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Research Paper

Psychological Issues of Women and Girls with Disability in India

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ABSTRACT

Women and girls with disabilities face a myriad of psychological challenges that significantly impact their well-being and quality of life. This review synthesizes existing literature to elucidate the psychological issues prevalent in this population. Factors such as societal attitudes, gender expectations, and accessibility barriers contribute to heightened levels of stress, anxiety, and depression among women and girls with disabilities. Moreover, the intersectionality of disability and gender exacerbates these challenges, leading to a greater risk of marginalization and social exclusion. Despite these obstacles, many women and girls with disabilities demonstrate resilience and agency in navigating their psychological struggles. The study highlights the importance of addressing these psychological issues through inclusive and holistic interventions that consider the unique needs of women and girls with disabilities. Community support and awareness programs are essential to promote the mental health and empowerment of women and girls with disabilities.

Keywords: *Women, Girls, Disability*

Gender refers to the societal norms and expectations that define what it means to be a man or a woman. In communities where girls are not valued as much as boys, girls often face additional stress. They may receive less education or food compared to their brothers, face frequent criticism, and have their hard work go unrecognized. Girls with disabilities are particularly vulnerable to such treatment. This unequal treatment can lead girls to believe that they do not deserve to be treated well by their families or partners, to receive healthcare when needed, or to develop their skills. These beliefs may lead them to accept their perceived lack of importance in the family and community as normal, when in reality, it is unfair and unjust.

In India, the birth of a male child is celebrated, while the birth of a girl child, especially if she has a disability, is often considered a curse (Vidhya, 2016). Women with disabilities in India face significant challenges, including social devaluation, lack of voice, inadequate rehabilitation systems, and limited access to healthcare (Philippa, 2005). They are often treated as objects and are socially invisible, facing barriers to education, employment, and independence (Addlakha, 2008). Mehrotra (2004) highlights that while a disabled woman's disability itself is not her primary problem, it adds strain to their already marginalized

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position in Indian society. The hurdles faced by women with disabilities are often due to society's precarious attitude towards them, stemming from illiteracy and ignorance.

Both disability and gender can be seen as constructs that overlook an individual's inherent personhood. Being labeled as disabled often implies falling short of the cultural ideal of masculinity, which values traits like strength, physical ability, and autonomy. For disabled women, this societal lens adds layers of complexity. They are not only perceived as unable to fulfill traditional roles such as homemaker, wife, and mother but also struggle to conform to standards of beauty and femininity based on physical appearance. Paradoxically, being a disabled woman can also align with the stereotype of passivity and dependency.

The intersection of disability and gender gives rise to various psychological issues for women with disabilities in India. These women often face a double burden of stigma and discrimination, stemming from both their gender and their disability. This can lead to feelings of inadequacy, low self-esteem, and a sense of not fitting societal norms. The pressure to conform to traditional gender roles despite their disabilities can create internal conflict and contribute to mental health issues such as depression and anxiety.

Furthermore, the societal expectation of passivity and dependency placed on disabled women can exacerbate feelings of helplessness and a lack of control over their lives. This, combined with the challenges of accessing adequate healthcare and support services, can result in feelings of isolation and frustration.

Despite these challenges, many disabled women in India demonstrate resilience and strength. They advocate for their rights and actively challenge stereotypes, contributing to a growing movement for inclusivity and empowerment. Nevertheless, the psychological toll of navigating a society that often overlooks their personhood remains a significant issue for disabled women in India.

India, with its vast population exceeding one billion, is home to nearly 70 million individuals with disabilities. Alarmingly, almost half of this demographic comprises women. Despite the country's rich cultural heritage and rapid economic growth, women in India continue to face deep-rooted challenges in asserting their rights. They confront and combat stereotypes ingrained in the national psyche, challenging perceptions, and striving for gender equality and empowerment.

Prevalence

Approximately 15% of the world's population, or over 1 billion people, live with some form of disability, with 2-4% experiencing significant difficulties in functioning. Globally, there are around 300 million women and girls with disabilities, and the prevalence of disability is higher among women (19%) compared to men (12%) (WHO and World Bank, 2011).

India, with the second-largest population globally, also has the second-largest number of people with disabilities after China. The Census of India in 2011 revealed that out of the total population of 121 crore, 2.68 crore individuals were classified as 'disabled,' accounting for 2.21% of the total population. Among these, 56% were males and 44% were females. The majority of the disabled population (69%) resided in rural areas. The percentage of disabled individuals among males and females was 2.41% and 2.01%, respectively.

The number of disabled persons increased from 2001 to 2011, both in rural and urban areas, as well as among males and females. The percentage of disabled individuals to the total population increased from 2.13% in 2001 to 2.21% in 2011. The most common types of disabilities were related to movement, vision, and hearing. The highest number of disabled persons was in the age group of 10-19 years.

The literacy rate among disabled individuals was 55%, with a higher percentage of literate individuals in urban areas compared to rural areas. Among the male disabled population, 62% were literate, while among females, 45% were literate. Illiteracy was higher among female disabled individuals in rural areas. In India, the educational level of disabled individuals is higher in urban areas compared to rural areas, for both males and females. In urban areas, 67% of disabled individuals are literate, while in rural areas, this figure is 49%. Additionally, in urban areas, 20% have matric/secondary level education but are not graduates, and 10% are graduates and above. In rural areas, the corresponding figures are 10% and 2%, respectively. Among the disabled who are literate, 15% in urban areas are graduates, while in rural areas, only 5% are graduates. At the national level, 36% of disabled individuals are workers. Among disabled males, 47% are working, while among females, only 23% are working.

In rural India, 25% of female disabled individuals are working, compared to 16% in urban areas. Among disabled workers, 31% are employed as agricultural laborers.

The National Statistical Office survey (2008) states that the prevalence of disability in India is 2.2%, with 2.4% among men and 1.9% among women. However, the World Bank Report (2009) suggests that disabled people may constitute between 5 to 8% of the Indian population.

Barriers

Education plays a crucial role in empowering women and girls with disabilities. It provides them with access to information, enables them to communicate their needs and experiences, connects them with peers, builds their confidence, and helps them advocate for their rights (Chaudhuri, 2006). Education also plays a key role in achieving financial security and economic independence. Without education, their chances of finding meaningful employment are limited, and their empowerment remains unrealized.

Research from UNESCO in 2018 highlights that marginalized groups, including girls with disabilities, face significant barriers to education. They are often excluded from educational opportunities due to various factors such as disability, gender, and age. To address this, there is a need for stronger policies and initiatives that focus on integrating women with disabilities into the general education system.

Apart from policy gaps, socioeconomic factors also contribute to the challenges faced by girls and women with disabilities in accessing education. Social, cultural, economic, and physical barriers, as well as negative attitudes, often prevent them from attending school. Therefore, efforts to improve access to education for disabled girls and women should consider these multifaceted challenges.

Moreover, the lack of inclusive and accessible infrastructure in educational institutions poses a significant obstacle to the education of women with disabilities. Many schools and colleges in India lack basic facilities such as ramps, elevators, and accessible restrooms,

which are essential for the mobility and full participation of women with disabilities in educational settings. Addressing these infrastructure gaps is crucial for ensuring that all women, regardless of their disabilities, have equal access to education.

Disabled women in India are disproportionately untrained, undereducated, and unemployed, with low wages and few opportunities (Society for Disability and Rehabilitation Studies, n.d.; D'Souza & Singhe, 2019). They are marginalized in education and employment, with lower enrollment and workforce participation rates than disabled men (WDIN, 2019; Mitra & Sambamoorthi, 2006). Negative attitudes and stigmatization contribute to their exclusion from economic activities and lower wages compared to men (Rao, 2004; UNNATI, 2011). Barriers to employment include low education levels, lack of vocational skills, inaccessible infrastructure, and negative employer attitudes (Sightsavers, 2018). Employment is crucial for the empowerment and inclusion of women with disabilities in Indian society (Society for Disability and Rehabilitation Studies, n.d.).

Thus, it becomes crucial to understand the psychological issues commonly faced by girls and women with disabilities because they often experience unique challenges and forms of discrimination that can profoundly impact their mental well-being. Girls and women with disabilities may face multiple layers of stigma and marginalization due to their gender and disability status, leading to feelings of inadequacy, low self-esteem, and social isolation. They may also experience higher rates of abuse, neglect, and social exclusion, which can contribute to the development of mental health issues such as depression, anxiety, and post-traumatic stress disorder. They may also encounter barriers to accessing education, healthcare, employment, and social support, further exacerbating their psychological distress. A CDC study found that adults with disabilities report experiencing more mental distress than those without disabilities. In 2018, an estimated 17.4 million (32.9%) adults with disabilities experienced frequent mental distress, defined as 14 or more reported mentally unhealthy days in the past 30 days. Frequent mental distress is associated with poor health behaviors, increased use of health services, mental disorders, chronic disease, and limitations in daily life.1 prevalence was 50.8%, 58.7%, and 68% for depression, anxiety, and stress, respectively. Adolescent girls of higher senior secondary schools (Devi, Kaushal, Agnihotri & Mittal, 2023).

Depression

Studies have consistently shown that women with physical disabilities are more prone to experiencing depressive symptoms compared to men with disabilities. The prevalence of depression among women with disabilities ranges from 30% (Franklin 2000) to 59%, highlighting a significant burden of mental health issues within this population. According to Healthy People 2010, women with disabilities are more likely to report feelings of sadness, unhappiness, or depression, which can discourage them from engaging in physical activity, compared to women without disabilities.

The American Psychological Association National Task Force on Women and Depression attributed this gender difference to a combination of biopsychosocial factors (McGrath et al., 1990). Women encounter biological, social, economic, and psychological factors that increase their vulnerability to depression (McGrath et al., 1990). Feminist theorists have suggested that gender-based roles and socialization experiences contribute to depression in women (Jordan, Kaplan, Miller, Stiver, & Surrey, 1991).

Depression in women has been associated with lower levels of perceived control, lack of social support, lower income (Warren & McEachren, 1983), poverty, and experiences with abuse (McGrath et al., 1990).

Women with disabilities face unique challenges that contribute to their risk of depression. They experience the double jeopardy and marginalization of being female and disabled (Sahiba,2021; Mitra & Sambanoorthi,2000). Depression in persons with disabilities may be at least three times more common than in the general population (Turner & Beiser, 1990; U.S. Department of Health and Human Services, 2000). Several studies have reported a greater prevalence of depression in women with disabilities compared to their male counterparts (Coyle & Roberge, 1992; Fuhrer et al., 1993; Rintala et al., 1996).

Stress

Anxiety and stress-related disorders come next to depression with a lifetime prevalence of 3.1%. Both, anxiety and stress-related disorders have risk factors similar to depression, such as female gender and age group of 40 to 49 years. A recent study from Central India has shown the prevalence of Comon Mental Diseases in the rural women to be 22%, (Soni, Fahey, Byatt N et al. 2016) which is twice the national level estimate of 12.3%. (Gururaj, Varghese, Benegal, 2017) The Srinivasan, Reddy, Sarkar, Menon (2020) study reported the prevalence of anxiety and stress in rural women as 10.6% and 5%, respectively. A similar study done among Gujarati women belonging to the urban/semi-urban area has found the prevalence of anxiety and stress to be 35% and 26%, respectively which is alarmingly high when compared with our estimates (Patel, Patel, Khadilkar, Chiplonkar & Patel 2017).

Gender differences in stress levels are evident in the general population, with women typically reporting higher levels of stress than men. 11% male subjects and 22.7% females reported high perceived stress (Costa et.al ,2021). This trend extends to individuals with disabilities, as women with disabilities often report higher levels of stress than men with disabilities (Hughes, Taylor, Whelen & Nosek,2015). Coyle, Santiago, Shank & Boyd (2000) found that 82% of the women reported high or extremely high stress levels. Women with physical disabilities, in particular, may be more susceptible to stress due to factors such as higher rates of poverty, social isolation, violence, victimization, and chronic health problems compared to their male counterparts **(**McGrath et al., 1990). Economic disadvantage further contributes to stress among women with disabilities. They are more likely to earn lower incomes, have less education, be unmarried or unemployed, and have less access to disability benefits from public programs compared to men with disabilities. In a study on perceived stress among women with physical disabilities, preliminary findings suggest that perceived stress is greater for women with physical disabilities who have less social support, greater pain, and have experienced abuse in the past year (Hughes Taylor, Whelen & Nosek, 2003). These findings highlight the importance of addressing stress management and support for women with disabilities to improve their overall well-being.

Self esteem

A significant barrier hindering many women with disabilities from improving their circumstances is their lack of self-esteem. Self-esteem plays a crucial role in the overall health and well-being of women with disabilities, encompassing feelings of worthiness, adequacy, and self-respect. From a feminist perspective, women's self-esteem may stem from engaging in reciprocal relationships, providing care, feeling empowered to influence and influenced by others, and the belief that they are truly seen and acknowledged by others. It is not the disability itself but rather the multifaceted impact of disability, including

contextual, social, physical, and emotional dimensions that can profoundly affect the self-esteem of women with disabilities. Studies on self-esteem among women with disabilities have shown that it is not the disability itself but the contextual, physical, social, and emotional dimensions of disability that affect their sense of self (Barnwell & Kavanagh, 1997).

Self-esteem plays a central role in the psychological well-being of individuals with functional limitations, including women with physical disabilities (Abraido-Lanza, Guier, & Colon, 1998). However, declining health and increased functional limitations, often associated with the development of secondary health conditions, can threaten self-esteem (Mahat, 1997; Taal, Rasker, & Timmers, 1997; Schlesinger, 1996).

The correlation analyses revealed several significant differences between women with disabilities and those without disabilities. Women with disabilities exhibited lower levels of self-cognition and self-esteem, indicating a less positive self-perception. They also experienced greater social isolation, suggesting a lack of social connectedness and support (Nosek et.al 2003).

The experience of disability can be deeply stigmatizing, particularly when combined with the social devaluation often faced by women. Despite these challenges, many women who acquire disability either at birth or later in life are able to develop and maintain positive self-worth. However, the literature on self-esteem in the context of disability struggles to explain these differences and the connections between self-esteem and health outcomes, especially concerning men with disabilities and women in general.

A survey conducted in 1997 of 946 women, half of whom had physical disabilities, revealed that the majority reported high or moderately high self-esteem. However, on average, women with disabilities reported lower levels of self-esteem and higher levels of problems associated with low self-esteem, such as depression, unemployment, social isolation, limited opportunities to establish satisfying relationships, and experiences of emotional, physical, and sexual abuse, compared to women without disabilities (Nosek, Howland, Rintala, Young, & Chanpong, 2001).

The development of one's identity is often influenced by how they perceive others evaluate them, a concept known as the "looking glass self" (Cooley, 1902). This dynamic is closely linked to self-esteem (Bednar & Peterson, 1995). A qualitative study of women with physical disabilities suggested that negative messages, such as being a burden to the family, and positive expectations regarding a woman’s potential profoundly influenced their self-esteem (Nosek, 1996). Women with disabilities often face assaults on their self-esteem due to negative attitudes that portray them as "ill, ignorant, without emotion, asexual, pitiful, and incapable of employment" (Perduta-Fulginiti, 1996).

Body image

Body image encompasses a person's perceptions, feelings, and thoughts about their body, including body size estimation, evaluation of body attractiveness, and emotions associated with body shape and size. Girls and women with disabilities often face societal pressure to conform to narrow standards of beauty and attractiveness, which can significantly impact their body image. Many societies uphold an idealized notion of beauty that is often narrow and exclusive. This ideal typically includes physical characteristics such as slimness, able-bodiedness, and a certain level of physical symmetry. For girls and women with disabilities

who may not fit this narrow ideal due to their disability, societal pressure to conform to these standards can be particularly intense. In India, as in many cultures, societal pressures and expectations surrounding body image can significantly impact girls with disabilities. These pressures are often influenced by cultural norms, media representations, and traditional beliefs about beauty and attractiveness. Girls with disabilities in India may face unique challenges related to body image, compounded by the intersection of gender and disability.

Women with disabilities not only have to navigate their impairment but also contend with the lower status often associated with being female in society. They frequently diverge from the narrow definitions of ideal feminine beauty portrayed in the media, which can lead others to perceive them as unattractive or as not fitting the mold of "real" women (Fine and Asch, 1988).

Argyrides, Koundourou, Angelidou and Anastasiades (2023) study's results indicated that appearance satisfaction, self-esteem, and situational body image dysphoria were inversely related to negative perceptions of disability by others. These findings support previous research demonstrating the significance of others' attitudes and perceptions on body image issues (Bailey Gammage, Ingen & Ditor, 2015; Bailey Alleva, Tylka & Diest,2016; Nosek et al., 2003; Taleporos & McCabe, 2002). Taleporos and McCabe (2002) suggested that individuals with physical disabilities tend to internalize others' perceptions towards their disability, whether negative or positive, affecting their body image satisfaction. Negative perceptions have a significant negative effect on body image issues (Bailey et al., 2016; Taleporos & McCabe, 2002), while positive perceptions and supportive attitudes can promote body image satisfaction and acceptance (Bailey et al., 2015; Nosek et al., 2003; Taleporos & McCabe, 2002), as well as body esteem (Taleporos & McCabe, 2001). These findings underscore the importance of a supportive social environment in supporting individuals with physical disabilities.

The stigma surrounding disability in some cultures further intensifies this pressure. Disability is sometimes viewed as a deviation from the norm, and individuals with disabilities may be perceived as less attractive or less worthy based on these misconceptions. This societal attitude can deeply affect the body image and self-esteem of girls and women with disabilities, leading to feelings of inadequacy, shame, and self-doubt.

Moreover, the lack of representation of people with disabilities in media and popular culture can reinforce these negative perceptions. When girls and women with disabilities do not see themselves positively reflected in the media, it can further reinforce the idea that they do not meet societal standards of beauty and attractiveness. Women are more likely to develop a self-critical perspective of their body image and experience dissatisfaction due to the gendered social context surrounding them (Bailey et al., 2016; Taub et al., 2003). The societal emphasis on women's physical attractiveness over men's is evident in media portrayals and the promotion of beauty products (Argyrides & Kkeli, 2015b; Hargreaves & Tiggemann, 2004; McKay et al., 2018). Research suggests that women, regardless of disability status, are more likely to internalize the thin beauty ideal compared to men (Argyrides & Kkeli, 2015b; Murnen et al., 2003).

Violence and Abuse

Women, including those with disabilities, are frequently victims of various forms of violence, such as domestic violence, sexual assault, abuse, rape, incest, and dating violence

(National Women's Health Information Center, 2002). Women are five to eight times more likely than men to be victimized by an intimate partner. Women with disabilities face similar risks of abuse as other women but also experience disability-related vulnerabilities, such as reliance on others for access to assistive devices, medication, and assistance with essential personal needs like toileting and dressing (Nosek, Foley, Hughes, & Howland, 2001).

For people with disabilities, violence serves as a significant barrier to full participation in society and is associated with many other psychosocial problems. Current abuse experiences are linked to greater social isolation, less social support, and higher levels of stress and depression (Nosek, Taylor, Hughes, & Taylor, 2001). Women with disabilities may be highly vulnerable to abuse due to their dual minority status as women and people with disabilities. Contrary to some beliefs, disability does not protect women from abuse (Nosek, Foley, Hughes & Howland, 2001). A recent study found that 1 out of 10 women with disabilities had experienced physical, sexual, or disability-related violence in the past year (McFarlane et al., 2001). The Abuse Assessment Screen–Disability (AAS-D), a screening tool composed of four items, detected a 9.8% prevalence of abuse in a sample of women with disabilities. Two disability-related questions detected 2.0% of abused women who would not otherwise have been identified. This highlights the importance of assessing for physical, sexual, and disability-related abuse in women with disabilities as standard care.

The national survey mentioned earlier found a 13% prevalence rate of physical or sexual abuse in the past year among women with disabilities (Nosek, Howland, Rintala, Young & Chanpong, 2001). Of 429 women with disabilities and 421 women without disabilities, 62% of both groups reported experiencing some form of abuse during their lives. However, women with disabilities experienced abuse from a greater number of perpetrators and for longer periods than women without disabilities. Despite the prevalence of abuse, empirical studies have not identified specific characteristics of abused women with disabilities. Preliminary findings suggest that factors such as age, education, mobility, social isolation, and depression may be used to identify whether a woman has experienced physical, sexual, or disability-related violence or abuse within the past year with 80% accuracy (Nosek, Taylor, Hughes & Taylor, 2001).

CONCLUSION

Despite studies dating back to the 1980s, challenges persist for girls and women with disabilities, with recent scenarios adding to their turmoil. Stigma surrounding disability and entrenched gender roles continue to hinder their full inclusion and acceptance in society. Access to quality education and healthcare remains limited, denying them essential resources for empowerment. Rates of violence and abuse against this group remain high, further impacting their psychological well-being. Intersectional discrimination, where multiple forms of discrimination overlap, compounds their challenges. The lack of accessible support services tailored to their needs and the presence of policy and attitudinal barriers further restrict their opportunities and autonomy. Addressing these issues requires a comprehensive approach that includes changing societal attitudes, improving access to services, and advocating for the rights and empowerment of girls and women with disabilities. Raising awareness and sensitizing society about the capabilities and challenges faced by this group is essential in combating stereotypes and promoting inclusivity.

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Conflict of Interest

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