

Women With Different Abilities And Family Support: An Empirical Study Of Visually Impaired Women In Special Reference To Varanasi District

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Abstract: -

Introduction: - Family is primary institution of socialisation (Parsons) and when we talk about children with special needs, role of family become more crucial as these children need more support than the children with a body, but the question is whether the approach and support of family members are same with disabled children as they provide love care and support to normal children. Persons with different abilities face numerous challenges including inaccessible infrastructure, economic challenges, social exclusion and specially their condition in family in so marginalised that they are considered as burden on family. They are excluded from their social inclusion and role of the family is most important in their social inclusion and condition of women with different abilities are worst. They are suffering from dual discrimination.

Material and Method: - Major objective of the study is: -

To find out the socio-economical background of Blind women and how their families support them.

To examine attitude of family and social support for Blind women.

The study is based on qualitative research. This study is both descriptive and exploratory. To explore family perspective about life chances i.e. education, independence and empowerment, an empirical study for ground reality of family support to blind women was carried out. 50 respondents were selected with the help of purposive and snowball sampling belonging to 15 to 45 years age group, from different places in Varanasi city were taken with interview schedule and non-participatory observation has been used for collection of data.

Conclusion: - The attitude of family, neighbourhood and society towards Differently abled girls are not changed they are considered as burden on family and society because mostly disabled girls belongs to low economic background and these families are not able to even provide them proper nutritious food, medical facilities, educational and vocational training. With they are also not so aware about governmental initiatives and the facilities.

Keywords:- Women with different abilities, Visual Impairment, family support

Date of Submission: 16-05-2024

Date of Acceptance: 26-05-2024

I. Introduction

Family is most fundamental institution in society. Children born in family as a biological being and family socialise them. As the most important part of social structure, the family is the foundation of society because it is where people take their first step into social life (Dikici, et.al. 2020).

Functional perspective believe that family plays an important role in society to fulfil the physical, social and emotional necessities of their family members. Most importantly, family is primary institution of socialisation (Parsons) and when we talk about children with special needs, role of family become more crucial as these children need more support than the children with a body, but the question is whether the approach and support of family members are same with disabled children as they provide love care and support to normal children.

WHO report says that almost 15% of world population is living with some form of disability and we are 80% living in low economic countries. (WHO 2011).

The country's disabled population has increased by 22.4% between 2001 and 2011. The number of disabled, which was 2.19 crore in 2001, rose in 2011 to 2.68 crore where 1.5 crore males and 1.18 crore females. (Census of India,2011)

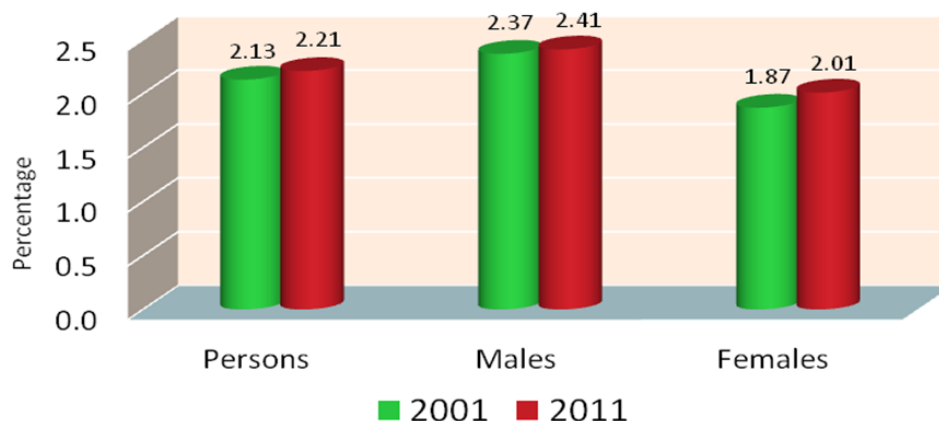
Disabled Population by Type of Disability (%) India: 2011

Type of Disability	Persons	Males	Females
In Seeing	18.8	17.6	20.2
In Hearing	18.9	17.9	20.2
In Speech	7.5	7.5	7.4
In Movement	20.3	22.5	17.5
Mental Retardation	5.6	5.8	5.4
Mental Illness	2.7	2.8	2.6
Any Other	18.4	18.2	18.6
Multiple Disability	7.9	7.8	8.1
Total	100.0	100.0	100.0

Source: C-Series, Table C-20, Census of India 2011

In India out of the 121 Cr population, 2.68 Cr persons are disabled which is 2.21% of the total population. Among the disabled population 56% (1.5 Cr) are males and 44% (1.18 Cr) are females. In the total population, the male and female population are 51% and 49% respectively (Census of India 2011)

**Proportion of Disabled Population by Sex
India : 2001-11**



Source: C-Series, Tables C-20, C-20SC and C-20ST, Census of India 2011

As per data prevalence of disability is higher in women than men and this is not only in India but global prevalence for disability is higher in women (19%) as compared to that of men (12%). It is reported that approx. 300 million women and girls around the world is suffering from disability (World bank Report, 2011).

While the Indian cultural reality has never been favourable to the birth of daughters, the onset of disability in daughter is a fate worse than death. While women are fighting hard for equal rights in a patriarchal order, disabled women are rarely recognized as person. The society that constructs the social norms in form of role play, the disabled girls and women are treated as most inhuman manner. This holds not only for those whose disability is very severe, but also for anyone who is different from that ideal norm.

Although both men as well as women with Different Abilities are subjected to discrimination, it is women who are at a greater disadvantage - given their gender. This results in them being more vulnerable to sexual and verbal abuse, physical violence, economic barriers as well as fewer opportunities in education, healthcare, employment, as compared to their male counterparts. A disabled women is considered incapable of fulfilling the socially constructed feminine roles as homemaker, wife and mother. Then, she also does not fit the stereotypes of the normal woman in terms of physical appearance.

Since women embody family honour, disabled girls are kept hidden at home by families and denied basic rights to mobility, education and employment. The capacity of women with disabilities to be sexual partners,

homemakers, and mothers is questioned and doubted. They are not considered capable of performing household chores efficiently, having meaningful sexual relationships or having healthy children.

Persons with different abilities face numerous challenges including inaccessible infrastructure, economic challenges, social exclusion and specially their condition in family is so marginalised that they are considered as burden on family. They are excluded from their social inclusion and role of the family is most important in their social inclusion and condition of women with different abilities are worst. They are suffering from dual discrimination.

They are doubly disadvantaged because not only do they experience disability linked discrimination but they experience Sexism without any of the recompense that non- disabled women may claim as wives and mothers. (Fine & Asch,1989)

So, the study is based on support and care provided by family to visually disabled women in special reference to Varanasi District.

What Is Disability: -

As per the United Nations Convention on the Rights of Persons with Different Abilities (UNCRPD,2006) persons with Different Abilities include those “who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others”. Disability or different ability is considered as limitation or lack of ability affecting an individual. The World Health Organisation (WHO) define disability as an umbrella term covering Impairment, Activity Limitation and Participation Restrictions. “Impairment is a problem of body function or structure, and Activity Limitation is a difficulty and countered by an individual in executing a task correction, while a Participation Restriction is a problem experienced by an individual in involvement in life situations” Thus, disability is a complex phenomenon, reflecting an interaction between features of persons body and features of the society in which he or she lives. It is a well-known fact that for centuries disabled people have been a repressed as well as an oppressed group.

A person’s disability may be visible to the eye or be invisible. Its onset can be at birth, during childhood, during their working age years or even at old age. Disability can broadly be divided into physical, mental, sensory, developmental and nonvisible disability.

The Rights of Persons with Disabilities Act 2016 (RPwD) of India has provided 21 categories to identify disability which can be broadly divided in two major categories: -

1. Physical Disability
2. Mental Disability

Under the Indian Constitution, a “person with benchmark disability” means a person suffering from not less than 40% of any specific disability, as certified by a medical authority (RPwD Act,2016).

According to RPwD Act 2016 Visual impairment-

- (a) "blindness" means a condition where a person has any of the following conditions, after best correction-
 - (i) total absence of sight; or
 - (ii) visual acuity less than 3/60 or less than 10/200 (Snellen) in the better eye with best possible correction; or
 - (iii) limitation of the field of vision subtending an angle of less than 10 degree.
- (b) "low-vision" means a condition where a person has any of the following conditions, namely:-
 - (i) visual acuity not exceeding 6/18 or less than 20/60 upto 3/60 or upto 10/200 (Snellen) in the better eye with best possible corrections; or
 - (ii) limitation of the field of vision subtending an angle of less than 40 degree up to 10 degrees.

II. Review Of Literature

The most punishing handicap is not just the attitude taken towards them by the society itself but the problem of social exclusion barriers they face, depending on their Different Abilities. As a result, women with Different Abilities constantly struggle against negative stereotyping even when trying to embrace a positive sense of self given the bodily and societal restrictions. It is a struggle that limits the celebration of difference and the pride one feels in one’s individuality. In a most of cases the society does not expect women with Different Abilities to embrace the role of a mother, a wife, and a homemaker, given their lack of physically measuring up to the able-bodied standards (Addlakha,2006).

Insa Klasing’s empirical study of disabled people in rural areas reports that the rehabilitative services are concentrated in urban areas which are not an easy reach for the poor people in rural areas. Many such rehabilitative institutions are unknown to the rural people due to their lack of awareness. On the other hand,

even if they are into the rehabilitation centres, they are again taken far from their habitats, their families and community which sets an act of reinforcing the practices of segregation and exclusion. (Insa Klasing 2007.)

Women with disabilities in India face double discrimination due to prevalence of traditional gender roles and expectations. This paper explores the nature and form of disability afflicting the individual and social life of women in rural Haryana, both in terms of physical and mental parameters. It describes community and family strategies in supporting disabled women in negotiating family, work, economy and society. It also highlights the social effects of physical disability on various stages of their life cycle, explored through life histories of women belonging to different age groups and those belonging to different castes. (Nilika Mehrotra, 2004).

A research conducted by Ghosh (2010) on women with locomotor disability in Bengal found that there in fact does exist certain images of the 'ideal' woman. These images are socially constructed through common gender ideologies, which are experienced and interpreted by disabled women who grow up negotiating their disabled bodies while internalising the "normal" female body. It also explores as well as highlights the ways in which women and their bodies are being controlled and oppressed by these age-old patriarchal ideologies.

Being women with disabilities, they experience social exclusion in a variety of ways and for a variety of reasons. They are not recognized as a full and equal participant in society; experience the denial of the civil, political, social rights of citizenship. This attempt to discuss the experiences, contributing factors and processes generate social exclusion which leads impaired citizenship. (Limaye, 2016).

Banks, M. E. (2003) article entitled "Disability in the Family: A Life Span Perspective" provides an overview of disability in families. The goal of the article is to raise awareness of the status of people with disabilities and their families to develop culturally relevant psychological support. Families have widely varying perspectives on disability; those perspectives influence responses to disability from the preconception and prenatal developmental stages through old age. An international literature review is provided with consideration of cultural meanings of disability, preparation for dealing with disability, coping strategies, support, developmental dynamics, competing needs of family members, and ethics. Voices of people with disabilities and their families are included.

From a historical perspective, the supports offered to the families of individuals with disabled persons were directly related to the needs expressed by these families. In this sense, Dunst and Deal (1994) already defined family needs as indicators of possible aids or services to attain a specific goal or objective. That is, family needs reveal a discrepancy between what actually happens and what they wish would happen. The supports would be the specific actions required to reduce the gap. Therefore, to respond to family needs, it is insufficient to provide supports, but we must ensure that they match the families' actual shortages. Family supports usually include formal and informal and tangible goods that allow each family member to optimize their level of participation in different life environments (Brennan & Rosenzweig, 2008). Some authors have reported that the families need education, respire care, daily care, and therapy programs for their children (Epley, Summers, & Turnbull, 2011; Samuel, Hobden, LeRoy, & Lacey, 2012).

Though so many studies have done on the topic women with disability and also role of family in inclusion on disabled children but family support for women of girls with disability is very less explored so focus of the paper is an empirical study of visually impaired women and how family support them.

III. Methodology

Major objective of the study is: -

To find out the socio-economical background of Blind women and how their families support them.

To examine attitude of family and social support for Blind women.

The study is based on qualitative research. This study is both descriptive and exploratory. To explore family perspective about life chances i.e. education, independence and empowerment, an empirical study for ground reality of family support to blind women was carried out. 50 respondents were selected with the help of purposive and snowball sampling belonging to 15 to 45 years age group, from different places in Varanasi city were taken with interview schedule and non-participatory observation has been used for collection of data.

Data And Interpretation

Table 1- Personal Details and Socio-Economic Profile of Study Population

	Categories	Distribution	
		No.	%
Age	15-25	10	20
	26-35	21	42
	23-45	19	38
Caste/Religion	General	7	14
	OBC	15	30
	SC	13	26
	ST	05	10
Type of family	Joint	26	52
	Nuclear	24	48

Type of your house	Own	30	60
	Rental	20	40
Native place	Rural	35	70
	Urban	15	30
Total house hold income	≤5000	22	44
	5001-10000	16	32
	10001-15000	07	14
	>15000	05	10

Personal details and Socio-economic profile of the study subject is kept in table 1 According to the table 20% study subject belongs to less than 15 years of age group, 42% belongs to 16-25 years, 38% belongs to 26-35 years age group. Proportion of age of study subjects was higher (41.8%) in 16-25 years age group.

As much as (14%), (30%), (26%) and (10%) subjects belonged to General, OBC, SC and ST groups respectively. Majority of the study subjects (52%) lived in joint families and 60% families have their own houses as well. Almost Two third (70%) subjects were lived in rural areas; As much as (44%) subject's house hold income is less than five thousand, (32%) subject's house hold income is 5001-10000Rs, (14%) subject's house hold income is 10001-15000Rs, (10%) subject's house hold income is more than 15000Rs. Thus, majority of study subjects belong to low economical class.

On the basis of table 1, it has clearly found that majority of study population belongs to low economic class. Economic problems always create many other problems like problem in livelihood, lack of proper food and nutrition, sanitation and many more. Just because of the economic condition parents of these girls are not able to support them.

Table 2- Support of the Family Organization

	Categories	Distribution	
		No.	%
Do you have family encourage you to get education.	Yes	28	46
	No	32	64
Are you independent to go anywhere for education or job	Yes	12	24
	No	38	76
Behavior of family member	Satisfactory	14	28
	So-So	10	20
	Unsatisfactory	26	52
Your family exhibit reciprocity of relationship	Yes	17	34
	No	33	66
Satisfied with the interest and care show by the family member	Yes	13	26
	No	37	74
Do your families provide you required goods of your daily necessity?	Yes	23	46
	No	27	54
Which kind of problems you face in your family life?	Lack of care and love	19	38
	Acceptance	14	28
	Other	07	14
	No problem	10	20
Support from outside family member	Neighbor	04	8
	Relatives	11	22
	No support	35	70
Do you have family support	Yes	21	42
	No	24	48
	Can't say	5	10

Descriptive analysis of the pattern of behavior of family members of the mentally retarded girls has given in table 2. According to 46% study subject their family never encourages them for getting education and majority of study subject (76%) are not independent to go anywhere for job or education. In case of (28%), (20%) and (52%) subject's, behavior of family member was satisfactory, so-so and unsatisfactory respectively. As much as (34%) and (66%) study subject replied yes and no respectively in context of reciprocity of relationship in family. 74% study subjects are not Satisfied with the interest and care show by the family member and only 20% respondents face no problem in their family as much as (38%), (28%) and (24%) problems in their family is lack

of love and care, acceptance and other respectively. 70% study subjects have no support from outside family member.

Thus, Majority of subjects faced the problems of lack of love and care in family and they had no support from outside of family for them. It was observed that attitude and behavior of their family member's and relatives didn't as normal as for normal children of their family. They were treated as burden on family.

Majority of study subjects were not satisfied with the interest and care show by the family members towards them.

IV. Result And Discussion

Majority of study subjects were not satisfied with the interest and care show by the family members towards them. Majority of subjects faced the problems of lack of love and care in family and they had no support from outside of family for them. It was observed that attitude and behaviour of their family member's and relatives didn't as normal as for normal children of their family. They were treated as burden on family.

Majority of study subject face discrimination not just against normal siblings but disable Male siblings too.

Risk of negative behaviour of family members was less in younger subjects. Risk of poor reciprocity of relationship in family was less in younger subjects, partially blind girls and upper income group.

Risk of less satisfaction about care shown by the family members was less in younger age group and more in subjects having belonging to having low monthly household income.

V. Research Recommendations

Establish responsibility on the society to make adjustments for differently able people.

Develop the potential of differently able children through integrated education, cultural and sports activities.

Vocational skills should develop capacity building to generate higher income earning capacities. Skills should be provided for manufacturing products having marketing opportunities.

Community based rehabilitation programmes should be encouraged for the disabled persons.

Disability & development sector is incomplete without the collaboration in between Govt. and NGOs / Development organizations.

The education system should be inclusive.

Public awareness should be raised about girls that these girls are not burden they just need special attention and love.

Government should provide enough and regular funding to NGOs and with that it must be checked regularly that the money is properly used or not by institutions.

VI. Conclusion

History of differently-abled child in the Indian perspective reveals their unfortunate plight: differently able child are stigmatic as worthless, neglect, burden and considered as ominous and a curse on family and society. In most cases differently abled child are deprived from rights of livelihood, excluded from social gatherings discriminated and marginalised due to lack of support from family, neighborhood and society as well. The women with disability suffer a double discrimination, both on the grounds of gender and impairment. The most important problems they face in their life are related to:-

Livelihood

Family Support

Physical and sexual violence

Social inclusion

Rehabilitation

On the basis of these analysis we can say the attitude of family, neighbourhood and society towards Differently abled girls are not changed they are considered as burden on family and society because mostly disabled girls belongs to low economic background and these families are not able to even provide them proper nutritious food, medical facilities, educational and vocational training. With they are also not so aware about governmental initiatives and the facilities.

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