

Psycho Social Function of Women with Disabilities in Tiruchirappalli District, Tamil Nadu, India.

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Abstract: *The Differently abled women face many disadvantages due to their status as women. They are kept aside of the conventional movements and are denied of their rights. Their identity is very much questioned and so they lead a life without any identity. This marginalized section of the society search for an identity and the inability to cope up with the existing oppressing structures causes them to have psychosocial problems. The sexual harassment, domestic violence and exploitation in the workplace met by the Women with disabilities deepen their psychosocial problems. This research study is an attempt to help the policy makers, government and Non-governmental organizations to help the Women with disabilities to come up in life and to have right self image and identity.*

The present descriptive study was conducted in 16 blocks of Tiruchirappalli district. The universe consists of 1249 WWD in Tiruchirappalli District. The researcher selected 20 women with disabilities as a sample from each block of Tiruchirappalli District (N=320) through stratified disproportionate random sampling method. The researcher suggests that mainstream organizations must support and work in partnership with organizations led by women with disabilities. Rehabilitation and adaptive technology must be available for women with disabilities, and women with disabilities must be involved in the development and production of adaptive devices.

I. Introduction

Women 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. A study in India pointed out that “the plight of women with disabilities is not the simple sum of the barriers faced by people with disabilities and the barriers faced by women. The combination of their disabilities and inferior status as women goes beyond the mechanical doubling of discrimination to a situation of utter social alienation and policy neglect. Women with disabilities have remained invisible in legislative and policy efforts at both national and international levels.” Women with disabilities have been excluded from both the disability movement and feminist movement. Like most other social change movements, disability movement has directed its energies primarily towards male experiences. It has traditionally ignored the relevance of gender and other social dimensions like race, class, ethnicity, etc. Thus, policies and practices have not been designed to meet the specific needs of women with disabilities.

The experiences of disabled women have been rendered invisible at both movements and a new legislation made at this stage must take into consideration their lived experiences, especially since the existence of multiple discriminations and the need for specific provisions has already been recognized by the Committee on the Rights of Persons with Disabilities (CRPD). The incorporation of gender-specific provision would not imply that the legislation needs to provide specifically for each vulnerable group of the society. This is because women are not a sub-group but are crosscutting section of society. They comprise half the disabled population and gender is a crosscutting dimension of a different order than other defining characteristics of vulnerability. Many people, including administrators, have colluded with the idea that the ‘typical’ disabled person is a disabled man. Thus, a law on disability must contain explicit provisions addressing the specific concerns of disabled women to ensure that their experiences are not rendered invisible in policy-making.

The researcher identifies the levels of psychosocial problems faced by the women with disabilities in Tiruchirappalli district and insists on the need to remove all the barriers experienced by them. The researcher tries to analyse their levels of awareness of the benefits the Government gives to them and suggests to the Government and the Non Governmental organizations the possibilities of making these section of the society to be aware of the various benefits available to them.

II. Factors Inducing Psychosocial Disfunction

2.1 MIND-SET CREATE OBSTACLES

Mind-set and wrong ideas about what a disabled woman can or cannot do prevent a disabled woman from living a full and healthy life, or taking part in the life of her community. They add to her disability by creating barriers that can prevent her from getting education or work, and from having a social life. A woman who cannot walk may be capable of having a very good career and be able to earn money to support her family. But if her family or community are ashamed of the way she moves and want her to stay hidden, then it is their feelings of shame that will make her disabled. All communities include people with impairments. That is normal. But it is not normal for a person to be discriminated against and excluded because she has impairment.

2.2 AVAILABILITY OF PROSPECTS

In many communities, women have fewer resources and opportunities than men. This inequality between men and women is also true among people with disabilities. Wheelchairs, artificial limbs, sign language classes, Braille slates (which enable blind women to read) and other resources are often expensive and less available for disabled women than for disabled men. Without aids like these, girls and women with disabilities have a hard time getting education and doing things for themselves. As a result, they are less able to get jobs, to take control of their own lives, and to take an active part in the life of their communities.

2.3 BODILY BLOCKADES

Many women with disabilities cannot use community facilities, banks, or hospitals because most buildings have no ramps, handrails, elevators, or lifts. Physical barriers make it difficult for women with disabilities to move around by themselves. When women are stopped by these barriers, they are often unable to get good food, enough exercise, or the health care they need. Many people, including health workers, may believe that if a woman who uses a wheelchair cannot get into a building because there are only stairs, then she must learn to wear leg braces, or use crutches, or have someone carry her. It is not her disability, but the physical barriers that make it impossible for her to get into the building. If there was a ramp so she could roll her wheelchair into the building, there would not be a problem.

2.4 SOCIAL IMAGE

The key to understanding the phenomenon of violence against disabled women is in the image society has of them, as well as how they see themselves. For this reason, we have gone into further detail of this in the following. The level of personal satisfaction a woman has depends a lot on how well she fits into the image society has given to the female body. Along these lines, being fat or overweight is unacceptable, while being thin relates to success. But this is, for many women, impossible to achieve. Apart from these physical qualities, we must add other characteristics culturally accepted as ideal in women and that rarely appear in disabled women, or in those who have had different experiences or have a "different" appearance, all of which exclude them from the rest of the group. The ideals and guidelines of beauty defined by the dominant culture are shown in publicity and are interpreted as socially desired, provoking the need to change or alter imperfect bodies. The message is clear; "The way our bodies are now is undesirable and unacceptable". The idea is to be non-disabled, closely followed by the necessity to obtain "a perfect body".

At the same time, as a result of the perception others have of disability, the traditional roles assigned to women are neglected or limited. Not being able to fit in the mould assigned as "beautiful or good looking" limits the possibilities of having intimate relations, highlights the physical differences, and influences negatively in the perception they have about their body. Therefore a disabled woman ends up seeing her disability as something negative because among other things it reduces her possibilities of a relationship and of social consideration. All this due to the fact that she cannot meet certain standards or carry out certain predetermined roles and as a consequence her life takes on a sense of invisibility. They are excluded from activities according to age and sex; they are not considered for the role of brides, mothers or wives, they cannot accede to jobs where physical appearance is highly exhibited, etc, On the other hand, everyday activities such as studying, cooking, personal hygiene, etc, which are, in the non-disabled, considered normal and routine, are given an exaggerated importance, or distorted portraits are created to depict extraordinary lives, featuring heroic and romantic feats of personal overcoming.

2.5 FEELING OF LONELINESS

- One of the most devastating experiences of WWD is feeling of LONLINESS.
- Sales and Frieze (1984) made a study to know the relationship between women's work and women's mental health. They found that the group of women who is most at risk of having mental health problems is non-white, non-married, non-employed women, and women who live in LONLINESS with limited social roles.

- This suggests that women with disabilities may be at greater risk than most other women of having mental health problems as a result of their LONLINESS and the limited social roles available to them, including their limited access to labor force participation.

III. Methods And Materials

The present descriptive study would be conducted in 16 blocks of Tiruchirappalli district. The universe consists of 1249 WWD in Tiruchirappalli District. The researcher select 20 women with disabilities as a sample from each block of Tiruchirappalli District (N=320) through stratified disproportionate random sampling method. The objectives of the study are to analyse the Attitude & Perception towards WWDs, problems faced by WWDs, perception of which is need to be change in the lives of a disabled woman and suggestion for improving the positive attitude towards WWDs. The study focused only Women with Disabilities in the study areas and those who registered their name at Tiruchirappalli District Disabled Rehabilitation Office. The researcher conducted interview with mild women with disabilities like low vision, hearing impaired, loco motor disability and mild mental retardation. They are included in the study. The researcher used primary method of data collection. The research adopted interview schedule for data collection, which focuses on demographic characteristics of the women with special needs through semi-structured and open ended individual questionnaire. It also includes questions on the empowerment of women with special needs on decision making and social inclusions and to find out the level of awareness on their rights, policies and welfare programmes.

IV. Results And Discussion

Figure: 1

Distribution of the respondents by various dimensions of Psycho social function

| S. No | Various dimensions of Psycho social function | No. of Respondents (n =320) | Percentage |
|-------|--|-----------------------------|------------|
| 1. | Psychological symptoms | | |
| | Low | 162 | 50.6 |
| 2. | High | 158 | 49.4 |
| | Family relationship | | |
| 3. | Low | 161 | 50.3 |
| | High | 159 | 49.7 |
| 4. | Relationship with husband | (n=183) | |
| | Low | 107 | 58.5 |
| 5. | High | 76 | 41.5 |
| | Relationship with children | (n=121) | |
| 6. | Low | 59 | 48.8 |
| | High | 62 | 51.2 |
| 7. | Social relationship | | |
| | Low | 167 | 52.2 |
| 8. | High | 153 | 47.8 |
| | Overall psycho social function | | |
| 9. | Low | 179 | 55.9 |
| | High | 141 | 44.1 |

The research explains the various dimensions of psychosocial functions of the Women With Disabilities. Almost 50.6 percent of the total population faced with low psychological symptoms. 49.4 percent had the high level of psychological symptoms. 50.3 percent had low levels of family relationship problems and 49.7 percent had high levels. Almost 58.5 percent had low level of relationship with the husband and 41.5 had the high level of relationship with the husband. 48.8 percent had low level of relationship with the children and 51.2 percent had high level of relationship with the children. 52.2 percent had low level of social relationship and 47.8 had high level of social relationship. 55.9 percent had overall psychosocial function and 44.1 percent had high level of overall psychosocial function.

Figure: 2

Distribution of the respondents by various dimensions of Quality of work life

| S. No | Various dimensions of Quality of work life | No. of Respondents (n =320) | Percentage |
|-------|--|-----------------------------|------------|
| 1. | Physical problems | | |
| | Low | 170 | 53.1 |
| 2. | High | 150 | 46.9 |
| | Cognitive problems | | |

| | | | |
|----|------|-----|------|
| 3. | Low | 163 | 50.9 |
| | High | 157 | 49.1 |
| 4. | Low | 183 | 57.2 |
| | High | 137 | 42.8 |
| 5. | Low | 189 | 59.1 |
| | High | 131 | 40.9 |
| 6. | Low | 209 | 65.3 |
| | High | 111 | 34.7 |
| 7. | Low | 182 | 56.9 |
| | High | 138 | 43.1 |
| | Low | 165 | 51.6 |
| | High | 155 | 48.4 |

The above table shows the various dimensions of quality of work life of Women With Disabilities. 53.1 percent had low level of physical problems 46.9 percent had high level of physical problems. 50.9 percent had low level of cognitive problems and 49.1 percent had high level of cognitive problems. 57.2 had low level of affective problem and 42.8 had high level of affective problem. 59.1 percent had low level of social dysfunction and 40.9 had high level of social dysfunction. 65.3 percent had low level of economic problems and 34.7 had high levels. 56.9 percent had low level of ego problem and 43.1 had high levels.

Figure:3

Distribution of the respondents according to their Awareness about Government Benefits

| S. No. | Awareness about Government Benefits | No. of Respondents (n = 320) | Percentage |
|--------|--|---------------------------------|------------|
| 1 | Awareness about Government schemes for PWDs | | |
| | Yes | 189 | 59.0 |
| 2 | No | 131 | 41.0 |
| | Availing of benefits of government schemes by WWDs | (n=189) | |
| 3 | Yes | 109 | 57.7 |
| | No | 80 | 42.3 |
| 3 | Kinds of benefits availed | (n=109) | |
| | Financial help for study | 20 | 18.4 |
| | Financial help for earning | 27 | 24.9 |
| | Home from government | 10 | 9.1 |
| | Supportive devices | 20 | 18.4 |
| | Provision of sewing machines | 10 | 9.1 |
| | Training | 22 | 20.1 |

This table explains about the awareness of the Women With Disabilities about Government benefits available to them. 59 percent are aware of the schemes for the women with disabilities and 41 percent are not aware of it. 57.7 percent are availing the benefits already and 42.3 are not. 18.4 percent have received financial help for study, 24.9 percent have availed financial help for earning, 9.1 percent received help to construct houses from government, 18.4 percent received supportive devices, 9.1 percent received sewing machines and 20.1 received various trainings.

So the study clearly explains that almost 50 percent of the Women With Disabilities have psycho social problems and the quality of work life of the same percentage of people are not in a satisfactory position. Almost 42.3 percent of the people are yet to avail the much needed benefits from the government.

V. Suggestions

- The Governmental and Non Governmental Organizations need to impart welfare programmes to remove the Psychosocial dysfunctions of the Women With Disabilities.

- Disability organizations, leadership training projects and independent living services must collect data on involvement of women and girls with 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.
- 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 disabilities, to prepare women and girls for careers and gainful employment.
- Rehabilitation and adaptive technology must be available for women with 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 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 centers to promote self and group employment (with a cross disability approach) for women need to establish at least one in each Taluk/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 workingwomen with disabilities need to be supported with grants.
- Women with disabilities working in the agriculture related work needs extra support.

VI. Conclusion

Women With Disabilities are looked down upon not only by their communities but also by their families. The most vulnerable and neglected among women are therefore those who are disabled. Women with special needs suffer double discrimination, both on the grounds of gender and impairment. They are not only face the normal difficulties disability imposes, but also are socially excluded. Non-governmental organizations can play a powerful role in counteracting the cycle of oppression through which disabled women are denied access to support and resources that would empower them to reach their potential and contribute to the community. Disabled women are marginalized and discriminated in major areas of life. The need of the hour is to challenge the discriminatory approach of social institutions and strive towards bringing about a more equalitarian situation for disabled women. It is possible only, if the policy 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. The researcher recommended that long term campaign is needed to stop abuse & violence against disabled girls & women, raising awareness about their rights and families to take proactive role to encourage and allow the disabled girls to take part in education and all other important activities.

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