
10.2 OBJECTIVES

After studying this Unit, you would be able to

- Define disability;
- Discuss social attitudes and stereotypes towards disability;
- Explain gender issues in disability; and
- Discuss the issues of disability and violence.

10.3 WHAT IS DISABILITY?

Simply put, disability is a state or condition of mind or body that affects an individual's functioning and interferes with their ability to participate in the activities of day to day life. As we have mentioned above, disability is not just an individual, medical problem, but a social one. For instance, a person may have lost her ability to see. That is her 'impairment'. But because the environment around her makes it difficult and dangerous for blind people to function, she becomes 'disabled' and thus her quality of life suffers. Thus, there is both a medical as well as social dimension to the issue of disability. Disabled persons represent the largest minority group in society after women. Disability can affect a person anytime in the life-span; as health care improves and persons live longer, the chances of developing an age-related disability increase as one grows older. Furthermore, accidents and injuries are a major source of injury and disability. It is rightly said that we are all '**temporarily able-bodied**'. Thus, disability is not a unique experience of particular individuals labelled as disabled but of each one of us at some point in our lives.

Disabled persons differ from one another in terms of the type and degree of disability. Moreover, gender, class, caste, race, ethnicity, sexuality, residence, and other such social, economic, political and cultural factors determine how disability is experienced and understood. For instance, in a rural, agricultural community, the loss of a limb may be seen as a severe disability because it affects the ability to work in the fields and earn a living. A person with intellectual disability who can do farm work may not be considered disabled at all, but may be teased for being a simpleton. But in an urban society, having an intellectual disability or mental retardation as it is still known in India, may be more of a problem because so much importance is given to academic performance and getting into a profession.

But what is a disability and what does it mean to be disabled in the first place? Disabilities may be present from birth (congenital). For instance, **developmental disabilities** like mental retardation and autism are believed to be congenital. Malnutrition and micronutrient deficiencies may result in disabling conditions in children in the form of stunted physical and mental growth. Certain kinds of disabilities are acquired later in life due to accidents, injuries or advancing age, as mentioned above. **A disability may be static** such as the loss of limb due to an amputation; or '**progressive**' in which a person's condition may deteriorate with time. The commonly known disabilities include blindness, deafness, locomotor disability, mental retardation, cerebral palsy and mental illness.

Recently, autism and learning disabilities like dyslexia have also become more familiar.

In legal documents and policy statements, **disability is defined in terms of what qualifies for public assistance**. In India, the Rights of Persons with Disabilities Act (2016) identifies 21 disabilities as compared to the earlier **Persons with Disabilities Act (1995)** which identified only seven categories.

Persons with disabilities are the most neglected and disempowered section of the population. Due to their marginalised status, they are denied the fundamental civil, political, social and economic rights that are guaranteed to all citizens in a democracy. The plight of women with disabilities is even worse, since they have to face the **double oppression of gender and disability**. Indeed not only are they a socially invisible category but their plight is worse than both men with disabilities and other non-disabled women. A disabled girl child is considered as a curse upon the family and often ill-treated and abused.

According to the Census of India (2011) 26.8 million persons have some form of disability in India accounting for 2.11 % of the total population. Of these, 15 million are men and 11.8 million are women. Thus, women constitute just above 44 percent of the persons with disabilities in India. This is believed to be a conservative figure as the Census took into account only a limited number of disabilities. Using a wider definition of disability which includes conditions like diabetes and cardiovascular disease, the World Health Organisation (WHO) estimates that 6%-10% of the population suffers from identifiable physical or mental disability. That comes to over 70 million persons in India. It should be noted that estimates of the total number of persons with disabilities in a country vary depending on the definition of disability used, degree of impairment, survey methodology including use of scientific instruments for identification and measurement of the disabling conditions. Wars and conflict, HIV/AIDS, industrial injuries, and road accidents are increasing the number of disabled persons. As mentioned earlier, enhanced life expectancy has increased manifold the incidence of old age-related, chronic disease induced disabilities worldwide as well.

10.4 SOCIAL ATTITUDES AND STEREOTYPES

Historically, persons with disabilities have always been regarded with a mixture of fear, horror and disdain, almost as if they were sub-human. They have been portrayed as freaks, helpless victims and a lifelong burden for family and society. Even in religion and mythology, negative traits have been attributed with form of deformity, be it Manthara, the hunchback in the *Ramayana* or Shakuni, the “lame” of the *Mahabharata*. Indeed, the law of karma decreed that being disabled was a punishment for past misdeeds. Such constructions of the disabled by the non-disabled leads to the marginalisation and disempowerment of a whole population group. At the same time, such negative stereotypes are internalised by the disabled people themselves. This leads to passivity, dependency, isolation, low self-esteem, and a complete loss of initiative. Pity, segregation, discrimination, and stigmatisation became normalised in the management of persons with disabilities.

In India, the dominant attitude towards persons with disability is that of pity.

This reflects in social policies which are based upon charity and welfare. Medical rehabilitation including distribution of assistive aids and appliances such as braces,

crutches, hearing aids etc., special schools, vocational training in low-end occupations and sheltered employment have been the pillars of state policy for the disabled right from the colonial period. Furthermore, they have never been regarded as a politically significant group and hence their issues and concerns have not been taken up seriously by the political class. As many of them are hidden away from public view and denied access to education and social experiences, they have not been able to come together in a big way and make their presence felt in public life.

Things began to change marginally after 1981 (International Year of Disabled Persons) when the issue of disability was opened up at the national level. The changing international climate focussing on human rights and empowerment of marginal groups impelled the government to make some policy changes such as reservations in educational institutions and employment. But real progress in the form of concrete legislation to deliver the promise of equality of opportunity and social justice only came in 1995 with the passage of the Persons with Disabilities (Equal Opportunities and full Participation) Act. Other legislation soon followed. One of the historic international policy documents in recent times was the United Nations Convention for the Rights of Persons with Disability (2006) which was also signed by India in 2007. This signalled the introduction of a view of disability as a human right and development issue rather than simply a matter of charity and welfare. The Rights of Persons with Disabilities Act (2016) which has now replaced the 1995 Act, is in line with this view. Several disability rights groups and NGOs have emerged in recent times and disability related issues are being increasingly included in the curricula of educational institutions.

Check Your Progress Exercises 1

- 1) Define disability.

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- 2) Explain social attitudes and stereotypes with regard to disability.

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We will now look into interface between disability and gender.

10.5 DISABILITY AND GENDER

The plight of women with disabilities as earlier mentioned is far worse than that of men, as they suffer on account of being a woman in a male-dominated society, and disabled in a world which considers the healthy, able body as ‘ideal’. How a

person with a disability experiences the condition and is perceived by others is largely dependent on whether s/he is male or female. For instance, Michelle Fine and Adrienne Asch point out that women with disabilities experience ‘sexism without the pedestal’ (1988, p.1), i.e. **they are doubly disadvantaged**. Not only do they experience disability-linked discrimination but they experience sexism and are denied the consideration and social status that non-disabled women may claim as wives and mothers. Men with disabilities also experience a similar assault on their masculinity and may be shamed or bullied as ‘not being man enough’ or dependents and burdens upon the family. This can be very bruising and damaging to their self-respect, as traditionally, men are expected to be the providers and decision makers of the family.

As mentioned earlier, the 2011 Census estimates that there are over eleven million women with disabilities in India constituting about 4% of the population. Some researches estimate that there are over 35 million women with disabilities in India. (Baequer and Sharma, 1997). Others put the figure at 20 million. 98% of the disabled are illiterate: less than 1% can avail healthcare and rehabilitation services (ActionAid, 2003, p. 15). But these statistics are only the tip of the iceberg when it comes to gauging the level of neglect, isolation, stigma and deprivation that characterise their lives. The majority of women with disabilities in India suffer the **triple discrimination** of being female, being disabled and being poor. Let us discuss some of the aspects of discrimination that these women experience.

10.6 MARRIAGE AND FAMILY LIFE

A disabled woman is considered incapable of fulfilling the normative feminine roles of homemaker, wife and mother. Then, she also does not fit the stereotype of the normal woman in terms of physical appearance. Since women embody family honour, disabled girls are kept hidden at home by families and denied basic rights to mobility, education, and employment. They are less likely to be given in marriage than disabled men. The capacity of women with disabilities to be sexual partners, homemakers and mothers is questioned and doubted. They are not considered capable of performing household chores efficiently, having meaningful sexual relationships or producing and rearing healthy children. Under these circumstances, they may be married off to older already married or men in poor health. In short, women with disabilities do not have the same options of marriage and motherhood as non-disabled women. Being nurturing and caring are important aspects of female identity and cultural expectations of ‘proper’ womanhood, but women with disabilities are themselves in need of care. Thus, they are not regarded as complete women.

10.7 VIOLENCE AND ABUSE

Being powerless, isolated and anonymous, women with disabilities are extremely vulnerable to abuse and violence. In addition, help in activities of daily living like dressing, eating, and other bodily activities makes them more vulnerable to abuse both at home and in institutions. She will be less able to defend herself in a risky situation because she may not be able to run or shout for help. Then, persons with developmental disabilities may be too trusting of others and hence may be easier to trick, bribe or coerce. They may not understand differences between ‘good touch’ and ‘bad touch’. Many cases are known of mentally or

intellectually disabled girls and women who are sexually abused by people responsible for their safety and care because they are sure that the victim will not be able to report what has happened to her, and the abuser can escape scot-free. Persons with speech and hearing difficulties may have limited communication skills to report abuse. Furthermore, since disabled persons are often taught to be obedient, passive, and to control their behaviour, this may make them easy victims.

10.8 PHYSICAL ACCESS AND MOBILITY

Women in general in our country find it difficult to move freely from one place to another for work or leisure. So we can well imagine the condition of women with disability. Poor public transport, bad roads or no roads, lack of proper lighting and safety on the streets all make it very difficult for women with disabilities to move from one place to another without assistance or help. You may have seen women with disabilities in public places facing great hardships because the built environment (roads, buildings, toilets etc.) are so difficult for them to negotiate. Conditions in public buses and the railways are also very unfavourable for persons with disability in general and women in particular. Lack of proper toilet facilities is a major problem. Public toilets are filthy and unhygienic and usually at ground level (Indian style toilet) making it very difficult for loco-motor disabled women who often get around by crawling on all fours. Many women with disabilities have narrated their experiences of not eating food or even drinking water for long periods while they are out of the house for fear that they may need to use the toilet. This has a bad effect on their health. Due to these difficulties in moving from place to place, families often prefer to keep their disabled daughters confined in the four walls of the home. Many such girls never get the opportunity to interact with the outside world; go to school, make friends or visit relatives or neighbours. This leads to feelings of depression, isolation and worthlessness.

10.9 EDUCATION, TRAINING AND EMPLOYMENT

Many disabled girls never go to school. There is a lot of social stigma attached to their condition and families may want to hide them from the eyes of the world for fear of bringing a bad name on the family and affecting the marriage chances of other girls in the family. Special schools or vocational centres that are equipped to deal with their needs are usually only found in urban centres and travelling daily to these centres becomes a burden on the family. Lack of hostel facilities and proper care if such hostels exist further worsens the problem. Many families consider their disabled daughters to be unfit for education and are unwilling to invest any money for the purpose because the girls are already considered a burden. Needless to say women with disabilities also find it very hard to secure employment because of their lack of education and training. This poses a serious problem for their futures especially after their parents die leaving them without financial support or independence.

10.10 HEALTH CARE

Girls and women with disabilities may suffer from several health problems which may be related to their disability and which may require prolonged and costly medical care, rehabilitation, occupational therapy, physiotherapy, special diets etc. Assistive devices like hearing aids for the deaf, wheelchairs or artificial

limbs for those with loco-motor disabilities may prove prohibitively expensive for poor families. Women find it very humiliating when they go for health check-ups because health professionals often treat them in an insensitive and callous way. Many women neglect their health because they do not want to burden their families more and consider themselves worthless. Health is directly related to nutrition and a good quality of life. Many women with disability also suffering from poverty and neglect, do not get adequate nutrition, fresh air, exercise and a wholesome atmosphere in which they can be healthy.

10.11 LEISURE ACTIVITIES

As mentioned earlier, girls and women with disability are often confined within the house because of stigma, shame and practical considerations like mobility issues. This gives them little opportunity to socialise with their peers, make friends, attend family events, religious ceremonies etc. This further isolate them and makes their lives dull and drab. As earlier mentioned, our public spaces are not at all accessible for persons with disabilities. Leisure activities like going out for a meal or for a film become potentially embarrassing and humiliating encounters. A woman with a disability may have to be physically carried because there is no lift or ramp; or made to sit at a distance from her companions because there is not adequate space for her wheelchair.

Thus we see that women with disabilities face violations of their rights at every level. They are considered a financial burden and social liability by their families; they are denied opportunities to move outside the home, and have access to education; they are viewed as asexual, helpless and dependant; their vulnerability to physical, sexual and emotional abuse is enormous; their aspirations for marriage and parenthood often denied; they grow up isolated and neglected within the walls of home or special institutions with no hope of a normal life.

Although a rights-based approach has entered the disability rights movement, the specific concerns of women with disabilities have not yet found a place neither in the government policies and programmes nor in the voluntary sector. Ironically or expectedly, the disabled rights movement all over the world including India is male dominated. It may even be blatantly sexist. Even within the women's movement, women with disabilities rarely figured as a distinct group in international covenants. However, the Beijing declaration in 1995, *Platform for Action*, specifies women with disabilities as a particularly vulnerable group with little access to information on their fundamental rights. This is a serious lacuna, which needs to be rectified at various levels. One of the most important features of *The United Nations Convention on the Rights of Persons with Disabilities*, which was passed by the General Assembly in 2006, is the incorporation of a separate article on women with disabilities. Being a signatory to this Convention, the Indian state is henceforth duty bound to incorporate a gender perspective in all its policies and programmes in the disability sector. The new disability Act does make reference to women particularly with regard to access to sexual and reproductive health care, however there remains much to be done on the ground to ensure that women with disabilities access their rights.

10.12 SUMMING UP

Disability is a universal human condition and we are all only 'temporarily able bodied'. The notion of disability as a tragedy or medical anomaly has been

challenged by scholars who view it as a social as well as biological condition. Discriminatory social attitudes and denial of basic rights to persons with disability has made them weak, powerless and isolated throughout history. The condition of women with disability has been particularly difficult and they have faced discrimination and marginalization in all aspects of life; from marriage and family life to mobility, education, employment, health care and leisure. However, the new rights based approaches and international policies that have been introduced over the past few years have created greater awareness about their condition. Rigorous research and life-writing by women with disabilities has contributed to our knowledge and understanding. Disability has also become a topic of interest in popular cinema. All these developments will hopefully lead to better understanding of the situation and concrete action on the ground through enabling policies and laws for ensuring that all people with disabilities get the opportunity to lead fulfilling lives.

Disclaimer/ This Unit has been adapted and modified from the Unit ‘Disability and Feminism’ (MWG001, Unit 5 (Block 5) prepared for the MAWGS programme of SOGDS authored by Renu Adhlakha and Shubhangi Vaidya

10.13 KEY WORDS

Census of India

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The Indian Census is the largest single source of a variety of statistical information on different characteristics of the people of India. With a history of more than 130 years, this reliable, time tested exercise has been bringing out a veritable wealth of statistics every 10 years, beginning from 1872 when the first census was conducted in India non-synchronously in different parts. To scholars and researchers in demography, economics, anthropology, sociology, statistics and many other disciplines, the Indian Census has been a fascinating source of data. The rich diversity of the people of India is truly brought out by the decennial census which has become one of the tools to understand and study India. The responsibility of conducting the decennial Census rests with the Office of the Registrar General and Census Commissioner, India under Ministry of Home Affairs, Government of India. The Census Act was enacted in 1948 to provide for the scheme of conducting population census with duties and responsibilities of census officers. The Government of India decided in May 1949 to initiate steps for developing systematic collection of statistics on the size of population, its growth, etc., and established an organisation in the Ministry of Home Affairs under Registrar General and ex-Officio Census

Commissioner, India. This organisation was made responsible for generating data on population statistics including Vital Statistics and Census. Later, this office was also entrusted with the responsibility of implementation of Registration of Births and Deaths Act, 1969 in the country. (www.censusofindia.gov.in)

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10.15 UNIT END QUESTIONS

- 1) Explain the issues of gender in disability in detail.
- 2) Explain the problems of disabled women with regard to marriage and family life ..
- 3) Explain the significance of access to education and employment for disabled women.