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Higher education for women with disabilities: A review study

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Abstract

In India, women have been victims of stigma and discrimination, oppression, violation since decades. As far as disability is concerned, women with disability become double source of discrimination, isolation and stigma on the ground of gender and impairment. Disability affects hundreds of millions of families in developing countries. Currently around 10% of the world's population or roughly around 650 million people live with disability. Around 21 million people have different types of disabilities. The psycho-social status of disabled women also has negative impacts as well. Being a woman, they do not have access to better education or find a suitable job. They are often denied opportunity to interact with others and gain skills to prove their skills due to the discriminatory attitudes. Isolation and confinement based on culture and traditions, attitudes and prejudices often affect disabled women more than men. As far as Education is concerned, education is seemed less important for girls in Indian society as they are not expected to become bread winners. Disabilities limit their opportunities even more. The higher education system in India is a powerful tool to build a knowledge-based society. The United Nations Convention on Rights of People with Disabilities (UNCRPD) that was adopted in 2006 is a landmark convention which first time in history, talks about the concerns and issues of people with disabilities at a global forum. Before this in 2000, 'The Biwako Millennium Framework' already talked in seven principles about the right based society and girl and women with Disabilities. The present study focuses upon the available review of literature related to women with disabilities in all aspects like medical, social, educational, emotional, physical and vocational in India. In this paper the investigator will find out the reasons for not going women with disabilities in education and discuss experience in the field of rehabilitation related to women with disabilities. The researcher will also explain the provisions of education for women with disabilities with reference to Right to Persons with Disabilities Act 2016.

Keywords: Women with disabilities, UNCRPD and RPD act

Introduction

According to census 2001, there are 2.19 crore persons with disabilities in India who constitute 2.13% of the total population. This includes persons with visual, hearing, speech, locomotors and developmental disabilities. 75% of the persons with disabilities live in the rural areas, 49% of the disabled are literates and only 34% are employed. The earlier emphasis on medical rehabilitation has now been replaced by the emphasis on social rehabilitation. There has been an increasing recognition of abilities of persons with disabilities and emphasis on mainstreaming them in the society based on their capabilities. Women with disabilities are multiply disadvantaged through their status as women, as persons with disabilities, and majority numbers as persons living in poverty. In May 2002, ESCAP 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. "There are currently some 5.6 billion different people in the world. Some have a difference called disability." -Disability Dimension in Development Action: Manual on Inclusive Planning United Nations. The 1970s marked a new approach to disability. The concept of human rights for disabled persons began to become more accepted internationally. The Declaration on the Rights of Disabled Persons, adopted by the General Assembly on 9 December 1975, encouraged national and international protection of the rights of the disabled. Recognition was given to the fact that disabled persons were entitled to the same political and civil rights as others, including measures necessary to enable them to become self-sufficient. The declaration reiterated the rights of disabled persons to education, medical services, and placement service.

It further recognized their right to economic and social security, to employment, to live with their families, to participate in social and creative events, to be protected against all exploitation, abuse or degrading behavior, and to avail them of legal aid realizing the need to promote the full participation of the disabled in the social life and development of their societies, on 16 December 1976, the General Assembly declared the year 1981 International Year of Disabled Persons (IYDP), stipulating that it be devoted to integrating disabled persons fully into society. "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." Irene Feika, Deputy Chairperson of Underrepresented Groups, Disabled People International. Although this may seem to be of minor importance, the pattern of ignoring and isolating disabled women is repeated throughout national and international publications and websites of people with disabilities. The government of India has enacted 3 legislations for the persons with disabilities like The Rehabilitation Council of India Act 1992, The Persons with Disabilities Act 1995 and The Rights of Persons with Disabilities Act 2016.

Review of Literature

The study, "Birth outcomes among US women with intellectual and developmental disabilities" (Eliana Rosenthal, 2017) ^[16], Women with intellectual and developmental disabilities (IDD) are bearing children at increasing rates. However, there is very little research about pregnancy experiences and birth outcomes among women with IDD. No studies to date have examined birth outcomes with a US population-based sample. Objective: The main objective was to estimate the national occurrence of deliveries in women with IDD and to compare their birth outcomes to women without IDD. Methods: We examined the 2007–2011 Nationwide Inpatient Sample of the Healthcare Cost and Utilization Project to compare birth outcomes in women with and without IDD. Birth outcomes included preterm birth, low birth weight, and stillbirth. Multivariable regression analyses compared birth outcomes between women with and without IDD controlling for race/ethnicity, maternal age, household income, health insurance status and type, comorbidity, region and hospital location, teaching status, ownership, and year. Results: of an estimated 20.6 million deliveries identified through the HCUP 2007–2011 data 10,275 occurred in women with IDD. In adjusted regression analyses, women with IDD compared to those without IDD were significantly more likely to have preterm birth (OR = 1.46; 95% CI: 1.26–1.69, $p < 0.001$), low birth weight (OR = 1.61, 95% CI: 1.27–2.05, $p < 0.001$), and stillbirth (OR = 2.40, 95% CI: 1.70–3.40, $p < 0.001$). Conclusion: This study provides a first

examination of the birth outcomes among women with IDD in the United States using a largest population-based sample. There are significant differences in birth outcomes between women with and without IDD. Understanding the causes of these differences and addressing these causes are critical to improving pregnancy outcomes among women with IDD.

The study "Challenges Women with Disability Face in Accessing and Using Maternal Healthcare Services in Ghana: A Qualitative Study" (Richard Adanu, 2017) ^[2], While a number of studies have examined the factors affecting accessibility to and utilization of healthcare services by persons with disability in general, there is little evidence about disabled women's access to maternal health services in low-income countries and few studies consult disabled women themselves to understand their experience of care and the challenges they face in accessing skilled maternal health services. The objective of this paper is to explore the challenges women with disabilities encounter in accessing and using institutional maternal healthcare services in Ghana. Methods and Findings: A qualitative study was conducted in 27 rural and urban communities in the Bosomtwe and Central Gonja districts of Ghana with a total of 72 purposively sampled women with different physical, visual, and hearing impairments who were either lactating or pregnant at the time of this research. Semi-structured in-depth interviews were used to gather data. Findings suggest that although women with disability do want to receive institutional maternal healthcare, their disability often made it difficult for such women to travel to access skilled care, as well as gain access to unfriendly physical health infrastructure. Other related access challenges include: healthcare providers' insensitivity and lack of knowledge about the maternity care needs of women with disability, negative attitudes of service providers, the perception from able-bodied persons that women with disability should be asexual, and health information that lacks specificity in terms of addressing the special maternity care needs of women with disability. Conclusions: Maternal healthcare services that are designed to address the needs of able-bodied women might lack the flexibility and responsiveness to meet the special maternity care needs of women with disability. More disability-related cultural competence and patient-centred training for healthcare providers as well as the provision of disability-friendly transport and healthcare facilities and services are needed.

The study, "Discrimination Generated by the Intersection of Gender and Disability" Sampurna Dutta (2015) ^[4], Women and girls 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. Discrimination on the basis of gender and disability is a fact, officially recognized by Article 6 of the 2006 UN Convention on the Rights of Persons with Disabilities (CRPD). The Convention calls for state measures which will safeguard women's full enjoyment of all their rights and freedoms, such as equal rights to services, education, employment, health care and a personal life, free of torture, exploitation and violence. While issues pertaining to disabled women are multiple, this paper will look into the violence that women with disabilities encounter and seek to formulate an intersectional approach to gender and disability.

A Study on Issues and Challenges of Women Empowerment

in India, (Rajeshwari M. Shettar, 2015) ^[7], this paper attempts to analyze the status of Women Empowerment in India and highlights the Issues and Challenges of Women Empowerment. Today the empowerment of women has become one of the most important concerns of 21st century. But practically women empowerment is still an illusion of reality. We observe in our day to day life how women become victimized by various social evils. Women Empowerment is the vital instrument to expand women's ability to have resources and to make strategic life choices. Empowerment of women is essentially the process of upliftment of economic, social and political status of women, the traditionally underprivileged ones, in the society. It is the process of guarding them against all forms of violence. The study is based on purely from secondary sources. The study reveals that women of India are relatively disempowered and they enjoy somewhat lower status than that of men in spite of many efforts undertaken by Government. It is found that acceptance of unequal gender norms by women are still prevailing in the society. The study concludes by an observation that access to Education, Employment and Change in Social Structure are only the enabling factors to Women Empowerment.

The study, Reproductive health of women with and without disabilities in South India, the SIDE study (South India Disability Evidence) study: a case control study" (Murthy, G.V.S., John, N., Sagar, 2014) ^[8], Evidence shows that women with disability have adverse pregnancy outcomes compared to those without a disability. There is a lack of published data on reproductive health of women with disability in India till date. The objective of the South India Disability Evidence (SIDE) Study was to compare reproductive health parameters including pregnancy experience, health access during pregnancy and type of delivery among women with disability compared to women with no disability. Methods: The study was conducted in one district each in two States (Andhra Pradesh and Karnataka) in 2012. A case-control design was used to identify appropriate age and sex-matched controls for women with disability identified through a population-based survey. Trained key informants first listed women with disabilities who were then examined by a medical team to confirm the diagnosis. Trained research investigators administered questionnaire schedules to both groups of women to collect information on reproductive health and outcomes of any pregnancy experienced in the past two years. Results: A total of 247 women with disability and 324 age-matched controls aged 15-45 years were recruited for the study. 87% of the women with disability had a physical disability. The mean age of women with disability was 29.86 against 29.71 years among women without a disability. A significantly lower proportion of women with disability experienced pregnancy (36.8%) compared to women without a disability ($X^2 - 16.02$ $P < 0.001$). The odds ratio for suffering from diabetes among women with disability compared to women without a disability was 19.3(95% CI: 1.2- 313.9), while it was 9.5 (95% CI: 2.2-40.8) for depression. A higher proportion of women without a disability (7.7%) compared to women with a disability (5.3%) reported a successful pregnancy in the past two years. There were no statistically significant differences between women with and without a disability with regard to utilization of antenatal care and pregnancy outcomes. Conclusions: The study provides evidence on some

reproductive health parameters of women with disability in India for the first time ever. The findings will help in formulating policy and to develop specific interventions to improve pregnancy outcomes for women with disability in India.

The Study, "The Status of Women with Disabilities from Personal, Familiar and Social Aspects: A Study in India" Bandana Nayak (2013) ^[9], the attitude of society towards women with disabilities is very precarious across the world. More or less the same mindset also prevails in India. Because of high rate of illiteracy, ignorance and being a member of developing country in this twenty first century, no one come forward to sort out this issue totally from, personal, familiar, societal and governmental point of view. Many NGOs, Social activists and GOs are coming forward gradually to take up this issue as an important factor for the inclusive growth of the country, but it needs more thought process and rigor to include the disables in the main stream. Most of the disabled women are subject to violence, betrayed by husband, misbehaved by nears and dears. They are deprived of good education, livelihood for which they feel that they are marginalized. This study has emphasized on the conditions and status of women with disability, particularly in the state of Odisha (Previously named as Orissa) in India. This study is a part of an All India Council for Technical Education (AICTE) funded project under Research Promotion Scheme (RPS). The study found out that there is association between age, educational qualification, family background and status, categorization of disability with women empowerment, satisfaction level towards life, sexual abuse, mental/ physical harassment, husband's extra-marital affairs etc.

The study, "Violence against Women with Disability in Mumbai, India", we conducted open-ended interviews with 15 women with disability who had reported violence in a preceding survey. Emergent themes included a lack of acceptance by families, the systematic formation of a dependent self-image, and an expectation of limited achievement. Emotional violence was particularly emphasized, as was perceived structural violence stemming from social norms, which led to exclusion and vulnerability. Violence in the natal home was an issue that had been relatively uninvestigated. Social norms in India are influenced by values such as productivity, the right to private property, and patriarchy. Much is made of the rule of law, the institution of marriage (Goel, 2005) ^[18], the family as a social unit, and the importance of religion. The family-able-bodied, heterosexual, and engaged in socially acceptable livelihoods-is the fundamental social unit. The history of the Indian women's movement has been one of focus on poverty, caste, and employment, issues such as dowry and *sati*, population control and female feticide, sexuality, and domestic violence. Its agenda has not, generally, included disability. Critical feminist analysis of disability in India was initiated by, among others, These feminist scholars challenged the disability movement and the women's movement. An idea common in India is that disability represents a personal flaw. Able-bodied people are the "corporeal standard" (Kumari, 2009) ^[19], and-from a moral perspective-disability arises as a consequence of karmic misdeeds: Impairments are deserved and intrinsically punitive. Two other perspectives on disability are also common. From a charity or welfare perspective, disability speaks to an idea of victimhood with which

campaigners against violence against women are familiar. The individual with disability deserves sympathy and is dependent on the assistance of others. From a biomedical or rehabilitative perspective, disability encompasses defects that require clinical intervention. Pervasive as they are, these models are outmoded in disability discourse. The United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) recognizes that disability can be seen as a collection of hindrances to participation in society, a product of the interaction between people with impairments, attitudinal, and environmental barriers. This model locates disability in relation to structures rather than with the individual. A rights-based model broadens this position by promoting acceptance of diversity through non-discriminating environments and inclusive social processes, to level the playing field by tackling the visible privileges of the able-bodied. Finally, in a cultural model, disability represents a pervasive system that, through stigmatization of impairment, informs our notions of self, family, society, and sexuality. Garland-Thomson argues that the system defines the relationship between bodies and their environments and prescribes a set of practices that produce both the able-bodied and the disabled (Reproductive and Sexual Health Issues, 2010). If women with disability do not physically measure up to able-bodied standards, neither does society expect them to do so. In many cases, they are not expected to adopt the roles of wife and mother. Women with disability do not, however, quietly acquiesce to this. They may struggle against negative stereotyping in an attempt to develop a positive sense of self within bodily and societal limitations, a struggle that does not often leave space for celebration of difference and pride in one's individuality. In a series of narrative interviews with young people with disability, gender was a defining element of the disability experience, but meshed with elements such as class and caste, family composition and dynamics, and geographical location. Experience of segregation and inclusion influenced informants' opinions on marriage and family life and their social behavior, and, although the charity model of disability was slowly giving way to a human rights model, the transition was far from complete. This study presents the findings of a series of follow-up interviews with women with visual or locomotor impairment. We interviewed 15 women with disability. Twelve had visual impairment, 2, locomotor impairment, and 1 had both. Eight were between the ages of 18 and 30, four were in their thirties and three were older. Five were married. Ten women were Hindu, 4 Muslim, and 1 was Christian. Five came from poorer socioeconomic strata, 4 lived in hostels, and others lived with their natal or marital families. Two had not had any formal schooling, 3 had attended up to the 10th standard, and 10 beyond. Nine did not have a job, although 1 of them ran a small home-based business, and 2 others were learning vocational skills.

The study, "Our lives, our identity": women with disabilities in India, Ranjita Dawn (2013) ^[11], although there is a worldwide trend towards women with disabilities attempting to establish their own identity in this complex society, their condition remains very different in the developing countries particularly, India. The plight of women with disabilities is very depressing as they face a triple handicap and discrimination due to their disability, besides the gender issues. Violence against women with disabilities can range from neglect to physical abuse to denying them even the

traditional roles of marriage and childbearing. This article addresses the problem of sexual assault of women with disabilities in the Indian context, highlighting on some of the loopholes in the Indian legal system. *Method:* The article has primarily been based on review of various books, articles and government and other related documents. *Outcomes:* Review of literature has revealed that in majority of the instances a significant portion of perpetrators have been found to be male caregivers followed by the male family members and strangers constitute only a miniscule of the percentage of the abusers. Adding to this legal system has further aggrieved the situation as the criminal law in India has also not adequately addressed the problem of sexual assault of women with disabilities. *Conclusion and implications:* The article concludes by suggesting possible strategies to reinstall the position of women with disabilities in a community-based rehabilitation setting. It advocates the need to create a supportive environment for disclosure of sexual assault and responses to it will be characterized by belief in the victim, dignity and respect. Implications for Rehabilitation, In India, women with disabilities need to be provided with adequate knowledge about sexuality which will equip them to understand that they have been sexually assaulted. There is the need for policy makers to ensure greater accessibility to complaint and redresses mechanisms for women with disabilities. Efforts need to be made to strengthen the legal system and necessary legal aid/help to bring the perpetrators of such crime to justice has to be provided.

The study, "Women with Disabilities' Experience with Physical and Sexual Abuse: A Review of the Literature and Implications for the Field" (Sara-Beth Plummer¹ and Patricia A. Findley 2012), the present study suggests that the rate of abuse of women with disabilities is similar or higher compared to the general population, there continues to be a lack of attention to this issue. Women with disabilities are at particularly high risk of abuse, both through typical forms of violence (Physical, sexual, and emotional) and those that target one's disability. In an effort to highlight the need for increased attention to this issue, this article reviews the current peer-reviewed research in this field. The authors outline recommendations for future research goals and provide implications for research, practice, and policy.

The study, Problems, Challenges and Status of Women with Disabilities in Odisha: A Study in India, Bandana Nayak (2012) ^[13], this study has emphasized on the conditions of women with disability, particularly in the state of Odisha (previously named as Orissa) in India. It is an All India Council for Technical Education (AICTE) funded project under Research Promotion Scheme (RPS). This study explores to find out the present status of women with disability (WWD) in the state of Odisha, their economic status, social status, subject to rejection and domestic violence, educational status, health, reproductive health, sexuality and marriage, government provisions and the gaps there in. The study has emphasized to explore the ways out to bring them into the main stream. The study further tried to find out the relations between categorization of disability, economic standard, educational qualification, monthly income with women empowerment, satisfaction level, sexual abuse, mental/physical harassment, husband's extra-marital affairs etc. It clearly shows that due to their disability, most of them are subject to violence, betrayed by husband; they are deprived of good education, livelihood for

which they feel that they are being marginalized.

The study, Education for All: a gender and disability perspective”, this paper was commissioned by the Education for All Global Monitoring Report as background information to assist in drafting the 2003/4 report. It has not been edited by the team. The views and opinions expressed in this paper are those of the author(s) and should not be attributed to the EFA Global Monitoring Report or to UNESCO. The papers can be cited with the following reference: “Paper commissioned for the EFA Global Monitoring Report 2003/4, The Leap to Equality”.

Result Analysis

Hence, we can safely conclude that the above-mentioned studies tried well to highlight the importance of higher education for women with disabilities in India. There are so many research studies conducted which explain the role of education for an individual with and without disability. But the present paper has focused on the higher education importance for women with disabilities which is essentially for them to become a productive citizen of the country. Apart from the research and development area, there are legislations implemented by the govt. to get them access for education. In future as a researcher got an inspiration to work more on research-based pedagogies. As a teacher in the field of teacher education get benefit to develop curriculum and teaching strategies for teaching women with disabilities.

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