

# “A Retrospective Analysis and Empowerment of Social Status among Adolescent Girls and Women with Intellectual Disabilities”

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**Abstract:** *Women with disabilities are most marginalized in our society, as they are multiple disadvantaged through their status as women, as persons with disabilities, and are over represented among persons living in poverty. The present study is a retrospective analysis and Empowerment of social status among adolescent girls and women with Intellectual Disabilities registered in various Institutions in Nagpur. The prime objective of the study is to develop insight and analyse for empowering the factors determining social status among adolescent girls and women with Intellectual Disabilities. The study is an Exploratory Research Design based on retrospective study through content analysis. The sampling technique is proportionate random sampling. The variables in the study are “Ascribed Status” and “Achieved Status”. The data was analysed under both ascribed and achieved social status. The obtained results and findings were discussing both quantitatively and qualitatively. On analysing the results, it was revealed that the Social Status of Women with Intellectual Disabilities and Adolescent Girls is very low as the achieved status in respect to educational status, vocational status, occupational status and level of participation is poor when compared to able bodied peers hence empowerment is very essential factor*

**Key Words:** Disabilities, Employment & Education, Exploitation & Violence, Advocacy, Socialization

## Introduction:

Women with disabilities are multiply disadvantaged affecting their social status as women, as persons with disabilities, and majority are from BPL background (persons living below poverty line). There are many problems and challenges faced by women with disabilities referred in literature, but mainly within the context of developed world (Rao, 2008). The global issues pertaining to women in general, have been pursued from political, social, cultural, economic, developmental, ecological, psychological perspectives and Empowerment. However, the issues pertaining to women with disabilities have not even been research in the context of disability (Bhambhani, 2001)

During the last couple of years, disability as a development issue has been gradually gaining recognition. The International Year of Disabled Persons (IYDP) in 1981. UN Decade of Disabled Persons (1983 – 1992) was observing. Subsequently, the Asian and Pacific Decade of Disabled Persons (1993 – 2002) Recently, the Biwako Millennium Frame work for Action has proclaimed extension of the Asian and Pacific decade of disabled persons for another decade (2003 – 2012) has stressed about the action required to address the critical issues of women with disabilities. (Biwako Millennium ,2003)

Many organizations both Governmental and non-governmental are now considering and working towards the inclusion of disability components in their programs.

However, disability issues are not very familiar to most development planners and implementers, which is a barrier for many organizations in taking up disability programs. Statistics show literacy level of women is 50% as against 73% of males. Only 37% of the women with disabilities avail services (Rao, 2004). What is ironical in case of this group is that it is virtually ignored not only by their own able-bodied gender but also by men with disability. (Bhambani, 2001)

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 organise 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 taken into concern at international platforms like the Beijing Women's Conference in 1995. In May 2002, UNESCAP (United Nations Economic and Social Commission for Asia and Pacific) adopted the resolution "Promoting an inclusive, barrier-free and rights-based society for people with disabilities in the Asian and Pacific region in the twenty-first century". The resolution also proclaimed the extension of the Asian and Pacific Decade of Disabled Persons, 1993-2002, for another decade, 2003-2012.

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.

## Concepts and Meaning:

Women empowerment is empowering the women to take their own decisions for their personal dependent. Empowering women is to make them independent in all aspects from mind, thought, rights, decisions, etc. by leaving all the social and family limitations. It is to bring equality in the society for both male and female in all areas. Women empowerment is very necessary to make the bright future of the family, society and country. Women need fresh and more capable environment so that they can take their own right decisions in every area whether for themselves, family, society or country. In order to make the country fully developed country, women empowerment is an essential tool to get the goal of development. In order to really bring women empowerment in the Indian society, it needs to understand and eliminate the main cause of the ill practices against women, which are patriarchal and male dominated system of the society. It needs to be open-minded and change the old mind set against women together with the constitutional and other legal provisions. The disability movement too has not paid much attention to the particular needs of disabled women. Hence they remain at the periphery of all rights movements. They are not seen as having a part to play in society. The empowerment of disabled women therefore becomes the need of the hour.

The empowerment of any deprived section is possible when the group concerned realises its interests are not given priority by society. Their primary task lies in forming self-help groups to fight for their rights. They also need to be aware of their responsibilities to extend mutual support to one another and to work towards building a cohesive group, focussing attention on the benefit of the larger section of the society.

## Traditional Gender Roles:

For men and women, the expectations of gender roles are different, especially in traditional

societies, where each sex is expected to perform different roles in society, according to different criteria. These roles are determined by historical, religious, ideological, ethnic, economic and cultural factors. In these societies, men are expected to work outside the house, earn a living and support a family, while women are judged according to their physical appearance, and their ability to look after a home, their husbands and children. Traditionally, women are expected to take the responsibility for all domestic chores such as cooking, cleaning, marketing, fetching water or fuel, washing clothes and utensils, entertaining visitors, overseeing celebrations of events or religious ceremonies in the house, and so on. The vital importance of women's roles in economic and social spheres in developing countries is receiving increasing recognition.

#### Education of Women across disabilities:

Women with disabilities do not form a homogeneous group: Rao(2008) in her article Equity to women with disabilities in India observes that women with disabilities is a highly heterogeneous group by stating an example that the group consists of subgroups with the mentally ill and mentally retarded, the visually, hearing and speech impaired and those with restricted mobility or with so-called "medical disabilities" all encounter different barriers, of different kinds, which have to be overcome in different ways.

The prejudice surrounding their abilities 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. It is reasonable to expect that the number of girls included in those estimates is significantly less than half. Traditionally, schools for disabled children are most commonly segregated institutions for those with visual, hearing and intellectual impairments. So long as education for people with disabilities is

largely confined to a segregated system, only a few disabled girls and women will be benefited.

#### Women with disabilities and Employment:

Women in general face discrimination in employment sector, women with disabilities, this discrimination is far greater, and when it comes to women with Intellectual Disabilities it is much greater. Rao (2008) further observes that in situations where there is high unemployment, opportunities for remunerative work tend to be severely limited. When disabled women do find jobs, they receive considerably lower wages. For example, even for an industrialized country, studies have shown that a disabled woman working full-time earns only 56 per cent of the salary of a full-time employed disabled man. In fact, disabled women earn the lowest wages compared to disabled men or non-disabled women. Furthermore, in addition to the prejudice and discrimination barrier, the inaccessibility of the physical environment (e.g., buildings, roads, and transport and toilet facilities) is a serious obstacle to disabled women working outside their homes. Since the lack of mobility limits disabled women from obtaining raw materials and marketing their products themselves, engaging in piece-work is the most common form of income-generation available to them.

#### Social Exclusion:

Women with disabilities, especially from rural areas, are likely to be left out of family interactions and community activities. In addition, they are exposed to social stigma and stereotyping within their communities, which leads them to feel devalued, isolated, and ashamed.

Living among other women with disabilities and in a non-judgmental environment helped in raising self-esteem and in developing social skills. All of the women who resided in the group house felt accepted, sociable, and confident to venture. Together, confidence in their abilities was strengthened and they could carry out their business with

mutual support. Thus, independent group living helps in Social Development (Increased sociability, public confidence and ability to support) and Personal Development (improved self-image, independence and professional motivation)

Incest is very common in India. Women with disabilities are the easy prey for the exploitation within the family. We also do not discuss these issues in public. The large demand of parents of mentally retarded daughters for compulsory sterilization speak volumes. There is a need to tackle this issue by creating awareness and strengthening the existing laws to punish the offenders severely. Abandoning girls with disability is another issue that needs strengthening. The measures required are to prevent abandoning by creating awareness and to improve homes for them, which are often the centres of exploitation.

#### Health issues:

Health problems of older women will become an increasingly important issue in developing countries partially because of the sheer increase in absolute numbers. Today, two out of three of the world's 469 million women older than 50 already reside in developing countries. By 2020 three out of four will reside in developing countries, an absolute increase of 408 million.

It is imperative to keep in mind the heterogeneity of developing countries. Ageing and disability have close association. Older women constitute a distinct population that requires interventions very different from a population of younger women, who need an emphasis on maternity care. Obviously health problems of women are not homogeneous and cannot all be addressed through the traditional maternal and child health services.

The pattern of the health problems older women face reflects to a large extent the level of development of their region and country. Additionally, a woman's wellbeing is a result of

all her previous experiences, including factors such as urban or rural residence, marital status, and number of children, education, income, and nutrition.

#### Access to Rehabilitation Services:

Women with disabilities generally have less access to rehabilitation services than disabled men. In accordance with the traditional social and cultural norms in village societies, many women do not go out of their houses to seek help for health care, especially if the care-provider is a male. Most rehabilitation personnel, including community based rehabilitation workers in developing countries are men. Thus even home based services provided by male CBR workers, are out of reach for women with disabilities. Strangers, even if they are part of a service provider team, are usually not allowed inside the house in traditional societies. If these strangers are male, it is next to impossible for them to even talk to the women in the house. Even if a traditional community accepts males as service providers in health care and rehabilitation to some extent, it still would be impossible for them to provide services to, or teach, the women in the community. Such a situation can only be improved if local women were to be trained as rehabilitation workers. While women rehabilitation workers are becoming common in the sub-continent, cultural barriers continue to persist, preventing women from taking up rehabilitation work in the community setting, because it involves visits to houses of strangers.

#### Participation in Community Life:

Women with disabilities tend to have less opportunities to participate in community life than disabled men, mainly due to cultural reasons. Restricted mobility and absence of access provisions in the surrounding environment can also be a hampering factor in the participation of women with disabilities in community life, but this aspect is common to disabled men as well.



The families of disabled women tend to be over-protective about them, and prevent them from going out of the house, for fear that they may be exploited in some way because of their disability. Although well-intentioned, these anxieties can be stifling to women with disabilities. There are superstitions in village communities about the presence of disabled women being inauspicious in community gatherings. It is also believed that their presence in a family can block the chances of marriages of their female siblings. As a result, many women with disabilities remain confined to their parental homes, without being able to play the roles traditionally expected of women in society. This can lead to feelings of isolation, loneliness and low self-esteem in women with disabilities.

#### Exploitation and Violence against Women with Disabilities:

Women with disabilities tend to be more vulnerable to exploitation of various kinds, such as sexual harassment, domestic violence and exploitation in the workplace. According to the 1995 UNDP Human Development Report, women with disabilities are twice as prone to divorce, separation, and violence as able-bodied women. Disabled women also tend to be relatively easy targets of sexual exploitation, particularly if they are mentally retarded. In general, disabled women tend to be in a state of physical, social and economic dependency. This can lead to increased vulnerability to exploitation and violence. Because of the relative isolation and anonymity in which women with disabilities live, the potential for physical and emotional abuse is high. It is also estimated that having a disability doubles an individual's likelihood of being assaulted. Because of their isolation however, women with disabilities are likely to have less resources to turn to for help.

#### Advocacy:

In general, the burden of work for women with disabilities falls squarely on the

shoulders of disabled women themselves so that disabled women's issues can be addressed and information and resources shared. Women with disabilities have been an integral part of the history of movements for disability rights. In spite of their contributions, however, disabled women's issues were largely ignored and their accomplishments minimized. In addition, within disabled women's organizations the focus seems to be on organizing and advocating for women with physical or visual disabilities. There is very little attention paid to women with other disabilities such as women with mental retardation, cerebral palsy, and mental illness even to the point of lack of access to these organizations.

#### Statement of Problem:

Many women with intellectual handicapped are discriminated against merely because they are women. Having a disability compounds this prejudice, particularly for women in developing countries where the majority of the millions of disabled women can be found. Issues related to Awareness Status on Persons with Intellectual Disabilities in India is still dominated by ignorance, fear and superstition in the community. Direct result is evident in the spheres of lifespan needs among Persons with Disabilities. Female gender and disability may be equated with multiple disadvantage, due to gender based social discrimination as against their male counterparts in primarily a patriarchal society. In spite of this discrimination it is evident in our society that very few questions actually address issues related to data in this context. Therefore need to review method of data collection with specific reference to gender based bias in disability context. As endorsed by Bhambani (2002) which highlights the need for sensitivity related to female gender and issues related to women with disabilities?

This study intends to analyse the factors determining the social status of adolescent girls and women with intellectual impairment.

## Objectives and Methodology:

### Objective:

The prime objective of the study is to develop an insight with respect to social status among adolescent girls and women with Intellectual Disabilities.

### **To identify the factors relevant to Social status (ascribed status) in terms of**

- ✓ gender
- ✓ family size
- ✓ residential location
- ✓ parents income
- ✓ parents education status
- ✓ degree of disability
- ✓ problem areas of client

### **To identify the factors relevant to Social status (achieved status) in terms of**

- ✓ Educational Status
- ✓ Occupational Status
- ✓ Level of Participation in Social occasions.

### **Vocational training**

- ✓ To analyse the impact of family's income, intellectual ability on social status among adolescent girls and women with Intellectual Disabilities.
- ✓ To study the scope of improvising nature of case history recording with specific reference to gender of adolescent girls and women with intellectual disability.

### Methodology:

The present study was conducted to develop insight with respect to social status among adolescent girls and women with Intellectual disabilities.

### Research Design:

In this research study titled A retrospective analysis of social status among adolescent girls and women with Intellectual disabilities registered in various institute of Nagpur , the researcher has attempted to explore and describe the Profile of adolescent girls and women with Intellectual Disabilities, clients' Parent's education, Parents' occupation, Locality in which they reside, their socio

economic status, Age, problem areas of the client, educational status, current status of functioning, vocational status, occupational status, marital status, other associated conditions pertaining to her disability/ health issues. Thus the present study is an Exploratory Research Design based on retrospective study through Content analysis.

Independent variables in this study were Age, Gender, Economic Status, Members in the family, Income, Parents' education, Parents' occupation, marital status, degree of disability, type of family, and area of residence. The dependent variable is Social Status which is measured by the achieved status in terms of educational status, occupational status, and vocational status and level of participation.

### Sampling Frame:

For the present study 60 case records of adolescents were considered in the age group between 12 to 18 years, and 60 case records of women aged 18 years above were taken as sample for the purpose of this study. The primary method used in this data collection was secondary source of data from case files. The coded data from master sheet is analysed using frequency tables. In order to observe the pattern of all the variables both dependent and independent, under each category the data was divided into frequency distributions. To observe the relation between two variables, the data was cross tabulated of various variables and the results were tabulated.

### Data Analysis:

A total of 120 case records were taken and data was reviewed from the case history formats. Out of these, 60 case records of adolescents and the rest 60 case records were of women with intellectual disabilities. This chapter analyses the compiled data obtained from the case history formats. The data was compared between adolescent girls and women with intellectual disabilities.

The prime objective of the study is to develop insight with respect to social status and to analyse factors determining social status among adolescent girls and women with Intellectual Disabilities.

Social Status can be determined across two paradigms, namely the way society views an individual which ascribes value to their characteristics and also through the achievements of an individual which match the functioning standards comparable to peer surrounding an individual. This is particularly true in case of disabilities, where condition of disability directly limits levels of functioning referring to achievement levels and intern determine the attitude that defines the ascribed status. For this study these parameters are taken into consideration.

**Ascribed Status:** Gender, Age group, Locality, Socio economic status, Parental education, Parent occupation, members per family

**Achieved Status** (Education, Vocational Training, Occupation/Profession, and Level of participation/Socialization).

### **Review of Literature:**

The review of literature is an important aspect as any other component of the research process. Review of the related literature allowing the researcher to acquaint himself with current knowledge in the field or area in which researcher is going to conduct his research.

Rao (2008), prepared a strategy paper for the National Commission for Women, India states that "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 the role of wife and mother is considered to be the primary role for a female."

UNESCAP REPORT(2003-2012), In this it has been mentioned among women, the woman with a disability is seen as inferior, and even among other people with disabilities she is not their equal. In fact, women with disabilities find themselves in a "catch 22" situation, in which they are forced into being among the most isolated and marginalized. Thus they become poorest of people, leaving them at increased risk of ill- health. In this it has also mentioned about main issues like Attitudes and images, Violence, Healthcare and Rehabilitation, Education and Vocational training, Employment, participation in development.

BiwakoMillennium Framework for Action (2003-2012), In this framework it has been mentioned the critical issues related to women with disabilities like health care, education, vocational training, employment, income generation opportunities, sexual abuse, and denial of reproductive rights, reduced opportunity to marry and maintain family life etc. Rao, 2004, draws a roadmap touching the target point of BiwakoMillennium Framework for Action. The author believe that there is greater need for convergence of actions by various agencies in the country and the Government needs to inject support led programmes while inspiring the community to come up with growth mediated initiatives.

### **Results and Discussion:**

After compiling and analysing the data through content analysis from the case records of adolescent girls and women with intellectual disabilities registered in NAGPUR came up with the following findings.

The findings do reflect the factual situation of context of women with disabilities. various research studies carried out in the

### **Gender Discrimination:**

Most of the literature suggested that there is discrimination based on Gender. Despite their significant numbers, women and girls with disabilities, especially in the developing countries remain hidden and silent, their concerns unknown and their rights overlooked. (Bhambani, 2003). The stigma of disability, with its myths and fears increases their social isolation. (Boylan, 1991).

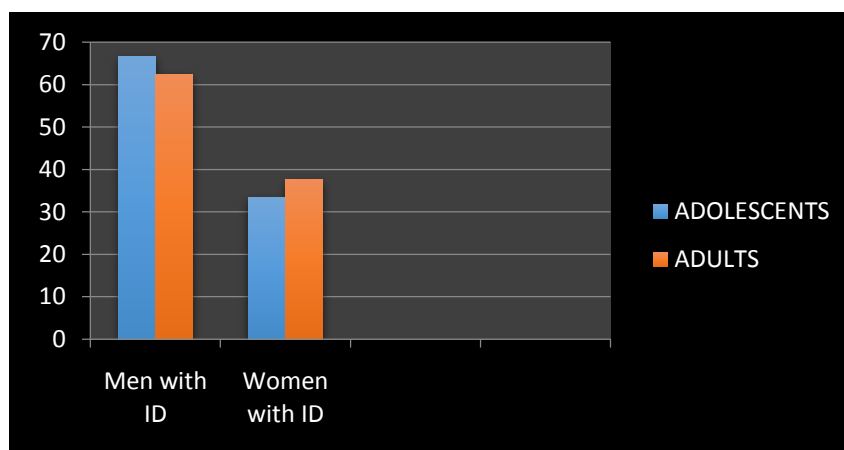


Table -1 Men and Women with ID registered in Nagpur

The above table shows the percentage of Men with ID and Women with ID cases registered in NAGPUR in the year 2011. The data revealed, against 66.56% of adolescent boys with intellectual disabilities, 33.43% of girls with intellectual disabilities were registered and against 62.24% of men with intellectual disabilities, 37.6% of women with intellectual disabilities were registered.

As per the national average though the proportion of men with intellectual disabilities is slightly more than women with intellectual disabilities in this study number is almost half the number of cases in both the sample groups when compared to men. This is a significant revelation for gender discrimination. . This number itself suggests that most of the female gender are underrepresented, and accessibility to rehabilitation services is very low.

### **Age of the Case/ Client:**

Age is also an important factor in life especially with disability. Every age has certain tasks to perform and certain expectations from the society. When it comes to disability, early the intervention the benefits are maximum. Break up of distribution of adolescents girls revealed that maximum girls i.e. 66.67% were in the age group of 12 – 14 years, and in women group 66.67% were in the age group 18 – 25 years. This suggests that most of them were deprived of early intervention services, therapeutics, and all other rehabilitation services. This also suggests the lack of awareness amongst the parents about the condition. When compared the number of cases amongst the two sample groups registered, the number of cases in adolescent group are 226 (65%) to number of cases of women 124 (35%). Which is a healthy sign when compared within the groups. The clustering of more number in 12-14 years in adolescent group and 18-25 in adults group suggests the transition phase

### **Parents' Educational Status:**

Education is the key to personal development in all aspects. Especially as a parent of a special child it is all the more important to be educated as education can help to remove the fears and myths about disability. Education of Parents will help them to access to more information about various policies,



schemes and benefits. Education will also provide opportunity to know about their wards disability condition.

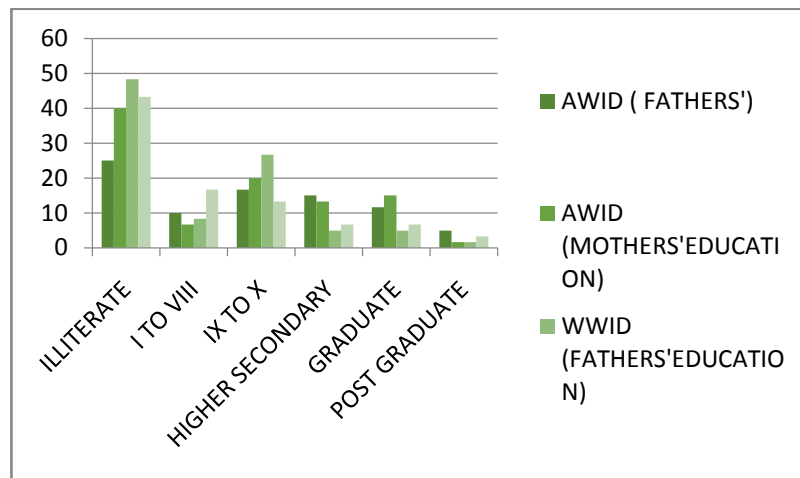


Table -2 –Education of Mother and Father

As per the data the maximum number of parents are illiterate in both the groups. Nearing to half of the sample size. When compared between mothers' education with fathers' education, mothers are more illiterate than fathers. This also suggests gender discrimination.

### **Parents' Occupation/ Profession :**

Work a provide a goal and meaning in life. It can give structure and content to our day, week, year and our life. It can offer identity, self-respect, social support and material rewards (European Agency for Safety and Health at Work, 2002). However the type of employment an individual is able to undertake speaks about one's educational background, skill capacity, and other personal and health factors. Parents' occupation has a direct implication on the client's social status.

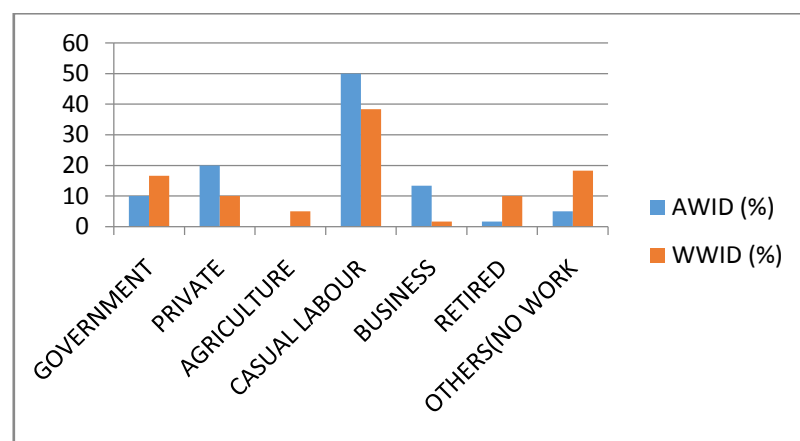


Table -3 -Father's Occupational Status

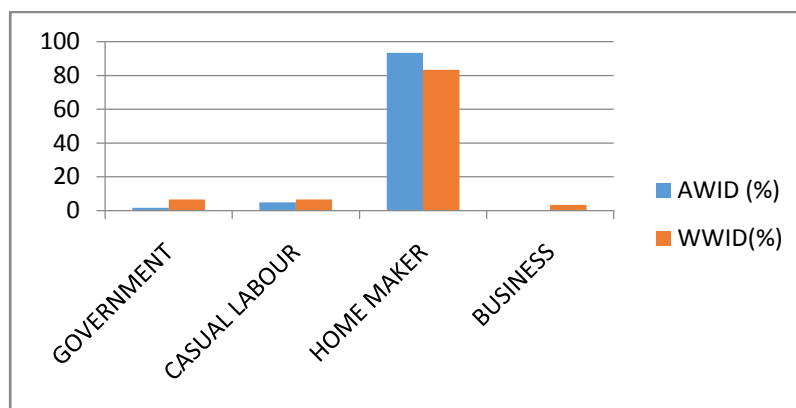


Table -4 - Mothers' Occupational Status

From the above tables it has been observed on comparing the data of fathers' occupation and mothers' occupation of both the groups, it was quite similar that in both the groups the highest number of fathers are casual labourers at 50% and 38.33% respectively, and mothers are homemakers at 93.33% and 83.33% in adolescents and adults group respectively. This is significant revelation that in maximum families the fathers are the bread earners whereas mothers are forced to stay at home to take care of the child. As maximum number of fathers are casual labourers, their earnings are very meagre in amount, intern depriving the client with the rehabilitation services as they cost money. It shows Parents education has direct implication on Parents occupation.

#### **Socio Economic Status:**

Socio economic status plays an important role in the social status of adolescent and women with Intellectual Disabilities. Studies have shown that low socio economic status are deprived of many opportunities and services. It also suggested that poverty is one of the main cause for the disability condition and the problems faced by them.

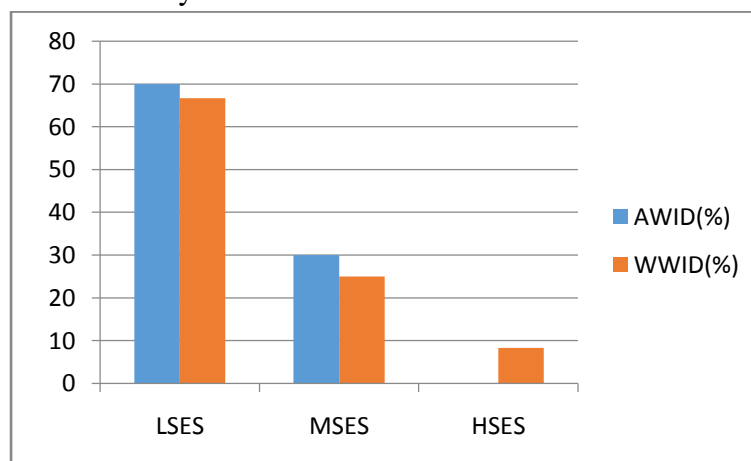


Table -5 Socio –Economic status of Parents

In this study most of the families of both the groups are from low socio economic status. In adolescents group 70% families belong to low socio economic status. This reveals the implications of poverty on the disability condition, deprivation of various services and discrimination based on their status.

#### **Locality:**

Area or locality of residence has its own advantages and disadvantages. Urban and Semi Urban have better opportunities in education, employment, training, and rehabilitation services. Whereas people in rural areas were deprived of many opportunities. The disadvantages of living in urban area with low

socio economic status is mainly because of the space constraints they are forced to live in small space in turn forcing the client to remain in an unhygienic condition. The data has revealed that maximum number are from urban area with 48.33% of Adolescents and 66.67% of women's group. Next highest is from rural area with 38.34% in adolescents group and 26.67% are from women's group.

### **Members per Family:**

Among the other factors, the number of family members in a family exerts direct influence on the situation of a person with disability. Depending on the severity of the disability, a person with a disability may require daily care and assistance to perform the activities of daily living. A person with disability residing in a family should naturally receive such support from one or more members of the family. Regular provision of such care requires time, and time equals money. For a family with few members and economic hardship, it is at times very difficult to provide the service and care to its disabled members. If one member is engaged for providing continuous care, it causes economic loss for that individual at the personal level as well as family level. It is normally seen that it is a female member who looks after the disabled member. This may prevent her (the attendant) from attaining education or participating in other development and social activities as she needs to stay at home. For a larger family, it is more possible to share the care-time required for the disabled member. In both the sample groups 5-8 members are maximum with 51.66% and 58.33% in adolescents and women's group respectively. If there are more members in the family there is someone to share the burden of taking care, instead of completely resting it on one person. The other perspective may be it might reduce the physical burden on one person, but the economic burden in raising so many people may increase, in other words the productive members (non-disabled) may take a major share of the earnings and these girls may be neglected.

### **Degree of Disability:**

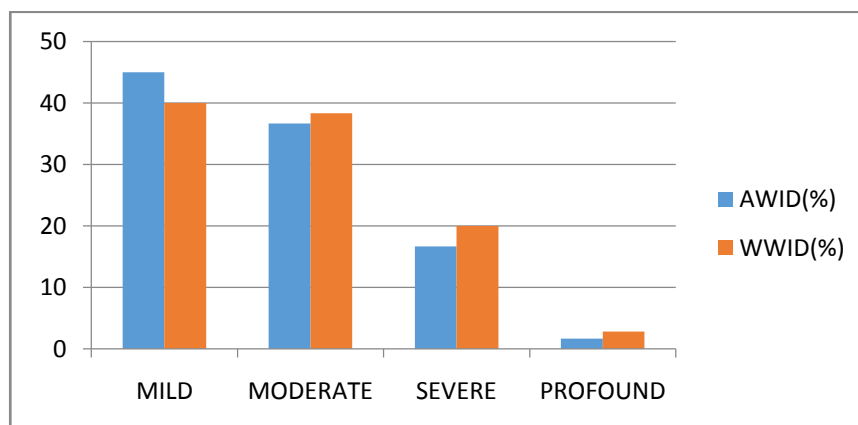


Table -6 – Degree of Disability

From the above table it is clear that prevalence of mild group is highest in both the groups at 45% and 40% in adolescents and women's group respectively. The data is in line with the expectations as highest in mild category, second highest is moderate, third highest is Severe group and least if Profound group in both the sample groups.

### **Marital Status:**

It is not uncommon in India to have cases married before the age of 18 years especially in some states like Rajasthan, Andhra Pradesh, Bihar, Orissa etc. in rural areas it is still practiced. But, according to the compiled data no girl below the age 18 years was married, which is a very good revelation. In women's group 3.33% were married and 5% were divorced and rest were unmarried. This shows that

still marriage of women with Intellectual Disabilities is still a distant dream. This may be due to as marriage demands lot from a woman, to be in relationship and taking up responsibility of running a home, and kids is very demanding for which they are not completely prepared.

### **Educational Status:**

Education is the key to the advancement of women and girls with disabilities; 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. Without a basic education, their chances for employment are almost nil. Opportunities for girls with disabilities to receive an education or to attend training courses are available to only a few. One report on women with disabilities in the kamptee district of Maharashtra 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. In this present study while the global trend is for greater gender equality in education and vocational training, boys and girls with the same disability often receive different kinds of education, with disabled girls often confined to the most traditional female occupations.

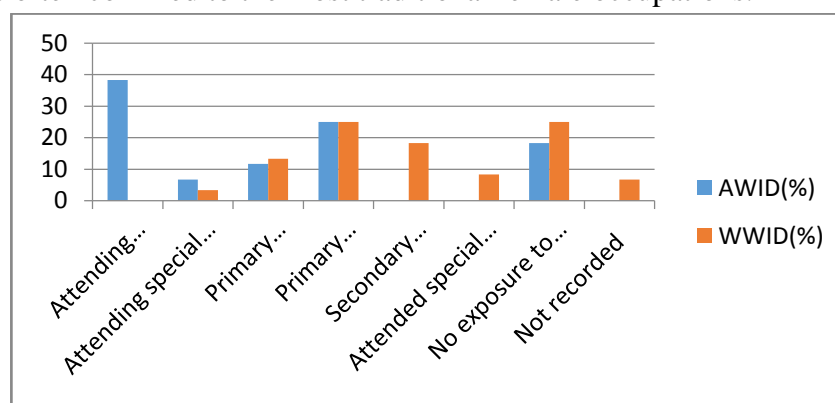


Table -7-Educational status of Female

In this present study, it is very discouraging to observe that in both the sample groups nearly half of the sample did not complete their primary education. This may be due to accessibility to the educational institution which is a major problem. The other reason may be due to the attitudinal barriers of the society which forces them to stay at home.

### **Vocational Training Status:**

For an individual to be economically independent and be contributively depends on different factors like possessing proper skills, investment capability, having jobs etc. Out of these many factors vocational training plays a very important role. On analysing the data an alarming number i.e. 93.33% of girls and women with intellectual disabilities did not receive any formal exposure to pre-vocational /vocational training. Without professional skill training, chances of being employed reduces. The reasons may be due to non-availability of vocational training centres in both urban and rural areas, and it can also be due to

overprotective nature of parents of not allowing them to go out of their homes.

### **Occupational/Employment Status:**

Women in general face discrimination in employment. For women with disabilities, this discrimination is far greater. In situations where there is high unemployment, opportunities for remunerative work tend to be severely limited. When disabled women do find jobs, they receive considerably lower wages. Furthermore, in addition to the prejudice and discrimination barrier, the inaccessibility of the physical environment (e.g. buildings, roads, and transport and toilet facilities) is a serious obstacle to women working outside their homes. In the present study it was discouraging



to know that no single case is involved in income generating activities. 1.67% in both the sample groups are working as casual labourers. The reasons as above discussed it was clearly visible in this study too.

### **Level of Participation/Socialization:**

In both the sample groups, it was recorded that maximum number interacted with the family members and moved in the neighbourhood. The reasons are very obvious that highest per cent of people were confined to home bound activities and are rarely allowed to go out. Attending social functions is less in both the sample groups, comparatively lesser in adolescents group when compared to women with intellectual disabilities group. The reason may be parents being extra cautious of sending their children during adolescence. Families in rural areas do not send even able-bodied girls to school once they attain puberty, there are often no facilities provided to rehabilitate in her role. Thus she becomes totally isolated, immobile and confined to the house. It is much more difficult for her than it is for a male with disability to participate in public activities, social functions, unless special efforts are made to help her to do so.

There is no denial of the fact that many problems are associated with women with intellectual disabilities. Especially from rural areas, are likely to be left out of the family interactions and community activities. In addition, they are exposed to social stigma and stereotyping within their communities, which leads them to feel devalued, isolated, and ashamed. (Rao, 2004)

A study conducted demonstrated culturally appropriate form independent group living to have a beneficial impact on the women's levels of sociability and their confidence to venture out in public or to social functions.

Living among other women with disabilities and in a non-judgmental

environment helped in raising self-esteem and in developing social skills. All of the women who resided in the group house felt accepted, sociable, and confident to venture.

Together, confidence in their abilities was strengthened and they could carry out their business with mutual support. Thus, independent group living helps in Social Development (Increased sociability, public confidence and ability to support) and Personal Development (improved self-image, independence and professional motivation)

### **Conclusion and Recommendations:**

#### **Conclusion:**

This is a study of Social Status among adolescent girls and women with Intellectual Disabilities. It was also found that Parental education was very poor as maximum of parents were illiterate which has a direct implication on the achieved status of clients' educational status which is also very poor as maximum number haven't completed their primary education.

From the cross tabulated data it was found that rural population have more problems in Speech, scholastic backwardness and in behaviour whereas behaviour problems were highest in semi urban and depression and mental illness were reported in urban areas. As the literature also suggested more problems are concentrated in rural area, this revelation was matching with the literature. The probable cause of depression and mental illness in urban areas may be due to awareness of these type of condition or diagnosis whereas this was not available in rural areas.

Further it was found that in both the groups i.e. adolescents and adults, people living in Low Socio Economic Status have more problems in all the areas of speech, behaviour, scholastic backwardness, epilepsy, motor etc. when compared to Middle and Higher Socio economic status. The association between the economic status and problem areas is statistically significant. Low economic status

has direct impact in all the problem areas in both the sample groups.

A central reason why many women with disabilities are unable to do more to improve their own situation is their lack of self-esteem. Shown from birth, either through neglect or through over-protection, that they have little value or are unable to do much, girls with disabilities grow up with the burden of that stigma and expect little of themselves. Even a woman who becomes disabled later in life will have her own sense of self-worth eroded by the prevailing attitude that she has become a useless dependant.

While women the world over are striving for equality with men, women with disabilities struggle to be recognized first as persons and then as being female. There is a tendency for care-givers, whether at home or in institutions, to treat disabled persons as objects without feelings or the right to decide on matters concerning them. This is particularly the case with those who are extensively disabled and fully dependent on others for their daily activities. In the case of women, the gender bias in society imposes a subordinate status on them, and increases the likelihood that disabled women will have their individuality and rights ignored.

### **Recommendations:**

- Disability organizations, leadership training projects and independent living services must collect data on involvement of women and girls with Intellectual disabilities and conduct specific outreach efforts to include women with disabilities.
- Mainstream organizations must support and work in partnership with organizations led by women with disabilities.
- Parents of Women with disabilities must be involved in all policy and decision making processes, and at every level of the projects: as staff, volunteers, participants, and evaluators.

- Education, vocational training and rehabilitation programs must include women with Intellectual disabilities, to prepare women and girls for careers and gainful employment.
- Rehabilitation and adaptive technology must be available for women with Intellectual Disabilities, and women with disabilities must be involved in the development and production of adaptive devices.
- Health service personnel must be trained to offer informed and sensitive service and education addressing the health needs of girls and women with disabilities.
- Non-governmental organizations must work with women with Intellectual disabilities to pressure governments to effectively implement the recommendations, which have been made over the years by various UN bodies and non-governmental organizations, particularly at the Fourth World Conference on Women in Beijing in 1995.
- Entrepreneurship development cum pre vocational training cum Vocational Training cum placement multipurpose centres to promote self and group employment (with a cross disability approach) for women need to establish at least one in each Taulk/block level with hostel facilities. After successful training and placement in the open employment/self or group employment independent living houses need to be supported by the government. Such houses should be identified from the government housing projects and houses in the ground floor with accessibility should be provided in addition to providing loans to purchase accessible taxi/auto rickshaw/cycle rickshaws for commuting to the work place. NGO's who are interested in building such housing facility for working women with disabilities need to be supported with grants.
- Women with disabilities working in the agriculture related work needs extra support.

### **Other Recommendations for Empowerment:**

Aligning with the Biwako Millennium Framework for action: towards an inclusive,

barrier-free and rights-based society for persons with disabilities in Asia and the Pacific

The Commission has to set the following targets:

1) Governments should ensure anti-discrimination measures by forming special task forces to protect women with disabilities.

2) Self-help organizations adopt policies to promote full representation of women with disabilities,

3) Women with disabilities should be included in all the policy making bodies from panchayath to parliament levels

4) Set up state wise task force to prepare white paper on the quality of services available for girls/women with disabilities and all the institutions managed or supported by the government and other donors.

5) The Commission should insist on 50% Reservations for girls with disabilities in schools and colleges (out of the existing quota) as well as 50% of the total of job opportunities, reserved for persons with disabilities, ranging from a minimum of 30% and to a maximum of 50% as per the PWD Act, 1995.

6) In order to improve the quality of life of women with disabilities in the rural and urban India, district CBR Societies for women with disabilities should function in cooperation with CBR societies for persons with disabilities at the district level, with the District Commissioner as the Chairman of the and the Deputy Director, Women & Child Development as the Secretary. All organizations working for women with disabilities and all organizations of women with disabilities and Self-Help Groups of Parents of adolescent girls with disabilities should become members of the society. A sample of the By-laws of the District CBR Society for persons with disabilities is enclosed and By-laws for district CBR Society for Women with Disabilities need to be developed.

7) In urban areas in addition to the reservation, women with disabilities are finding

it extremely difficult to get hostel facilities. Therefore, a 3% reservation should be made in all existing women's hostels for women with disabilities.

8) Finally, about movies and media, initiatives should be taken to regulate the media, which are mainly focusing on women's external beauty to promote the brands and nothing beyond. We can promote this on the lines of the Erikson Company, Finland which states women with disabilities should also promote the popular brands. This will help to fight for the age-old image about women and help people to appreciate inner beauty.

09) Under Sarva shisha Abhiyan a special programme for the inclusion of girls with disability in ICDS and elementary schools should be launched on the lines of Joyful inclusion and Udishya Portage programme launched by the Women and child Development Department, Government of Karnataka in cooperation with CBR NETWORK (South Asia)

10) The existing practices of discrimination based on degree of disability or economic criterion should be removed for children with disability up to the age of 0-14 years for the educational purpose to scale up the access to basic educational services.

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