

Original Research Paper

Status of Women with Disabilities in India

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ABSTRACT

In ancient India it was evidenced that the respect of women was respect of God but day by day it has derived and destroyed the prosperous Indian societies. Although there is a world-wide trend towards women with disabilities emerging from their isolation to establish their own self- help groups and rights groups, the situation in developing countries remains quite different. In this paper 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. Woman with disabilities sometimes face discrimination in recruitment, promotion, and other related matters arising in the course of or through the length of employment, in any establishment In Indian 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

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disabled men. This paper discusses some of these unique disadvantages that disabled women in developing countries face in comparison with disabled men, and suggests possible strategies to overcome these disadvantages through national acts as well as right of women with disabilities.

Key words: Status, Disabilities, India And Women

INTRODUCTION:

There are problems and challenges faced by women with disabilities in literature, but mainly from the developed world. Even in the developed countries, where the women's movement and the disability movement have been active for more than 50 years, women with disabilities tended to be under-represented in decision-making positions. Because of the barriers faced, women with disabilities in the developed countries decided to organize themselves to safeguard their own interests, by starting groups specifically for themselves. In the nineties, women with disabilities were more strongly represented at different levels in the disability movement in the West, and their concerns were also taken into concern at international platforms like the Beijing Women's Conference in 1995.

"People with disabilities are vulnerable because of the many barriers we face: attitudinal, physical, and financial. Addressing these barriers is within our reach and we have a moral duty to do so..... But most important, addressing these barriers will unlock the potential of so many people with so much to contribute to the world. Governments everywhere can no longer overlook the hundreds of millions of people with disabilities who are denied access to health, rehabilitation, support, education, and employment and never get the chance to shine".

STEPHEN HAWKING

According to Manu, the ancient lawmaker of India, 'In childhood a woman must be subject to her father, in youth to her husband and when her Lord is dead, to her son. A woman must never be independent'. Although society's view of women has come a long way from the time of Manu's law, in most traditional societies, the roles of a wife and mother continue to be the most important roles assigned to women. These roles give the women in these countries an enhanced status in society. A woman is revered as a mother, especially if she has sons. Any woman who is unable to fulfill these roles is viewed by society as a useless person. Although there is a world-wide trend towards women with disabilities emerging from their isolation to establish their own self-help groups and rights groups, the situation in developing countries remains quite different. There is less research on issues facing women with disabilities in developing countries, even though the majority of women with disabilities live in these countries. 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, such as limited access to education and employment, the problems arising from traditional cultural practices that tend to seclude women from public life, and so on, also have an impact on women with disabilities. Although disability leads to inequality and marginalization of both men and women, disabled people are not a homogenous group. Women with disabilities from developing countries face certain unique disadvantages compared with disabled men, such as the difficulties in fulfilling traditionally expected gender roles, or the difficulties in accessing rehabilitation services which tend to be dominated by male professionals. In many developing countries,

poverty can exacerbate these disadvantages, by limiting access to resources and to rehabilitation services. There is little literature describing potential strategies to overcome the disadvantages that are specific to disabled women, for example, the training of women service providers in the community. This chapter discusses some of these unique disadvantages that disabled women face in comparison with disabled men, and suggests possible strategies to overcome these disadvantages in a community based rehabilitation setting.

A number of International commitments and guidelines came into effect in the recent past targeting the welfare of the disabled persons. India is a signatory to the 'Declaration on the Full Participation and Equality of People with Disabilities in the Asia Pacific Region' (2000). India has ratified the 'UN Convention on the rights of Persons with Disabilities' (2008). India is also a signatory to the 'Biwako Millennium Framework '(2002) for action towards an inclusive, barrier free and rights based society. The 'Biwako Plus Five (2007): further efforts towards an inclusive, barrier-free and rights-based society for persons with disabilities in Asia and the Pacific' added the emphasis. The Incheon Strategy to "Make the Right Real" for Persons with Disabilities in Asia and the Pacific (2012) provides the Asian and Pacific region and the world with the first set of regionally agreed disability inclusive development Goals. The Inclusion strategy will enable to track progress towards improving the quality of life, and the fulfilment of the rights, of the region's persons with disability. The Sustainable Development Goals (2015), pledges for 'leaving no one behind'. Recognizing that the dignity of the human being is fundamental, the SDGs wish to see the Goals and targets met for all nations and peoples and for all segments of society and to endeavour to reach the furthest behind first. The implementation and monitoring of these international commitments demand sound database of disabled persons.

Scenario of women with disabilities:

According to Census-2011, there are 11,824,355 women with disabilities as compared to 14,986,202 men with disabilities and the disabled women constitute 44.09 percent of total disabled population. Women with disabilities require protection against exploitation and abuse. Special programmes has been developed foreducation, employment and providing of other rehabilitation services to women with disabilities keeping in view their special needs

Disabled Population by Census, 2011		
Total	Male	Persons
26814994	14988593	11826401

Disabled Population by Type of Disabilities and Gender by Census, 2011			
Disability	Total	Male	Female
Seeing	5033431	2639028	2394403
Hearing	5072914	2678584	2394330
Speech	1998692	1122987	875705
Movement	5436826	3370501	2066325
Mental Retardation	1505964	870898	635066
Mental Illness	722880	415758	307122
Multiple Disability	2116698	1162712	953986
Other	4927589	2728125	2199464

The percentage of disabled to the total population increased from 2.13% in 2001 to 2.21% in 2011. In rural areas, the increase was from 2.21% in 2001 to 2.24% in 2011 whereas, in urban areas, it increased from 1.93% to 2.17% during this period. The same trend was observed among males and females during this period. Among the male disabled, 22% are having disability in movement, 18% each has disability in seeing/ in hearing while 8% of them suffered from multiple disability. In the case of the female disabled, 20% each has disability in seeing / in hearing, 18% has disability in movement and 8% of them are having multiple disability.

Disabled Person by age group by Census, 2011			
Age group	Total Disabled Population		
	Persons	Male	Female
0-4	1291332	690351	600981
5-9	1955539	1081598	873941
10-19	4616050	2610174	2005876
20-29	4189839	2418974	1770865
30-39	3635722	2112791	1522931
40-49	3115651	1851640	1264011
50-59	2492429	1430762	1061667
60-69	2657679	1394306	1263373
70-79	1769370	884872	884498
80-89	723585	337170	386415
90+	225571	97409	128162
Age not Stated	137790	76155	61635
Total	26810557	14986202	11824355

Educational level of Disabled Population by Census, 2011			
Educational Level	Total Disabled Population		
	Persons	Male	Female
Illiterate	12196641	5640240	6556401
Literate	14618353	9348353	5270000
Literate but below primary	2840345	1706441	1133904
Primary but below middle	3554858	2195933	1358925
Middle but below Matric/ secondary	2448070	1616539	831531
Matric/Secondary but below graduate	3448650	2330080	1118570
Graduate and above	1246857	839702	407155
Total	26814994	14988593	11826401

REVIEW OF LITERATURE:

A woman with disabilities faces many challenges in education, social life and in employment. There was a study by (Alexander, Bradley, Alarcon, Tirana-Alexander, Aaron, Alberts, Martin &

Stewart, 1998) about relationship between sexual and/or physical abuse, health care utilization, and pain medication usage in female patients with fibromyalgia. Participants were 75 women with fibromyalgia. It was found that 57% reported a history of sexual or physical abuse. Women with a disability continue to experience social oppression and domestic violence as a consequence of gender and disability dimensions. The study of Mays, J. M. (2006) explains the domestic violence and disability inadequately explain several features that lead women who have a disability to experience violent situations. Mays article argues that material feminist interpretations and disability theory, with their emphasis on gender relations, disabilities and poverty, should be used as an alternative tool for exploring the nature and consequences of violence against women with a disability. Disabled women are seen imperfect, incomplete, inferior, asexual, and non-productive and denial recognition as women and human beings. In a discussion of efforts to reduce global poverty, Yeo and Moore (2003) noted the marginalization of people with disabilities. Meekosha (2002) revealed that there are three realms of social being - individual, society, and the state - interact in the making of the identities of disability. Morris (1991), a disabled feminist and activist, provides a feminist analysis to the study of the experiences of women with disabilities. Morris (1993) further discusses that there is absence of women with disabilities from feminist scholarship and feminist theory. She discusses her anger and frustration with feminism in two ways: first, that disability is generally invisible from feminism's mainstream agenda, and second, that when disability is a subject of research by feminists, the researchers objectifies disabled people so that the research is alienated from their experiences rather than attempting to understand the experiences of disabled women. So, there is a need of research done by the disabled women themselves across the globe so that the real picture can be uncovered. There are differences of issues in the women disabilities in view with education, economic status,

categorization, culture and government policies of every state and country.

STRATEGIES TO OVERCOME DISADVANTAGES FACED BY WOMEN WITH DISABILITIES:

The Asia Partnership for Human Development has suggested that it is important to listen more carefully to the voices of women, in order to move forward in international community disability work. While women with disabilities form an important sub-group in most community based rehabilitation programmes, usually there are no programmes that are specially tailored to address the unique disadvantages that they face. However, in some countries in South Asia like Pakistan and Afghanistan, the need for culturally appropriate services have been recognized, and are being provided within the 'purdah' culture, for women with disabilities and for female cares of children with disabilities. In these societies, where women are segregated from men, there are specially planned, women-orientated programmes being carried out. Examples of such interventions are training of women service providers, and carrying out camps, workshops and seminars exclusively for women by women. These programmes take special care not to contradict the prevailing cultural norms of behaviour. Unlike in the West, it is sometimes counter-productive to promote individual rights in eastern societies where a higher value is placed on 'collectivism'. In western societies like North American countries, being able to achieve individual rights is considered a valuable attribute, while in many eastern societies like Japan, being in harmony with the group's collective wisdom is considered as more valuable. These differences in cultural norms percolate down to many aspects of human behaviour, for example, not questioning those perceived as authority figures, not contradicting a teacher or a master, conforming to traditional norms in a group, and so on. An example is the now famous Japanese work culture which prescribes 'collectivism' as demonstrated by the same uniform being worn, or the same

food being eaten, by all members of a business corporation regardless of hierarchy.

Although some western experts believe otherwise, promoting individual rights amongst women with disabilities in a 'purdah' culture, so that they can access services alongside disabled men, may not succeed easily. The reason is that Asian women, just like other eastern women, would prefer to conform to the traditional norms of the societies in which they live, rather than break away from them, because of the higher value placed on 'collectivism' in Asia. Any individual who attempts to break free of these norms may be seen as the 'odd one out' who disrupts group harmony. Many of the unique disadvantages that women with disabilities face are related to the traditional social and cultural perceptions and beliefs. In this context, community based rehabilitation approaches may have to address some of the complex cultural, economic and social factors that are related to expectations from traditional gender roles. Public education and awareness building efforts about the potential of women with disabilities with appropriate interventions would have a role to play in removing misconceptions about marital, domestic and motherhood roles, and in bringing about changes in attitudes. Efforts have to be made to build up positive role models of women with disabilities in the community who are able to fulfill their family roles, in order to change the myths and misconceptions associated with their ability to carry out these roles effectively. Such role models are important to make the community understand that given appropriate interventions, women with disabilities would be in a position to shoulder family responsibilities and also contribute to the family economy.

Community based rehabilitation programmes will need to focus on training of young disabled women through home based training or through peer support groups to focus on grooming, self - care, domestic, physical and social skills, in a one-to-one

setting or in groups where feasible. Through these efforts, positive role models of disabled women become available in the community and act as a motivator for other disabled women and their families. Issues regarding fertility and childbirth in the case of women with disabilities may need specialist referral support from medical services. Since women with disabilities have difficulty in performing some domestic tasks or may need to perform them differently, community based rehabilitation programmes will need to explore how best to support them in carrying out some of these household tasks, through simple adaptation of the home and the surrounding environment, and through assistive devices like low trolleys and so on, that are more appropriate in rural households where many tasks like cooking and cleaning tend to be performed at the ground level. Lack of access to rehabilitation services by women with disabilities can be overcome by training more women community workers to provide services. While the availability of trained women workers in community based rehabilitation programmes has improved in many countries in south Asia today, one area where women with disabilities continue to face difficulties is the fitment of appliances, where the technicians are predominantly male. This is a major deterrent to the achievement of mobility by women with disabilities. Most training institutions in orthotics and prosthetics also have not recognized this problem sufficiently. However, of late, there have been innovative attempts to address the issue by training disabled women as technicians to provide mobility aids for women with disabilities. These efforts will not only improve access to services, but also improve mobility in disabled women, which in turn can help to foster positive attitudes about their capabilities and roles in the community. Providing girls and women with disabilities with better educational and employment opportunities will serve to improve their situation by reducing their dependence on their families and providing them with opportunities for self-reliance. A study in China has shown that education of disabled women was closely related to

marriage and chances of employment. Increased opportunities gave the women more self - confidence and better social positions, increasing their chances of getting a life partner. Promoting self- help groups of women with disabilities will play a major role in reducing their isolation, providing mutual support, and improving their participation in community life. It can promote economic self-reliance if they have access to income generation activities through savings and credit and other schemes. Being economically self- reliant will give a woman with disability an added advantage in marriage and allow her to contribute to the household economy. Promotion of self- help groups will also help to reduce over-protection by families. In addition, self- help groups can educate women with disabilities about their rights and opportunities, and greatly reduce the chances of exploitation and violence against them. Community based rehabilitation programmes need to sensitize disabled person's organization and women's groups, to include the concerns of women with disabilities in their agenda. As an initial strategy, it may be helpful to promote groups of women with disabilities, to educate them about their rights, and to build up their capacity for advocacy and lobbying. Alongside, efforts will have to be made to include women with disabilities in the larger disability groups and in the women's movement.

CONCLUSION:

World-wide, women with disabilities are emerging from their secluded state to organize themselves, and to form their own self help and rights groups to address their concerns. In developing countries, there are a few women with disabilities who have overcome prejudices and negative social attitudes to become role models for others. Some countries in South Asia have formulated policies relating to health care, education and rehabilitation to include women with disabilities. Many non-governmental organizations in these countries are also beginning to include issues facing women with disabilities into their agenda. However, women with disabilities continue to face

problems related to access to opportunities, negative attitudes and environmental barriers, which are problems that all disabled persons face. These barriers, coupled with some of the unique disadvantages that women with disabilities face in traditional societies in developing countries, have contributed to keeping them marginalized, preventing them from taking their rightful places in these societies. However, it is possible to bring about a change in their situation through specially planned community based rehabilitation programmes to overcome the disadvantages that they face and to make them integrated, contributing members of their societies, with the same opportunities and choices as anyone else.

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Conflict of Interest:

The authors colorfully declare this paper to bear not conflict of interests

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