiry ........................................................................................ 21
  Site and Participants Selection .................................................................. 22
Generating Stories ....................................................................................... 23
  Brief Introduction of Participants ............................................................. 24
  Engaging with Participants ....................................................................... 26
  In-depth Interview ...................................................................................... 27
Giving Meaning to Stories .......................................................................... 29
  Quality Standard ......................................................................................... 30
  Ethical Considerations ................................................................................ 31
CHAPTER IV ................................................................................................... 33
TELLING STORIES OF MY PARTICIPANTS ............................................. 33
  The Story of Mr. Pradhan: TVET Empowered Me to be a Bread Winner 33
The Story of Ms. Manandhar: I Believe SCI can be a Representative 36
The Story of Ms. Khatri: Draw Up Independent Life with the Dreamed Training ........................................................................................................ 39
The Story of Mr. Gurung: Now I am in the Take-off Stage ................... 41
The Story of Ms. Shrestha: Beyond the Endless Loop of Challenges... 43
CHAPTER V .................................................................................................... 45
NARRATIVE ANALYSIS .............................................................................. 45
  Motivation: Encouragement to be Independent ..................................... 45
  Lack of Awareness of Disability in Society ............................................. 46
  Low Accessibility: Information ............................................................... 48
  Low Accessibility: Disability-Friendly Educational Environment .... 49
  Limited Training Curricula .................................................................... 50
  Devasting Economic Consequences ..................................................... 51
CHAPTER VI ................................................................................................... 54
INSIGHTS, IMPLICATIONS, AND CONCLUSIONS ............................... 54
  Insights .................................................................................................. 54
  Circumstantial Barriers in Technical and Vocational Education and Training................................................................................................. 56
  Valuable Changes through Vocational Training ................................ 58
  Implications for Further Study ............................................................. 59
  Conclusions .......................................................................................... 60
REFERENCES .................................................................................................. 62
LIST OF TABLES

Table 1 Some Names of Common Trainings that PWDs are Given in Nepal .................................................................................................................................14
Table 2 Some other Possible Areas of Trainings PWDs are Given in Nepal ..........................................................................................................................14
<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>COVID-19</td>
<td>Corona virus Disease of 2019</td>
</tr>
<tr>
<td>CTEVT</td>
<td>The Council for Technical Education and Vocational Training</td>
</tr>
<tr>
<td>DPI</td>
<td>Disabled People’s International</td>
</tr>
<tr>
<td>DRPI</td>
<td>Disability Right Promotion International</td>
</tr>
<tr>
<td>DPOs</td>
<td>Disabled Peoples’ Organizations</td>
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<tr>
<td>ICD-10</td>
<td>The International Statistical Classification of Diseases and Related Health Problems 10th Revision</td>
</tr>
<tr>
<td>ICF</td>
<td>The International Classification of Functioning, Disability, and Health</td>
</tr>
<tr>
<td>ILO</td>
<td>International Labour Organization</td>
</tr>
<tr>
<td>NFE</td>
<td>Non-Formal Education</td>
</tr>
<tr>
<td>NFEC</td>
<td>Non-Formal Education Center</td>
</tr>
<tr>
<td>MMVTI</td>
<td>The Madhab Memorial Vocational Training Institute</td>
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<tr>
<td>MoHP</td>
<td>Ministry of Health and Population</td>
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<td>PWDs</td>
<td>Persons with Disabilities</td>
</tr>
<tr>
<td>SCI</td>
<td>Spinal Cord Injury</td>
</tr>
<tr>
<td>TSCI</td>
<td>Traumatic Spinal Cord Injury</td>
</tr>
<tr>
<td>TVET</td>
<td>Technical and Vocational Training and Education</td>
</tr>
<tr>
<td>UPIAS</td>
<td>Union of the Physically Impaired Against Segregation</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organization</td>
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CHAPTER I
INTRODUCTION

Investment in Technical and Vocational Education and Training (TVET) is a memorable way to resolve the socio-economic challenges and strengthen Nepal's prosperity. TVET is often seen as a staple cornerstone towards the employment of persons with traumatic spinal cord injury because TVET provides competent skills to recover their productivity. In industrialized countries, skilled ability generates the creative capacity to obtain decent work in equity, freedom, human dignity, and security.

Improvement of TVET begins with ferreting out the state of persons with traumatic spinal cord injury in Nepal. This chapter elaborates what I observed as disability and TVET related issues. Also, the chapter incorporates the general background of the study, statement of the problem, the purpose of the study, research question followed by significance and delimitation of the study. Respective factors assisted in enriching apprehension of phenomena linked to disability in TVET.

General Background of the Study

According to the Nepal Census (2011), 513,321 of the total population has “some disability”, a down-to-earth situation. How many people have experienced interacting with persons with disabilities? The first impression of Nepal when I came in 2016 was ‘Disability Nonexistent country’. Over time, I have seen that persons with physical disabilities get around. Incidentally, they may go out wherever they want, but society has not established the necessary facilities for the people. I begin with an example of my friend. My friend who uses a wheelchair was looking to work, but she was pretty exhausted to ask others to cross several hurdles. She was reluctant to get help every moment. The commute took the double-time that other colleagues had. Eventually, she determined to quit the work. Retirement is derived from societal indifference for persons with physical disabilities. Besides, another friend, a
spinal cord injury victim, expressed that he cannot go out from home in an emergency. Persons with physical disabilities have been constituted a fringe group in the country. Thereby people without disabilities put their lives on hold.

The convention on the Rights of Persons with Disabilities and its optional protocol in 2006 defined that persons with disabilities are long-term physical, mental, intellectual, or sensory disabilities. They may face a variety of obstacles that prevent them from fully participating in society on an equal footing with others. Alongside, the Government of Nepal has also adjusted definitions of persons with disabilities to include diverse barriers prevalent in the community. Notwithstanding, it has been 15 years to figure out the norm of disability, the number of disabilities has not been properly researched yet. The data varies depending on the research organization. In regards to the prevalence of disability all over Nepal, representative data estimates 1.94 percent in the census, 2011. Different to this, World Health Organization (WHO) reported 15 percent with International Classification of Functioning, Disability, and Health. Similarly, many Disabled Peoples' Organizations (DPOs) in Nepal insist 0.45~8.99 percent. Among the number of persons with disabilities reported in the census 2011, persons with physical disabilities cover the highest 36.32 percent proportion. It is an equivalent total of 186,457 people who has problems with the use and movement of nerves or muscles; and complications with the composition and or operation of bones and joints, including amputation, arthritis, and cerebral palsy defined by the Census Report of Nepal. Namely, unidentified disabilities exist in the country, and they confront victimization, unfairness, discrimination, which cannot be justified.

One-third of the global morbidity and mortality due to injuries is converged in the South-East Asia Region (SEAR) (Dhillon et al., 2012). Many researchers pointed out that the data on the incidence of spinal cord injury have not been published yet in Nepal. Throughout the previous few years, the total number of spinal cord injury victims has increased in Nepal (Singh & Shrestha, 2021). Considering the growing trend of patients, I sensed the necessity of listening attentively to persons with traumatic spinal cord injury.
The participant's most realistic plot turns out, so the direct experience can bring the missed story into surface. The story dilates on aspects of vocational training for spinal cord injury victims.

**Spinal Cord Injury (SCI)**

Physical disability is a category to amalgamate multi-chronic deficits. The International Classification of Functioning, Disability and Health (ICF) understands disability as the multi-dimensional experience that is interactive of an extensive range of challenges in functioning. These obstacles, which originate from a complex interaction between health issues, personal circumstances, and barriers in the physical and social environment include impairments, limitations in performing activities, and restrictions in engaging in certain situations (Kazou, 2017). To be specific, the Nepal government stipulated permanent problems associated with joints and backbone for physical disability. Thus, spinal cord injury is a subordinate classification of the disability. Following the development of transportation, many people have been starting to operate motorcycles and vehicles. A road traffic accident has been rising to be recognized as an essential contributor to physical disability. Looking at the etiology of injury in the global context, the proportion of traumatic spinal cord injury (TSCI) resulting from land transport (four-wheeled vehicles) is declining at or similar level in developed countries, but on the rise in developing countries (Lee et al., 2014). In contrast, the context of Nepal is slightly different from the global trend. Falling is predominated as the leading cause of spinal cord injury. Referring to Willott (2020), falls caused the majority of TSCI for both genders, and across all age groups, with over two-thirds of the cases classified as fall-related. Falls from trees accounted for nearly half of the fall-related injuries. Besides, Singh and Shrestha (2021) figured out that the range of ages of victims is brought forward. His two studies from eastern Nepal have reported 382 spinal injuries, and the number of spinal cord injury patients is expanding in Nepal at young ages.

In terms of spinal cord injury, it is essential to pledge to ensure physical health care and assistant device supporting disability-friendly environments, and emotional support to reintegrate in the community for mostly more than sixteen years of
aged persons with traumatic spinal cord injury. Primarily medical treatment for the long term is required to re-function and undertake daily activities, but it has not been practiced well. Most people with spinal injury were laid off from work immediately and their families contributed huge money to serve the treatments. Dhakal (2019) mentioned that not only is therapy expensive, but most persons with disabilities come from low-income families who cannot afford to pay for it. Loss of productivity after the accident is a severe impediment to economic recovery. Employment is the primary source of their successful reintegration for both the patient and family. Nevertheless, persons with traumatic spinal cord injury frequently cited barriers with unrealistic policies, low-level services, inaccessible environments, stigma, and harmful stereotypes held by persons without disabilities. These social constraints attribute to the inactive economic presence in middle-income countries. Moreover, financial hardship exacerbated people of working age. They are more likely to desire work than others. Some studies indicated that younger persons, particularly those who were younger at the time of injury, were more likely to return to work than older people, while others found the opposite (Jang et al., 2005).

**Statement of the Problem**

Unlike general education, which aims to strengthen theoretical knowledge, Technical and Vocational Training and Education (TVET) significantly consider alleviation of the financial burden. It seeks to provide practical skills to be competent in the labor market, and employment is likely to result from successful market penetration. The Nepal government constituted The Council for Technical Education and Vocational Training (CTEVT) as a national autonomous apex body in 1989. One thousand one hundred forty institutes provide different short-term vocational training, and CTEVT affiliates maintain the quality of the training. Regardless of its quantitative growth, I saw persons with traumatic spinal cord injury being divested of the right of education. First, they are limited to access to the training apart from individual capacity. Second, restrictive training curriculums are less associated with previous jobs or interests, but participants are compelled to
enroll in the current scenario. Consequentially, overlooked desire brought out negative impacts. For instance, its result was the high rate of dropout, less effectiveness, nonachievement of the TVET purpose, and TVET is being magnified in Nepal, but irrefutably the SCI victim’s attention is neglected.

I have met that many researchers asserted the significance of vocational training for persons with physical disabilities to enhance productivity in contemporary society. Employment and education empower persons with disabilities as a member of society (Lamichhane & Okubo, 2014). Disability-related studies emphasize assessing the training needs of persons with physical disabilities. But, it has partially been conducted in Nepal. I came across the issue from the Vocational Rehabilitation project for persons with disabilities in Kavre, Nepal. It is turned out discordance between interests and extant training. I conducted the survey on interests. Nine out of nineteen answered that they have an interest in software operating skills. Similarly, eight people sought to participate in advanced tailoring skills. But, extant training does not consider it. Nevertheless, few local and international organizations provide training, which falls short of the primary level.

**Purpose of the Study**

The purpose of the study is to explore the experiences of persons with traumatic spinal cord injury in the Technical and Vocational Education and Training (TVET) program in Kathmandu valley of Nepal.

**Research Question**

To explore the purpose as mentioned earlier, the research question for this study is:

How do persons with traumatic spinal cord injury narrate their experience of TVET programs?

**Significance of the Study**

Presently, many disability-related researchers have asserted the considerable notice of needs reflected in TVET program for persons with traumatic spinal cord injury. But the extant studies do not address the issue. Despite the urgent need for efficient
treatments, there is a noteworthy dearth of controlled research to inform the sector about the best vocational rehabilitation strategies for people with spinal cord injuries (Ottomanelli, 2015). This study supplemented the gap between necessity and execution. As TVET has a way to go to full maturity for persons with traumatic spinal cord injury, it figured out the need for successful vocational training. To be concrete, the plot strengthened the challenge of the current scenario of TVET, and suggestions provided insight to get far.

Most of all, the study was a meaningful opportunity for my participants to speak out their voices. The TVET program is considered a vital rehabilitation to reintegrate for traumatic spinal cord injury. Listening to their story signified making the first step to mainstream them in TVET. The stories of my participants incorporated motivation, reality, and challenges. People who had a traumatic experience used to be excluded from society, thereby, they waver to partake in the community. However, my participants’ struggling stories described possibilities and chances. Latent participants with spinal cord injury can be inspired by changed life through the program. I anticipate that many persons with traumatic spinal cord injury will be benefited with the study.

Also, as the study elaborated on the importance of TVET educators' attitude, it can change how they treat persons with traumatic spinal cord injury. The participants were displeased with disregardful TVET educators’ behaviors. The research shows that more deliciated words and actions are required to deal with the learner. Besides, the findings of the study are expected to contribute advocating that all learners have the right to an education. In other words, persons with traumatic spinal cord injury should be pledged to participant in the TVET program. It might be a step of advance to engage in relevant policies. I hope this research will be an accelerator to establish disability-friendly TVET for persons with traumatic spinal cord injury to receive the training.

At last, as an international social worker, the expansion of intensive knowledge lifted professionalism beyond the quantity of theory from a lecture. The deep study about persons with traumatic spinal cord injury in TVET enriched insights beyond my country. I realized that even though the person with the same disabilities, it is
challenging to generalize region, geography, culture, and the social environment’s influence on education experience of the learner. At the same time, the results can be adopted in the context of a similar country, such as geographically South Asia countries and economically low and middle-income countries.

**Delimitation of the Study**

This study focused on assessing the participating experience in the TVET program. CTEVT Bagmati province office noticed 111 programs which are in agroforestry, engineering, health, miscellaneous, handcraft, tourism, secretarial, and education sector on the short-term course list show ever the research covered only 4 courses: tailor, hand embroider, computer operator, and receptionist from engineering, miscellaneous, and secretarial sector.

Specific etiology of spinal cord injury segregated into 37 leading automobile crash, fall, medical complications (Chen et al., 2013). The participants who took part in this research are post-injured by falling and disease only.
CHAPTER II
LITERATURE REVIEW

One of the main themes of the study is disability, thereby, I reassessed the norm of disability and physical impairment what determined the standpoint for persons with traumatic spinal cord injury. Before undertaking the study, I reviewed social model, different policies, literature to support strengthening in the case of Nepal. Disability and education linked legislations evidence to ensure the education rights for persons with traumatic spinal cord injury. Furthermore, I have met many studies in terms of physical impairments and have been developed policies to provide facilities to them in the country. Specifically, subsidiary themes in this chapter consisted of framework and prevalence of disability, historical policies, education policies, empirical review, and social model lens.

Framework and Prevalence of Disabilities

Different terminologies to consider disability have been engendered controversy. Disabilities are derived from social or medical conditions. Impairment is defined as functional limitations caused by physical, mental, or sensory impairment (Disabled People’s International, 1982). Meanwhile, disability is caused by social oppression, not by an individual problem.

‘In our view, it is a society that disables physically impaired people. Disability is something imposed on top of our impairments, by the way, we are unnecessarily isolated and excluded from full participation in society. Disabled people are therefore an oppressed group in society. It follows from this analysis that having low incomes, for example, is only one aspect of our oppression. It is a consequence of our isolation and segregation, in every area of life, such as education, work, mobility, housing, etc.’ (Union of the Physically Impaired Against Segregation, 1976, pp. 3-4).
Based on the notion of disability, the framework for health and disability has developed. The best known, The International Classification of Functioning, Disability and Health (ICF) provides a health-related framework. Before ICF, ICD-10 (the International Statistical Classification of Diseases and Related Health Problems) provides an etiological framework, but ICF widen consideration to functioning and disability associated with health issues. It is a classification of health and health-related domains - domains that assist us in describing changes in physical function and structure, as well as what a person with a health condition is capable of doing in a familiar setting and what they really do in their usual surroundings (World Health Organization, 2002).

Similarly, the classification of disability in Nepal has developed. The government of Nepal classified disabilities into seven categories in 2007. To be specific, based on the nature of the problem and difficulty in the sections of the body and in the physical system, disability was categorized into the seven categories (Eide et al., 2016). As physical, visual, deaf-blind, speech, mental, intellectual, and multiple disabilities. Moving forward, the government has reclassified the type of disability into eleven groups. It contains an extended category to cover total physical and mental impairment. Persons with traumatic spinal cord injury who are the main research participants belong to the group of physical disability. Including it, the types segregated into physical disability, disability related to vision, disability related to hearing, deaf-blind, disability related to voice and speech, mental or psycho-social disability, intellectual disability, disability associated with hemophilia, disability associated with autism, and multiple disabilities. The Act Relating to Rights of Persons with Disabilities, 2074 (2017) definitized that

Physical disability specifies the problem that arises in the 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 instance, a disability that arises due to polio, lack of a physical organ, the effect of leprosy, muscular dystrophy, permanent problem associated with joints and backbone, reversal of
clubfeet, a 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 (p.32).

According to the 2011 Census Report of Nepal, the estimation of the prevalence of disability is 1.94 percent in the total population, and physically disabled people occupied 36.32 percent in the highest percentage. This percentage converts in number that physically disabled people take number into account 186,457 out of 513,321 total persons with disabilities. It can be expected that Nepal's population, estimated at 26.5 million as of 2011, and 33.6 million by 2031 (Central Bureau of Statistics, 2014) accordingly growth of total population, the number of persons with disability will appear rise in near future.

**Historical Policies for Persons with Disabilities in Nepal**

The first law, the Protection, and Welfare of Disabled Persons Act (1982), established the need for government protection of people with disabilities. Second, every year on December 3rd, since 1992, the International Day of the Disabled has been commemorated with a march of disabled people, lecture shows, workshops, seminars, and other events (Baral, 2018). In contrast, society still did not concede people with disabilities as a member of the community at that moment. It is described that theoretical development followed an international flow that the World Program of Action Concerning Disabled People proclaimed by the United Nations in 1982. At long last, subsequent policy mentioned productive members of Society about persons with disabilities for the first time in 1994. It connotes the significant improvement of perspective about persons with disabilities from a pessimistic perspective as beneficiaries to an active person. Besides, the latest policy provided by the government stands for participating in policy-making. Ensuring impartial rights for the marginalized group is attributed to the public participation of persons with disabilities. The guidelines have been developed as follows.

To remove the situation occurring disability by preventing the same and to make the disabled persons as a capable member and actively productive citizens of the society by making necessary welfare arrangement of health, education, rearing, training of the disabled persons and their right to equality and employment also (p.1).

Following the first act for persons with disabilities, The Protection and Welfare of the Disabled Persons Rules, 2051 (1994) expressed that person with disabilities admit as a member in the community, removing barriers to protect them. The government pledged as following:

His Majesty’s Government may provide necessary assistance to the organizations/associations or the disabled person homes, involved in the disabled person welfare act, operated in non-governmental as well as the private level (p.4).

Special Education Policy, 2053 (1996) is the first policy to ensure the right of education for persons with disabilities. The advocacy of the policy is that

The policy has been formulated to create the environment to raise public awareness for the socialization of various types of disabled persons remained in Nepal viz. blind or person having poor eyesight, deaf and hearing-impaired, mentally person, physically disabled, person difficult to teach (inability), a person having problem in voice, language and communication skill and person of multi-disabilities and the objectives or of making proper arrangement of education in conformity with a disability to make them independent and self-reliant (p.1).

The former policy addressed the necessity of supporting general education, where Non-Formal Education Policy, 2063 (2007) concentrated on essential support for earning livelihood through non-formal education. The non-formal education included vocational training, and considered the physical disabilities inclusive center as below:
Non-formal education (NFE) has been delivering non-formal education services for various target groups which include illiterate people living in remote areas and hinterlands, those living below the poverty line, and the wage laborers working in factories and farms...Non-Formal Education Center (NFEC) helps the out-of-school youths by providing training and support for developing technical and vocational skills useful for earning a livelihood at the local level. NFEC has made efforts to pay special attention to the people who have problems caused by their ethnicity, language, gender, and physical disabilities and make non-formal education programs inclusive (p.1).

As the importance of social considerations was raised, The Act Relating to Rights of Persons with Disabilities, 2074 (2017) considered fundamental human rights for persons with disabilities in the preamble.

It is expedient to amend and consolidate laws relating to ownership of persons with disabilities to respect their civil, political, economic, social, and cultural rights by doing away with discrimination against persons with disabilities to earn a self-reliant and respectful living by empowering persons with disabilities and getting them to have participated in the process of policy making and development (p.1).

**Education Policies for Persons with Disabilities**

Education-relevant policies for persons with disabilities are contained in different legislations. The marginalized group is frequently excluded from ensuring. Despite this, education right is a fundamental right in the country. Since 1982, the government has enacted legislation. The first policy is preceded to mitigate the economic challenge. Afterward, policies specified varying views towards establishing disability-accessible environments. History of the policy shows that society recognized special needs education. It requires a comprehensive approach considering physical, financial, environmental, and cultural characteristics but still, problems exist to implement in the country. Some of the clauses are:
An Arrangement of Education and training, Protection and Welfare of the Disabled Persons Act, 2039 (1982) stated that if persons with disabilities participated in an educational organization to obtain an education, they shall not be excluded from such educational institutes. Based on the act, a need arrangement is likely to be made for the learner with disabilities. It further stated that training might be provided to economically self-sufficient individuals.

In succession to the act, the Protection and Welfare of the Disabled Persons Rules, 2051 (1994) developed the arrangement for education and training, that is:

IncasethetechnicalandvocationaltrainingtobeprovidedbyHis Majesty'sGovernmentandany cooperate body under the full majority ownership of His’ ‘Majesty's Government shall be useful for the disabled person; five percent seats are reserved for them in such training and no fees in any form shall be collected from the disabled persons for such training (p.4).

Special Education Policy, 2053 (1996) stepped up to contemplate social re-function for persons with disabilities. The cherishable word ‘rehabilitation’ is linked with TVET in the policy.

To make special education skill-oriented and to arrange technical education and vocational training on the ground of capacity and qualification of disabled to rehabilitate them in the community (p.9).


The persons with disabilities shall be enabled to obtain access to vocational and technical education, adult education, practical education, and continuous learning by providing them with reasonable accommodation...The educational institutes shall make provisions of disability-friendly educational materials, having regard to the needs of the persons with disabilities (p.10).

Practically,

Pasal (2010) studied that the Ministry of Women Children and Social Welfare in Nepal has been providing diverse vocational
trainings to PWDs with residential facilities since 2058 B.S, 2002 A.D. Following the researcher, the designed training programs are

**Table 1 Some Names of Common Trainings that PWDs are Given in Nepal**

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<thead>
<tr>
<th>S.N</th>
<th>Name of Training</th>
<th>Types of PWDs involved</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Chalk making, candle making, sewing, cutting, waiter/waitress</td>
<td>Physical, Deaf, speech, Intellectual</td>
</tr>
<tr>
<td>2</td>
<td>Bamboo craft, handcraft, goods packing music, white candle making</td>
<td>Physical, Deaf, Speech, Blind, Intellectual, Multiple</td>
</tr>
<tr>
<td>3</td>
<td>Painting</td>
<td>Physical, Deaf, Speech, Blind, Intellectual, Multiple</td>
</tr>
<tr>
<td>4</td>
<td>Housekeeping vegetable farming, livestock, beekeeping, flower farming</td>
<td>Physical, Deaf, Speech</td>
</tr>
<tr>
<td>5</td>
<td>Radio, TV, watch, cycle and motorcycle repair and maintenance</td>
<td>Physical, Deaf, Speech, Multiple</td>
</tr>
<tr>
<td>6</td>
<td>Woodcraft</td>
<td>Physical, Deaf, Speech, Multiple</td>
</tr>
<tr>
<td>7</td>
<td>Liquid soap making</td>
<td>Blind</td>
</tr>
</tbody>
</table>

Some other possible areas of trainings are

**Table 2 Some other Possible Areas of Trainings PWDs are Given in Nepal**

<table>
<thead>
<tr>
<th>S.N.</th>
<th>Name of Training</th>
<th>Types of PWDs can be involved</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Computer software operation skill (Basically office package), computer maintenance (Hardware and Software)</td>
<td>Physical, Blind, Deaf, Speech</td>
</tr>
<tr>
<td>2</td>
<td>Mobile repair and maintenance</td>
<td>Physical, Deaf</td>
</tr>
<tr>
<td>3</td>
<td>Secretarial service and reception handling</td>
<td>Blind, Physical</td>
</tr>
<tr>
<td>4</td>
<td>Graphic designing, cyberoperation, computer networking</td>
<td>Physical, Deaf, Speech</td>
</tr>
<tr>
<td>5</td>
<td>Offset Printing, Thanka Painting</td>
<td>Physical, Deaf, Speech</td>
</tr>
</tbody>
</table>

In this connection, Pasal (2010) assisted the aforementioned list. There may be lots of other areas of training needs which needs to be explored through participatory needs assessment, and since it was explored in 2010, several trainings and programs have been developed. In comparison with political and realistic situations in Nepal, the latest policy pledged that persons with disabilities are eligible to obtain congenial accommodation and learning materials
to receive vocational training in 2017 but they are limited to access appropriate training by adequate infrastructure. Insufficient educational structure and system get rid of opportunity for being the learner of TVET programs.

**Empirical Review**

Several studies have been carried out on spinal cord injury patients or vocational training programs. Still, the studies narrowed down to grasp the present condition on technical and vocational education and training for persons with traumatic spinal cord injury are rare in the country. Different demands and interests of learners with physical disabilities are likely to distinguish according to physical requirements. However, national studies discovered comprehensive dimensions only. Thus, I tried to look up sources derived from other countries to justify the investigation.

I could forecast difficulties of persons with traumatic spinal cord injury from the follow-up study of SCI inpatients. Participants of the study argued that lack of community included their home accessibility, is a primary obstacle. Especially wheelchair users could not access to get water, toilet, and road. The inaccessibility frustrated integration in society after returning home. Failure of integration denotes that persons with traumatic spinal cord injury suffer from financial troubles. This research suggests key topics for rehabilitation centers in low-resource settings to focus on in order to support reintegration following discharge: For many patients, vocational training is required during or after rehabilitation (Scovil et al., 2012).

Gautam et al. (2019) discovered that the quality of daily life of persons with spinal cord injury is blended with physical, psychological, social, and environmental health. In the study, psychological health was one of lower domain in their life. Interestingly education and employment also determined the quality of life. Employed patients had the power to interact with community people, to lift up self-esteem for coping transformed situations. Namely, people cannot conclude the life of spinal cord injury by visible differences. Social support level and economic independence come into reintegration in the community as well...
physical function recovery. Therefore, rehabilitation centers and hospitals must consider providing psychological programs and counseling for the comprehensive improvement of persons with spinal cord injury.

Aligned with my study, Al-khodiary et al. (2008) explored the experiences of persons with disabilities of short-term skill-based training. He devoted himself to finding the learning experience with peers without disabilities and hearing stories about inclusive vocational training. The learners with disabilities participated in the vocational training program, even though most were perceived as different from other learners without disabilities. Community bonds aggravated the mistreatment in training. The instructor had greater power to manipulate the learner, but the student could not be against the behavior because they interwind in society. Lack of disability-friendly infrastructure is well known the upper hand to hinder attending the training. However, as the study by Adhikari has shown, circumstantial barriers also prevented learners with disabilities from being a majority in the mainstream classrooms. Moreover, the study learned that relationships with peer and friends who is without disabilities establish a positive learning environment. The most critical aspect of social engagement is the social connections between learners with disabilities and their classmates. The researcher discovered the significance of social interaction in the classroom for enhancing the inclusive vocational training system in Nepal.

Dhakal (2019) recently tried to find out challenges that persons with physical disabilities face in the country and links between difficulties and the social system in Nepal. He revealed that most physically disabled people are lacking proper medical treatment for their impairment. It can be seen that disabled people have to spend lots of money on treatment to be taken as the family's financial burden. According to the study, obstacles to hinder reintegration in the community are caused by physical limitations and social inequality. The social disparities engage in many different forms, including social participation, education, political activities, and employment. From this point of view, it is emphasized that employment opportunities are insufficient to
alleviate the economic crisis. Dhakal (2019) also mentioned that they do not have access to either education or employment. They are deprived of getting an education as there are no disabled-friendly infrastructures in educational institutions.

In terms of employment, I found that the study attempted to expose problems to impede financial improvement in connecting to jobs and education for persons with disabilities. Lamichhane and Okubo (2014) argued that lower employment levels could be due to a variety of circumstances, including accessibility challenges, the severity of an individual’s impairments, and the lack of a field in which people with physical disabilities are encouraged to work.

Similarly, Pant (2018) highlighted that individuals with disabilities are frequently treated with disrespect in vocational and skills training, and their disability-related requirements are rarely addressed. Participants in the researchers’ study believed that this contributed to making the learner less qualified than people without a disability in the long run.

Beyond the scenario of Nepal, Global studies fundamentally investigated the need for vocational service for persons with traumatic spinal cord injury. The findings figured that the service is associated with psychological function back in contemporary society. In society, loss of productivity by physical impairment is constituted value-lessness. It influences the diminishing of self-esteem, identity, and other psychological stability. Conroy and McKenna (1999) argued that TVET is emphasized as a gate to succeed a rehabilitation to regain productivity. The return to productive employment is an integral part of the rehabilitation process, and especially considering life happiness and a sense of well-being have been linked to employment after a spinal cord injury. Added, the importance of vocational rehabilitation and vocational services in aiding people in completing the behaviors required to go from unsatisfactory to more satisfying states cannot be overstated.

Neighboring country Bangladesh has similar features in the TVET sector. The government of Bangladesh pledges to assure equality for the people with disabilities but persons with physical disabilities have been cited the unequal opportunity to the entry job
market, which is a strong barrier to re-entering employment in practice. The Madhab Memorial Vocational Training Institute (MMVTI) was studied to examine the effectiveness of the program for the employment of persons with disabilities. In response to the study, 60% of participants of the program have helped people find work, reinforced their drive to engage in society, recognized disability rights, and enhanced their mental health. The research paid attention to positive changes through the vocational program. The agenda of this study demonstrated that vocational training and job placement could enhance the lives of Bangladeshi people with disabilities. As a result, policy-makers and non-governmental organizations should take these findings into account.

Despite substantial barriers and challenges during participating in the training and employment, the past studies were seeking importance to ensure a training opportunity for persons with physical disabilities. But, before concentrating on the provision of the training, exploring the actual needs of participants has not been identified in Nepal. Even if universal supports are prepared at TVET institutes, it is probably not eligible for satisfying participants with physical disabilities. For example, tactile paving can build accessible environments for persons with visual impairments. On the other hand, flat-topped domes obstruct using a wheelchair. The study selected persons with traumatic spinal cord injury preferred in the TVET field. It keeps track of the tendency of that growing number of patients in Nepal. Therefore, the study chance triggered irrelevant issues related to traumatic spinal cord injury victims in mainstreaming vocational education.

**Social Model Lens**

The view towards disability was a loss of anatomical function. So, people without disabilities accounted for persons with physical disabilities as incompetent in society. The social model, in contrast, shifts the focus from impairment onto disability, using this term to refer to disabling social, environmental, and attitudinal barriers rather than lack of ability. For Crow (1996), disability is the limitation of opportunities in their local Society. Russell and Malhotra (2002) highlighted that this social model of disability
necessitates a rethinking of prevalent definitions. Reconceptualizing disability in the social model is required to eradicate pervasive discrimination and prejudice. Physical impairments may incur negative impacts in the clinic, but the social model highlights the effects in public as well. Persons with disabilities are subject to oppression by conflicts between dominant and subdominant groups. The dominant groups dismissed the capacity of persons with disabilities irrespective of social approach. Habitually, social services have been established and operated with little or no respect for persons with disabilities' needs and goals (Lang, 2001).

In response to the traditional perspective, Russell and Malhotra (2002) argued that disability is a socially constructed category generated from labor relations. It is a result of capitalism’s exploitative economic system. It develops and oppresses the so-called disabled body as one condition that allows the capitalist elite to amass money. Society should focus upon the needs of persons with disabilities and determine services to hear recipients. This change is committed to alleviating constraints institutionally. Indeed, persons with traumatic spinal cord injury could promote individual self-esteem, enhancing possibility in altered society.

The model says that people are disabled by barriers in society, not by their impairment or difference. The barriers can be exclusion, disability, not-friendly environment, inadequate facilities, and inaccessibility in education. With this model, I have realized that this theory helps to admit the capacity of persons with disabilities. As contending with rampant underlying oppression, persons with traumatic spinal cord injury can set out competence in contemporary society.
CHAPTER III
METHODOLOGY

This chapter applies methodological perspectives to data collection and data analysis to scrutinize the research problems. Research design guided me in deepening my knowledge of TVET experiences by persons with traumatic spinal cord injury instead of quantitative data collection. This chapter describes my approach to narrative inquiry. Narrative inquiry sought stories from participants who experienced the TVET program. I spent much time conducting an in-depth interview to understand the vocational training journey and re-storied it. As researchers can portray experience holistically in all of its variety and richness via narrative. I incorporated research design, research method, site and participants, data collection and analysis, quality standard, and ethical considerations of my research.

Research Design

The study sought to explore the experiences of persons with traumatic spinal cord injury for assuring TVET program participation. Instead of collecting a massive amount of data, I interacted with selected participants first. During the vocational training, they might have similar needs in their minds. Thus, qualitative research helped me to extract their stories. Creswell (2012) stated that the study of research problems addressing the mean individuals or groups assigned to a social or human situation begins with assumptions and the application of theoretical frameworks that inform the study of qualitative research. Creswell (2012) continuously suggested that when we perform qualitative research, we seek to enable people to share their stories, hear their voices, and reduce the power imbalances that typically occur between researchers and study participants. Through the research approach, collected data provided insight to analyze the demands for traumatic spinal cord injury patients.
Narrative Inquiry

The primary claim for using narrative in educational research is that people are storytelling beings who live their lives individually and socially (Connelly & Clandinin, 1990). As Wang and Geale (2015) said, the underlying principle and approach of refined narrative inquiry allows for the illumination of real people in real surroundings through the 'painting' of their experiences. In terms of disability, I believe that it is embodied with accumulated experiences that persons with traumatic spinal cord injury saw, heard, and spoke. The experience cannot be described with the quantitative inquiry with questionnaires, numbers, and variables. Thereby I came up with a narrative inquiry to represent multiple realities. It would be a stretch to claim that the force of individual persons with disabilities’ stories and the challenges they have faced has not aided disability activism in attaining the current degree of rights that persons with disabilities enjoy, but there is still a long way to go.

Likewise, exploring concealed thoughts and requirements in TVET is also connected with part of educational research. I contemplated reviewing the experience in a particular culture, custom, and society. In the beginning, I interacted with the participants to build comfortable environments. Bonded relations led them to tell the experience of vocational training willingly. The study undertook the identification of a specific case. While collecting the stories, I looked at individual participants involved in vocational education. I extracted different stories compared to other physical disabilities about the compatible topic.

Connelly and Clandinin (1990) described that narrative data sources can be divided into three categories based on how much focus they place on the past, present, and future. The story did not represent one moment. It was a convergence of the past, present, and move forward. The story connoted the future. At this moment, narrative inquiry guided me to structuralize the background according to the time. The narrative also helped me increase the holistic quality of participants' stories to identify problems and suggestions.
On the one hand, as the story is structured with different ingredients, narrative research has criticized truth. I addressed this challenge in the research. My narrative research was made with cross-checked stories with the researcher and participants to avoid misrepresentation.

Narrative inquiry is the window into the patient with spinal injury’s experiences and beliefs. The voice of marginalized people is drawn out by seeking the truth of experience in Nepal. The researcher is interested in the personal-social component, including inward-looking feelings, hopes, reactions, and moral decisions, as well as outward-looking social networks and personal connections (Clandinin & Connelly, 2000). Consequently, the narrative inquiry allowed me to see phenomena of the participants’ vocational training experience in the country. In other words, it linked real-life experiences which are unheard, silenced, and veiled of persons with traumatic spinal cord injury in TVET.

**Site and Participants Selection**

The study considered hearing the experiences of persons with physical disabilities—the prominent persons with traumatic spinal cord injury who have met accidents half a year before. As per my concerns, the injury damages part of the spinal cord or nerves associated with chronic pain. Traumatic injury impacts on their life. Under this circumstance, I considered that social, physical, environmental, political, and other changes that overwhelm the patients to adjust to new life. Thus, half a year of re-socialization is required in advance of participating in the research.

In addition, the age of my participants ranged from 21 to 40 years old. I am obligated to protect child laborers. Moreover, Technical and Vocational Education and Training aim to produce competence for penetration of international and national labor market. The age is eligible to accomplish the objectives.

Nepal is divided into three topographic groups: The Mountain, Hill, and Terai region. Geographical access is an essential precondition for persons with traumatic spinal cord injury, and it varies depending on the area, despite the fact that Kathmandu valley is the largest city in the hill region. Indeed, I have
observed how a lack of infrastructure is suited to persons with traumatic spinal cord injury. I also paid attention to considering the accessibility of the study area to collect data. According to national disability-related statistics by Disability Research Center, Kathmandu district has the highest number of 6,030 persons with physical disabilities as compared to other hill districts. On the contrary, Bhaktapur and Lalitpur districts have 1,142 and 1,669 respectively. Lalitpur and Bhaktapur have found a lower number of people with physical disabilities than their neighboring districts with similar geographical locations (Disability Research Center, 2016). Namely, the number of populations does not vary depending upon development. I have considered my participants’ cases in Kathmandu valley that could represent other Mountain, Hill, and Terai districts.

To realize the situation of my participants with limited resources, purposive sampling is used in the study. Over three years, from 2018 to 2020, I have met more than a hundred spinal cord injury patients. I gathered their information, included disability history, family background, and sorted out the raw data. The data comprehended different regions, ages, and causes of the accident. Thus, I proceeded to identify the individual cases and selected some stories for the most effective uses. Several researchers have argued that determining sample size is not straightforward. The researcher determines what information is required and sets out to discover people who can and will offer it based on their knowledge or experience (Etikan, 2016). In the implementation of the study, five selected samples were considered to enrich the information. Through the method, I could distinguish similarities and differences from the same question. For instance, purposefully selected five participants represented comparable challenges from experiences of the vocational training. I perceived different feelings depending upon supportive devices.

**Generating Stories**

Data collection is a vital component to carry out the study. In the research, when it comes to the study's objective, I considered meeting the participants to collect the data. However, since March, Nepal has been battling the second wave of COVID-19. As the
coronavirus cases spiked dramatically, public health, social services were badly affected. The Nepal government decided to enforce prohibitory orders in Kathmandu valley on April 29. This crisis did not allow me to instigate the physical interview actively. So, firstly I worked on the physical interview at my participants’ place, and afterward, the telephone communication was made.

As suggested by Bolderston (2012), qualitative research can be used by data gathering researchers to investigate the meaning of human experience, knowing that human behavior seldom has a singular cause and effect relationship. Given the purpose of the study, I prepared an online meeting, but it was an inefficient tool for my participants. Poudel and Subedi (2020) argued that the people's general physical, emotional, social, and spiritual health has suffered as a result of the lockdown, which has posed significant issues for disadvantaged communities with inadequate means to respond to the epidemic. Most of the participants suffered different hardships that included economic. They are limited to accessing the online platform due to unfamiliarity and pecuniary anxiety. Alternatively, I decided to carry out a telephone conversation to collect the data.

**Brief Introduction of Participants**

The participants were five persons with traumatic spinal cord injury who experienced vocational training in Kathmandu valley. It included two men and three women, ranging in age from 21 to 40. Two participants’ long-standing injuries have been over twenty years, and another two have been ten years. Only one participant was injured five years back. The etiology of injury is classified into two, falling and disease. All are persons with traumatic spinal cord injury, even though four participants are required a wheelchair to carry out daily life, and one uses a clutch for walking. Four out of five are currently working as self-employee. The left one is a student.

Bikash Pradhan is 39 years old and currently living in Kapan, Kathmandu, with his wife and children. He has a tailoring shop, and his children study at secondary school. Initially, he was from Sindhupalchowk. Before the injury, he worked at a construction
site. The accident happened when he returned from a farming field. His bike was slipped by rain and fell from the precipice five years ago, in 2074 B.S. He enrolled a physical rehabilitation to promote recovery at Spinal Injury Rehabilitation Centre. At the end of treatment, the staff introduced the vocational training, and he decided to participate in tailoring training to be financially independent. Later, he completed the four and half month’s training. He opened the tailoring shop and is running it with his wife.

Ritu Manandhar is from Kapilvastu district. She is 29 years old and studying in the 3rd semester in accounting at Padma Kanya multiple college, Kathmandu. She was four years old when she had a high fever. A disease damaged her lower body. Eventually, the high fever ravaged nerves in the spine, and spinal cord injury strongly influenced her lower body permanently. Before vocational training, she was associated with a disability-related organization. She worked to raise disability awareness in her hometown. In February 2018, she came to the capital city to participate in an athletics competition. At that time, the staff of vocational training introduced computer and English skills training. She thought the training would help her to enhance her knowledge to get better work. With the three-month training, she could strengthen her computer operating knowledge and develop a personality. Now, she is looking for a job opportunity to utilize the acquired skills.

Asha Khatri is originally from Makwanpur. Her four brothers are still in her hometown, and now she lives at Naikap Naya Bhanjyang, Kathmandu district, with her parents. She suffered a high fever, and a severe headache provoked her in 2001. It was the beginning of the disability. Now she is 38 years old. The injury has been 20 years. Before the training participation, she lived at the hostel for persons with physical disabilities in Kathmandu. This leads her to stay over thirteen years at Chobar. The organization staff suggested her to involve in the vocational training. When it comes to the feasibility of working with his brother, she also agreed to enroll in the training. Unfortunately, all training seats were taken already. So, she learned embroidery skills rather than tailoring skills. Nevertheless, she is carrying out the
embroidery business nicely and searching for tailoring training opportunities.

Bijaya Gurung is 21 years old and lives in Imadol, Lalitpur district. Before he shifted to the capital city, here sided in Ramechhap with his family. When he was 13 years old, he had a tractor accident. The accident damaged the spinal cord, and paraplegia is derived from the injury. He was assisting the tractor driver. That day, the brake of the tractor failed and lost control. He fell from height. After the treatment, he stayed at the organization that offers residential facilities for persons with physical disabilities and other disability-related organizations. One of my friends who worked at a medical institute introduced the vocational training information. He was interested in learning graphic design skills. Therefore, he enrolled in employee orientation training in 2018. Currently, he is carrying out digitalizing data. The company allows work from home. Thus, he is free from accessibility.

Shanti Shrestha is the last participant in the interview from Dhapakhel. She lived in the Sindhupalchowk district with her family before settling in Kathmandu valley. When she was seventeen years old, she found an impoverished lower body. Her family attempted to find various treatments. At last, continuous physical treatment supported gradually re-functioning the lower body, and she could walk with the help of the clutch. Her friend suggested enrolling in vocational training. She learned embroidery skills over four and half months.

**Engaging with Participants**

I have been with my participants since March of the year. Before prohibitory order in Kathmandu valley, I visited each of the participants’ places. When the order restricted the meeting, my participants and I talked over the telephone. During the conversation, I tuned into that even if the participants have been exploring spinal cord injury-related chronic pain for more than five years. They still battle acute traumatic damage. So, I prioritized building a solid rapport in the early stage of the interview. In the first meeting, I mostly concentrated on understanding the life history of my participants. Participants shared the respective causes
of the injury and their life before the accident. The story helped me to get a sense of my interest in vocational training. For example, the participant was injured in school-age thereby. She was looking for language and computer skills training to intensify her knowledge. Besides, the time of injury affected the motivation of the training.

The storyline of the second conversation focused on diverse experiences in vocational training. As time went by, I was on intimate terms with my participants. They entered to expound the training experiences. TVET experiences could not be apart from the disability. Most participants went through physical rehabilitation to recover lower body function. When receiving the treatment, some participants received the training information. The whole process, from finding the training out and completing the course, they were differentiated from other learners due to wheelchair. At that time, I came to know that the conventional phenomenon is deeply ingrained in contemporary society. All five participants looked up advanced training to get better skills after the first experience. The further experiences varied according to the operating organization. My participants were seemingly negative with providers of a private institution. They predominantly featured the low awareness of disability. Participants argued that disability-related institutes were better, but it could not say affordable for spinal injury learners. The story was more profound and complicated than I anticipated. My participants are looking to establish disability-friendly TVET environments in the near future. They shared the importance of environments that encompassed requirements such as interests and physical accessibility in further conversation.

Ensuring confidentiality is a primary part of the research. It protects the case from veiling the identity of participants. I informed the purpose of the study to keep confidentiality to my participants.

**In-depth Interview**

Because they use an open-ended, discovery-oriented strategy that allows the interviewer to extensively examine the respondent's feelings and ideas on a subject, in-depth qualitative interviews are effective aids in planning and evaluating extension
programs (Guion et al., 2011). With this point of view, the interview explored their veiled thinking and experience with traumatic spinal cord injury.

I thematized to clarify the purpose of the interview beforehand. The interview was considered to include mainly disability-related information and TVET experiences. I designed the interview format to elicit sensitive information about what the participants felt. The in-depth discussion was composed of open-ended questions to minimize the limitation and termination of information. To discover the participants’ stories is essential in the interview, whereas conversation can likely be beside the point. So, I used a semi-structured format. Pre-planned key questions helped me to take notice of defocusing from the topic.

In the interview, I also prepared a pen, paper, and recorder to ensure transcribing and analyzing accuracy. Furthermore, the researcher's attitude may influence the interview. Because judgment or criticism might operate as a barrier to dialogue, it's critical to keep an open mind during the interview (Guion et al., 2011). I retained openness over the interview to alert any bias. The interview was conducted in Nepali and English, both to supplement the limitation of the foreign researcher. I mostly used Nepali to interview my participants and paraphrased what the participant said to confirm the right message conveyed. Despite the multi-pronged efforts, I was worried about missing out on the precious notes of my participants. Thus, the psychologist of the vocational training project reconfirmed to ensure credibility of contents in the transcribing process.

The interview was implemented three times as little as possible with the individual participant. First, it began with an understanding of disability history. I asked epidemiology of injury to meet the participant as

“Can you tell me what happened the incident day?”
“What you diagnosed with?”

This process helped me to comprehend the motivation of the TVET program. I realized that the elapsed time of injury affected my decision. The participants varied the level of acceptance about disability according to the social role at that moment. Lately, the
injured patient was more anxious to receive the vocational training, and it brought out a stance on the program. Understandably, more incentive learners are commended for improving the quality of what they are involved.

Full-fledged interview by telephone included details of the TVET program as below-

“How did you know the information of the training?”
“What were the strengths you found in the training?”
“What were the challenges you encountered in the training?”
“What are the suggestions for better training?

My participants shared their experiences of vocational training. They differently overpassed the course about the learning environment, curriculum, instructor’s attitude, and peer. They shared challenges with a wheelchair congregated in structural barriers such as steps, location, and insufficient space of the toilet. Minimally accessible buildings blocked the way of education.

Additional TVET program experienced and their transformed life after the training was debated at the final interview. I asked the questions like-

“What is your current profession?”
“What is your future after completing the training?”

I appreciated hearing that all my participant was engaged in the work-related training. They were not in a way complacent, and this led to finding another obstacle that they contend. In some of these interviews, I kept up with the value of TVET to impact the constructive life of persons with traumatic spinal cord injury. Moreover, the story represented unanticipated difficulties in the TVET field.

**Giving Meaning to Stories**

The researcher attempted to find out the meaning behind experiences of persons with traumatic spinal cord injury in TVET. Several researchers have explored to hear the stories. But this research pays close attention to overlooked saying. In the study, participants are considered as a storyteller rather the respondent. Savin-Baden and Niekerk (2007) suggested that when delivering a
narrative, the narrator has responsibility for making the story's relevance clear—creating meaning between storyteller and listener.

Elementally, I reviewed the recording many times before transcribing. This process worked to clear figurative and ambiguous storytelling. Interestingly, the participant used to use “It is okay.” This may be seen that the person has not gone through trouble but, the contextual analysis allowed to find the subtext. Afterward, descriptive data were constructed, and I categorized redundant data. Categories assisted in moving on to interpret phenomena. Namely, five participants had similarities and differences. The interview turned out to present that persons with traumatic spinal cord injury differentiated with the wheelchair. The level of discrimination varied. All perceived physical barriers, disrespect in diverse experiences. Finally, the themes generated presented meaning, suggestion, challenge, and desire of persons with traumatic spinal cord injury.

**Quality Standard**

The need to establish a method of research ensures the quality of qualitative research. The quality standard seeks to identify the nature of the study based on achieving a trustworthy. I considered the role of the researcher to undertake the research in sites. The most widely cited framework of quality criteria for qualitative research is that developed by Guba, Lincoln, and colleagues. Credibility, transferability, dependability, confirmability, and authenticity are five essential characteristics that can be used to measure the quality of qualitative research (Treharne & Riggs, 2012). I figured out credible findings by prolonging engagement with participants throughout the research. For example, I was with my participants since March. They repeatedly complained about the accessibility of the TVET program. The inaccessibility issue retained credibility to be addressed many times by all participants with a wheelchair. The findings contained abundant circumstances to expose the situation of participants, and appropriate interpretation of the researcher strengthened transferability. I adopted a thick description to provide an easy understanding of studying contents to readers. A person with a
smattering knowledge about spinal cord injury or the TVET field in Nepal could dig the objective. Also, I was concerned about a consistent and accurate role in recognizing social reality for ensuring dependability for this research. Confirmability is the critical stance to keep concentrating in an interview. Sometimes researchers may reflect their bias and prejudices to evaluate responses of participants, but this distorts reality. Thus, I minimized risk elements. For instance, I revised my particular preferences, viewpoints, and personal judgments.

One way to foster the quality of the research is to adopt personal reflexivity as a decisive role for the study. A reflective researcher involves how personal experiences inform the analysis. To be specific, the researcher looks at inward disclosure from circumstances, characteristics, and identification. In contrast, the researcher is required to pay attention to alert epistemological reflection. It determines information by personal experiences. Treharne and Riggs (2012) also cited that finding the correct balance between self-insight and remembering to look outwards to others is one of the most difficult aspects of applying personal reflexivity constructively in qualitative research. From the above suggestion, I managed to provide enough time for building rapport, observing their language and nonverbal communication throughout the period of an open-ended in-depth interview. I kept my mind against beforehand determination as a reflective researcher to maintain the quality of the research.

**Ethical Considerations**

According to Resnik (2011), one way of defining "ethics" norms for conduct that distinguish between acceptable and unacceptable attitudes. A researcher should consider their feelings to look at persons with physical disabilities, including spinal cord injury. Participants are likely to be reluctant to share their stories with the researcher as they go through an unexpected and involuntary incident. Therefore, I protected participants’ privacy from being interviewed out of the hearing of other people. Furthermore, I avoided using their name and demographic information to ensure anonymity. My consideration was to build
rapport before commencing the interview and understand the background of injury, whether it is innate or acquired. According to the injury time, the approach should be concerned to ask the reason, compared to before the incident and after, changes, and others. Most of all, all processes started after respondents' agreement, and the purpose of the study was shared with the participants in the beginning. All participants were noticed confidentiality about the interview context where it would be used. When the participant considered that they felt it difficult to take the interview further, they could withdraw from it at any time.
CHAPTER IV
TELLING STORIES OF MY PARTICIPANTS

The chapter deals with the real stories of my participants in the vocational training. The experience is an integral part of perceiving the TVET sector. My participants attained the opportunity of the training with inherent limitations such as accessibility, prejudice, and economic problem. The valuable experience state views of persons with traumatic spinal cord injury to intensify the training.

I had many conversations with my participants and transcribed the narratives. By means of this process, I could hear the voice of five participants concerning motivation, impression, challenge, and future. The respective journey began with the incidence. Injury history served as a momentum to decide the TVET program, and it linked to independent economic life at last. They encompassed different personal information, family background, current professionalism, and the training curriculum. It explored phenomena towards persons with traumatic spinal cord injury in Nepal.

The Story of Mr. Pradhan: TVET Empowered Me to be a Bread Winner

Bikash Pradhan is 39 years old and is currently living in Kapan, Kathmandu, with his wife and children. His wife worked at laundry before. She quit the job to concentrate on tailoring business with Mr. Bikash Pradhan. His children study at secondary school.

Before the injury, he worked at a construction site for over a decade in his hometown, Sindhupalchowk. The accident happened when he returned from a farming field. His bike slipped by rain and fell from the precipice five years ago, in 2074 B.S.

He did not expect that his leg could function permanently. He received the information on rehabilitation from the neighbor. With the hope of recovery, he enrolled a physical rehabilitation to
promote recovery at Spinal Injury Rehabilitation Centre. The center provided physical and occupational therapy for four and half months. The psychologist and peer counselors supported spinal cord injury patients through psychological and vocational counseling alongside the treatment. At the time, he denied the accident, but emotional supports changed his mind to adjust and move forward to new life. Furthermore, he could consult to establish a future with peer counselors. If physical and occupational treatment instigated his leg to re-function physically, then peer counselors introduced vocational training to financial reintegration in the community.

In terms of the vocational training, he said, “Nevertheless I could not use my lower body like before, I considered to create a new way to adjust changed life because I am a breadwinner to look after two children. Income from my wife’s work was not enough to cover family expenditure, and I could not be dependent on my parents. When it comes to the scope of the future, I was looking for electronic device repairing training, but the curriculum was not in the center. The center provided only three training: Sewing, Embroidery, and Employment orientation training. As a second-best solution, I determined to learn sewing skills for utilizing in the long term. Nepalese are familiar with altering their clothes, and tailoring does not require investing huge capital. These are the reason I decided to participate in sewing training.” After the therapy, he waited over four months. It was a challenge to adapt him into a changed life. Unlike his will, he could not carry out daily activities as in the past. He highlighted, “I was the same person as before. Just I was in the wheelchair. That is the only difference. But, I felt that I was not the same person anymore. I needed to call someone to support me to go washroom at home. Even I should have heard that community people would talk about my impairment, although I did not want to. They sympathized with me, but I knew it was all talk. They were used to find my deficiency only. This behavior motivated me to acquire skills throughout the training to show I can do.”

Four months later, in March 2018, he could participate in the sewing training at Vocational Opportunity for Inclusion to Community and Employment, Sanga, Kavre, in 2018. The training institute comprised of three trainings: Sewing, Embroidery, and Computer and English skills. Approximately thirty persons with
physical disabilities stayed together for training. Eight out of the total trainee learned tailoring skills for four and half months. He remembered wheelchair users dominated eighty percent in training. Considering the physical characteristics of the trainee, the center was a well-prepared, disability-friendly environment. He could move anywhere and use the washroom without any barriers. Besides, Disability-related understanding of staff and trainers was satisfactory. Otherwise, he would feel that people cannot imagine difficulties and merely consider emotion for disabilities. Accessible and adequate facilities thought persons with traumatic spinal cord injury were a pivotal matter to carry out learning. Thus, he did not face inconvenience over the training. He learned basic sewing skills, from altering clothes to making traditional and contemporary dresses.

His wife supported him in starting a business at his current location. She explored accessible space for tailoring shop before his completion. Thereby, he could undertake the business in June 2018 as soon as he graduates from the training. On the contrary, Mr. Pradhan said, “Even if we were not satisfied with the location and condition of the space, we had no choice to consider another place. Disability-friendly environment is the greatest challenge in our life. I cannot access the training center, house, workplace, and road at all.” He should only find the place on the ground floor, but even small steps hinder him from entering the room. Not only infrastructure but understanding and behavior towards persons with traumatic spinal cord injury were different. Most of the landlords did not consider physical impairment. When his wife attempted to explain for modification, they used to ignore requests. It has crossed four years since he started the tailoring shop. His business was growing up, and recently, he shifted new place close to the market. He was proud to contribute his livelihood. Unfortunately, as soon as he opened the new shop, prohibitory orders in Kathmandu Valley affected his business. Otherwise, he had expected active business.

He sought to receive electronic device training such as mobile, radio, television. But he had no access to those. People have been using different electric devices, and spinal cord injury patients can fulfill electronic device repairment in the wheelchair. In practice,
infrastructure sent him into the depths of despair again. A few disability-related organizations and projects provide vocational training, but it is stuck in limited and traditional subjects. He found that available trainings are basic tailoring skills, Thanka painting, carpet making, handicraft making, and computer operating skills. He was sad about the current situation that the training has not considered the level of knowledge. Falling accidents happen in the suburb, and rural community people are not well educated. Even if educated, they undergo to continue studying due to lack of disability-friendly infrastructure. For these reasons, the primary focus on curriculum should consider a level of learner, but the training should consist of monolithic contents. The location of the training is predominant on the second or third floor, where he cannot reach with a wheelchair. Fortunately, he found a training project supported by an international organization in Kritipur for persons with a physical disability. But it was already closed when he contacted. Concerning private institutes, they prepared different curriculums and levels of training to concern various learners, but persons with traumatic spinal cord injury were baffled in approach to the institutes. They have not made a lift or wide-spaced washroom for persons with traumatic spinal cord injury.

**The Story of Ms. Manandhar: I Believe SCI can be a Representative**

Ms. Ritu Manandhar is from Kapilvastu district. She is 29 years old and studying in the 3rd semester in accounting at Padma Kanya Multiple College, Kathmandu. Fortunately, she admitted with a wheelchair at the college, but numerous adversities were waiting for her.

Unlike many spinal cord injured friends, the indistinct disease had inflicted damage on her lower body. She was four years old when she had a high fever all of a sudden. Medical advancement had got left behind in Kapilvastu Twenty-five years ago. Her parents visited a doctor, but he could not figure out the reason for the high temperature. The high fever ravaged nerves in the spine, and spinal cord injury strongly influenced her lower body permanently. The doctor suggested that massage and exercise
mitigate the problems. Her family also discussed attempting an operation. However, the doctor was less hopeful. According to his suggestion, the family determined to concentrate on massage rather than risk-tasking. Despite the family’s love and care, all efforts were unavailing.

She cannot remember life before paraplegia. Even if life with a wheelchair impedes her forward movement, she said that her family supported her to the maximum. With the love of family, she could study and initiate her life. To learn, she needed to manage the studying environment by herself. She recalled the memory “I had to confront uncountable conflicts to learn. No one could understand and cooperate with me. The conflicts toward persons with traumatic spinal cord injury remain in society, but I believe positive changes will appear soon.” For a long time with the wheelchair, she built up networking with disability-related organizations. One organization introduced awareness training to empower women. To be specific, the session was for disability women empowerment training in December 2015. Working to Change Women Organization managed the training over three weeks. Beyond gaining knowledge, she was impressed that persons with disabilities deserve to ensure human and disability rights. Still, the bounden right has unobserved in the community. A year later, the organization conducted an intensive awareness program for women violence and physical disability in November 2016. She said, “Throughout two training, I realized that women should be aware of their basic rights and have the power to express the rights in the community.” Leader of the organization backed up her to establish a new disability organization for women. She played an active role as a president at Women Disability Organization from May 2015 to December 2018. Ms. Manandhar explained about her previous work, “Most of all, women should empower themselves to speak out. I used to advocate for rights and organized an awareness program to enhance women with disabilities and visited several schools and colleges in Kapilvastu district to strengthen building wheelchair friendly environment.”

In February 2018, she came to the capital city to participate in an athletics competition. She was a racing player in the contest and met a vocational training center staff. The staff was also one of the players and provided information that vocational training will
start from March. The training curriculum was composed of sewing, embroidery, and employee orientation. In addition, she paid attention to learning computer operating and English skills to continue her study. Furthermore, she planned to find a job in a disability-related field. Therefore, she anticipated utilizing computer and English knowledge.

Seven months later, the training was commenced at Center for Vocational Opportunity for Inclusion to Community and Employment, Sanga, Kavre. Included herself, nine persons with physical disabilities friends gathered to acquire knowledge and skills for three months. Only two out of nine people were not spinal cord injury patients. Otherwise, all seven trainees were wheelchair users. Surprisingly, she could carry out all activities without any hindrances. The center designed a ramp and ample space to move the wheelchair as a barrier-free building. Moving forward, she was impressed by the staff’s considerate attitude and behavior with persons with traumatic spinal cord injury. Regarding training experience, she said, “Unfortunately, three-month training period could not fulfill my learning desire. I looked forward to enhancing my designing skills such as Photoshop and graphic design, but I could concentrate on web searching and Microsoft application using skills only. Except this, I satisfied with the training.”

Henceforth December 2018, she has been keeping up with developing herself. She specialized in the account at Padma Kanya Multiple College. When it comes to the feasibility of working with a wheelchair, she would like to be an office worker, for instance, a receptionist or a staff at an information desk. Notably, she is looking for a new opportunity to uplift her design knowledge. Although she drew explicit future, external barriers impede her development. Suitable vocational training for persons with traumatic spinal cord injury was nowhere in the community. She highlighted that it is a tragedy for persons with traumatic spinal cord injury. She was frequently excluded from participation because of her wheelchair. In other words, inadequate infrastructure for wheelchair users frustrated her all the time. She searched six private vocational training institutes but could not find disability-friendly facilities. She added up, “No one considers what I want, desire. I can do many things, unlike their expectation. But they concern only about my physical
impairment. When exploring the training center on the phone, I needed to explain my disability. Most people could not get a sense of the required environment, such as wide-spaced washroom and flat floor. Even if small stones, it may stop me from moving forward. Moreover, I have met some disrespectful people. They just ignored me and wanted to cut off the call only.”

Additionally, Ms. Manandhar pointed out a crucial problem of the limited training curricula. She could find some local disability organizations that run vocational training supported by international funds, but the curriculums did not match her needs. It has been three years since she graduated computer and English skill training, but still, the training curriculum is stuck in basic and traditional levels such as sewing, boutique, Thanka painting. It was similar to the previous experience at Sanga, Kavre.

The Story of Ms. Khatri: Draw Up Independent Life with the Dreamed Training

Ms. Asha Khatri is originally from Makwanpur. Her four brothers are still in her hometown, and now she lives at Naikap Naya Bhanjyang, Kathmandu district, with her parents. As she is 38 years old this year, it has been 20 years since the incident changed her life.

Going back to 2001, she suffered a high fever, and a severe headache provoked her. Her family visited the different hospitals to figure out the cause of the disease, but it was not done at the right time. Treatment was already timed out when the condition turned out to be caused by a tumor in the spine’s nerve. At last, her lower body could not move as before, and she had to sit in a wheelchair. The wheelchair limits not only her physical function but social role. Society did not allow her to carry out what she used to do anymore with the wheelchair. Firstly, her education was suspended in 10th grade. A disability-friendly environment was an irrelevant problem twenty years ago. A pastor suggested her to stay at the hostel for persons with physical disabilities in Kathmandu. This leads her to stay over thirteen years at Chobar.

In February 2018, the organization’s staff introduced a vocational training center that was likely to start sewing and
embroidery course next month. She remembered at that time, “My brother has been taking care of fabric business in my hometown. Thus, I considered cooperating the business throughout sewing training.” However, the training seat was taken up already; therefore, she enrolled in embroidery training as the alternative planning. The embroidery training also requires hand function and is related to fabric work. She learned different hand stitch skills from March 2018 to June 2018 to decorate shawls and traditional dresses. Total eight persons with physical disabilities stayed together for four and half month course. Two friends dropped out of the training in between otherwise left six succeeded in completing the course. She also reminisced, “Hand embroidery took a long time to finish work. It was a challenge to put up with time. Friends who were in the same training encouraged each other. Including me, five people were persons with traumatic spinal cord injury. The training did not provide knowledge and skills only. It was the golden opportunity to explore other disabilities. Beyond our impairment, we could motivate each other to be independent in future.” The training had a particular program to concern the mental problem of persons with traumatic spinal cord injury individually. Once a week, the trainee could get psychological counseling for designing a better future. Besides, peer counselors empowered them to go through obstacles in the community. Apart from her dependent lift on the organization, the training lifted her to be independent.

As her performance was highly ranked in the group, she received the necessary materials for the embroidery business. Two years ago, she decided to shift residence to be independent. The organization promoted her product to foreign visitors thereby. Her business was good to sell the hand-embroidery bag, bracelet, and shawl with the materials. On the contrary, neighbors did not give a value for handwork. They used to bargain price regardless of handwork. What was worse, there is a growing prevalence of the use of machine embroidery in the market. Machine embroidery can reduce work time and maintain the quality of the product. With this, she said, “I do not understand the situation why disability-related organization provides similar training only. When my friends addressed this problem, I did not understand but have realized reality.” Considering work with her brother, she found out sewing training at Gangabhu,
Kathmandu, but most learners were polio victims who could walk by themselves. A vast washroom is not equipped for persons with traumatic spinal cord injury. In the Kathmandu district, another sewing training is available at Baneshwor. The center is on the 2nd floor. Indeed, she shared her upset experience “When I consulted with people, and they did not consider characteristics of physical impairment. Unintentionally, they used dismissive words, and it made me feel sad. For instance, they asked me, don’t you feel when leaked your urine at all? Does not your leg work, does it? Through visible and invisible restrictions in the vocational training center, she was discouraged and stopped finding another institute.

The Story of Mr. Gurung: Now I am in the Take-off Stage

Mr. Bijaya Gurung is 21 years old and lives in Imadol, Lalitpur district. Before being shifted to the capital city, he resided in Ramechhap with his family.

When he was 13 years old, he had a tractor accident. The accident damaged the spinal cord. He was assisting the tractor driver. That day, the brake of the tractor failed and lost control. It fell from height. Soon his family transferred him to get an operation and treatment at Nepal orthopedic hospital, Jorpati. After the treatment, he stayed at The Khagendra Home. The organization offers residential facilities for persons with physical disabilities. He could complete study up to 12th grade in wheelchair accessible building. Besides, there was a rehabilitation center for spinal cord injury patients in the area. The patients flocked to the site from all parts of the country to receive physical treatment at the rehabilitation center. Mr. Gurung also lived there and could establish relations with persons with traumatic spinal cord injury.

One staff introduced that the vocational training was supposed to hold at Sanga, Kavre. He was interested in learning graphic design skills. Therefore, he enrolled in employee orientation training. When he returned home from the residential organization, he struggled against inappropriate infrastructure, but the training center was laid out to consider a wheelchair-friendly
facility. The first good impression started with this point. The training was conducted from October 2018 to December 2018. For three months, he could plan independent life with acquired skills. If practical knowledge contributed to technological growth, emotional support activities boosted self-confidence and positive thinking. Trainer and staff supported him to move forward, and friends encouraged him to start over life in the capital city. He anticipated that he could utilize knowledge to boost productivity. On the contrary, he desired to learn graphic design-related skills, but designing content was missed in the curriculum. When asked, staff responded that necessary skills for employment are included in the crash course. In practice, meeting all demands of a learner is hard.

One month later, he got employment and has been carrying out tasks from home. He considered that this is optimal work for persons with traumatic spinal cord injury. Mr. Gurung explained, “The vocational training inspired me to be independent of family support. The training center managed job assessment, and fortunately, I got a chance to work in January 2019. When it comes to traumatic spinal cord injury patients, we cannot apart from a wheelchair. Currently, my task can be conducted from home. Therefore, I can achieve nicely. Otherwise, employment is immensely challenging for persons with traumatic spinal cord injury.” In addition, he is taking a three-month graphic designing course to grow himself. Previously, he had an online graphic class but was dissatisfied with the effectiveness of the distance course. That is why, here joined the same course. The new trainer was mainly responsible for vocational training at Baneshwor, but he came to Imadol in light of accessibility. Mr. Bijaya Gurung was challenged to find wheelchair friendly environment and to match the curriculum. Firstly, most training is conducted on the first floor. External deficiency deprived him of hope and a future. Added to the floor, he said, “I see neither lift, ramp, nor sufficient space to move my wheelchair at all. Though the training center is on ground level, I cannot take a class expecting a wide-space toilet. It means I need to request someone to take me to the toilet, but how it could be.” Secondly, he was looking for advanced training after he gained basic knowledge of computer operating. However, the training was restricted to the basic level only. For instance, computer training
emphasis on Microsoft office skills, and web searching. Even though he had already accomplished this level, an opportunity for intense education was not available. Under these circumstances, he determined to compromise reality instead of persisting in discovering attractive training.

**The Story of Ms. Shrestha: Beyond the Endless Loop of Challenges**

Ms. Shanti Shrestha is the last participant in the interview from Dhapakhel. She would live in the Sindhupalchowk district with her family before she settled in Kathmandu valley. When she was seventeen years old, she found an impoverished lower body all of a sudden. To figure out the cause, she visited different hospitals, but the health condition went worse. However, she and her family continued treatment. At last, continuous physical treatment supported gradually re-functioning the lower body, and she could walk with the help of the clutch. She said, “It was the best luck of my life. I cannot imagine walking without the clutch; however, I can walk again as per my wish.”

The other day in February 2018, her friend suggested enrolling in vocational training. She expected Nepalese to alter dress frequently and help her family. Thereby, this skill can be utilized soon. A month later, she received a call from the training institute to participate in the course, but unfortunately, the training was occupied already. The staff of the institute offered alternative embroidery training. The embroidery training was for four and half months, from March 2018 to June 2020. She was one of eight trainees, but two dropped out in between. Finally, she completed the course with five friends. The trainer taught various hand stitching skills on different fabrics. She used cotton and silk thread to decorate cotton, velvet, and mesh fabric. Despite the fact that it took a long time to be familiar with skills, she felt it worth when she completed production. Meanwhile, sewing and computer training were conducted at the same time. As per her memory, about twenty persons with physical disabilities stayed together. It was a grateful opportunity to understand different disabilities, not only persons with traumatic spinal cord injury, but different friends such as polio,
amputee, and foot-related disability. Especially the time she spent time with persons with traumatic spinal cord injury extended her thinking. She had direct experience with challenges with a wheelchair. Persons with traumatic spinal cord injury could move freely in the training institute. On the other hand, they could not steer the wheelchair out of the building. These experiences enhanced her empathy with other disabilities.

After four and half month’s course, she undertook embroidery business from home for over half a year. She tried to promote the business to neighbors and sell embroidery products, but it was ineffective. She strived to find a feasible market for sales, and the incompatible price was a weakness in the community market. The tendency of the market preferred machine embroidery that can be completed in a short time. The reduced time raised productivity. Ms. Shrestha said, “Embroidery market was dissimilar to expectation. Customers were looking for a low price. Considering the time required making a product, handwork cannot catch up on machinery work. In consequence, my business went unwell.” She endeavored to find machinery embroidery classes to meet market trends, but private institutes and disability-related training providers were beyond her control. The former charged a high tuition fee, and the latter did not consider the curriculum. With these financial and insufficient courses of training, she could not persist in the business. Recently, she accomplished a tailoring training course. The training center was located on the ground floor at Asan, Kathmandu, for over a year. Furthermore, the training considered persons with disabilities. All facilities, including accommodation, were supported by a foreign country. Throughout two vocational trainings, she acquired embroidery and tailoring skills. Though she is financially dependent on her family as of now, she anticipates starting a small business shortly. She wrapped up the interview with the last word, “I want to be independent of family. At this moment in time, my family undergoes economic hardship to support me. I am looking to find friends to go into the partnership business. If it is available, it helps me to alleviate the financial burden.”

Although she is trouble in commencing business, she practices at home to maintain the skill.
CHAPTER V
NARRATIVE ANALYSIS

This chapter interprets persons with traumatic spinal cord injury’s expectations and the reality of TVET. The participant underwent different vocational training from disability-related and private institutes. I explored their essential experiences to disclose the present state in the TVET sector. Interestingly, I found resemblances and differences with the story. Four participants with a wheelchair, which is an explicit feature dissimilar to other physical disabilities, had the experience in an inaccessible environment. Also, less awareness of spinal cord injury, the value of TVET, and the importance of psychological supports were entailed in the plot. Likewise, this chapter opened a gate to read hidden stories what is made light of.

The main themes that emerged in this chapter were (1) motivation: encouragement to be independent, (2) lack of awareness of disability in society, (3) low accessibility: information, (4) low accessibility: disability-friendly educational environment, (5) limited training curricula, and (6) devastating economic consequences.

Motivation: Encouragement to be Independent

When I asked the motivational factor to participate in the TVET program, the participants looked back on the days before the accident. Notwithstanding, the injury time of participants varied from five years to twenty-five years around. All participants continually overcame constraints to reintegrate into society. They sought to be financially independent. Vocational training was the key to prepare for employment. Nuri et al. (2012) found that men were more likely than women to indicate that work had enhanced their general quality of life, dreams, and expectations. Work makes them feel more confident and accepted in their family and community. Bikash Pradhan is a breadwinner. He felt guilty conscience after lying off. Instead of him, his wife began to work at
a laundry to foster two children over two years. He could not put the responsibility on her for looking after the family. He thought that vocational training would help him to generate income. Ritu Manandhar as the earliest injured participant. She has been confronting stereotypes of disability. She believes that persons with traumatic spinal injury can be intellectual workers. To come true her conviction, she determined to enroll in the training. Shanti Shrestha looked back on her previous life. She used to be cared for by family, but as time went by, she changed her mind to be helpful for the family. Meanwhile, the story of Asha Khatri was slightly different. She lived at a disability organization for over thirteen years. At the beginning of the training, she did not consider leaving the organization, but she enhanced her confidence to steer her life rather than rely on the hostel. She remembered the feeling “The vocational training changed my life. As I acquired the skills, I was full of confidence I can do.”

As argued by Serajuddin et al. (2020) argued that despite the substantial repercussions of the SCI in terms of ambulation, functional independence, and social continence, this should never be used as an excuse to ban persons with traumatic injuries spinal cord injury from the labor market without first investigating their options. Vocational training experiences supported my participants to start standing on tiptoe to reintegrate into the community. With the stories of the participants, I was convinced that disability has influenced how it is understood in our time. Added the holistic approach by social model, they are capable of being a pioneer in society standing aloof from impairment. Social policies such as needs reflected legislations and effectiveness guaranteed acts can support to maximize the opportunity for persons with traumatic spinal cord injury.

**Lack of Awareness of Disability in Society**

Plenty of research has been laying emphasis on problems of insufficient physical infrastructure in the country. Remarkably the participants addressed psychological causes to discourage them in TVET programs as well its importance. Kuittinen (2017) stated that when teachers apply various learning and teaching tactics,
inclusion is claimed to generate positive academic and social effects for all learners. Education-related people are responsible for absorbing the educational difference of learners and delivering knowledge accordingly in the classroom. Nevertheless, participants were not considered of features of the student with physical disabilities. In the case of Ritu Manandhar, when she attempted to continue the study after injury, teachers did not pay attention to her. She was looking to be a conscientious student. Sadly, supports for learning were neglected. Even after all this, disability-related awareness is at a standstill. Till lately, she used to be questioned about lower body function. If she asked vocational training center to enroll, people frequently ask, “Does your leg numb?” or “In case of leaking, cannot you recognize it? How can you deal with it when you are learning?” Likewise, Bikash Pradhan believes that disability-related negative preconceptions are widespread on every side. Neighbors differentiated him because of visible distinction. It was not surprising people consider others with a wheelchair as wretched. Indeed, many education-related people overlooked impartialness in the TVET sector. A considerably lower level of disability-related awareness heads off the penetration of TVET in contemporary society.

One can recall the words of Asha Khatri that TVET providers did not understand them. I found the cause of this issue by adopting a social model. The disadvantage or restriction of activity brought about by a modern social structure that pays little or no attention to people with physical disabilities and thus excludes them from mainstream social activities (Union of the Physically Impaired Against Segregation, 1975 as cited in Watson, 2004). The approach also signals moral responsibility to remove the oppression and exclusion in contemporary society instead of attributing blame to individual deficits.

On the contrary to majoritic experiences, the people who perceive disability converged on the vocational training. Participants are commonly involved in the vocational training at Sanga, Kavre. The training was conducted by a spinal injury-related organization. Therefore, teachers and staff were committed to supporting learners. The participants said that basically, they were
aware of the features of spinal injury patients. They perceived the subject which led their life in the training. According to Westie (1987), psychological medication of spinal cord injury often includes group psychotherapy, which is an excellent way to maximize patient learning and efficiently use the medical person's time. Patient groups can offer emotional support, peer role models, new coping strategies, and a reduction in social anxiety. Beyond delivering vocational skills, the psychologist elicited emotional stability in cooperation with staff. Bijaya Gurung could reverse his mind to deal with disability. He used to get help from his parents but changed his mind to find a job.

**Low Accessibility: Information**

The role of the media in connecting with society is enormous. The media contributes to civic involvement by offering textual venues for information sharing as well as supporting material for the exchanges (Madelene, 2020). With the growing use of the Internet, TVET institutes claimed that online advertisement was the most effective to promote the training. At the same time, participants’ experiences are predominated by neighbors as the source of information. Bikash Pradhan expressed that he came to know the training information through the rehabilitation center staff. He had a smartphone but is not familiar with using social networking services. Moreover, he was worried about the costs of the internet. Thus, he didn't know that the training center was promoted online. Likewise, Bijaya Gurung also found the training information by the staff of the rehabilitation center. Recently he discovered computer graphic training at Facebook. According to Ritu Manandhar, she met the team of the training center at the sports competition. The staff introduced the curriculum. Otherwise, she had not found out advertisements at social networking services. On occasion, spreading information in disability-related organizations helped persons with traumatic spinal cord injury access vocational training. Asha Khatri could obtain helpful information throughout networking bonded by disability.

As Bikash Pradhan said, participants were concerned about internet use charges, and the 30’s and 40’s aged group was ignorant
of web-searching. However, most information flows through the internet in an information-oriented society. Less information accessibility narrowed down the opportunity of vocational education as well. This challenge is not associated with individual impairment. Some participants are commonly at a disadvantage of the copious situation to use the internet. That is, society has failed the service to accommodate limited life options. With the point of social model activists, the policy must recognize the financial protection needs rather than blaming personal misfortune for my participants.

**Low Accessibility: Disability-Friendly Educational Environment**

Technically, private training institutes did not become aware of the policy to protect education rights for persons with disabilities. The legally guaranteed rights were not practiced. For example, five percent seat reservation, deciding for technical education and vocational training, providing reasonable accommodation and disability-friendly educational materials were still to be ensured. A well-equipped disability-friendly educational environment is a fundamental requirement for mainstream TVET programs for persons with spinal cord injury.

However, I found that disability-related training paid attention to consider the facilities. Participants were also concerned about finding a wheelchair-accessible training center. Asha Khatri shared that regardless of capability and will, an incompatible society undermines the possibility of persons with traumatic spinal cord injury. Similarly, other participates experienced that they were excluded from different vocational training. This is the reason that all participants experienced vocational training at Sanga, Kavre. Participants answered that they felt free from the wheelchair in the building. The institute is designed with sufficient space and a ramp according to the universal regulation of barrier-free building. The barrier-free requirements stipulate compliance with building designs such as ramps, handrails, door and doorways, controls, drinking fountains, water closets, exterior walks, universal washroom, and more. According to a Guide: Barrier-Free Design
(Saskatchewan Ministry of Government Relations, 2019), the Universal washroom shall provide a clear area of at least 1,500 x 1,500 mm. Exclusive of the institute, Asha Khatri complained of small washrooms everywhere. She found tailoring training on the ground floor for persons with physical disabilities, but she was frustrated that she could not access the washroom. This was not only the greatest challenge for her. The remaining three wheelchair users appealed to the importance of proper space and seats for the washroom. People opt to consider barrier-free building to charitable service. However, the service should be applied coherently with basic learning materials. Socially imposed barriers can be removed by the interaction of social environments and individual bodies. Shakespeare (2006) claimed that many restrictions could be overcome in urban contexts, while older structures are often difficult to alter.

Naturally, participants would feel the reluctance to disclose inconvenience to unfamiliar people. Asha Khatri also highlighted that when she would ask others to support her, her confidence was declined. Friends gave a hand to move her somewhere from a wheelchair sometimes, but they were not willing to continue it soon. Because limited social infrastructure is indirectly influencing mental health, negative impacts on psychology are overlooked easily. Demotivation, exclusion, and defensive behavior towards society are the consequence.

**Limited Training Curricula**

As mentioned by Mukminin et al. (2019), teachers should work with their pupils and include their voices in addition to the specified curricula. Curriculums in TVET are becalmed regardless of learners’ characteristics, needs, interests, and capabilities. Four out of five participants queried the limited training curricula in Kathmandu valley. After the first vocational training, Bikash Pradhan tried to leap into the advanced level, but few repeated curriculums inhibited finding new training. He could meet basic level training such as tailoring, handicraft skills. Electronic device repairing skill training was available to learners without disabilities. Alike, Ritu Manandhar and Bijaya Gurung considered
supplementing graphic design-related training for employment, but they also faced the problem. Only traditional skill training was extant for persons with traumatic spinal cord injury.

The TVET sector is systemizing alternative modalities from the impact of COVID-19. As the Nepal government obligated prohibitory orders to curb the spread of the coronavirus, schools and training centers have been closed. These drastic changes aggravate the problem. TVET providers responded to prepare web-based learning. However, persons with traumatic spinal cord injury could not keep up with the changes. Their financial hardship is likely to lead to low access to the internet and prepare adequate educational materials. Bijaya Gurung stated that he could discover the cost of free training before, but telecommunication is costly. Interrupted physical class and lack of preparedness for persons with traumatic spinal cord injury deprive them of the opportunity of an education.

National Planning Commission has released the 15th plan to ensure inclusive and equitable access to quality technical education and vocational skill development. The open-access embodied the education curriculum. To hasten the realization of the objective, social restructuring can be established by advocating the experience because it has enabled a vision of freedom from unrighteous disability. The story reiterated persons with traumatic spinal cord injury’s individual self-worth. This can be accomplished by the proponent of the social model reaffirming it. My participants showed remarkable accomplishments through the extant TVET program. Their stories justify the argument of social model. Furthermore, it demonstrates the expansion of accessible curricula will broaden participants’ changes.

**Devasting Economic Consequences**

Throughout the interview, it turned out that no participant was conscious of financial freedom under statutory rights. Although thirty-nine years have passed since the act to get rid of fees from the organization legislated, participants with traumatic spinal cord injury were timid about economic problems to enroll in vocational training. The tuition fee was the difference in the training duration, but even inexpensive was loaded to participants. Students
with disabilities, who are disproportionately low-income, have an even greater need for financial support than other students (Wolanin, 2005). Shanti Shrestha said, when she explored the vocational training, private institutes did not offer a fee discount. She could not entrust an economic burden to the family. The family had already spent a vast amount to find the proper treatment for her, and she thought it was time to support aged parents instead of asking for money.

Participants with traumatic spinal cord injury perpetuated the vicious cycle of financial hardship and deprivation of training opportunities. Spinal cord dysfunction decreased productivity. The experience that they could not succeed in the mainstream of vocational training jeopardized economic power again. Russell (2001) underpinned, not only did industrial capitalism produce a class of proletarians, but it also created a new class of ‘disabled' people who did not conform to the standard worker's body and whose labor-power was effectively erased, excluding them from paid work. Inspired by insights from the social model I mentioned in chapter II, I believe society can create more appropriate services that respond to what persons with traumatic spinal cord injury need. Indeed, Finkelstein (2001) suggested that

Human beings are by nature, weak, vulnerable and physically imperfect. However, throughout history, people with capabilities have striven for perfection and the more they have managed to intervene in our body structure, the more people with impairments have been marginalized (p.5).

The stories stressed the necessity of different legal supports to implement the education rights for persons with traumatic spinal cord injury. My participants’ experiences found out that they are economically isolated in the community. Therefore, they are anxious to participate in TVET training. They could not allocate money. The government of Nepal enacted policies and acts to ensure economic supports for persons with disabilities, including spinal cord injury patients. Nevertheless, the participants were not aware of related policies. Nepal government may coerce TVET stakeholders to execute the policies for providing the opportunity
of education. The unified financial subsidy also can be considered in the TVET system.
CHAPTER VI
INSIGHTS, IMPLICATIONS, AND CONCLUSIONS

Over the study, I explored persons with traumatic spinal cord injury’s narrative in the TVET sector. The accumulated stories established insights, including revisited participants’ stories and suggested implications for further study. Full of profound insights are formulated as per research methodology to broaden disability and TVET related dimensions. The conclusion is based on what persons with traumatic spinal cord injury perceived in vocational training. This chapter also adduced a way to actualize the discovery.

Insights

This study aimed to explore a deeper experience of technical and vocational education and training of persons with traumatic spinal cord injury. Meanwhile, to archive the stories, numerous researches have been done to discover what learner with disabilities felt about the training in Nepal. However, the research was comprised of comprehensive physical disabilities. It is unconvinced of distinct features of persons with traumatic spinal cord injury. To remedy this shortcoming, I concentrated on revealing the stories of participants. I found that vocational training experience led them to initiate their life with obtained skills in the individual interview. On the other hand, persons with traumatic spinal cord injury constituted a minority in technical and vocational training and education.

Before undertaking the study, I reviewed several pieces of literature to study the impacts of TVET on persons with traumatic spinal cord injury. Furthermore, the legislation of Nepal supported the basis of education rights for participants. According to the list of short-term vocational training institutes in 2077 B.S prepared by CTEVT, the aggregate 1,140 institutes provide short recourse vocational training nationwide. The number of institutes narrows down to 448 in Kathmandu valley. Sadly, I discovered that the data does not figure out the training in mainstream participants with
traumatic spinal cord injury. Spinal cord injury occurs with a loss of function and chronic paralysis. Thus, mobility is a distinct feature, unlike other disabilities. I expected some training institutes to pay attention to ensure the pledge of the government's policy about inclusive education or follow the goal of CTEVT to ensure equity least. Moreover, I anticipated the training center affiliated by the council would be the door to take part in the training. However, the reality of the matter was the complete opposite. My participants were aware of the right to education, so they looked forward eagerly to the training opportunity. But the reality was different from their ideals. With this experience, I analyzed that keeping the public pledge by the government is far from implementation.

Conventionally, persons with traumatic spinal cord injury are reckoned as partialness, incompetence in contemporary society. This perspective is derived from the medical model, and the model asserts that disability is a disease. It connotes negative perspectives with personal limitations. I spoke out with an opposite view to focus on disability defined by social conditions in the study. According to Retief and Letšosa (2018), social model theorists argue that the term ‘persons with disabilities’ are inextricably related to the concept that underpins the medical model. They insist that the word ‘disabled people’ better expresses the societal oppression that people with disabilities confront daily. Likewise, my participants' stories included insufficient infrastructure to impede bringing their capabilities out in the community.

I adopted narrative inquiry to look at deeper participants’ stories. Connelly and Clandinin (1990) stated that people live storied lives by nature and tell stories about them, whereas narrative researchers describe such lives, gather and tell stories about them, and produce experience narratives. I concentrated on hearing individual experiences in a comparable situation. My participants’ experiences of TVET accumulates past and present social situation towards persons with traumatic spinal cord injury. Moreover, the story connotes the direction of the future. Most of the preceding researchers were conducted to understand how persons with physical disabilities perceive vocational training. To supplement the limitation of the studies, I could discover the
plentiful experience of circumstantial factors, for instance, transport. It distinguishes from educational requirements such as learning materials for other physical disabilities. Also, I found that TVET signifies the passageway to reintegration into society beyond obtaining my participants’ skills. From this point of view, barriers they found in vocational training interfere with being a member of the community. Likewise, I could link the experiences in Nepal with a global context. As Schönherr et al. (2004) mentioned, reintegration solutions such as vocational retraining, employment adjustments, and professional contacts were evaluated, and barriers to reintegration were also studied.

As the prohibitory order has come into force from April, I could collect data by individual meeting and telephone. During multiple times of hearing with five participants, I collected data and prepared a transcript of the stories. I found five valuable themes as Motivation: Encourage to be Independence, Low Accessibility: Information, Low Accessibility: Disability-Friendly Environment, Lack of Awareness of Disability in Society, Limited Training Curricula, and Devasting Economic Consequences.

**Circumstantial Barriers in Technical and Vocational Education and Training**

Comparably, my participants with wheelchairs mentioned accessibility for prominent difficulty in vocational training. People may concern environmental accessibility to approach the training institutes. Indeed, I found persons with traumatic spinal cord injury located far from well-timed information accessibility. Nepal is divided into three geographical groups, and the study site Kathmandu valley lies in a hilly reason. This feature is a factor that impedes the opportunity of involving in TVET. Most entrances of the training center were located on steps, and when participants explored the institutes, the training site was located on the second or third floor. In regards, Asha Khatri was already discouraged by the lack of accessibility in the training center. Throughout the first training experience, she realized the training was not only the way to acquire practical skills but the chance to lead her life autonomously. Therefore, she attempted to find advanced vocational training to be free from relying on her family. However,
the inaccessible toilet in the training site came first to frustrate her dream. Bhatta (2017) and underpinned TVET policy (1999, 2007 and 2012) have emphasized a need to make TVET accessible to the general public by emphasizing “inclusion of” and “access for” as one of the key policy areas that advocate the social inclusion process. As plural socio-economic background influences education, TVET requires instigating the diverse needs of learners shortly in Nepal.

Environmental accessibility is known well as a primary barrier for persons with traumatic spinal cord injury. In comparison, people neglected the significance of informational accessibility. According to Singh and Shrestha (2021), in January 2020, Nepal had 10.21 million internet users. Between 2019 and 2020, Nepal's number of internet users increased by 315 thousand (+3.2%). Numerous citizens use the internet on a daily basis, and the internet plays a decisive role in obtaining information in contemporary society. However, participants are still familiar with accessing the information by people. All participants shared that they found the details of the training throughout neighbors and friends. When Bikash Pradhan discovered the training advertisement at social networking service, the information was already expired. Like his case, even persons with traumatic spinal cord injury explored the internet, but most of the information was ill-timed. In terms of using the internet, Bikash Pradhan was worried about enabling costs too. With the stories of participants, economic challenges jointly came up as an underlying cause of low informational accessibility. Low informational accessibility problem aggravated in the coronavirus pandemic. Learners with disabilities are not likely to explore online educational platforms familiarly. The underlying cause is that they may not be motivated to adjust to new ways of learning. Adopting the new learning format is inevitable in contemporary society. The global pandemic of the coronavirus has been ongoing since 2019. COVID-19 has changed our lives globally with a virtual learning platform. As online learning has been rising to teach and learn in educational systems, preferred vocational skills are affected. Therefore, persons with traumatic spinal cord injury ought to keep up with the changes. International Labour Organization (2016) complemented that with the help of telecommunications providers,
improved access to the internet, bandwidth, digital equipment, and online resources for teachers, students, individuals in remote areas, and disadvantaged groups.

**Valuable Changes through Vocational Training**

The individual conviction and motivation for better life played a decisive role in completing successful training. Notably, on average, persons with traumatic spinal cord injury showed a lower level of self-confidence and higher life satisfaction. However, it does not mean unchangeable. Beyond obtaining skills, Vocational opportunities encourage persons with traumatic spinal cord injuries to have a better life. Vocational training aids in the reduction of poverty and the empowerment of learners with disabilities (Mprah & Gyamfi, 2015). My participants said that they were desperate after being laid off from the job. The economic constraint is likely to attribute increased distress along with physical impairment. Moreover, loss of productivity ruled them out from being privileged members of society. My participants were also determined to receive the training to be financially independent. Meanwhile, a qualified curriculum was the basis of an entrepreneur. The participants concurred that they could make a new leap forward from psychosocial interventions in training. Shanti Shrestha expressed that the training was above her expectation. The training expanded insight to observe the life with disabilities. She is encouraged by interaction with different physical disabilities. This affirmative change attributed her to reintegrate into the community. Westie (1987) argued that patient groups could offer emotional support, peer role models, new coping strategies, and a reduction in social anxiety.

In consequence, noteworthy impacts of vocational training were observed on the participants with capability. The vocational training facilitated all participants’ employment after injury. Proper practical education is the finest qualification for long-term employment and the best insurance against losing one’s job (Thornton & Lunt, 1997). To bring innovation to TVET is a long race. Stakeholders are likely to consider the needs and interests of persons with traumatic spinal cord injury.
Implications for Further Study

Several pieces of research have been carried out to address the challenges of TVET in Nepal. Similarly, several studies were conducted to address the experiences of persons with physical disabilities. Conversely, the in-depth research has not achieved to unveil the story of persons with traumatic spinal cord injury in the TVET sector yet. Pant et al. (2020) highlighted those injuries continue to be a major cause of morbidity and mortality in Nepal, with transport injuries and falls being the most common causes of death. My inquiry of the study concentrated on re-stories and untold experiences of persons with traumatic spinal cord injury in TVET practice. The story revealed that learners with wheelchairs differed from mainstream vocational training, thereby neglecting their needs and interests.

In this point of the study, stakeholders such as TVET providers and instructors may look at learner capability beyond physical impairment. Conversion of standpoints on disability can ensure the right to education. Specifically, persons with traumatic spinal cord injury can participate in vocational training considering installing a ramp, occupying a wide space for a toilet, and giving a second thought about disability.

Teachers may consider felicitous curriculum to correspond with the demands of the learner. Participants’ stories unfolded the training curriculum that persons with traumatic spinal cord injury can access in traditional skills. However, they are looking for advanced training opportunities to develop vocational potentials.

Several researchers pointed out fewer implications of disability related policies. To provide ideal and optimal care (both acute and rehabilitation) to spinal cord injury patients as well as to prevent such injuries, a policy should be prepared with the active involvement of MoHP and other stakeholders and should clearly outline the required training and skill of treating surgeons, hospitals, rehabilitation centers, supportive facilities and system of referral whenever necessary. Even I found that many TVET providers were not aware of the legislation to assure education rights. Policymakers may improve insights to enact more applicable
laws and regulations. Meanwhile, executives might actualize the policies in the real world.

**Conclusions**

The inquiry started from the fundamental question, what persons with traumatic spinal cord injury experience in vocational training. When I met them, they had diverse demands, interests, and experiences. This curiosity grew into exploring experiences of TVET of persons with traumatic spinal cord injury. By discovering participants' stories, I came to solidify the importance of hearing their experiences in TVET program. Because of the needs referred, training is a foundation of the socially, emotionally, and financially independent life for persons with traumatic spinal cord injuries. My participants have been leading their transformed everyday life with acquired skills. It signifies that persons with traumatic spinal cord injury come off their way back to socio-economic status in society. Though, exclusion in TVET programs is something that people take for granted.

The rationale of exclusion varies in different cultures. In the context of Nepal, religious belief is subject to establishing perceptions towards disability. Pant et al. (2020) argued that injuries in Nepal are often considered ‘accidents’ and result of bad luck. They are characterized as an unavoidable deed. Furthermore, contemporary society speculates them as incompetence due to less productivity. Combined traditional discrimination with contemporary misjudgment aggravated the status of persons with traumatic spinal cord injury in Nepal.

On the contrary, I looked closely at the potentiality of persons with traumatic spinal cord injury, as referred to above, from the view of the social model. The social model eradicates pervasive prejudices of disability and reverses traditional inability conception to disabling social, environmental, and instructional barriers. Finally, notable findings came out in a way that inclusive infrastructure, including psychological points as the vocational training, is an essential part of reintegration for persons with traumatic spinal cord injury. Still, the vocational training curriculum is going around in circles to ignore the demands and
feelings of persons with traumatic spinal cord injury. My participants’ stories address the actuality that only a few education options are there rather than their wants due to inadequate educational environments. They had no choice to take cut-and-dried curriculums and institutions located on the ground floor. Besides, Participants were disheartened at the disrespectful behavior of educators, neighbors, and people without disabilities. When people do not keep their eyes on physical impairment, they will discover spinal cord injury victims’ capability. Needless to say, TVET program was a way to regain productivity in the industrialized community. My participants also pulled through self-confidence to fight social prejudices in vocational training. Continuous support, encouragement reinforced their inner strength to leap into a better life. They could trust themselves to come out in society at last.

I hope this study opens up for consideration of absorbing persons with traumatic spinal cord injury into the mainstream of technical and vocational education and training. Improving an inclusive educational environment is a key method to actualize. In this point of fact, we should not overlook psychological components as well physical supports. Reformation to establish a disability-friendly TVET environment is a prolonged way. Nevertheless, the story of my participants plays a steppingstone to ensure vocational training opportunities for the latent learner with traumatic spinal cord injury. This study was limited to finding requisites through experiences of vocational training. It was not able to map out concrete elements for an inclusive environment in TVET. An intensive study is required to figure out the disability-friendly environment of education for persons with traumatic spinal cord injury.
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About the Author

Ms. Ara Lee was a program manager at the Korea International Cooperation Agency (KOICA) and a Korean NGO, where she worked for eight years in the field of international development. During her time in Nepal, she closely observed the challenges faced by disabled people in accessing Technical and Vocational Education and Training (TVET) opportunities. Motivated by her research, she aspires to pursue a PhD in the United Kingdom, where she plans to continue her work on the development of inclusive TVET programs.

This publication was a comprehensive study that aimed to explore the experiences of individuals who have undergone spinal cord injuries and their participation in TVET programs. The study also looked into the challenges and difficulties that these individuals face while undergoing such programs. The findings of her research were compelling and highlighted the need to develop inclusive TVET programs that cater to the needs of individuals with disabilities.

Linking Education with Labor Markets (LELAM) Project 2021

Linking Education and Labor Markets: Under what conditions can Technical Vocational Education and Training (TVET) improve the income of the youth? (LELAM TVET4INCOME) a six-year project (2017-2022) implemented in Nepal, Benin, Chile and Costa Rica. The Swiss Federal Institute of Technology (ETH Zurich) is the leading partner of the project. The LELAM project is financed by the Swiss Agency for Development and Cooperation (SDC) and the Swiss National Science Foundation (SNSF) under their joint “Swiss Programme for Research on Global Issues for Development” (r4d program). The project aims to understand how policymakers in low-and middle-income countries can improve the youth labor-market situation by strengthening social institutions and their interdependence with formal, non-formal, and informal TVET. It also aims to analyze the conditions under which TVET improves gainful employment and job quality, thereby improves the income of youth.