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Research Paper

Inclusion of Women with Disability in India

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ABSTRACT

Although there is a global trend toward women with disabilities striving to forge their own identities in this complicated culture, their situation in poorer nations, particularly India, remains significantly different. The condition of disabled women is particularly dismal since, in addition to gender difficulties, they confront a triple handicap and discrimination as a result of their condition. Women with disabilities face a wide spectrum of violence, from neglect to physical abuse to denial of traditional duties such as marriage and motherhood. This review paper highlight on inclusion of women with disability in India and their intervention, Programming for the inclusion of girls with disabilities.

Keywords: *Inclusion, women with disability in India*

India is a large country with a population of roughly 1.26 billion people, with women accounting for 48 percent of the population. They are always battling for their rights. According to the 2011 Census, India has 11,824,355 disabled women. In India, the position of women with disabilities is appalling. They are always battling to fulfil the roles of wife, mother, and housewife. Both Houses of Parliament passed the Persons with Disabilities (Equal Opportunities, Protection of Rights, and Full Participation) Act, 1995, which was a landmark in the history of the disability rights movement in India, following the launch of the disabled rights movement in 1990 and the unrelenting lobbying by Disability Rights Group. Despite the Act's many excellent features, the condition of disabled women has not improved significantly.

According to the United Nations Convention on the Rights of Persons with Disabilities, roughly 10% of the world's population has a disability. Despite the fact that both men and women are affected by impairments, women are treated unfairly. Women discriminate against crippled women and look down on them. They are treated as though they are merely objects of our benevolence. Discrimination against disabled women is not a new phenomenon; it has been a difficult situation for women for ages. The years-long struggle by several women's organizations to persuade the Indian Parliament to pass a bill giving women 33 percent reservation in the Lower House points to the need for constitutional protection for women and the disparities in treatment that women face. This condition exposes them to the same level of prejudice as the labor market (Eschel M.Rhoodie, 1989). Aside from the

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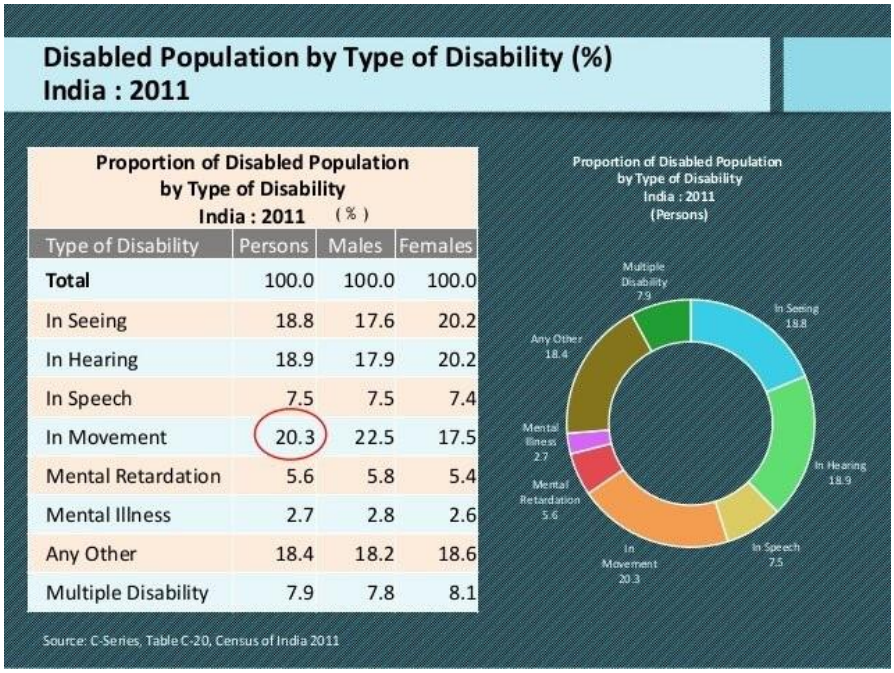
mistreatment of women based on their gender (Margaret Thornton 2010), disability is another source of discrimination for them.



Women with special needs face many disadvantages as a result of their status as women, as people with special needs, and as people who live in poverty in large numbers. The underlying assumption that differently abled women are not the same as other women, and hence cannot be expected to share the same rights and ambitions, is at the root of much of the discrimination they face. Disabled women's isolation and marginalization extends to mainstream women and feminist movements, who deny them their rights and identities (Roeher, 2001). Isolation and confinement due to culture and traditions, as well as attitudes and biases, disproportionately affect disabled women. This isolation of disabled women leads to low self-esteem and negative feelings. Lack of appropriate support services and lack of adequate education result in low economic status, which, in turn, creates dependency on families or care-givers. Some societies go so far as to assign fault to a mother who gives birth to a disabled child, especially so if the mother is a disabled woman. Differently abled women and men can experience different kinds of attitudes based on gender discrimination. While men are still seen as the major bread-winners and leaders of society, a disabled man, considered "less of a man", won't conform to that stereotype (Lonsdale, 1990).

A woman's main role, in most communities, is still to be a wife, mother, and homemaker while the man is the main decision-maker and income-earner. Since education and vocational training are seen as investments for higher-value employment, a woman is less likely to have the opportunity to receive them. While public attitudes are changing, illiteracy rates among women worldwide are falling, and more and more women are entering the labor market, the situation has changed little for women with disabilities (Douglas, 2001). The general attitude is still that a disabled woman has little hope of becoming a wife or a mother, or of getting a real job. She therefore is a burden to her family or the state - a dependent for the rest of her life. Excluded from opportunities, disabled women are on the whole desperately poor. While poverty is a result of discrimination, it is also a cause of further discrimination. Poverty is the lack of resources: not just money, but also skills, knowledge,

and social connections. Without those resources, disabled women have very limited access to institutions, services, markets, and employment.

Definition for Women with Disabilities

According to Disability Awareness in Action (1994), "Disabled women and girls are of all ages, all racial, ethnic, religious, and socioeconomic backgrounds and sexual orientations; they live in rural, urban and suburban communities; they have one or more impairments and experience barriers to their independence and opportunity at home, school, work and in the community."

According to the World Health Organization, a disability is "any restriction or lack (resulting from any impairment) of ability to perform an activity in the manner or within the range considered normal for a human being." A disability includes those that:

- Are present, or
- Once existed but don't any more, for example, a person who has had a back injury, a heart attack or an episode of mental illness, or
- May exist in the future, for example, a person with a genetic predisposition to a disease, such as Huntington's disease or heart disease or a person who is HIV positive, or
- Someone thinks or assumes a person has.

Who Do We Mean by "Disabled Women"? Disabled women are women who have one or more impairments and experience barriers in society. We include disabled girls and women of all ages, in rural and urban areas, regardless of the severity of the impairment, regardless of sexual preference and regardless of cultural background, or whether they live in the community or an institution.

REVIEW OF LITERATURE

Walter & Langdon (2001) compares the differences in how women with disabilities and women without disabilities learned about their sexuality and reproductive functioning. A written questionnaire was sent to a national sample of women with disabilities and their non-disabled woman friends recruited through independent living centers and announcements in the media. Responses were received from 504 women with disabilities and 442 women without disabilities. Participants were asked how old they were when they first learned about the physical aspects of sexual intercourse. Women with disabilities learned about the physical aspects of sexual intercourse at about the same age (M = 13.16) as women without disabilities (M = 12.93). The most commonly reported sources for learning about sexuality and sexual functioning for both groups were books and other printed material, having sex, partners, friends, and teachers in primary school. More women with disabilities received information from a woman with a disability and a rehabilitation counselor. Women in both groups indicated that sex was never or seldom the subject of general family conversation. On average the women with physical disabilities had their first date at age 16.6, which is later than women without physical disabilities (M = 14.91).

Becker, (2003) explore the reproductive health care experiences of women with physical disabilities and how reproductive health care experiences could be improved. Design: A qualitative interview study was conducted. Participants: Ten women, ages 28 to 47 years, with physical disabilities, including multiple sclerosis, cerebral palsy, and paralysis, were recruited through the investigators' contacts with local disability groups. Results:

Interviewees encountered numerous barriers to quality reproductive health care services, including inaccessible equipment and facilities, limited contraceptive options, health care providers' insensitivity and lack of knowledge about disabilities, and limited information tailored to their needs.

Coley & Marler (2004) seeks to define gender issues and explores the significance of these issues for challenging behavior in the field of learning disability. It is argued that lack of awareness about these issues contributes to the development of challenging behavior and to difficulties in identifying the needs expressed through these behaviors, whatever their origin. Specific areas examined include models of residential provision for adults, prioritization of service activities, attribution processes (needs identification), and the sexuality of people with learning disabilities. In each area issues are raised and the implications for service practice defined.

Barnartt (2000) studied on the "multiple minority status of disabled women". He examines the situation of women with special needs as a group with multiple minority status. The researcher draws upon the work of others who have attempted to draw parallels between the situation of women of color and women with disabilities, arguing that both of these groups can be considered doubly disadvantaged when compared to white, non-disabled women as well as to men of their own group. The researcher criticizes previous work in this area and clams she will attempt to remedy some of their deficiencies with her own study, which consists of a statistical comparison of three groups: two groups of disabled people and one group of nondisabled people. The study claims that the data presented in the article support the multiple minority status arguments but argues that women with disabilities are not a minority group, because they lack "groupness." Despite the author's fairly arrogant claims at the beginning of the article, her study does not add much to the previous analysis of the multiple minority status of women with disabilities.

Thomas and Thomas (2003) observed that women with disabilities worldwide are emerging from their isolation to take their places in societal mainstream. However, the situation in developing countries is quite different. In the available literature on women with disabilities in developing countries, it is often stated that these women face a triple handicap and discrimination due to their disability, gender and developing world status. In the South Asian context, gender equity is an issue for a large majority of women, given the socio-cultural practices and traditional attitudes of society. Therefore, many of the issues that are faced by women in general in a male dominated society also have an impact on women with disabilities. In addition, women with disabilities from these countries face certain unique disadvantages compared with disabled men. This paper discusses some of these unique disadvantages that disabled women in developing countries face, and suggests possible strategies to overcome these disadvantages in a community based rehabilitation setting.

Berkman & Syme (2003) explore that Women with disabilities often are not seen as fit parents, and this view shapes policies denying them custody and adoption. Accessing services related to education, health care, and other needs clearly poses challenges to women with disabilities and needs to be addressed through rehabilitation counseling. Because of the widespread discrimination they face in many social domains, women with disabilities experience multiple psychosocial challenges that impact their quality of life. Social connectedness has been found to be related to the development of self-worth, whereas isolation is related to health problems and mortality. Women with disabilities experience social isolation that may negatively impact their self-esteem, levels of depression, and stress.

McGrath, Keita, Strickland, & Russo, 2000; Warren & McEachren, (2003) explain that stress levels for women with physical disabilities have been reported at higher levels than those of the general population. Women with disabilities appear to be at higher risk for depression in comparison to men with disabilities, women without disabilities, and the general population. Contributing to women's depression are a variety of factors that include low levels of perceived control, lack of social support, low income or poverty, and abuse.

Clare (2000) Women with developmental disabilities face a myriad of barriers that prevent sexual expression. These include, but are not limited to, inadequate access to health care, limited choices regarding reproductive issues, and lack of sex education. The values and beliefs of support staff also represent potential barriers. A survey was conducted to determine the attitudes and knowledge of support staff at an agency serving individuals with developmental disabilities. Findings indicated that a majority of staff felt comfortable supporting women in expressing their sexuality, but few were trained to do so. Results also suggested that staff were guided more by their personal views than by agency policy.

Roeher (2001) this study focused on violent or abusive circumstances experienced by people with disabilities and the impact of this on their lives. These circumstances include physical, sexual, emotional, and verbal abuse; denial of rights, necessities, privileges, and opportunities; and failure to respond to complaints of abuse and violence. The information for this study came from a Canadian survey of people with disabilities, and from interviews and focus groups with service providers, police, advocates, and family members, review of the literature on this topic and Canadian case law and statutes.

Interventions to support women and girls in conflict and crises have found that it is important to:

- Have organizational commitment to translate policies that integrate both disability and gender mainstreaming into practice.
- Support staff to identify skills and capacities when working with women and girls with disabilities rather than just focusing on their risks and vulnerabilities.
- Carry out activities which strengthen protective peer networks. ▪ Set targets for inclusion in existing programmers, including economic strengthening programmers.
- Advocate for representation of women and girls with disabilities in community committees and support advocacy by groups representing women and girls with disabilities.
- Recruit women with disabilities as volunteers and staff
- Partner with, and support, women's disabled people's organizations.

Interventions to support women and girls with disabilities in conflict and crises Sherwood and Pearce (2016: 1) find that 'while humanitarian organizations are increasingly recognizing women and girls with disabilities in policies and guidelines, there are still significant gaps in operationalizing this at the field level'. UNHCR (2016: 20) also finds that the diverse skills, capacities and needs of people with disabilities are often not adequately recognized in humanitarian response (see also Sherwood and Pearce, 2016: 1). However there are a number of examples of interventions to support women and girls with disabilities in conflict and crises. They include:

- Strengthening the capacity of networks of women with disabilities on humanitarian issues
- Disability inclusion in gender-based violence interventions in conflict affected contexts

- Programming for the inclusion of girls with disabilities
- Providing opportunities for women with disabilities to work in humanitarian response
- Engagement with host community DPOs
- Policy and guidelines

Programming for the inclusion of girls with disabilities

A number of different pilot interventions in humanitarian settings have sought to include girls with disabilities to reduce their risk of gender-based violence (Pearce et al, 2016: 131). Recommendations from these experiences include:

- Priorities the right of girls with disabilities to participation and inclusion: Recognizing the diversity of the populations they serve and including girls with disabilities in adolescent girls' programming is critical to reducing their risk of gender-based violence and should be a core part of such programming, not something thought to be special or separate (Pearce et al, 2016: 129).
- See the girl first: The age and gender components of girls with disabilities' identities are often overlooked in humanitarian contexts. Girls with disabilities have 'indicated that they identify first as daughters, sisters and friends, and want to be included in the same activities as their peers' (Pearce et al, 2016: 130).
- Do not make assumptions: Humanitarian actors often make assumptions about what girls with disabilities can and cannot do, or what activities would be most suitable for them and do not give them from the same opportunities as their non-disabled peers (Pearce et al, 2016: 130). Consultation with girls with disabilities by humanitarian actors has been reported to result in important changes for them (Pearce et al, 2016: 130).
- Identify and value all contributions: As participation will look different for every individual it is important to avoid setting rigid standards for what counts as participation and recognise that everyone has something to contribute (Pearce et al, 2016: 130). This recognition by humanitarian actors can help shape the way others view girls with disabilities (Pearce et al, 2016: 130).
- Work with families and caregivers: By engaging wider family units, humanitarian actors can both support and strengthen healthy relationships and balanced power dynamics between and among caregivers, girls with disabilities, and other family members (Pearce et al, 2016: 131).

CONCLUSION

The concept of women with disability started with the notion that they can become an important part of the globalized era. The study substantially established the fact that first of all the WWDs are subject to a long history of neglect, segregation, isolation, deprivation, charity, welfare and even pity. This list is supplemented with conditions of ignorance and poverty. Poorer sections of the society are invariably more prone to these factors. Although the rehabilitation measures have been taken by government and non-government organizations, it has not given the desired results which need immediate attention. Those are: have always been ignored, empowerment programs for women do not include issues of disabled women, development programs rarely address the needs of disabled women or include them in community development programs, disabled women are seen imperfect, incomplete, inferior, asexual, and non-productive and denial recognition as women and human beings. The study tried to find out the real problem of WWDs and how they can be brought into main stream. The first problem lies with the family members, the care takers have to be cautioned more that they will encourage the WWDs and try to make them self-

sufficient. They will show the real love and affection, accept their disability and will not think them as a burden. Every family member will keep an eye watch about the outsiders, relatives or neighbors so that they will not take advantage of the WWD during the absence of their family members, particularly in case of blind or mental disorder patients.

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Conflict of Interest

The author(s) declared no conflict of interest.

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