

## ISSUES AND CHALLENGES FACED BY WOMEN AND GIRLS WITH DISABILITIES

### Bibhakar Vishwakarma<sup>1</sup> & Yashvinder Kapil<sup>2</sup>

<sup>1</sup>Assistant Professor in Special Education (Mental Retardation)\* Government Rehabilitation Institute for Intellectual Disabilities (GRIID) Sec-31, Chandigarh <u>bibhakarv8@gmail.com</u>

<sup>2</sup>Special Educator (Mental Retardation) cum Practical Supervisor \*\* Government Rehabilitation Institute for Intellectual Disabilities (GRIID) Sec-31, Chandigarh kapilyash <u>218@gmail.com</u>

# Scholarly Research Journal's is licensed Based on a work at <u>www.srjis.com</u>

In India Persons with disabilities are subjected to deprivation in many dimensions of their lives. A woman with disability represents a confluence of two divides in the society that is gender and disability. While each of the divides has been studied independently, if not in isolation, the two have rarely been studied together.

Intellectual disability (earlier called as mental retardation) is a generalized disorder/problem and in India it is an alarming fact that approximately 2.5 to 3% of the total populations are having intellectual disability. Definition of intellectual disability refers to significantly sub average general intellectual functioning result in, or associated with concurrent impairment in adaptive behavior and manifested during developmental period. It is also to be noted that nowadays while diagnosing intellectual disability not only IQ (intelligence quotient) is given importance but individuals current functioning level to their environment is also given due importance. Psychological classification of intellectual disability is based on IQ of person whereas educationist and special educators refers to educational classification, both criteria of classification helps to determine and frame policies and also for research purpose and services to be designated.

Majority of cause behind occurrence of intellectual disability as per NSSO (National Sample Survey organization) 58th Round is mainly injury in childhood whereas 3-4% is the cause during pregnancy and birth related disorders. 2% is for genetic and heredity reason.

Although currently there is no specific medication or cure for this lifelong disability still with appropriate support and training many of them can learn basic skill such as communication, self-care, health and safety, leisure time activities and work.

Gender difference in education among persons with disabilities is stronger than in the overall population, which leads to the gap in literacy, school education, skill development and avenues of self-employment.

Within disability developmental/intellectual disabilities represents additional disadvantage. The status of girls and women's with intellectual disability is the categories are perhaps the most vulnerable among the women with disability even if we discuss very basic issue. Till today we continue to lack even the most basic information about the intellectual disability in society. Understanding of disability mainly intellectual disability, socio-economic profile, attitudes towards disability and people with disability, education, employment, health, social security, institutions and policies, accessibility are important. In India there are above 11.84 million women with disabilities form heterogeneous groups. Issues and challenges of girls and women with intellectual disabilities are woefully underexplored. This has been evident at many times that families hide daughters with disabilities away and arranged marriages with whoever accepted them. The gap of issuing disability certificate is sharp which has given birth to several other issues of availing benefits and opportunities. In a survey conducted in 4 states of India by UNDP says that only 51% of women with intellectual disabilities possess disability certificates. Availability of disability certificates among women with disabilities also indicates their access to resources and services.

Social attitudes and stigma play an important role in limiting the opportunities of women with disabilities for full participation in social and economic life, often even within their own families. Enrolment and retention of women with disability into formal education is also one of the challenging still significant parts for holistic development. While thinking of education behavior issues among women with intellectual disability play an important in entire process of rehabilitation.

The major reasons behind it was long distance from home, ill treatment by other students, negligence by teachers, no special provision for girls with disability. Architectural barrier in schools and lack of family interest for providing education were also prominent behind challenges faced by girls and women with intellectual disability. Woman with intellectual and *Copyright* © 2017, Scholarly Research Journal for Interdisciplinary Studies

cognitive disability with some co-morbid conditions, with no certificate and no education remains excluded from every facility except disability pension. The illiterate population of girls with intellectual disability is higher among all other types of disability like visual impairment and orthopedic impairment.

Within marriage, women reported cases of neglect, punishment, and abuse from their spouses. The vicious circle of poverty, gender and disability can intensify the poor status of women and girls with disabilities mainly intellectual disability. Employment among women with disability is so pathetic that majority of women with intellectual disability are engaged in unskilled work whereas rest of them are not considered physically fit for any kind of employment. There is an absolute relationship found between education, vocational training and livelihood especially when illiteracy is high.

Research has been suggesting that women and girls having various types of disabilities are reluctant to report violence due to the social stigma attached. The problems of women with disabilities become very complex with other factors such as poverty. Issues such as women sterilization, forced medication and gender based care are also acts as barrier and leads to inability to access health care and judicial services. Several women with disabilities are not being able to access schemes as they are not aware of their entitlements hence one can assume the condition of women with intellectual and developmental disability. Their low awareness on related institutes such as VRC (Vocational Rehabilitation Centers), Special Schools adds to the inaccessibility of women to their entitlements.

Women with intellectual disabilities do not speak or raise voice for themselves. When their mothers become spokespersons it is possible that the fact is hidden. As accessibility, literacy and employment are low, the violence reported is more at home than in the educational and work places among women with intellectual disabilities.

- Awareness programmes should be given more importance and allocation
- Budgeting should be done on basis of gender in the disability sector accordingly.
- Special emphasis and specific allocation should be done for the skill and capacity building for the women having disability
- Orientation and training of the caregivers should be taken with adequate budgetary provision

- There should be some specific programme for severe and profound girls and women with intellectual disability.
- Adults with intellectual disability often find it complex while to access effective medical care in case where health services are not readily available. Major concerns such as reproductive health, fertility issue, average age of menarche, amenorrhea may present in women with intellectual disability that are unable to manage menstrual hygiene effectively, moreover consent or agreement during treatment is further issue among women with intellectual disability.
- Violence issues should be given utmost importance.
  - It is important among women with intellectual disability to conceptualize positive perception about being women and possible effects of ageing in context of growing older.

Some National Trust Schemes for women with developmental/ intellectual disability covering autism and cerebral palsy are mentioned below-

The important schemes are discussed below:

**Nirmaya** is basically health insurance scheme to provide affordable health insurance to persons with autism, cerebral palsy, intellectual disability and multiple disabilities. The health insurance cover under the scheme is provided up to Rs.1.0 lakh.

**Gharaunda** is a lifelong shelter and care scheme for providing assured minimum quality of care services throughout the life of persons again suffering with autism, cerebral palsy, intellectual disability and multiple disabilities.

**Gyan Prabha** a scholarship Scheme is for pursuing any post school vocational training/professional courses for enhancement of skill of persons with four categories.

**Udyam Prabha** an incentive scheme is for promoting income generating economic activities for self-employment of persons by providing incentive and making available loan facility for any income generating economic activity.

Arunim stands for Association of Rehabilitation under National Trust Initiative of Marketing, is basically a marketing Federation for manufacturing and marketing of products made by persons with Disabilities. Its aim is to develop and implement marketing of products made by persons with disabilities in the domestic and international markets.

**Samarth** scheme is about providing residential services-both short term in the name of respite care and long term full time residential. Vocational training for persons with disability is mandatory under this scheme. Residential facilities shall be made available to both males and females on equal basis. Samarth centers have capacity up to 30 residents without any discrimination on the basis of soci-economic status and are encouraged to extend support to adults and destitute children. Mentioned above some of the schemes were discontinued by National Trust till last year.

**NHFDC** (National Housing finance Development Corporation) scheme has been setup to promote economic and developmental activities undertaken by persons with disabilities. The objective of this corporation is to assist persons with disabilities by providing them economic and financial assistance, under this scheme preference will be given to women beneficiaries.

Most important issue of social safety particularly for women with intellectual disabilities also happens to be the most deprived group among the women with disabilities in terms of various entitlements. Passive life style factor is also an important cause for low social and economic status of living among women with intellectual disability.

Psychological distress among women having intellectual disability, gender sensitive approach, friendly policies, and initiatives on empowerment can work evidently for betterment this section in society. Women with intellectual disabilities often find themselves a disadvantaged group and slight is done globally to address their specific formal education, health, employment and social needs. However there are lots of challenges and hurdles to improvise the life of women and girls with intellectual disability but strong initiatives and recommendations can help us to achieve this goal.

#### References

- Acharya, Tulasi. "Gender, Disability, and Literature in the Global South. "International Journal of Sociology and Social Policy 19.12 (2012): 21-33.
- Govt. of India UNDP Scheme- Shanta Memorial Rehabilitation Centre http://www.docudesk.com
- https://www.researchgate.net/publication/327817931\_Women's\_Mental\_Health\_and\_Mental\_retarda tion
- Nayak. B (2013) Problems, Challenges and status of women with disability in Odhisa American International Journal of Research in Humanities, Arts and Social Sciences retrieved from http://www.iasir.net
- Report on 58<sup>th</sup> Round National Sample Survey Organization (NSSO)
- Ageing and Intellectual disability- Improving longevity and promoting healthy ageing, Summative Report published in 2000