

REHABILITATION OF FEMALES WITH DISABILITIES IN INDIA

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ABSTRACT

Around the world, women make up just over 51% of the population. Women with disabilities are the most marginalized in Indian society. They are deprived of political, Social, Economic, and health opportunities. The problems of women with disabilities become very complex with other factors such as social stigma and poverty. Women with disabilities have been largely neglected when it comes to research, state policies, the disability and women's movements, and rehabilitation programmes, and this has become a widely accepted fact in recent years. Also, "due to numerous societal standards, they continue to be left out of the decision-making processes. This reality is especially true of women with disabilities in cultures where women with the role of wife and mother are considered to be the primary role for a female. Education is the key to the advancement of women and girls with disabilities as it provides access to information, enables them to communicate their needs, interests and experiences, brings them into contact with other students, increases their confidence and encourages them to assert their rights. Hence, there is an urgent need to consider policies and programmers that will place greater emphasis on the participation of women with disabilities in the mainstream education system. Certainly the challenges are great. In the year 2003 Ministry of social justice and empowerment has introduced novel scheme of providing scholarships for people with disabilities to pursue higher education. The important feature of this programme is it reserves 50% of scholarships for women with disabilities.

INTRODUCTION

Women with disabilities are one of the most marginalized groups in society, as they are multiply disadvantaged through their status as women, as persons with disabilities, and are over-represented among persons living in poverty.

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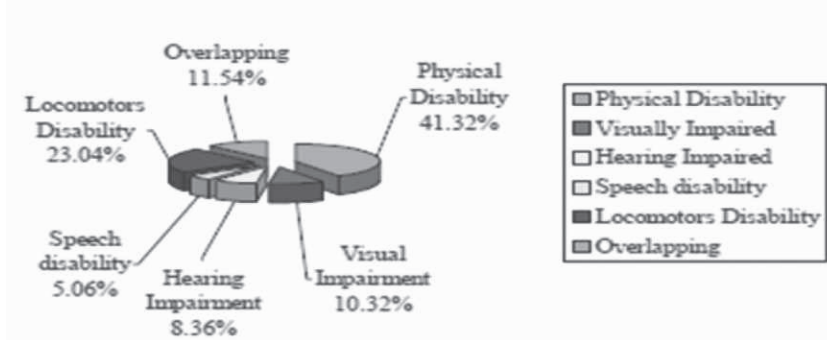
Women and girls with disabilities, to a greater extent than boys and men with disabilities, face discrimination within the family, are denied access to health care, education, vocational training, employment and income generation opportunities, and are excluded from social and community activities. Women and girls with disabilities encounter further discrimination as they are exposed to greater risk of physical and sexual abuse, denial of their reproductive rights, and reduced opportunity to enter marriage and family life. In rural areas girls and women are more disadvantaged, with higher rates of illiteracy, and lack of access to information and services. Stigmatized and rejected from earliest childhood and denied opportunities for development, girls with disabilities grow up lacking a sense of self-worth and self-esteem and are denied access to the roles of women in their communities. Women and girls are reported to be the largest group in the global disability population, and they have been historically subject to discrimination both on grounds of their disability and gender. A combination of these two factors results in multiple discrimination and women with disabilities have distinct lived experiences, different from those of non-disabled women or disabled men.

Disability specific data

Table 1: Disability –specific Data

Physical Disability	Visual Impairment	Hearing Impairment	Speech Disability	Locomotors Disability	Overlapping
41.32%	10.32%	8.36%	5.06%	23.04%	11.54%

Figure 1: Disability-specific Data



Area Specific data

Table 2: Area-specific Data

		Number of PWD	At Least One Disability	Visually Impaired	Hearing Impaired	Speech Disability	Locomotors Disability	Overlapping
Urban	Male	4,950	2078	308	339	298	1370	557
	Female	3,473	1424	362	330	169	762	426
	Total	8,423	41.58%	7.94%	7.94%	5.50%	25.30%	11.67%
Rural	Male	17,737	7442	1539	1409	942	4396	2009
	Female	12,628	5210	1796	1164	557	2411	1490
	Total	30,365	41.67%	10.98%	8.47%	4.90%	22.42%	11.52%

Source: SARVEKSHANA, 36th & 47th rounds, National Sample Survey Organization, Department Of Statistics, Ministry of Planning & Program Implementation, Government of India.

VIOLENCE AGAINST WOMEN

Violence against women is acknowledged as a pervasive and serious problem in today's society. Women are abused simply because they are women. Statistics for the general population indicate the following:

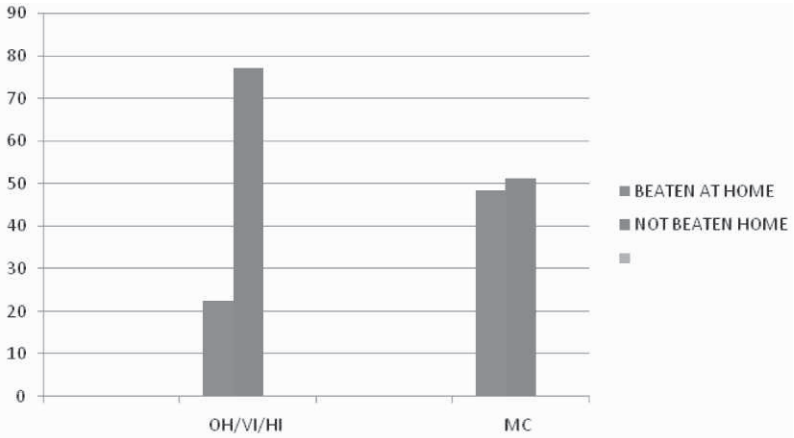
- One woman in four is sexually abused by age 16;
- Two women in three are victims of unwanted sexual act;
- One woman in six is physically or sexually abused by her husband, ex-husband or live-in partner;
- Over 60% of female homicides are due to family violence
- 14.7% of women in the general population have disabilities.

In both the disabled and non-disabled communities, most abuse is inflicted by a person known to the victim. In both communities, 95% of victims of spousal assault are women, and at least 89% of abusers are men. More disabled men are abused than are non-disabled men. The incidence of abuse is 20% or higher in the developmentally disabled and deaf community.

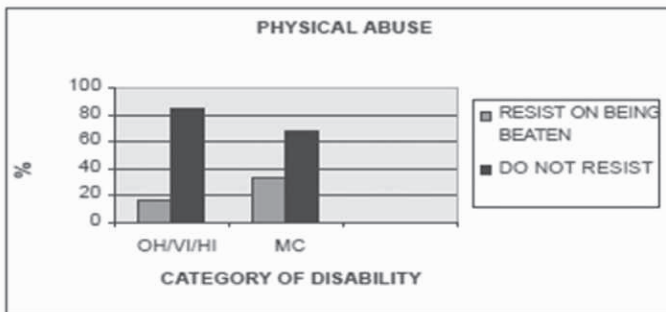
DOMESTIC VIOLENCE

PHYSICAL ABUSE

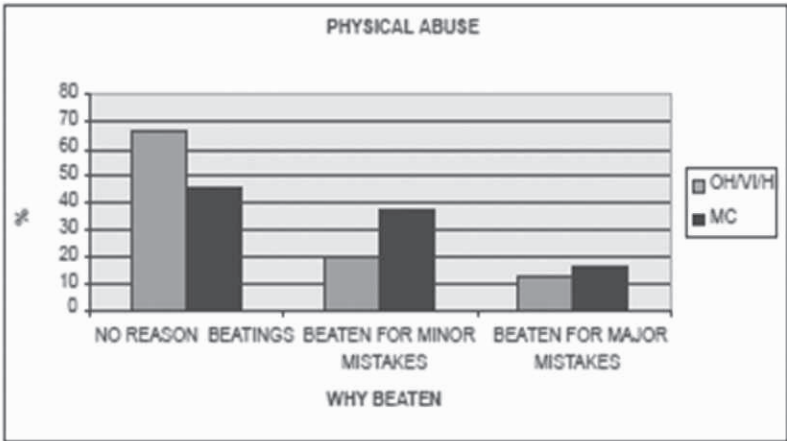
	BEATEN AT HOME	NOT BEATEN HOME
OH/VI/HI	22.6	77.3
MC	48.5	51.4



	Resist on Being beaten	Do not resist
OH/VI/HI	15.4	84.5
MC	32	68

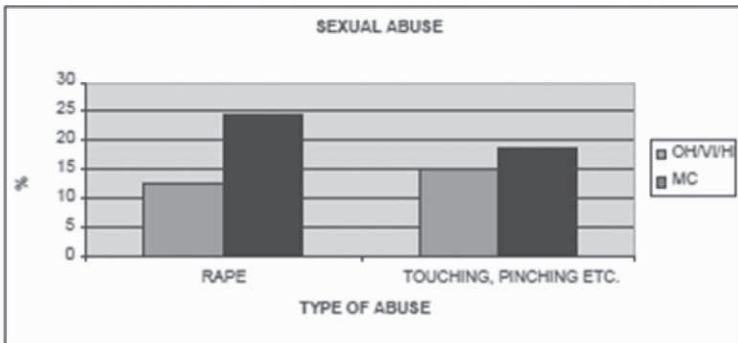


	No reason beating	Beaten for minor Mistakes	Beaten For major Mistakes
OH/VI/HI	67	20	12.4
MC	46.2	37.3	16.1

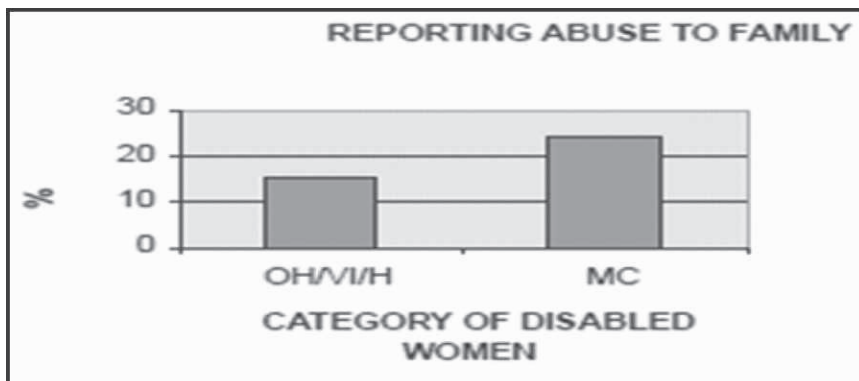


SEXUAL ABUSE

	Rape	Touching , pinching etc.
OH/VI/HI	12.6	14.96
MC	24.6	18.7



	Reporting abuse to family
OH/VI/HI	15.6
MC	23.9



EDUCATION

Throughout the Asian and Pacific region, public attitudes are changing regarding the value of educating and training women with disabilities. The prejudice surrounding their ability and value continues to perpetuate the view that educating them is futile. Opportunities for girls with disabilities to receive an education or to attend training courses are available to only a few. For example, the International Council on Education of the Visually Handicapped estimated that only two per cent of visually-impaired children in developing countries receive any formal schooling.

One report on women with disabilities in the Raichur district of Karnataka State, India, indicated that the literacy rate of such women was 7 per cent compared to a general literacy rate for the State of 46 per cent.

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Rehabilitation Measures

Rehabilitation measures can be classified into three distinct groups: (i)

physical rehabilitation, which includes early detection and intervention, counseling & medical interventions and provision of aids & appliances. It will also include the development of rehabilitation professionals. (ii) educational rehabilitation including vocational education and (iii) economic rehabilitation for a dignified life in society.

Physical Rehabilitation Strategies

a. Early Detection and Intervention

Early detection of disability and intervention through drug or non-drug therapies helps in minimization of impact of disability. Therefore, there will be emphasis on early detection and early intervention, and necessary facilities will be created towards this end. Government will take measures to disseminate information regarding availability of such facilities to the people especially in rural areas.

b. Counseling & Medical Rehabilitation

- Physical rehabilitation measures including counseling, strengthening capacities of persons with disabilities and their families, physiotherapy, occupational therapy, psychotherapy, surgical correction and intervention, vision assessment, vision stimulation, speech therapy, audiological rehabilitation and special education shall be extended to cover all the districts in the country by active involvement and participation of State Governments, local level institutions, NGOs including associations of parents and persons with disabilities.
- Currently, rehabilitation services are largely available in and around urban areas. Since seventy five percent persons with disabilities live in rural areas, the services run by professionals will be extended to cover uncovered and un-served areas. Privately owned rehabilitation service centres shall be regulated for maintenance of minimum standards which shall be laid down.
- To expand coverage in rural and unserved areas, new District Disability Rehabilitation Centres (DDRCs) will be set up with support from the State Government.

- The National Rural Health Mission through Accredited Social Health Activist (ASHA) addresses the health needs of rural population, especially the vulnerable sections of society. The ASHA inter-alia will take care of the comprehensive services to the persons with disabilities at the grass root level.

c. Assistive Devices

- The Government of India has been assisting persons with disabilities in procuring durable and scientifically manufactured, modern aids and appliances of ISI standard that can promote their physical, social and psychological independence by reducing the effect of disabilities.
- Every year through National Institutes, State Governments, DDRCs and NGOs, persons with disabilities are provided with devices such as prostheses and orthoses, tricycles, wheel chair, surgical footwear and devices for activities of daily living, learning equipments (Braille writing equipments, Dictaphone, CD player/ tape recorder), low vision aids, special mobility aids like canes for blind, hearing aids, educational kits, communication aids, assistive & alerting devices and devices suitable for the persons with mental disabilities. The availability of devices will be expanded to cover uncovered and under-serviced areas.
- Private, public and joint sector enterprises involved in the manufacture of high tech assistive devices for persons with disabilities will be provided financial support by the public sector banks.

d. Development of Rehabilitation Professionals

Human resource requirements for rehabilitation of persons with disabilities will be assessed and development plan will be prepared so that the rehabilitation strategies do not suffer from lack of manpower.

Education for Persons with Disabilities

1. Education is the most effective vehicle of social and economic

empowerment. In keeping with the spirit of the Article 21A of the Constitution guaranteeing education as a fundamental right and Section 26 of the Persons with Disabilities Act, 1995, free and compulsory education has to be provided to all children with disabilities up to the minimum age of 18 years. According to the Census, 2001, fifty-one percent persons with disabilities are illiterate. This is a very large percentage. There is a need for mainstreaming of the persons with disabilities in the general education system through Inclusive education.

2. Sarva Shiksha Abhiyan (SSA) launched by the Government has the goal of eight years of elementary schooling for all children including children with disabilities in the age group of 6-14 years by 2010. Children with disabilities in the age group of 15-18 years are provided free education under Integrated Education for Disabled Children (IEDC) Scheme.
3. Under SSA, a continuum of educational options, learning aids and tools, mobility assistance, support services etc. are being made available to students with disabilities. This includes education through an open learning system and open schools, alternative schooling, distance education, special schools, wherever necessary home based education, itinerant teacher model, remedial teaching, part time classes, Community Based Rehabilitation (CBR) and vocational education.
4. There will be concerted effort on the part of the Government to improve identification of children with disabilities through regular surveys, their enrollment in appropriate schools and their continuation till they successfully complete their education.
5. Government of India is providing scholarships to students with disabilities for pursuing studies at post school level. Government will continue to support the scholarships and expand its coverage.
6. Facilities for technical and vocational education designed to inculcate and bolster skill development suited to various types of productive activities by adaptation of the existing institutes or accelerated setting up of institutes in un-served/underserved areas

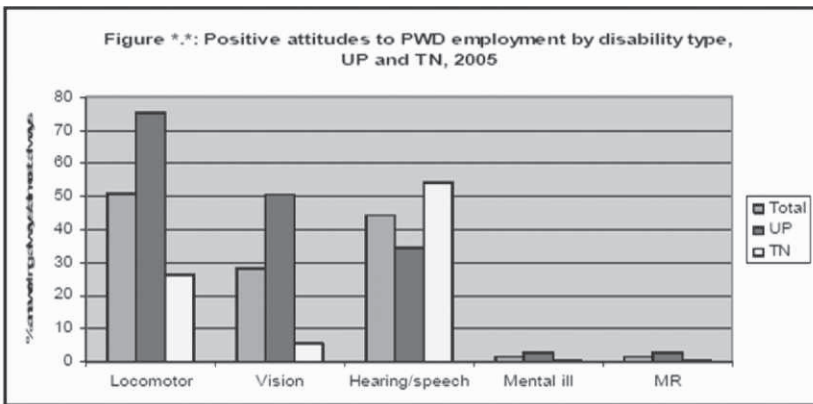
will be encouraged. NGOs will also be encouraged to provide vocational training.

7. Persons with disabilities will be provided access to the universities, technical institutions and other institutions of higher learning to pursue higher and professional courses.

Economic Rehabilitation of Persons with Disabilities

Economic rehabilitation of persons with disabilities comprise of both wage employment in organized sector and self-employment. Supporting structure of services by way of vocational rehabilitation centres and vocational training centres will be developed to ensure that disabled persons in both urban and rural areas have increased opportunities for productive and gainful employment.

Strong positive attitudes to PWD employment capacity are low, and there is major variation in attitudes to PWD employment, both by disability type and location



Strategies for economic empowerment of persons with disabilities would be the following.

i. Employment in Government Establishments

The PWD Act, 1995 provides for 3% reservation in employment in the establishments of Government of India and Public Sector Undertakings (PSUs) against identified posts. The status of

reservation for Government in various Ministries/ Departments against identified posts in Group A, B, C & D is 3.07%, 4.41%, 3.76% and 3.18% respectively. In PSUs, the reservation status in Group A, B, C & D is 2.78%, 8.54%, 5.04% and 6.75%, respectively. Government will ensure reservation in identified posts in the Government sector including public sector undertakings in accordance with the provisions of the PWD Act, 1995. The list of identified posts, which was notified in 2001, will be reviewed and updated.

ii. Wage employment in Private sector

Development of appropriate skills in persons with disabilities will be encouraged for their employability in private sector. Vocational rehabilitation and training centres engaged in developing appropriate skills amongst persons with disabilities keeping in view their potential and abilities will be encouraged to expand their services. Considering rapid growth of employment opportunities in service sector, persons with disabilities will be encouraged to undertake skill training suitable to the market requirement. Pro-active measures like incentives, awards, tax exemptions etc. will be taken to encourage the employment of persons with disabilities in the private sector.

iii. Self-employment

Considering slow pace of growth in employment opportunities in the organized sector, self-employment of persons with disabilities will be promoted. This will be done through vocational education and management training. Further, the existing system of providing loans at softer terms from the NHFDC will be improved to make it easily accessible with transparent and efficient procedures of processing. The Government will also encourage self-employment by providing incentives, tax concessions, exemptions from duties, preferential treatment for procurement of goods and services by the

Government from the enterprises of persons with disabilities, etc. Priority in financial support will be given to self help groups formed by the persons with disabilities.

CONCLUSIONS

Women and girls are reported to be the largest group in the global disability population, and they have been historically subject to discrimination both on grounds of their disability and gender. A combination of these two factors results in multiple discrimination and women with disabilities have distinct lived experiences, different from those of non-disabled women or disabled men. While the dedicated provision on women with disabilities should recognize their rights generally and impose obligations on duty bearers to make programmes addressing their concerns, specific mention is required in a number of other provisions. This is both in the form of recognition of the rights of disabled women, and providing for entitlements and programmatic interventions. However, at present there is a need to adopt such strategies to ensure that women with disabilities are not neglected from policies and programmes.

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