



A Comprehensive Review Of The Current Status Of Women With Disabilities

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Abstract: The current study examines the complex challenges faced by Women With Disabilities (WWD), highlighting the impact of societal attitudes, intersectionality, and institutionalized gender norms. It discusses the significant marginalization these women experience across various life spheres, exacerbated by factors like gender, race, and socioeconomic status. Despite some research advancements, their experiences often must be more represented, particularly in the labor market and healthcare. The study calls for more inclusive research and practices that address the unique needs of women with disabilities, emphasizing the importance of gender-sensitive approaches, legal reforms, and more robust support systems to uphold their rights and dignity.

Index Terms - Women With Disabilities (WWD), marginalization, labor market, healthcare.

I. INTRODUCTION

It is estimated that over one billion people worldwide experience some form of disability. Given this alarming figure, it is crucial to recognize the unique challenges faced by women and girls in this population. Statistics reveal that the prevalence rate of disability among females aged 18 and above is 19.2 percent, significantly higher than the rate among males at 12 percent. This means that approximately one in every five women grapples with some form of disability.

Despite progress in understanding and addressing disability rights, women and girls with disabilities continue to encounter systemic marginalization. Attitudinal and environmental barriers further compound their challenges, leading to diminished economic and social status. Moreover, they are disproportionately vulnerable to various forms of violence and abuse, including sexual violence, due to discriminatory practices and limited access to justice (Ashalatha et al., 2023). Barriers to education, healthcare, and civic participation further hinder their ability to fully engage in society on an equal footing with others (Pawłowska-Cyprysia & Konarska, 2013).

Women with disabilities encounter a complex interplay of challenges that span physical, emotional, social, and structural domains (Ashalatha et al., 2023). Grounding on these complexities, the ensuing literature review synthesizes findings from various studies, combining similar issues to provide a comprehensive understanding of the multifaceted problems these women face.

II. REVIEW OF PERTINENT LITERATURE ON WOMEN WITH DISABILITIES

2.1. Social attitude and women with disability

A plethora of literature on disabled women suggests that societal attitudes significantly hinder the full participation of women with disabilities in various aspects of life. Scior (2003) used discourse analysis to show how women with learning disabilities navigate gender and disability, often facing contradictions and dilemmas in positioning themselves within dominant societal narratives. Building on similar lines, Danieli and Woodhams (2005) critiqued emancipatory research methodologies, arguing that such approaches might inadvertently marginalize certain voices within the disabled community. To counter this dilemma, they called for a more pluralistic and inclusive approach to disability research, one that acknowledges the diverse experiences of disabled individuals. Literature evinces that most of the studies on disability are gender blind. Research on women with disability is relatively recent and was ignored altogether or narrowly represented in the past. The limited research undertaken on women assessed their level of development and standard of living based on normative social constructs. As such, the experiences of women with disabilities were shaped by how they positioned themselves with respect to social attitudes and ideas, among other attributes (National Council for Research on Women, 2004; Scior, 2003; Kvingne & Kirkevold, 2003; Kwirotek, 2002)

2.2. Intersectionality with disability with gender, race, and socioeconomic status

The intersectionality of disability with other identity categories, such as gender, race, and socioeconomic status, adds layers of complexity to the experiences of women with disabilities. In a study undertaken by Lunn and Munford (2007), they explored the power dynamics in researcher-participant relationships, emphasizing the importance of participatory methods that genuinely reflect the lived realities of disabled women. Fine (2005) examined the dependency work in caregiving relationships, using Kittay's framework to explore the power imbalances inherent in these interactions. This analysis highlighted the need to consider both the exertion of power and the inequalities embedded in care relationships. Kothari et al. (2005) reported that if the right to get adequate shelter is a basic need, then women with disabilities face barriers to accessing proper housing and other services related to daily living, leading to a deprived socioeconomic status. O'Reilly (2003) states that a person with disability generally faces difficulty in the labor market. This situation is further exacerbated in the case of women with disability, as men with disability are twice as likely to get a job than women with disability (Saikia et al., 2016). Apart from this challenge, women with disability experience greater inequalities of access to hiring, promotion, training, credit, resources, equal pay for equal work, decision-making, and occupational inclusion. Considering the prevailing hegemony, it is evident that even if women with disabilities fulfill all the listed criteria, if organizations are ill-equipped to accommodate them, their services will be unable to be realized (Fuentes et al., 2023). Furthermore, the stigma theory evinces that these factors collectively contribute to an antipathic approach to impairments, leading to the inferior or subordinate positioning of women with disability in the workplace and other spaces (Tewari, 2021).

Dupont et al. (2022) attempted to elaborate the idea of 'institutionalized gender' using a qualitative method, where 41 semi-structured interviews were executed among people with Deafness (DHH), Blindness, Motor disabilities, and Chronic pain. They defined institutionalized gender as the power balance between the genders that evolved through society's political, educational, religious, cultural, and institutional practices. According to them, this idea of institutionalized gender shapes and reproduces the norms that determine the relative opportunities for men, women, girls, and boys. The findings of their study demonstrated the existence of a direct association between gender and people with disabilities work relationships.

2.3. Health experience and women with disability

The healthcare experiences of women with disabilities are fraught with gender-specific challenges. A study undertaken by Burell and Granlund (2002) noted the disparity in cardiovascular mortality improvements between men and women, favoring men and emphasizing the need for gender-sensitive treatment and rehabilitation strategies. In another study related to WWD's health, Kvingne and Kirkevold (2003) applied de Beauvoir's feminist theory to stroke rehabilitation, suggesting that traditional services often fail to meet the unique needs of women, particularly older women. Dodge et al. (2002) detailed the evolution of a heart disease management program for older women, demonstrating the benefits of integrating qualitative and quantitative methods to enhance intervention efficacy. This approach facilitated the refinement of the program to address the specific needs of female participants better. Parallel to these studies, research conducted by Murthy et al. (2014) in Andhra Pradesh and Karnataka districts of India in 2012 compared reproductive health outcomes of women with disabilities to age and sex-matched controls. The findings of their study disclosed that out of 247 women with disabilities and 324 controls, fewer disabled women experienced pregnancy in contrast to their non-disabled counterparts who experienced more successful pregnancies. In addition, disabled women also showed higher odds of diabetes and depression. Notwithstanding these differences, it was observed that although non-disabled women reported successful pregnancies, antenatal care, and outcomes, no significant

differences were observed between the two groups. These findings stress the need for tailored interventions to address the unique reproductive health needs of women with disabilities. Thus, educating parents and caregivers about managing menstruation and reproductive health is crucial to facilitate this endeavor. According to special educators, creative methods employing pictorial presentations and simplified language, among others, are required to disseminate information to the beneficiaries conveniently. At the same time, activists have continually advocated for empathy to understand and address the challenges faced by women with disability. Therefore, greater community involvement is required to protect the rights and dignity of women and girls with disabilities (Society for Disability and Rehabilitation Studies). The Committee on the Elimination of Discrimination against Women (1999) clearly stated that women with disability across all ages face hurdles to accessing health services. This was particularly true for women with mental health conditions, who were more vulnerable to gender discrimination, violence, poverty, and other social deprivation. A systematic review and meta-analysis was carried out by Westrop et al. (2019) on the Physical Activity Limitation and Sedentary Behaviour of persons with intellectual disabilities. The result of the review indicates that there is a difference between gender with respect to Physical Activity Limitation and Sedentary Behaviors among Persons with Disability, largely in old age. In this regard, men with intellectual disability were found to be more active than women, implying that researchers in the future should consider the impact of gender in clinical intervention. A project undertaken by Ubido et al. (2022) on women who are hard of hearing and deaf revealed inequalities in access to health care experienced by women with deafness. This study used focus group discussions and questionnaires to collect the data. The study's findings discovered instances of communication barriers, as some women with deafness reported that health staff at the hospital lacked awareness about how to communicate with them. Apart from this issue, there were different obstacles between healthcare receivers and providers, resulting in difficulties for women with deafness in accessing health care. Overall, the study pointed out the necessity for introducing simple measures for providing services that are disability-inclusive. Zhang et al. (2005) pointed out the ability to perform Activities of Daily Living (ADL). Several parameters like health, economic status, and family environment are found to affect ADL. Thus, ADL is considered a measure of an individual's disability. In this study, the researchers found that a higher incidence rate of chronic disease, lower cognitive ability, heavy burden of domestic care, etc., are the factors behind the increased levels of ADL disability among women compared to men. Ransohoff et al. (2022) have done a scoping review and found that women with intellectual disability and developmental disability are less likely to have adequate sexual education and pregnancy-related health care, which contributes to their lower fertility rates.

2.4.Social Identity and Positioning

Identity formation and societal positioning are significant issues for women with disabilities. Hole (2004) examined how Deaf women construct their identities, navigating cultural discourses of normalcy and difference. The study revealed the complex and unstable nature of identity categories such as hearing status, highlighting the fluidity and multiplicity of these women's experiences. In another study (Noonan et al., 2004), the career development of highly achieving women with physical and sensory disabilities was explored, identifying the central role of a dynamic self that integrates multiple identity constructs. This study underscored the influence of social support, developmental opportunities, and sociopolitical context on the career trajectories of these women. Similarly, Broun and Heshusius (2004) discussed the internal conflict researchers face when confronting their own identities while studying disabled women, a reflection of broader societal tensions and personal struggles related to disability. Crooks (2001) addressed the emotional turmoil older women face when adjusting to breast cancer, uncovering the importance of qualitative approaches in understanding these nuanced experiences. As a step towards inclusivity, Smith et al. (2022) conducted a systematic review of the literature on the social inclusion of LGBTQ and gender-diverse adults with intellectual disability. The review found that most of the adults in the double disadvantage group experience higher levels of marginalization.

2.5.Human Rights and Women with Disability

The Women with Disabilities India Network (WWDIN) highlights severe human rights violations against women and girls with disabilities in India, who are often subjected to forced hysterectomies, sterilizations, and other reproductive interventions without their consent. Stigma, lack of disability-friendly infrastructure, and limited resources in rural areas isolate families and exacerbate these issues. The strategic solution to combat this issue includes legal reforms, awareness campaigns, support systems, and community involvement to uphold their rights. Baba (2024) reports that the Women with Disabilities India Network (WWDIN) has highlighted severe human rights violations where women and girls with disabilities in India, many of whom are minors. Historically, India's women's movement has primarily focused on women-centric atrocities like dowry, sati, female feticide, and domestic violence, while overlooking the issue of disability, which demands

equal attention, in essence. Studies have reiterated over and over again that disabled women face intersectional discrimination, as societal norms both stigmatize disabilities and uphold traditional gender roles (Cheng et al., 2018). The subsequent stigmatization and imposed gender roles result in lower marriage rates and higher divorce rates (Gudlavalleti et al., 2014) among WWD. Intersectional feminist theory further highlights how sexism and ableism compound violence and discrimination in workplaces (Tewari, 2021). In developing countries, WWD are often seen as objects of charity or curses, and they frequently hesitate to disclose their disabilities due to fears of sexual objectification and racial fetishization (Tewari, 2021). Åker and Johnson (2020) have made a judicial inquiry on sexual abuse and violence against people with intellectual disability and physical impairments. The inquiry suggested a high rate of offenses against females with disability and underreporting of the crime to investigative agencies. Walter et al. (2024) have done a scoping review of the literature to capture the lived experience of domestic violence against women with disability. The review highlighted how disability-based abuse, gender-based abuse, discrimination (ableism), and sexism in everyday life shape domestic violence. The study posited a pressing concern for promoting justice against abuse and violence. Sasseville et al. (2022) have done a literature review on the intersectionality between intimate partner violence (IPV) and women with disability, older women, and immigrant women (DEI). The study pointed out that social workers should be trained better to cope with the multi-faceted problems in these vulnerable community sections. In another remarkable longitudinal study conducted by Furey (1994), sexual abuse of adults who were mentally retarded, it was found that most of the victims were women, while the majority of the perpetrators were men, which included the victims' family members, too. The dominant number of cases reported that the crime occurred within the residence, and the victims knew the abuser. Sutherland et al. (2024) have conducted a systematic literature review on the prevention of violence against women with disability. In the findings, it was discovered that women with disability experience more violence and abuse compared to their non-disabled counterparts. As a way out of this disparity, the study suggested some key primary prevention strategies, i.e., the strategies that safeguard the factors of violence to prevent its occurrence in the first place. It proposed interventions like targeting awareness, knowledge, and skill development to cope with the problems.

III. Discussion and Conclusion

The passage highlights the multifaceted challenges faced by women with disabilities due to societal attitudes, intersectionality, and institutionalized gender norms. Research underscores that women with disabilities experience significant marginalization in various spheres of life, exacerbated by the interplay of gender, race, and socioeconomic status. Despite some advancements in research, the experiences of these women remain underrepresented or misrepresented, particularly in the labor market and other institutional settings. To address these issues, there is a call for more inclusive and participatory research approaches that genuinely reflect the lived realities of disabled women and challenge existing power dynamics.

Further, the intersectionality of disability with other identity categories like gender, race, and socioeconomic status significantly complicates the experiences of women with disabilities. Studies highlight the profound power imbalances in various aspects of life, including caregiving, employment, and access to essential services. Despite meeting the necessary criteria, women with disabilities often face substantial barriers due to institutional shortcomings, societal stigma, and ingrained gender biases. These challenges reinforce their marginalized status in the workplace and broader society, underscoring the need for more inclusive and equitable practices.

In the healthcare sector, the review has highlighted the unique healthcare challenges faced by women with disabilities, emphasizing gender disparities in treatment, access, and outcomes. Studies show that traditional healthcare services often fail to meet the specific needs of these women, particularly in areas like cardiovascular care, reproductive health, and stroke rehabilitation. Research suggests that tailored interventions and greater community involvement are crucial to address these gaps. The importance of gender-sensitive approaches in healthcare, especially for women with intellectual or physical disabilities, is underscored, calling for improved education, communication, and support systems to ensure their rights and well-being are upheld.

Identity formation was also explored, and the review discovered a complex and multifaceted nature of identity formation for women with disabilities, particularly as they navigate societal norms and personal challenges. Studies reveal that these women's identities are fluid and influenced by multiple factors, including cultural perceptions, social support, and developmental opportunities. The research underscores the importance of recognizing the diverse and intersecting experiences of disabled women, particularly in contexts like career development, personal identity struggles, and social inclusion, where they often face additional layers of marginalization.

The Women with Disabilities India Network (WWDIN) has brought to light the profound human rights violations faced by women and girls with disabilities in India, who are often subjected to non-consensual reproductive interventions. The intersection of ableism and sexism exacerbates these abuses, leading to severe societal stigmatization and discrimination. Despite the historical focus of India's women's movement on issues like dowry and domestic violence, the specific challenges faced by disabled women have been largely overlooked. Research consistently shows that women with disabilities face higher rates of violence, lower marriage prospects, and increased social isolation. To address these injustices, it is crucial to implement legal reforms, enhance awareness, and strengthen support systems, ensuring that the rights and dignity of women with disabilities are upheld.

IV. ACKNOWLEDGMENT

The present paper acknowledges the contribution of the sponsored Research Project, “The Role of Unique Disability ID in Human Development: Success and Failure Story of Chhattisgarh and Nagaland.”

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