

Experiences of women with disabilities in Bangladesh during the COVID-19 pandemicⁱ

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1. Introduction

Coronavirus disease 2019 (COVID-19), reported by the World Health Organization (WHO) as an outbreak of pneumonia of unknown cause in Wuhan, China, toward the end of 2019, rapidly spread worldwide and became a global pandemic. The WHO declared it a Public Health Emergency of International Concern (PHEIC) on January 30, 2020, and a pandemic on March 11, 2020. The PHEIC was declared over on May 5, 2023 (WHO 2023a). During this period, approximately 800 million people were infected with the virus and approximately 7 million died, worldwide (as of June 28, 2023, WHO 2023b). The COVID-19 pandemic (hereinafter, the pandemic) has set back global economic activity and worsened existing inequalities (UN 2020:21). It is not only a health crisis but also an economic and human rights crisis, and has had an enormous impact on the world's poorest people, especially women and people with disabilities (PWDs) in developing countries, who were already marginalized and economically vulnerable.

This study focuses on the impact of the pandemic on the daily lives of women with disabilities (WWDs) in Bangladesh, a developing country that has been significantly affected. WWDs experience not only discrimination and disadvantages as women but also as PWDs because of their intersectionality and multiple vulnerabilities. Therefore, the difficulties faced by WWDs, which cannot be seen from the perspective of women or PWDs alone, became apparent during the social crisis of COVID-19.

Several studies have examined the impact of COVID-19 on Bangladeshi society from the perspectives of women and PWDs (UN Women 2020; Rahman et al. 2022; ADD 2020a; ADD 2020b and so on). The main repercussions on women as identified by the UN are the risk of gender-based violence; unemployment; livelihood impacts on poor women and girls; unequal access to health, education, water, and sanitation; and inequitable distribution of and increased unpaid care work and domestic work (UN Women 2020). In addition, the major effects of COVID-19 on PWDs noted by national and international disability organizations are economic hardships due to unemployment

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and reduced income for themselves and their families, exclusion from government and NGO emergency relief, and difficulties in accessing information (ADD 2020a). Nevertheless, these studies provide few references to WWDs and lack research on their individual situations and difficulties (ADD 2020a; ADD 2020b; BPKS 2020, i2i 2020; Das et al. 2021; Mafhuz et al. 2022 and so on). Furthermore, the impact of COVID-19 on WWDs has been underestimated in a survey of disability organizations, as most of the respondents were men (ADD 2020b:2).

Therefore, this study investigated and analyzed the changes in WWDs' daily lives before and after COVID-19 to identify the impact of COVID-19 and the difficulties specific to WWDs in Bangladesh.

Situation of PWDs and WWDs in Bangladesh

The People's Republic of Bangladesh (Bangladesh) is a South Asian country bordering India and Myanmar, which gained independence from Pakistan in 1971. Almost 165 million people (BBS 2022c: vii) live on land prone to natural disasters such as cyclones and floods, with most of the country lying on the Ganges Delta, the largest delta in the world. Islam is the state religion as per the constitution and has a strong influence on people's lives. Muslims constitute approximately 90% of the population.

In Bangladesh, the influence of patriarchy remains, and the gendered division of labor is widely accepted. The practice of women's segregation, called *Parda*, is considered a social norm. Within the family, women are seen as passive dependents, protected by their fathers and husbands. Men are obliged to provide social and economic protection to women, and women are guaranteed social and economic security by following *Parda* norms and engaging in reproductive activities (Kabeer 2011:501).

The proportion of PWDs in Bangladesh's total population is 1.4% (Census 2022 [BBS 2022c:18]) or 2.8% (National Survey on Persons with Disabilities 2021 [BBS 2022b:19]). Although Bangladesh ratified the Convention on the Rights of Persons with Disabilities in 2007 and has enthusiastically addressed disability issues, social discrimination still prevails. "Disability is not a sin, not a curse; let us wipe out the wrong concept." These words are posted on the top page of the Disability Information System on the government website. Nonetheless, PWDs continue to face many disadvantages in various aspects, including daily life, education, employment, and marriage, due to prejudice and discrimination from their families and communities. The disadvantages are even greater for WWDs, who face intersectional and multiple forms of discrimination, not only because they are women but also because they have disabilities. According to a recent survey, 44% of PWDs have been discriminated against or harassed due to their disability, either by neighbors (91%), relatives (43%), friends (28%), or family members (27%) (BBS

2022b:120, 123).

In Bangladesh, women build their status within their families by marrying and having children. However, WWDs are not eligible for marriage because they are considered incapable of bearing and raising children or performing household chores. If they are married, their parents must give a large dowry to the bridegroom. Approximately 80% of women and girls with disabilities, whether married or unmarried, experience emotional or physical abuse, and nearly 40% experience sexual abuse. Furthermore, women and girls with hearing, speech, and intellectual disabilities are much more likely to be raped than women without disabilities (NGDO et al. 2015).

2. Methodology

This study used a mixed-methods approach combining qualitative and quantitative methods.

The survey was conducted in four urban and rural areas in Bangladesh over a three-month period from January to March 2022 through face-to-face semi-structured interviews, using a questionnaire titled “Survey on the impact of the COVID-19 pandemic on daily life in Bangladesh.”

The survey had 102 respondents (80 women and 22 men), including 70 WWDs and 22 men with disabilities (MWDs). Furthermore, 10 women without any disabilities but with children (persons) with intellectual disabilities were included in the sample because, although they were not PWDs themselves, they were considered to have experienced compounded discrimination and difficulties that differed from those of WWDs because of their children. Interviews were conducted either by the author or by staff members of disability organizations, and Bengali, the official language of Bangladesh, was used. Face-to-face interviews were also conducted by the author with disabled people’s organizations and support organizations for PWDs (hereinafter, both organizations are collectively referred to as disability organizations).

Interviews were limited to those who gave their consent after the survey’s purpose, method, publication of the results, and ethical considerations such as the observance of anonymity were explained to them. The collected data were quantitatively and qualitatively analyzed to determine the changes in the daily lives of WWDs before and after COVID-19.

In addition, to compare national statistics, survey data such as the National Survey on Persons with Disabilities (NSPD) (BBS 2022a, 2022b) and the Population and Housing Census 2022 (BBS 2022c) were used as needed.

The analytical limitation is that no statistical sampling was conducted in this survey, and there may be some bias with respect to the quantitative data obtained from the

survey instrument. Therefore, only descriptive statistics were used for the survey data.

3. Findings

First, the characteristics of the WWD who responded to the survey are described. Subsequently, the impact of COVID-19 highlighted from the perspectives of gender or PWDs in previous studies is discussed and analyzed in terms of the current situation of WWDs and their difficulties as women and PWDs, as well as challenges specific to WWDs in terms of economic hardships, risk of violence, health risks, distribution of unpaid care work, support from the government and NGOs, and difficulties in accessing information.

Basic characteristics of WWDs

The WWDs (mean age: 33) who responded to the survey were predominantly women with physical disabilities (90%) because existing disability organizations mainly support people with physical disabilities, and all of them participated in organizations for PWDs. The causes of disability were congenital (37%), illness (46%), and accidents (13%). They had a higher percentage of schooling (79%) than the national average for PWDs with schooling beyond primary education (45% [BBS 2022b:63]). Receiving social security (disability pensions) and owning cell phones among the surveyed WWDs were more common than the national average for PWDs. This situation may be owing to disability organizations, especially disabled women's organizations, actively supporting WWDs to attend school and receive disability pensions. Furthermore, public pensions received through mobile banking via cell phones may have contributed to the high rate of cell phone ownership among WWDs. Among women without disabilities of approximately the same age, 98% are married, including the bereaved and divorced (BBS 2019a:27), compared to only 58% of WWDs. The rates of separation and divorce among WWDs are higher than those among MWDs.

From this point onward, this study describes the current situation and difficulties faced by WWDs with regard to the effects of COVID-19.

Economic hardship

The WWDs' employment rate was 53% before COVID-19, higher than their national employment rate (13%) [BBS 2022b:74]. The fact that they belonged to disability organizations, especially disabled women's organizations, and obtained vocational training and employment support may have had positive impacts.

However, since the COVID-19 pandemic, the employment rate of WWDs has decreased by 40%. WWDs working in informal sectors as domestic servants and day laborers tend to lose their jobs, whereas those working in disability and NGOs secure employment.

WWDs who lose their jobs do not move to self-employment or employment as income earners, as do MWDs; they often remain unemployed. It may be due to restrictions imposed by the *Parda* norm in addition to their disability.

Individual monthly income after COVID-19 decreased for MWDs while it increased for WWDs because, while some WWDs working in the low-wage and informal sectors lost their jobs, those who were salary earners with relatively high incomes, such as teachers and NGO employees, enjoyed a raise in their salaries during the pandemic. These findings reveal the economic disparities among women who have been lumped together as “WWDs.”

The lower poverty line per capita household income set by the Bangladeshi government was Tk 1,862 (approximately 17 USD) per capita per month. In 2016 (before COVID-19), 12.9% of the population was below the lower poverty line (BBS 2019b:56). A comparison of PWDs before and after COVID-19 reveals that the MWDs and WWDs below the lower poverty line increased from 32% and 16% (before COVID-19) to 59% and 50% (after COVID-19), respectively, thus indicating that there was a higher percentage of extremely poor PWDs who were below the lower poverty line before COVID-19. After COVID-19, more than half of the PWDs fell into the extremely poor category. Furthermore, most PWDs, regardless of whether their incomes increased or decreased, found that their daily lives were more difficult because of rising prices. They could manage on a daily basis but were unable to pay for medical treatment, medication, and other expenses stemming from their impairments, which led to a deterioration in their health status. The impact of the economic crisis was greater for households with PWD members than for those without PWD members because of the additional expenditures stemming from their impairments.

In response to an economic crisis, microfinance was used only for MWDs. WWDs, who were excluded from access to microfinance before COVID-19, were still unable to access it even in the crisis situation of COVID-19. Thus, WWDs had fewer options for responding to economic crises than MWDs.

Risk of violence

Among the WWDs, 35% had been subjected to discrimination and physical and emotional violence from family and community members prior to COVID-19. The victimizers were not always men in the household; in some cases, they were women, such as their mothers/mothers-in-law and sisters/sisters-in-law. However, unlike studies that showed an increase in domestic violence against women after COVID-19, the number of WWDs experiencing any type of violence in their households and communities decreased to 27% after COVID-19. This fact can be attributed to two reasons. First,

because violence against WWDs is severe, they try to maintain physical distance from the victimizers, such as by living apart from their household. Second, to improve family and community relations, information and support from disability organizations are brought to the family and community through WWDs. WWDs, who used to be “troublesome” to their families and communities, are now respected and valued by them because they have become “beneficial” to them. This case is not seen in previous studies and reveals the significance of belonging to disability organizations.

Interestingly, the percentage of MWDs who experienced domestic violence before the COVID-19 pandemic was 5%. However, it increased to 14% during the COVID-19 pandemic. Some MWDs who lost their jobs and income because of the pandemic were subjected to verbal and psychological violence from their wives. The *Parda* norm is a gender norm in which women are placed under the protection of men, and men must be the breadwinners of their families. It suggests that MWDs, who are unable to uphold the male norm as breadwinners because of their impairments, also face intersectional discrimination, similar to WWDs.

Health Risks

The COVID-19 vaccination coverage was approximately 80% for both MWDs and WWDs in this study, which was higher than the national average for PWDs (49% [BBS 2022a:41]). Organizations for PWDs actively provide information on vaccination and support registration for vaccination. PWD and WWD face difficulties regarding vaccination. For example, some difficulties faced by a PWD are as follows. Due to the impairment of her lower limbs, she could not walk to the vaccination site. She could have used transportation from her house to the site; however, it would have incurred additional expenses. Therefore, it was not possible for PWDs to receive free vaccines because of extra transportation costs. In addition, there was a long line for people to wait at the site. Owing to the difficulty of standing and waiting, she gave up on getting her vaccination for COVID-19.

Based on the gender norms in Bangladesh, additional difficulties occur for WWDs. A WWD in a wheelchair had to be carried by male strangers to the third floor to receive her vaccination, because the vaccination venue was on the third floor and there was no lift in the building. This situation resulted in physical contact with men outside of her family, which was a significant burden for her as a Muslim woman.

After COVID-19, two WWDs experienced pregnancy and childbirth. In one case, the hospital organized a special team until the patient delivered via cesarean section. In the second case, the WWD gave birth at home with a traditional birth attendant. However, in the first case, her family was a middle-class household, and they had to rent

a room near the hospital for her maternal health check and to support her pregnancy and delivery. It is possible that the experiences of pregnancy and childbirth differ depending on the human and economic resources of WWDs.

Furthermore, 60% of WWDs reported facing challenges in protecting their health. The most common challenges were the use of toilets and water, which had been an issue before COVID-19 but had not been addressed as a PWD issue. However, it became apparent after COVID-19, when hygiene was more important than ever. Generally, latrines in rural Bangladesh are outdoors and have no running water. Water for toilet use must be drawn from the tube well and transported to the toilet. In most houses, the tube well is located at a certain distance from the toilet. For PWDs, especially those with lower limb impairments, using the toilet is difficult because of the need to carry water to the toilet and the posture of defecating in the toilet. It is a common challenge for MWDs; however, additional difficulties arise for WWDs. Having to ask one of their family members to carry water to the toilet each time she wants to use the toilet embarrasses a woman, especially a young woman, and WWDs hesitate to ask their busy family members for water. In a serious case, a WWD abstained from eating and drinking to reduce the number of times she used the toilet at home. In the case of MWDs, it was taken for granted that the women and children in the household take care of the men, and no embarrassment or hesitation was observed about asking family members to carry water for them to the toilet. Additionally, the *Parda* norm generally requires women to obtain permission from their husbands (or guardians) to visit a hospital. WWDs are more likely than women without disabilities to need medical institutions because they require medical treatment and/or rehabilitation due to their impairments. Thus, a variety of difficulties have occurred in protecting the health of WWDs that they would not have experienced if they were MWDs or women without disabilities.

Furthermore, special difficulties have occurred for people with visual disabilities after the COVID-19 pandemic. According to the government's recommendations, a minimum distance of 2 m must be maintained between people. Some people with visual disabilities suffered because of this rule at the hospital. They needed a helper who would take their arm for guidance to move around but were not allowed to get so close to the helper because of the COVID-19 rules, and thus, could not move around in the hospital.

Distribution of unpaid care work

The research indicated that there has been an increase in unpaid care work within households, and its unequal distribution has created a significant burden on women

since COVID-19; 44% of WWDs reported an increase in unpaid care work after COVID-19, and 24% of WWDs took on additional unpaid care work. This result differs from the findings of previous studies because it reflects the position and situation of WWDs in households. Many WWDs are unmarried and live with their extended families in their natal homes. Therefore, they are not responsible for caring for men and children, including their fathers, siblings, nephews, and nieces, who are at home due to COVID-19. They are the responsibility of the men's wives and the mothers of the children. Some WWDs were married and had increased unpaid care and household chores related to their husbands and children. In such cases, their mothers and/or unmarried younger sisters who live with them have been in charge of unpaid care work and household chores. Conversely, some respondents indicated that unpaid care work decreased during the COVID-19 pandemic. In these cases, the children grew up enough to help them. In other serious cases, the number of daily meals was reduced due to a lack of money, which resulted in less housework. It should be noted that distinguishing between serious cases and others is important not only to quantitatively measure the increase or decrease in unpaid care work but also to carefully examine its reasons.

In the case of MWDs, 65% reported an increase in unpaid care work after COVID-19, and 24% of MWDs took on additional unpaid care work. Several MWDs answered, "every household member does the increased unpaid care work at home," but "I do not do anything." In Bangladesh, unpaid care work in the home is traditionally considered the responsibility of women, so "everyone" refers to all the women in the household, not including himself as a man. It suggests that men, including MWDs, are less conscious of sharing their increased unpaid care work with women.

The percentage of PWDs receiving care from their family members showed little change after COVID-19.

Married WWDs had distinct answers in terms of the "care" they received. Specifically, several of them listed unpaid care work and domestic work such as cooking and cleaning as "care" for themselves. The word "care" used in the survey referred to the care received for their impairments in daily living, such as in eating and taking a bath, from a caregiver, who was generally a family member.

Therefore, cooking and cleaning rooms for the family were not considered "care" in the survey's context.

Despite married WWDs recognizing very clearly their responsibility to do unpaid care work at home, they are unable to fulfill these responsibilities due to their impairments.

Therefore, they consider unpaid care work to be part of their "care," indicating that the WWDs internalized Bangladeshi gender norms.

Support from the government and NGOs

Studies have indicated that PWDs are excluded from emergency aid (ADD 2020a.). This study confirms that PWDs are unable to access aid distribution sites because of their mobility impediments, and even if they can, they cannot stand in line for a long time. Consequently, they are excluded from aid supplies that “anyone can receive” on the streets and in train stations during the pandemic.

In contrast, emergency aid distributed only to those identified as vulnerable people by the government was received by 64% and 74% of the MWDs and WWDs, respectively. The largest number of distributors of this aid are disability organizations, and approximately 65% for MWDs and WWDs who received the aid belonged to the organizations. The second largest distributor of this aid is the government, with those who received it being 23% of MWDs and 52% of WWDs. The reason for the gender disparity in government support is thought to be that it prioritizes vulnerable women. WWDs receive more aid from NGOs and the government than MWDs; in other words, MWDs have a disadvantage regarding the receipt of government aid. A gender gap was revealed in which the MWDs are negatively affected.

Although government support prioritizes vulnerable women, some vulnerable WWDs do not receive emergency aid from the government. One reason is that the registered address on the national ID card differs from the current address. Women have more life events that force them to change their addresses than men, such as marriage, separation, and divorce, and each time they have to change their addresses on their national ID card. This situation in itself is a problem that creates difficulties for women, with or without disabilities. However, women with mobility impairments, such as wheelchair users, and women with communication disabilities, such as hearing impairments and intellectual disabilities, experience additional challenges because the address change procedure is more difficult for them than for those without disabilities.

Disability organizations assist not only in obtaining national ID cards and PWD ID cards but also in correcting ID registration due to separation or divorce and in procedures for reacquisition for those who have lost their ID cards.

Difficulty in accessing information

In this study, 74% and 95% of the WWDs and MWDs, respectively, accessed information on COVID-19, including COVID-19 prevention, vaccination, and lockdown. Regarding the methods for obtaining information, women without disabilities learn about it through word-of-mouth in the community, whereas WWDs were largely informed by television, radio, NGOs, and cell phone access. It is possible that the lack of inclusion of WWDs in their community, which was an invisible problem prior to

COVID-19, became obvious during the pandemic.

Regarding information on emergency aid such as food, 29% of the MWDs and 20% of the WWDs obtained it. Approximately 70% and 40% of WWDs and MWDs obtained information from disability organizations and neighbors and relatives, respectively.

Among WWDs, the sources of information on COVID-19 and emergency aid were biased toward the disability organizations to which they belong.

Access to information is the right of PWDs. The government's means of communicating information during a pandemic are mainly through voice, such as microphone broadcasts, television, and radio, which is not an easy-to-understand method for people with hearing or intellectual disabilities. Insufficient access to information for PWDs leads to the possibility that they will be left behind in the event of natural disasters such as cyclones, which frequently cause great damage in Bangladesh. The government must make reasonable accommodations for information distribution systems so that PWDs are not excluded from accessing such important information.

4. Conclusion

This study examined the daily lives of WWDs during a pandemic and identified the intersectional and multiple discriminations encountered by PWDs, women bound by gender norms, and WWDs. It was possible to identify, albeit to a limited extent, that the pandemic posed serious difficulties. WWDs face intersectional and multiple forms of discriminations and prejudices as women, as disabled persons, and WWDs.

Discrimination against WWDs is invisible because it is hidden behind discrimination against women and PWDs; moreover, there is discrimination that takes seemingly "kind" forms such as "consideration" and "accommodation." In some cases, the WWDs were not clearly aware of it. This result hints at the complex, intersecting forms of discrimination faced by WWDs on a daily basis.

Simultaneously, this study clarified the significance of WWD membership for PWDs. Disability organizations provided various forms of support for WWDs before COVID-19. Even during the pandemic crisis, disability organizations provided various forms of support to WWDs. This support was also extended to their families and communities, thus helping to improve the relationships between WWDs and their families and communities. Beyond the direct material benefits of assistance, it also highlighted the importance of restoring the dignity of WWDs, including their self-esteem and respect for their families and communities.

Above all, the work of disabled women's organizations is particularly important. As mentioned earlier, disability organizations are mainly run by MWDs, and WWDs tend to be marginalized. However, only 1% of men and 0.7% of WWDs belong to disability

organizations nationwide (BBS, 2022b:92). For WWDs, the stigma of disabilities and *Parda* norms make it very difficult for them to leave their houses and work with disability organizations. Therefore, it is important for disabled women's organizations to reach out to WWDs.

This study's findings suggest that to improve the well-being of WWDs, there is a need for a resolution of intersectional and multiple forms of discriminations and disadvantages to WWDs, their inclusion in communities, and reasonable accommodation of information distribution systems by the government.

This study has some limitations that need to be addressed in future studies. All respondents were either members of disability organizations or had received support from them. Hence, WWDs who did not belong to disability organizations were excluded. Thus, the findings may not reflect the current nationwide situation of WWDs. It is quite difficult to conduct research on PWDs who do not belong to disability organizations. Therefore, researching PWDs belonging to disability organizations and focusing on the positive aspects of belonging to organizations will be beneficial. As the PHEIC has ended, continuing to investigate the impact of COVID-19 on WWDs as they have recovered to their pre-pandemic economic status is necessary.

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