

# Disabled Women in India: Addressing Exclusion and Strategies for Social Inclusion

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**Abstract:** This study has undertaken to determine the multiple challenges of the lives of women with disabilities and their exclusion by making critical analysis of secondary data available. Any person with disabilities face many obstacles in continuing their lives and also to struggle for equality in the society. Of course, men and women with disabilities are subject to discrimination because of their disabilities, but women with disabilities are at a further disadvantage because of the combined discrimination based on gender and discrimination based on disability. Women with disabilities face significantly more difficulties-in both public and private spheres-in attaining access to adequate housing, health, education, vocational training and employment and are more likely to be institutionalized. Women with disabilities also experience inequality in hiring, promotion rates and pay for equal work, access to training and retaining, credit and other productive resources and rarely participate in economic decision making. The possible strategies for social inclusion have also been highlighted.

**Keywords:** Disabled, Social Exclusion, Inclusion, Strategies, institutionalised

## INTRODUCTION

The World Health Organization said that a disability is defined as a condition or function judged to be significantly impaired relative to the usual standard of an individual or group. The term is used to refer to individual functioning, including physical impairment, sensory impairment, cognitive impairment, intellectual impairment, mental illness and various types of chronic diseases. The first ever World report on *disability* produced jointly by WHO and the World Bank, suggests that more than a billion people in the world today experience disability.

This section of population in India has increased by 22.4% between 2001 and 2011. The number of disabled, which was 2.19 crores in 2001. Rose in 2011 to 2.68 crores-1.5 crores males and 1.18 crores females. Rural areas have more disabled people than urban areas. Most of the disabled are those with movement disability. Nearly 5.6% of the disabled population is mentally challenged, a classification introduced in the 2011 census. (Kumar n.pag.). Indian government census figures show around 1.5 million people suffer intellectual disabilities such as genetic Down syndrome, while another 722,826 suffer from mental illnesses such as bipolar disorder. Experts, however, argue those figures are strikingly low for the world's second most populous country where many-health issues go undiagnosed. (Sharma n.pag.)

## WOMEN, MOVEMENTS AND DISABILITY

While many women with disabilities derive enormous strength, resilience and creativity from their multiple identities, they also face the consequences of discrimination and exclusion - low rates of employment, low wages, low educational levels, high rates of sexual and physical violence and limited access to health sendees, including reproductive health care. Most of the research on people with disabilities has assumed the irrelevance of gender as well as other social dimensions such as social class, race, ethnicity, and sexual orientation. "Having a disability presumably eclipses these dimensions of social experience. Even sensitive students of disability have focused on disability as a unitary concept and have taken it to be not merely the "master" status, but apparently the exclusive status for disabled people" (Asch & Fine quoted in Fine and Asch 3). Disability studies also reflect exclusion since they have used a gender blind approach to examine the lives of people with disabilities and have neglected to explore the influence of gender in the lives of men and women with disabilities.

Women with disabilities have described their exclusion from the women's movements because meetings and conferences are typically held in inaccessible places (Israel 1-3). In addition, materials are usually available in print only, not in Braille or on tape, and sign language interpretation is rarely offered. Disabled women play multiple social roles. They are mothers, daughters, sisters, wives, girlfriends; they are students, athletes, doctors, entrepreneurs, artists, teachers, policy makers, blue collar workers, scientists, administrators; they are activists, feminists, traditionalists, pro-choice, pro-life, empowered, oppressed and excluded. The factors of exclusion are multiple. Some of them are discussed below:

**Education:** Access to education still remains a major problem for people with disabilities. Women with disabilities are likely to report less education than both non-disabled women and men with disabilities. Children with disabilities have traditionally been educated in segregated special schools or segregated classes within regular schools and their education has been vastly inferior to the mainstream regular education. Past decades have seen progress toward integrated education for students with disabilities, mostly due to legislations. Despite the progress most students with disabilities are still educated in segregation from their non-handicapped peers.

Differing combinations of structural factors (such as caste, gender, religion, poverty etc.) intersect with disability resulting in varied individual experiences, but the broad commonalities that shape the lives of people with disabilities in India transcend these divisions. Their lives are largely marked by poverty and marginalization from mainstream social processes. A study by the World Bank (2007), for example, noted that children with disability are five times more likely to be out of school than children

belonging to scheduled castes or scheduled tribes (SC or ST). Moreover, when children with disability do attend school they rarely progress beyond the primary level, leading ultimately to lower employment chances and long-term income poverty. A government study in 2004 revealed that only 0.51% disabled students are in mainstream educational institutions at the school level. The scenario of disabled girls is all the more challenging.

Analysis of various government reports and policy documents clearly suggests that international mandates and policy frameworks have provided a significant impetus to efforts undertaken at the national level. The UN General Assembly's declaration of 1981 as the International Year of Disabled Persons; proclamation of 1983-1992 as the Decade of the Disabled by UN; followed by the United Nations Economic and Social Commission for Asia and Pacific (UNESCAP) Decade of the Disabled Persons from 1993-2002; and subsequently the World Conference on Special Needs Education in Salamanca in June 1994, have all played an important role in bringing the spotlight on to people with disabilities including disabled women, especially on education as a vehicle for integration and empowerment. The statement begins with a commitment to *Education for All*.

The legal mandates have helped shape the comprehensive National Action Plan for Inclusion in Education of the Children and Persons with Disabilities and the National Policy for Persons with Disabilities in 2006.

Research clearly indicates that boys and girls with the same disability often receive different kinds of education. This suggests that gender plays a significant role in how students are identified for educational services.

Higher education continues to be a challenge for women with disabilities. Like men with disabilities, they face accessibility problems; unwillingness on behalf of educational institutions to provide accommodations for disabilities; and lack of special services such as readers for blind students. In addition to the problems women with disabilities share with their male counterparts, they face additional barriers.

**Employment:** While men with disabilities have serious employment problems, women with disabilities are significantly worse off and this seems to be true for all types and levels of disabilities. The persons with disabilities, however, are the last identity group to enter the workforce. Disabled people are not out of a job because their disability comes in the way of their functioning. The social and practical barriers such as lack of proper access to and around the workplace, lack of education, and the reluctance of employers to hire people with disabilities prevent them from joining the workforce. As a result, many disabled people live in poverty and are often reduced to begging on the streets of cities. They are denied the right to make a useful contribution to their own lives and to the lives of their families and community. They remain disproportionately undereducated, untrained, unemployed, underemployed and poor- especially women. Women with disabilities are further disadvantaged by negative attitudes towards disability. Like all other disabled individuals, women with disabilities are often treated as if their particular disability has affected all their other abilities. In society's eyes they are not capable of earning an income, let alone of living independently.

Employment is a key factor in the empowerment and social inclusion of women with disabilities. Women with disabilities are also significantly poorer than men with disabilities, partly due to the fact that they are more likely to be unemployed and partly due to the fact that when they work they receive considerably lower wages than men with disabilities.

**Exclusion of Reproductive Rights and Health:** The traditional roles of women such as nurturers, mothers, wives, homemakers, and lovers are usually not seen as appropriate for women with disabilities. Given that there is not much available by way of research into the sexual and reproductive health behaviour and needs of people with disabilities, let us get an idea about the general treatment-seeking scenario for people with disabilities. The 2007 World Bank Report *People with Disabilities in India: From Commitments to Outcomes* reveals that:

- Women with disabilities are around 13% less likely than men with disabilities to seek treatment.
- Women with disabilities are even less likely relative to men with disabilities to receive aids and appliances than they are to seek treatment (this may also be because of the low number of women technicians in the health system and the reluctance of women to seek assistance from male technicians) more likely to have sought care. As with the general population, higher levels of education substantially increase the access to health care, as does co-residence of the person with disabilities with their parents."

Evidence in the World Bank Report indicates that provider attitudes seem to be a constraint for persons with disabilities to access health services.

For decades, women with disabilities have been subject to negative stereotypes about their reproductive lives and capacity and to abuses of their reproductive rights and health. For many disabled women, "having the opportunity to be healthy, and to have control over our reproductive health, as disabled women, is also an important way we defy the medical pathologizing and define our bodies as natural" (Kafer n.pag.).

**Marriage:** Compared to both men with disabilities and non-disabled women, women with disabilities are more likely to never marry, marry later, and be divorced if they do get married (Asch & Fine qtd. in Fine & Asch 24). Comparison of divorce rates of women and men with disabilities seem to suggest that women with disabilities are more likely to be left alone than men (Fine & Asch 233-248) Non-disabled women often feel trapped in unfulfilling or abusive relationships because they cannot imagine how they will survive economically on their own. The widespread belief that women with disabilities cannot and should not bear and raise children has made it difficult for pregnant women with disabilities to find doctors who will accept them. When women with disabilities do become mothers they encounter many difficulties because it is assumed that the disability makes them unfit to be mothers.

Although society's fears those women with disabilities will produce defective children are for the most part groundless, because the vast majority of disabilities are not hereditary. These fears have resulted in severe discrimination against women with disabilities in general and women with mental retardation in particular.

### SEXUALITY AND SEXUAL ABUSE

Disabled women face destructive stereotypes about their Sexuality that lead to their sexual and social segregation and make sexuality and love among the most painful parts of their lives.

As the WHO and UNFPA document (2009) Promoting Sexual and Reproductive Health (SRH) for People with Disabilities says, "Like everyone else, persons with disabilities have SRH needs throughout their lives, and these needs change over a lifetime. Different age groups face different challenges.

As Anita Ghai writes. "The disability movement in India has not fought a single battle which has focused on feminine concerns such as reproductive health and the violation of the basic rights of disabled women. The widespread use of forced hysterectomies of disabled women in government and private institutions all over the country has been ignored by leaders of the disability movement who are essentially middle-class educated men." (Ghai n.pag.) Sexual abuse of women and children with disabilities is an area that has received growing attention in recent years (Watson 16-20). Much of the literature in this area is based on studies which show that women with disabilities are at a much greater risk of being sexually abused than other women (Craine et al 300-304). This is true in society in general, and within residential facilities in particular. Disabled women face medical procedures-forced sterilizations, unauthorized hysterectomies, and x-ray screening without protection. Historically, disabled women all over the world have suffered birth control overuse and abuse (Waxman Fiduccia 45-57) on the assumption that harmful contraceptives are worth the risk to disabled women's health, in order to prevent them from becoming mothers. But, most disabilities do not affect a woman's fertility; therefore, disabled women need effective contraception.

### EMOTIONAL WELL BEING

Despite the fact that disabled women and girls are at very high risk for depression, very little research exists on the nature and extent of their mental and emotional illness, particularly regarding the impact of disability bias, sexism and racism on their emotional well-being. But, as Carol Gill has explained: "I have observed that a primary source of depression and despair in clients with disabilities and chronic progressive illnesses is their demoralization by social discrimination in daily life. After struggling with employment bias, unaccommodating and selective health services, lack of accessible and affordable housing, and lack of accessible transportation, many of my clients and research subjects have expressed feelings of severe emotional exhaustion commonly referred to as burn-out. In fact, the most frequently repeated theme from persons with disabilities and illnesses that I have encountered in the last decade has been, I can live with my physical condition but I'm tired of struggling against the way I'm treated" (Gill, 32-37).

Women and girls with disabilities in India are forced into mental hospitals and institutions, where they face unsanitary conditions, risk physical and sexual violence, and experience involuntary treatment, including electroshock therapy. As one woman put it, they are "treated worse than animals." In a new report released by Human Rights Watch found that women forcibly admitted to government institutions and mental hospitals suffer grave abuses and called for the government to take prompt steps to shift from forced institutional care to voluntary community-based services and support for people with disabilities. "Women and girls with disabilities are dumped in institutions by their family members or police in part because the government is failing to provide appropriate support and services," said Kriti Sharma, researcher at Human Rights Watch. "And once they're locked up, their lives are often rife with isolation, fear, and abuse, with no hope of escape." (Sharma n.pag)

### VIOLENCE AND CRIME AGAINST DISABLED WOMEN

Disabled women and girls are more likely than nondisabled women and girls to face violence, to experience more prolonged, repeated and severe forms of violence, and to suffer more serious and chronic effects from that violence (Sobsey 30). Indeed, the high rates of violence against disabled women and girls are not by-products of disability as vulnerability but are consequences of segregation and poverty and their physical, economic, social, or psychological dependence on others, which makes them easier targets (Waxman, B.E. 45-57).

Regardless of age, race, ethnicity, sexual orientation or class, or region, women with disabilities are assaulted, raped and abused at a rate more than two times greater than are nondisabled women. Yet, these crimes are less likely to be reported and usually are handled administratively, within service programs, rather than through the criminal justice system. Crimes against women with disabilities are often extremely violent and injure, control, and humiliate the victim. In fact, disabled girls and women face alarming rates of violence - within families, by acquaintances, in institutions, and throughout society. This violence includes verbal abuse, economic and emotional abuse, physical and sexual violence, forced isolation, intimidation, murder, abandonment and neglect, and the withholding of equipment, medication, transportation, or personal service assistance (Masuda, 1996).

**Capacity Building and Strategies for Social Inclusion:** A strong network needs to be developed by involving all stakeholders (people with disabilities, parents, care providers, government agencies, activists, other professionals) to advocate for the social inclusion. India is a signatory of the UN Convention on the Rights of Persons with Disabilities (UNCRPD) which upholds the rights of people with disabilities and the legal system must recognize the needs and include the rights of people with disabilities like all other citizens in the country. Relevant laws may need to be amended or created to include issues of people with disabilities.

**Need for gender-sensitive disability laws:** The Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995 (PWD Act) governs all issues of disability. But it is silent on the discrimination and violence faced by women that differentiates their situation from men with disabilities.

## DISCUSSION

The substantive provisions of the UNCRPD pertaining to women with disabilities is summarized below:

- Article 3 (g) - Principle of equality between men and women.
- Article 6 - Responsibility of the State Party to recognise the multiple discrimination faced by girls and women with disabilities and undertake measures to "ensure the full and equal enjoyment by them of all human rights and fundamental freedoms", and to enable the realisation of the rights by ensuring "full development, advancement and empowerment of women".
- Article 16 - Protection from exploitation, violence and abuse. Ensuring of "gender sensitive support"; providing of "information and education on how to avoid, recognize and report instances of exploitation"; formulating women-centric policies and legislations to address violence, its identification, investigation, and punishment.
- Article 28 - Ensuring access of all, "in particular, women and girls with disabilities...to social protection programmes and poverty reduction programmes".

India must comply with these core obligations contained in the Disability Convention. This would entail legislative enactments and amendments to existing laws to give them a "gendered perspective".

Emotional support of families is key to overall success of disabled women. Families need to believe that their disabled daughter can achieve, succeed and be happy and productive and they must work to instill that belief in her from her earliest days. (Fine and Asch 233-248).

Since few opportunities exist for the women with disabilities for productive work or gainful employment, they are perceived as posing a greater burden for the family. With their enforced financial dependency, they form the most vulnerable group in the world. The rights movement of disabled women requires a lot of nurturing, support, positive discrimination, equal opportunities and then empowerment and leadership. The various measures to ameliorate the conditions of the women with disabilities include strict enforcement and the compliance of the PWD Act; ensure equitable participation of the PWD in Panchayat Raj Institutions and introducing job oriented courses.

Physical access to the workplace from home, easy access within the workplace, and access to education are critically linked to the ability to earn a livelihood. Education and training equips disabled people with the skills necessary for employment. Though both are provided for under the Persons with Disabilities Act, 1995, outside of the major cities few persons with disabilities have access to education or training. The following steps needs to be taken to enhance the employment opportunities for the women with disabilities:

- The government may initiate a dialogue with private sector organizations to help the women with disabilities in getting employment.
- Develop appropriate home-based income generation programmes for the women with disabilities. The system of coaching for employment may also be encouraged for persons with disabilities and their caregivers.
- Facilitate modifications in the design of machinery, workstation and work environment necessary for the disabled women to operate without barriers in training centres/ factories/ industries/ offices etc. Provide assistance through appropriate agencies-such as Marketing Boards, District Rural Development Agencies (DRDAs), Private Agencies and Non-Governmental Organizations in marketing of goods and services produced by women with disabilities.
- Coverage of women with disabilities in poverty alleviation programmes may be thoroughly monitored so that they get their due share of 3 percent as provided under statutory provisions.

## WHAT CAN BE DONE FURTHER FOR WOMEN AND GIRLS WITH DISABILITIES

1. Leadership training and community development projects must conduct specific outreach efforts to include women with disabilities.
2. Women with disabilities must be involved in all policy and decision making processes, and at every level of the projects: as staff, consultants, participants and evaluators.
3. Advice and expertise of women with disabilities must be utilized in designing programs and policies, to prepare women and girls for careers and gainful employment.
4. Rehabilitation and adaptive technology must be available for women with disabilities and also to make them involve in the development and production of adaptive devices.
5. Health service personnel must be trained to offer informed and sensitive service and education addressing the health needs of women with disabilities.
6. Government and non-governmental organizations in host countries must be educated to prioritize issues of women with disabilities in development efforts.
7. Consultation with local women's organizations and involving women participants in program planning is perhaps the best way to ensure a gender perspective in program design.

## CONCLUSION

Human Rights Watch (an international non-governmental organization that conducts research and advocacy on human rights, 1940) has said that the central government in India, should immediately order an evaluation and take steps to end abusive practices and inhumane conditions in mental hospitals and state and NGO-run residential care institutions by organizing effective monitoring of such facilities. India should further undertake without delay a comprehensive legal reform to abolish guardianship and recognize the legal capacity of all persons with disabilities on an equal basis with others, while developing a comprehensive, time-bound plan to develop alternatives to long-term residential-based care.

The PWD Act, 1995 decisions have advanced the possibilities for us to live in the community and do what our non-disabled counterparts do. There is a need to rework the categories or types of disabilities listed in the Act. The understanding of disability per se and the issues around it has to be broadened in order to be able to provide better services and information. By restricting categories, we tend to leave out many people with disabilities and marginalize them even further. So far the PWD Act only refers to health in general from a disease prevention perspective, and not one that focuses on optimizing health. There are no provisions to do with sexual and reproductive health and rights. The review of the PWD Act is a very good opportunity to push for sexual and reproductive health and rights of people with disabilities and to advocate for ensuring services. Taking from the articles 16, 22 and 23 amongst the many others of the UNCRPD, sexual and reproductive health and rights should be strongly advocated for.

The appropriate legislations, right attitude towards disabled women, family and community support is vital to address the problem of exclusion and facilitate inclusion of disabled women.

In general, people with disabilities are at a higher risk for poor health outcomes. There is a clear need for public health effort to reduce health disparities among people with disabilities.

Knowledge about the health status and public health needs of people with disabilities is essential for addressing these and other health disabilities.

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