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Rights of Women and Children with Disabilities under the Rights of Persons with Disabilities Act, 2016

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ABSTRACT

Women and children with disabilities occupy a particularly vulnerable position where disability intersects with gender, age, poverty, social status and inaccessible institutions. Although the Rights of Persons with Disabilities Act, 2016 (RPwD Act) establishes a rights-based framework, the existence of statutory guarantees does not by itself ensure their effective enjoyment. This paper examines the legal architecture governing the rights of women and children with disabilities in India, with particular attention to equality, participation, protection from violence, reproductive autonomy, family life, education, healthcare and access to justice. The study adopts a doctrinal and qualitative socio-legal documentary methodology. It analyses the Constitution of India, the RPwD Act and relevant subordinate legal frameworks, the United Nations Convention on the Rights of Persons with Disabilities, selected judicial decisions and secondary literature. It does not claim original interviews, surveys or field observations. The analysis identifies a central implementation problem: rights are distributed across multiple statutory provisions and institutions, while practical access depends on coordinated administration, accessible infrastructure and information, trained personnel, reasonable accommodation, effective complaint mechanisms and meaningful participation by women and children with disabilities. The paper argues that Section 4 should operate as a cross-cutting implementation obligation rather than a symbolic declaration. It recommends gender- and age-responsive planning, stronger safeguards against violence and coercion, accessible health and education services, child-sensitive participation, improved data practices and transparent accountability mechanisms. The central conclusion is that the measure of the Act's success is not the formal recognition of rights alone, but whether women and children with disabilities can exercise those rights with dignity, autonomy, safety and equal participation.

Keywords: Rights of Persons with Disabilities Act, 2016; women with disabilities; children with disabilities; intersectionality; reproductive autonomy; inclusive education; access to justice; India

1. INTRODUCTION

Disability is not merely a medical or individual condition. It is also shaped by the interaction between impairments and physical, communication, institutional, economic and attitudinal barriers. A rights-based approach therefore asks whether public institutions and social arrangements enable persons with disabilities to exercise their rights on an equal basis with others. This question becomes especially important for women and children with disabilities, whose experiences may be shaped simultaneously

by disability-related exclusion, gender hierarchy, age-based dependence, poverty, social stigma and unequal access to decision-making.

Women with disabilities may encounter barriers in education, employment, mobility, healthcare, reproductive decision-making, family life and protection from violence. They may be treated as dependent or incapable of making decisions about their bodies, relationships, finances or care. Children with disabilities may face exclusion from neighbourhood schools, inaccessible learning materials, inadequate support, separation from family, institutionalisation, neglect or exclusion from decisions that affect them. These risks are not uniform. A girl with a disability living in a rural area, for example, may experience a different combination of barriers from an adult woman with a disability living in an urban setting. Disability, gender and age must therefore be examined together.

The Rights of Persons with Disabilities Act, 2016 (Act 49 of 2016) represents a major shift in Indian disability law. Enacted to give effect to the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), it replaced the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995 and established a broader rights-based framework. Its provisions address equality and non-discrimination, reasonable accommodation, protection from abuse and exploitation, reproductive rights, family life, education, healthcare, accessibility, social security and institutional accountability.

Section 4 is particularly significant because it expressly requires the appropriate Government and local authorities to take measures to ensure that women and children with disabilities enjoy their rights equally with others. It also recognises the right of children with disabilities to express their views on matters affecting them, with appropriate support having regard to age and disability. The provision is important not because it creates a separate or lesser category of rights, but because it requires the State to respond to the specific barriers faced by these groups.

The research problem addressed in this paper is the potential distance between statutory recognition and effective enjoyment. Rights may be clearly stated but remain difficult to exercise where schools are inaccessible, health services do not provide communication support, police stations lack disability-sensitive procedures, courts do not facilitate participation, or administrative agencies fail to coordinate their responsibilities. This paper accordingly examines both the legal guarantees and the institutional conditions necessary to make them meaningful.

The paper asks: (i) what protections and entitlements does the RPwD Act provide to women and children with disabilities; (ii) how do these provisions interact with constitutional and international human-rights guarantees; (iii) what legal and institutional challenges affect their practical implementation; and (iv) what reforms can strengthen substantive equality, autonomy, safety and participation? The paper proceeds through a review of literature and theoretical foundations, methodology, legal analysis, thematic examination of rights, judicial interpretation, implementation challenges, findings and recommendations.

2. REVIEW OF LITERATURE

The literature on disability rights has moved from approaches centred on charity, medical treatment and rehabilitation towards social and human-rights models. The social model draws attention to disabling barriers in the environment and in social organisation. The human-rights model adds an emphasis on dignity, autonomy, legal capacity, participation and enforceable State obligations. These approaches

provide a foundation for analysing the RPwD Act as a framework of rights and duties rather than as a welfare scheme alone.

International disability-rights scholarship highlights the importance of the UNCRPD in recognising persons with disabilities as rights-holders. Its provisions address equality, accessibility, equal recognition before the law, access to justice, independent living, education, health, work and participation. Article 6 specifically recognises that women and girls with disabilities are subject to multiple discrimination and requires measures to ensure their full and equal enjoyment of human rights. Article 7 addresses children with disabilities and requires that their best interests be a primary consideration and that they be provided with age- and disability-appropriate assistance to express their views.

Literature concerning women with disabilities identifies the interaction between gender discrimination and disability-based exclusion. Issues commonly examined include access to education and employment, violence, reproductive health, forced or substituted decision-making, marriage and family life, poverty and barriers to justice. A recurring concern is that protection-oriented systems can become paternalistic when they treat women with disabilities as objects of care rather than as persons entitled to make decisions with appropriate support.

Research on children with disabilities has focused on inclusive education, early support, family-based care, participation, accessibility and protection from neglect and abuse. The right to education is not satisfied merely by admission to a mainstream school. Meaningful inclusion requires accessible buildings, learning materials, communication, assessment, trained teachers, individual support and protection from bullying or exclusion. A child-centred approach also requires that children be heard in decisions affecting them, with due regard to evolving capacities.

Intersectionality provides a further analytical lens. It explains that disability cannot be examined in isolation from gender, age, caste, class, location, language and family circumstances. These factors do not simply add separate disadvantages; they can interact and produce distinct forms of exclusion. For example, a rural girl with a disability may face transport barriers, gendered restrictions on mobility, limited access to specialised services and reduced opportunities to communicate independently with public authorities.

Indian legal and policy literature has examined the transition from the 1995 legislation to the RPwD Act, the expansion of recognised disabilities, reasonable accommodation, inclusive education, accessibility and legal capacity. However, the combined legal position of women and children with disabilities requires sustained attention across different areas of law and public administration. This paper contributes by bringing together the statutory protections applicable to both groups and examining the institutional arrangements required to implement them. It is a doctrinal and documentary contribution; it does not claim to provide new empirical evidence about lived experiences.

3. THEORETICAL AND CONCEPTUAL FRAMEWORK

The analysis is informed by five connected approaches.

First, the social model of disability locates exclusion not solely in impairment but in barriers created by society. An inaccessible school, an unadapted health facility, a police process that cannot accommodate communication needs, or a transport system that cannot be used independently may disable participation.

Second, the human-rights model treats persons with disabilities as holders of universal rights. It

emphasises dignity, autonomy, equality, participation and State accountability. It rejects the assumption that services or benefits are discretionary acts of charity.

Third, intersectionality examines how disability interacts with gender, age, poverty, caste, rurality and other social positions. It prevents the analysis from treating women and children with disabilities as homogeneous groups.

Fourth, substantive equality recognises that identical treatment does not always produce equal outcomes. Reasonable accommodation, accessible information, support services and differentiated safeguards may be necessary to secure equal participation.

Fifth, a child-centred rights approach requires attention to the best interests of the child, the child's evolving capacities, protection from harm and the right to be heard. Participation must be meaningful and supported; it should not be reduced to a formality or displaced automatically by adult preferences.

These approaches are used as interpretive tools. They guide the examination of statutory text, judicial reasoning and institutional implementation without assuming that the existence of a legal provision necessarily proves that it has been effectively implemented.

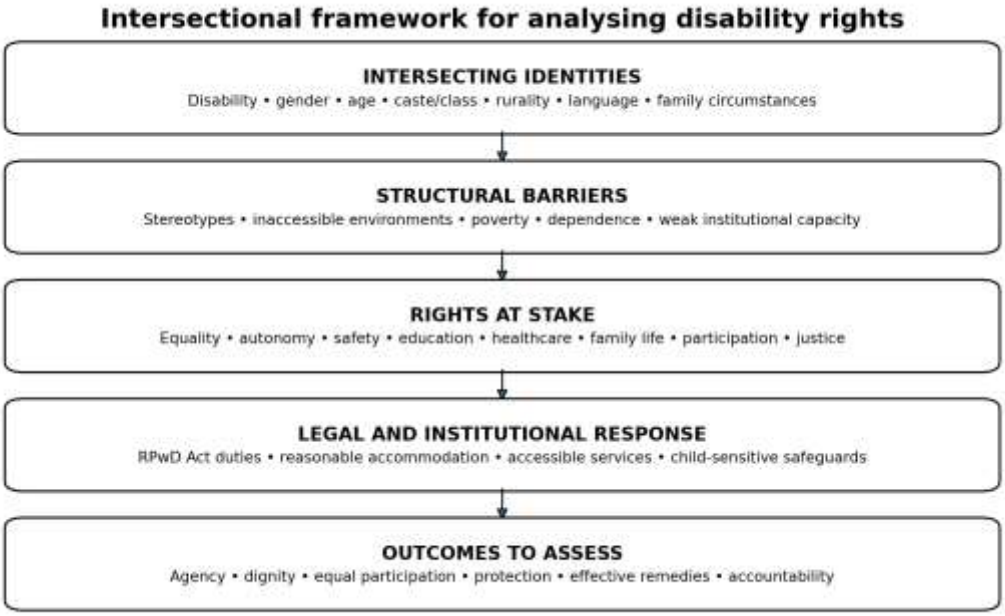


Figure 2. Conceptual framework showing how intersecting identities and structural barriers affect rights enjoyment. Author's analytical framework; not empirical data.

4. RESEARCH OBJECTIVES AND QUESTIONS

The objectives of the study are to: (1) examine the constitutional, international and statutory framework governing the rights of women and children with disabilities in India; (2) analyse the significance and implementation implications of Section 4 of the RPwD Act; (3) examine legal protections relating to equality, violence, reproductive autonomy, family life, education, healthcare and access to justice; (4) assess how gender, age and disability intersect in the operation of legal and administrative systems; (5) identify institutional and implementation challenges; and (6) propose reforms to strengthen substantive equality, accessibility, protection and participation.

The principal research questions are: What rights and protections are recognised under the RPwD Act? How should Section 4 inform the duties of governments and local authorities? How do the Act's

provisions interact with constitutional and international obligations? What challenges arise in the delivery of education, healthcare, protection, justice and social support? What measures are required to make legal guarantees effective in practice?

5. RESEARCH METHODOLOGY

This study adopts a doctrinal and qualitative socio-legal documentary methodology. It is based on the interpretation of legal texts and a thematic examination of relevant institutional and academic materials. The primary sources include the Constitution of India, the RPwD Act, 2016, relevant rules and related legislation, the UNCRPD and selected judicial decisions. Secondary sources include academic books and articles, government publications, reports of international organisations and disability-rights literature.

The analysis is organised thematically around equality and non-discrimination; women's rights; children's rights; protection from violence and exploitation; reproductive and healthcare rights; education and participation; access to justice; and implementation. Statutory provisions are read together rather than in isolation. The paper also uses an intersectional lens to identify how age, gender and disability may affect the accessibility and adequacy of legal safeguards.

No interviews, surveys, focus groups, field audits or original participant observations were conducted for this manuscript. Accordingly, the paper does not report participant numbers, prevalence estimates, survey percentages or original empirical findings. Illustrative scenarios are used only to explain legal and institutional issues and are not presented as documented cases. The findings are doctrinal and analytical. Future empirical research may test the implementation questions identified here through participatory research with women and children with disabilities, subject to appropriate ethical safeguards.

6. CONSTITUTIONAL AND INTERNATIONAL LEGAL FRAMEWORK

The Constitution of India provides the broader foundation for disability equality. Article 14 guarantees equality before the law and equal protection of the laws. Article 15 prohibits discrimination on specified grounds and permits special provisions for women and children under Article 15(3). Article 16 protects equality of opportunity in public employment. Article 21 protects life and personal liberty and has been interpreted to include dignity and autonomy. Article 21A recognises the right to free and compulsory education for children within the constitutionally specified age group. Directive Principles, including Articles 39(f), 41 and 42, support child development, public assistance in cases of disablement and humane conditions of work and maternity relief.

The UNCRPD supplies the principal international framework. Article 5 addresses equality and non-discrimination; Article 6 addresses women with disabilities; Article 7 addresses children with disabilities; Article 9 addresses accessibility; Article 12 addresses equal recognition before the law; Article 13 addresses access to justice; Article 16 addresses freedom from exploitation, violence and abuse; Article 23 addresses respect for home and family; Article 24 addresses education; and Article 25 addresses health. The Convention requires States to take active measures to remove barriers and to provide support and accommodation necessary for equal enjoyment of rights.

The Convention on the Elimination of All Forms of Discrimination against Women and the Convention on the Rights of the Child are also relevant. CEDAW provides a framework for addressing discrimination against women in education, health, employment and family relations. The CRC requires

the best interests of the child to be a primary consideration, protects the child's right to be heard and recognises the rights of children with disabilities. These instruments should be read together with the RPwD Act to support a coherent, gender-responsive and child-sensitive interpretation.

7. THE RIGHTS OF PERSONS WITH DISABILITIES ACT, 2016: STATUTORY ARCHITECTURE

The RPwD Act gives domestic effect to the UNCRPD and creates duties for governments, local authorities and other specified actors. Section 3 guarantees equality and non-discrimination and requires reasonable accommodation. Section 4 addresses women and children with disabilities. Sections 5 and 6 address community life and protection from cruelty and inhuman treatment. Section 7 concerns protection from abuse, violence and exploitation, while Section 8 addresses protection and safety in situations of risk, armed conflict, humanitarian emergencies and natural disasters.

Section 9 concerns home and family and protects a child with disability against separation from parents solely on the ground of disability, subject to the statutory framework and the child's best interests. Section 10 recognises reproductive rights and access to information concerning family planning, while prohibiting medical procedures leading to infertility without free and informed consent. Section 12 addresses access to justice. Sections 13 to 15 address legal capacity, limited guardianship and support-related measures. Sections 16 and 17 provide for inclusive education and measures to support it. Section 20 addresses non-discrimination in government employment. Section 24 concerns social security and includes support-related provisions relevant to women with disabilities. Section 25 concerns healthcare and includes sexual and reproductive healthcare, particularly for women with disabilities. Sections 40 onwards address accessibility standards and related obligations. Section 31 provides a specific free-education entitlement for children with benchmark disabilities between six and eighteen years of age. Section 37 provides for special schemes, including specified reservation measures for persons with benchmark disabilities, with priority for women with benchmark disabilities in the statutory context.

The Act should be interpreted as an integrated framework. For example, a girl with a disability's right to education may depend on accessibility, protection from abuse, family support, reasonable accommodation, transport and the ability to express views. A woman with a disability's reproductive autonomy may depend on accessible health information, communication support, legal capacity and protection against coercion. A narrow reading of any single section may therefore obscure the combined duties arising from the Act.

8. RIGHTS OF WOMEN WITH DISABILITIES

Women with disabilities are entitled to the same rights and freedoms as other women and men, together with reasonable accommodation and measures necessary to overcome disability-related barriers. Section 4 requires governments and local authorities to ensure equal enjoyment of rights. This obligation should inform policies across health, education, employment, social security, transport, housing, policing and justice.

Equality and non-discrimination require more than a formal prohibition against unequal treatment. Public services must be accessible and responsive to different communication and support needs. A woman who cannot access a health facility, obtain information in an accessible format or communicate privately with a service provider may be formally entitled to a service but practically excluded from it.

Reasonable accommodation must be considered in individual situations, while systemic accessibility must be planned in advance.

Economic independence is closely connected to autonomy and safety. Sections 19 and 20, together with relevant provisions on social security and schemes, support vocational training, self-employment and non-discriminatory employment. Section 24(3)(d) is particularly relevant because it refers to support for women with disabilities for livelihood and upbringing of their children. Section 37 also provides for special schemes and gives priority to women with benchmark disabilities in specified contexts. These provisions should be implemented through accessible application procedures, transparent eligibility criteria, outreach and monitoring.

Reproductive autonomy is a core dimension of dignity and personal liberty. Section 10 recognises access to reproductive and family-planning information and prohibits medical procedures leading to infertility without free and informed consent. Section 25(2)(k) specifically addresses sexual and reproductive healthcare, particularly for women with disabilities. These provisions require accessible information, privacy, communication support and respect for the woman's own decision. Disability must not be treated as proof of incapacity or as a reason to presume that a woman cannot make decisions about pregnancy, contraception, relationships or parenthood.

Section 92(f), which criminalises specified medical procedures leading to termination of pregnancy without the express consent of a woman with disability, raises complex questions because of its statutory exception and its relationship with autonomy and consent. It must be read carefully alongside Section 10, constitutional privacy and liberty principles, the Medical Termination of Pregnancy framework and the Supreme Court's reasoning in Suchita Srivastava. The exception should not be generalised into a rule that a guardian may routinely substitute consent for an adult woman who is capable of expressing her own will and preferences. The statutory text and applicable judicial interpretation must be examined in each case.

Protection from violence is equally important. Women with disabilities may face heightened risks in domestic, institutional, healthcare and community settings, while inaccessible complaint systems and dependence on perpetrators or caregivers may obstruct reporting. Section 7 and the penal provisions in Section 92 should be implemented alongside general criminal law, domestic violence protections and sexual-offence laws. Effective protection requires accessible police stations, confidential communication, trained personnel, independent support and safe referral pathways.

9. RIGHTS OF CHILDREN WITH DISABILITIES

Children with disabilities are rights-holders whose best interests, evolving capacities, safety and participation must guide decisions. Section 4(2) recognises their right to express views on all matters affecting them and requires appropriate support having regard to age and disability. This is a substantive participation guarantee. It requires adults and institutions to communicate in ways the child can understand and to give the child's views due consideration.

Section 9 protects a child with disability from separation from parents on the ground of disability alone, subject to the statutory conditions and the child's best interests. The provision is significant because disability should not become a reason for unnecessary institutionalisation or family separation. Support should ordinarily be directed towards enabling family and community life, while ensuring that the child is protected from neglect, abuse or other harm.

Sections 16 and 17 establish duties relating to inclusive education and measures to support it. Section 31

provides that every child with benchmark disability between six and eighteen years of age has a right to free education in a neighbourhood school or a special school of the child's choice, as provided by the Act. The Section 31 entitlement must be distinguished from the broader inclusive-education duties under Sections 16 and 17, which are not limited to the same benchmark-disability category. Inclusion requires accessible infrastructure, reasonable accommodation, individualised support, trained teachers, accessible learning materials, assistive devices and appropriate examination arrangements.

Children with disabilities also require protection from cruelty, abuse, violence and exploitation under Sections 6 to 8 and relevant criminal laws, including child-protection legislation. Reporting and investigation mechanisms must be accessible and sensitive to the child's communication requirements. The presence of a disability must not lead to disbelief, exclusion from proceedings or automatic reliance on an adult intermediary where the child can communicate directly with appropriate support.

Healthcare, rehabilitation and early support must be delivered without discrimination. Section 25 addresses healthcare, while Section 27 concerns rehabilitation. Services should respect the child's dignity and family context, provide accessible information to both child and caregivers, and avoid unnecessary institutional or coercive approaches. Legal capacity provisions in Sections 13 to 15 must be applied with care where minors are concerned, taking account of age, applicable child-protection law, evolving capacities and the child's views.

10. INTERSECTIONALITY: GENDER, AGE AND DISABILITY

The categories "women with disabilities" and "children with disabilities" are internally diverse. Gender and age interact with disability in ways that may affect access to services, protection and decision-making. Girls with disabilities may experience both gender-based restrictions and disability-related exclusion. Women with intellectual or psychosocial disabilities may face stereotypes about credibility, sexuality, parenting and decision-making. Children with communication disabilities may be excluded when adults assume that they cannot express preferences. Rural residence, poverty, caste, language and limited transport may intensify these barriers.

An intersectional approach does not assume that every person experiences the same form of discrimination. It requires public authorities to identify the actual barriers affecting different groups and to design responsive measures. Data collection should therefore be disaggregated where lawful and appropriate, while safeguarding privacy and avoiding the reduction of individuals to diagnostic categories. Policy design should involve women and children with disabilities themselves, using accessible and age-appropriate participation methods.

11. PROTECTION AGAINST VIOLENCE, ABUSE AND EXPLOITATION

The right to live free from violence requires prevention, reporting, investigation, support and remedy. Sections 6, 7 and 8 of the RPwD Act address cruelty, inhuman treatment, abuse, violence, exploitation and safety. Section 92 creates specified offences. These provisions operate alongside general criminal law, the Protection of Women from Domestic Violence Act, 2005, the Protection of Children from Sexual Offences Act, 2012 and other applicable legislation.

A rights-based response must recognise that violence may occur in private homes, institutions, schools, hospitals, workplaces and community settings. Barriers to disclosure may include fear, dependence, inaccessible communication, lack of privacy, stigma, disbelief and limited knowledge of complaint mechanisms. Women and children with disabilities must be able to report abuse in accessible formats

and communicate directly with authorities with support of their choice, subject to appropriate safeguards.

Institutional protocols should specify accessible complaint channels, emergency response, confidentiality, referral to medical and psychosocial services, legal assistance and protection against retaliation. Training should address disability stereotypes, gender sensitivity, child safeguarding, communication access and supported decision-making. Protective measures should not unnecessarily restrict the autonomy, movement or family life of the person seeking protection.

12. HEALTHCARE, REPRODUCTIVE RIGHTS AND FAMILY LIFE

Healthcare equality requires accessible buildings, equipment, information, communication and decision-making processes. Section 25 requires appropriate measures to provide healthcare to persons with disabilities and includes sexual and reproductive healthcare, particularly for women with disabilities. Section 10 protects reproductive rights and free and informed consent in relation to medical procedures leading to infertility. These provisions must be read consistently with Article 21 of the Constitution and the principles of privacy, dignity and bodily autonomy.

The decision in Suchita Srivastava v Chandigarh Administration is important to this analysis. The Supreme Court recognised reproductive choice as an aspect of personal liberty and held that a woman's consent could not be displaced merely because she had an intellectual disability. The case preceded the RPwD Act, 2016, but its reasoning remains relevant to the interpretation of autonomy and consent. Healthcare providers should offer information in accessible formats, allow adequate time for decision-making, provide communication support and avoid assumptions based solely on diagnosis or disability certificate.

Family life requires respect for the choices of women with disabilities concerning relationships, marriage, parenthood and care. Support services should enable rather than replace decision-making. For children, family-based support and protection from unjustified separation are important, but the child's safety and best interests remain central. Public policy should support families without treating family members as automatic substitutes for the person's own will and preferences.

13. INCLUSIVE EDUCATION, ACCESSIBILITY AND SOCIAL PARTICIPATION

Education is a gateway to autonomy, livelihood and participation. Sections 16 and 17 require measures to promote inclusive education, while Section 31 provides a specific free-education right for children with benchmark disabilities aged six to eighteen. The quality of inclusion should be assessed by participation, learning, safety and progression, not by enrolment alone.

Accessibility is a cross-cutting condition for participation. Sections 40 onwards provide for accessibility standards in the built environment, transport, information and communication technology and services. For women and children, accessibility includes safe routes to schools and health facilities, accessible toilets, usable transport, understandable information, emergency evacuation arrangements and complaint mechanisms. Digital accessibility is also essential where applications, education platforms, health portals and public information are delivered online.

Participation extends beyond education. Women and children with disabilities should be able to access recreation, sports, culture, community programmes and public decision-making. Reasonable accommodation must be provided in individual cases, while universal design and accessibility standards should address predictable barriers at the system level.

14. INSTITUTIONAL IMPLEMENTATION AND ADMINISTRATIVE CHALLENGES

Implementation is distributed across departments and levels of government. Education departments, health authorities, police, courts, local bodies, transport agencies, social-welfare departments and disability commissioners may each hold responsibilities relevant to the same individual. Fragmented administration can result in gaps, repeated documentation, unclear referrals and delayed remedies.

Common institutional risks include insufficient disability awareness, inadequate staff training, inaccessible physical and digital infrastructure, weak coordination, limited budget transparency, poor monitoring and complaint mechanisms that are difficult to use. A policy circular or accessibility certificate does not by itself establish that a service is usable by women and children with different disabilities. Monitoring should examine actual user experience, reasonable accommodation, maintenance, communication access and the availability of remedies.

Section 4 should be operationalised through measurable departmental responsibilities. Each department should identify the services it provides to women and children with disabilities, the barriers that may arise, the accommodations available, the officials responsible and the procedure for review. Local authorities should coordinate with schools, health facilities, police, legal services and community organisations. Women and children with disabilities should be included in consultation and monitoring processes in accessible and age-appropriate ways.

15. JUDICIAL INTERPRETATION AND LANDMARK DECISIONS

Judicial decisions help explain how equality, autonomy, reasonable accommodation and accessibility should operate in practice.

In Suchita Srivastava v Chandigarh Administration (2009) 9 SCC 1, the Supreme Court recognised reproductive choice as an aspect of personal liberty and emphasised the importance of the woman's consent. The judgment is relevant to women with disabilities because it rejects the assumption that intellectual disability automatically removes reproductive autonomy.

In Jeeja Ghosh v Union of India (2016) 7 SCC 761, the Supreme Court addressed the dignity and equality of a passenger with cerebral palsy who had been removed from an aircraft. The decision reinforces that persons with disabilities are entitled to dignity and non-discriminatory treatment in transport and public services.

In Vikash Kumar v Union Public Service Commission (2021) 5 SCC 370, the Court examined reasonable accommodation in the context of a candidate seeking a scribe. The decision is significant for its explanation that reasonable accommodation is an aspect of substantive equality and may require individualised adjustments.

In Rajive Raturi v Union of India, 2024 INSC 858, the Supreme Court examined accessibility obligations under the RPwD framework and the legal status of accessibility rules. The judgment is important for treating accessibility as a matter requiring enforceable standards rather than optional administrative aspiration. The precise directions and subsequent regulatory position should be checked against the official judgment and current rules immediately before submission.

These decisions are not all direct cases concerning women and children with disabilities. Their relevance lies in the principles they establish concerning autonomy, dignity, reasonable accommodation and accessibility, which inform the interpretation and implementation of the statutory protections examined in this paper.

16. LEGAL RECOGNITION AND IMPLEMENTATION: A CRITICAL ASSESSMENT

The statutory framework is substantial, but its practical effect depends on the relationship between legal recognition and institutional delivery. A right to inclusive education is weakened where the school is physically inaccessible or lacks trained personnel. A right to reproductive healthcare is undermined where information is inaccessible or consent is presumed by a provider. A right to protection from violence is ineffective where a complaint cannot be made privately or in a communication format the person can use. A right to participate in decisions is hollow where the person's views are not actively sought.

The central implementation challenge is therefore not simply the absence of law. It is the need to translate legal duties into accessible procedures, assigned responsibilities, budgets, staff capacity, monitoring and remedies. Section 4 can serve as an organising principle across departments. It should not be treated as a narrow welfare provision applicable only to a small set of schemes. It requires governments and local authorities to examine whether women and children with disabilities enjoy rights equally in all relevant areas of public life.

The following matrix summarises the relationship between key statutory provisions and implementation questions. It is an analytical mapping of the Act, not a statistical measurement of compliance.

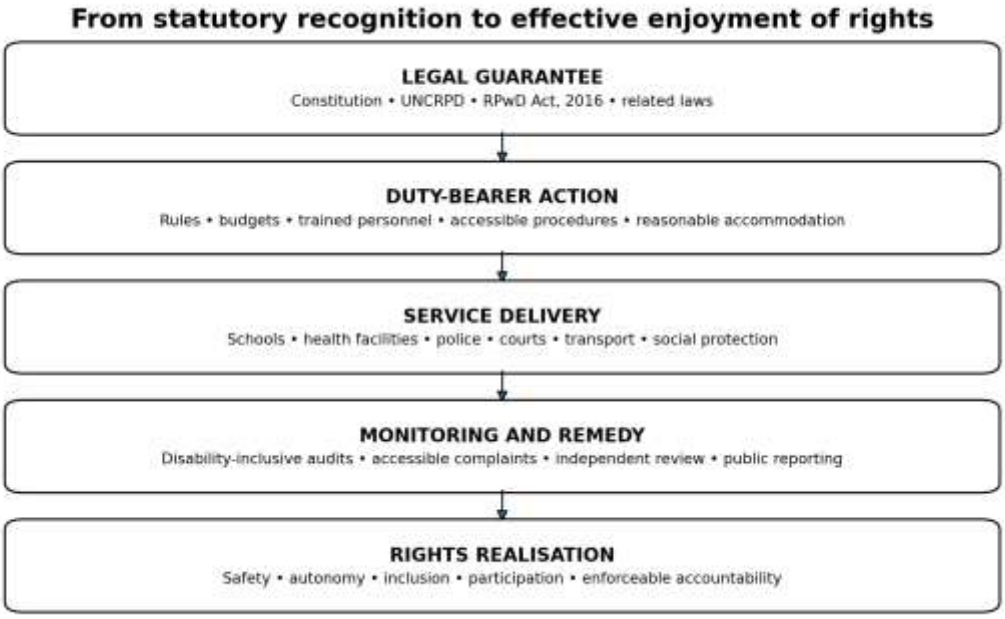


Figure 3. Pathway from legal recognition to effective enjoyment of rights. Author's analytical framework; not empirical data.

17. LEGAL PROVISION AND IMPLEMENTATION MATRIX

Table 1 maps the principal provisions discussed in this paper to their subject matter and the implementation questions they raise. The table is intended as a practical research and monitoring aid.

Provision	Subject	Implementation question
Section 3	Equality, non-discrimination and reasonable accommodation	Are services accessible and are individual adjustments provided?

Provision	Subject	Implementation question
Section 4	Equal rights of women and children; child participation	Are departments implementing gender- and age-responsive measures?
Sections 6–8	Cruelty, abuse, violence, exploitation and safety	Can women and children report harm safely and access remedies?
Section 9	Home and family; protection against disability-based separation	Are family-based supports available and is the child's best interest assessed?
Section 10	Reproductive rights and informed consent	Is information accessible and is free and informed consent respected?
Section 12	Access to justice	Are courts, police and dispute-resolution processes accessible?
Sections 16–17	Inclusive education	Are accommodation, learning materials and trained staff available?
Section 25	Healthcare, including sexual and reproductive healthcare	Are facilities, equipment and communication accessible?
Section 31	Free education for children with benchmark disabilities aged 6–18	Is the statutory entitlement implemented without exclusionary barriers?
Sections 40 onwards	Accessibility standards	Are buildings, transport, ICT and services usable in practice?
Section 92	Specified offences and safeguards	Are offences investigated with accessible, disability-sensitive procedures?

Source: Author's doctrinal mapping of the RPwD Act, 2016. This table identifies legal themes and implementation questions; it does not score institutional compliance.

18. FINDINGS AND DISCUSSION

The doctrinal analysis produces six principal findings.

First, the RPwD Act contains a broad set of protections relevant to women and children with disabilities, but these protections are spread across provisions dealing with equality, safety, family life, reproductive rights, education, healthcare, social security, accessibility and justice. Their combined effect must be understood holistically.

Second, Section 4 has a cross-cutting character. It should inform the design and delivery of all relevant public services rather than being confined to a stand-alone programme. Its implementation requires coordination among departments and local authorities.

Third, autonomy and protection must be balanced without allowing protection to become paternalism. This is particularly important in reproductive healthcare, family life, legal capacity and violence response. Accessible information and decision-making support are essential.

Fourth, children's participation is a substantive right. Age- and disability-appropriate support should enable children to express views on matters affecting them. Their views must be considered alongside their best interests and evolving capacities.

Fifth, accessibility is not limited to ramps or physical infrastructure. It includes transport, communication, digital systems, service procedures, accessible information and emergency preparedness. A person may remain excluded even where a building has some accessible features if the overall service journey is unusable.

Sixth, accountability requires evidence. Public authorities should document the measures taken, responsible officials, budgets, accessibility audits, accommodation requests, complaints and corrective action. Data should be disaggregated where appropriate, with privacy safeguards. These findings are legal and analytical conclusions drawn from documentary examination; they are not claims about the measured prevalence of particular experiences.

19. RECOMMENDATIONS AND POLICY SUGGESTIONS

1. Operationalise Section 4 through departmental action plans. Each appropriate Government and local authority should identify relevant services, barriers, responsible officials, timelines, budgets and review mechanisms for women and children with disabilities.
2. Strengthen accessible complaint and protection systems. Police stations, child-protection bodies, One Stop Centres, hospitals and legal-aid institutions should provide accessible communication, privacy, support persons where appropriate and clear referral pathways.
3. Protect reproductive autonomy. Healthcare providers should deliver accessible and understandable information, obtain free and informed consent, respect the woman's will and preferences, and avoid assumptions based solely on disability or diagnosis.
4. Improve inclusive education. Schools should provide accessible infrastructure, learning materials, communication support, trained teachers, assistive technology, reasonable accommodation and protection from bullying and exclusion. Monitoring should examine meaningful participation and learning outcomes.
5. Strengthen child participation. Administrative and judicial processes should use age- and disability-appropriate communication and record how the child's views were obtained and considered.
6. Improve healthcare access. Public health facilities should ensure accessible premises, equipment, information, reproductive health services, referral systems and staff training.
7. Promote economic independence. Vocational training, employment, self-employment, social security and livelihood programmes should be accessible and responsive to the specific barriers faced by women with disabilities, including women with caregiving responsibilities.
8. Make accessibility measurable. Public authorities should conduct regular accessibility audits covering the entire service journey, including approach routes, entrances, internal circulation, toilets, signage, information, digital access, transport connections and emergency arrangements.
9. Build institutional capacity. Training for teachers, health workers, police, judicial officers, local officials and service providers should address disability rights, gender sensitivity, child safeguarding, communication and reasonable accommodation.
10. Improve accountability and participation. Authorities should publish accessible progress reports, disclose corrective action and involve organisations of persons with disabilities, women with disabilities and children with disabilities in monitoring and policy design.

11. Improve data and research. Data collection should be ethical, privacy-protective and disaggregated where appropriate by gender, age, disability and location. Participatory and longitudinal research should examine whether legal protections translate into meaningful outcomes.

20. CONCLUSION

The RPwD Act, 2016 provides an important legal foundation for the equal enjoyment of rights by women and children with disabilities. Its provisions on equality, protection, reproductive rights, family life, education, healthcare, accessibility and justice reflect a shift from welfare-based approaches towards enforceable rights and institutional duties. Section 4 is central because it expressly recognises the need for women and children with disabilities to enjoy rights equally with others and for children to be heard in matters affecting them.

The principal challenge is to translate these guarantees into everyday institutional practice. Legal rights are meaningful only when schools, hospitals, police stations, courts, transport systems, digital platforms and local authorities are accessible and responsive. Protection must not displace autonomy; participation must not be merely symbolic; and reasonable accommodation must be available when needed. Women and children with disabilities must be involved in the design, delivery and monitoring of the services intended for them.

The paper concludes that implementation should be assessed through the lived accessibility of services, the quality of participation, the effectiveness of safeguards, the availability of remedies and the transparency of public accountability. A rights-based system must move beyond formal recognition and ensure that women and children with disabilities can exercise their rights with dignity, safety, autonomy and equal participation.

21. LIMITATIONS AND FUTURE RESEARCH

This paper is doctrinal and documentary. It does not include original interviews, surveys, administrative data collection or field audits. It therefore cannot quantify the prevalence of barriers or establish how consistently individual institutions comply with the Act. The analysis is also selective: it focuses on provisions and decisions most directly relevant to women and children with disabilities rather than providing an exhaustive commentary on every provision of the RPwD Act.

Future research should include participatory studies led by women with disabilities, accessible consultations with children with disabilities, state- and district-level implementation audits, examination of institutional complaint records, and longitudinal evaluation of inclusive education and healthcare. Such work should use accessible consent procedures, appropriate ethics review, privacy safeguards and methods that enable participants to communicate in their preferred formats.

22. REFERENCES

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Cases

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3. Garland-Thomson, Rosemarie, 'Integrating Disability, Transforming Feminist Theory' (2002) 14(3) NWSA Journal 1.
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5. Shakespeare, Tom, Disability Rights and Wrongs Revisited (2nd edn, Routledge 2013).
6. Note: The references above form a core starting bibliography. Before journal submission, complete bibliographic details for any additional secondary sources, confirm the current consolidated version of legislation and rules, and format all citations and footnotes to the target journal's required style. Do not treat this working bibliography as a substitute for a final source-by-source citation check.