

Socio-Empowerment Issues for Women with Disabilities

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## Introduction

Women with disabilities are doubly stigmatized. Women from minority ethnic and racial groups are marginalized even further.

In many countries, women with disabilities are excluded from all important areas of life: social interactions, such as friendships, marriage and parenthood; developmental activities in education and training; and economic opportunities in the areas of employment, earning money and maintaining control in their lives.

Historically, policies and legislation regarding people with disabilities were based on a medical model. The concern was the person with the disability. The goal was to “cure” or “modify” the person to prevent further deterioration and to enable minimal participation in general society. Braces, wheelchairs and the occasional ramp were seen as the solution (Morris, 1992; Oliver, 1983).

For almost 20 years, beginning with the work of Vic Finkelstein, Michael Oliver and Colin Barnes in England, perspectives on disability have been changing. The current goals involve examination of and modification of the environment to enable all persons to fully participate in all areas of life. If all buildings are accessible to all persons, all schools capable of training all persons, and all areas of economic activity available to all persons, then those with disabilities, those who are temporarily limited by injury or illness, and those dealing with small children or various burdens will be able to more fully enter into each part of daily life (Barnes, 1990; Oliver, 1990, 1996).

Worldwide, policy makers and legislators have begun to recognize that it is economically and politically realistic and important to address the needs of the

approximately 10% of all people who have disabilities. Documents, such as the Beijing Women's Conference, and the United Nations Declaration of Human Rights, the Convention on Elimination of all forms of Discrimination against Women and the Standard Rules on the Equalization of Opportunities for Person with Disabilities, encourage the development and implementation of policies that will support the full inclusion and involvement of people with disabilities.

In this discussion, we chose to examine the legislative and political environment affecting women with disabilities in four different countries: India, the United Kingdom, the United States, and South Africa. The intent was to determine what laws and policies have been enacted and how these efforts have affected women with disabilities.

#### Summary of International Committees

Women with disabilities did not become a part of the United Nations development agenda quickly. Since 1975 there has been an ongoing process of attempting to get the issues of women with disabilities identified on an international level. The primary human rights document for women is the Convention on the Elimination of All Forms of Discrimination Against Women. This treaty body was adopted by the United Nations General Assembly in December 1979 and came into existence in September 1981, with elected representative members forming the Committee on the Elimination of Discrimination Against Women (CEDAW). The function of this committee is to check whether the "States Parties" or governments of each country are complying with the agreed goals of the Convention (United Nations, 1981).

Initially the CEDAW Convention did not mention women with disabilities. However, in 1991, Resolution Number 18 was adopted that addressed the concerns of women with disabilities. Each States Parties was encouraged to include in their periodic reports to the CEDAW Committee relevant information regarding the information on disabled women. The States Parties were recommended to include special measures to ensure that women with disabilities have equal access to education and employment, health services and social security, and participation in all areas of social and culture life in their perspective countries (United Nations, 1981).

In 1995, the Fourth World Conference on Women was held in Beijing, China. During this conference the Disabled People's International (DPI) women's committee lobbied for the concerns of women with disabilities to be appropriated reflected in the Beijing "Platform for Action." Twelve core critical areas of concern were adopted as the focus for improvement in the lives of women and girls: human rights of women, poverty, education and training of women, the economy, women in power and decision-making, women and the environment, violence against women, the girl child, women and armed conflict, the media, women and health, and the institutional mechanisms for the advancement of women. Due to the effective advocacy efforts of DPI and other representatives, eight of these core areas included specific paragraphs that focused on socio- empowerment issues for women with disabilities (United Nations, 1999; Disabled People's International, 2000).

The Beijing+5 Conference in March 2000 reviewed and appraised the implementation of the original Beijing Platform for Action, reporting that progress can be noted with regard to the human rights of women and the issues of violence against

women. Beijing+5 focused on the need for promoting an environment that does not tolerate violations of the rights of women and girls by requesting that legislative gaps which leave women and girls without effective legal protection and recourse against gender based discrimination be adopted by the government by the year 2005 (United Nations, 1999).

Specific new measures not directly mentioned in the previous Beijing Platform for Action are: 1) the call for zero tolerance campaigns against violence towards women, 2) the requirement for laws and other measures to address negative traditional practices, including honor crimes, 3) mainstreaming gender into national immigration policies, and 3) signing and ratification of the Optional Protocol to the Convention on the Elimination of All Forms of Discrimination Against Women adopted in 1999. Emphasis in this document provides that rape, sexual slavery, enforced prostitution, forced pregnancy, enforced sterilization and other forms of sexual violence are war crimes when committed in the context of armed conflict and also under defined circumstance, crimes against humanity (United Nations, 2000).

### Comparison of Legislative Policies

We now will focus on comparing important disability legislative policies in the specified four countries: India, the United Kingdom, South Africa, and the United States.

*India:* Reported data indicates there are 30 million women with disabilities in India, with 78% of people with disabilities living in rural areas (Anonymous, 1991). There have been three pieces of disability legislation passed in India since 1985 (Coleridge, 1993). As you can discern from this chart (Table 1), these disability policies have moved from the medical model, with the District Rehabilitation Centre Scheme of

1985 and the Rehabilitation Council of India Act of 1992, to the social model. With the Persons with Disabilities Act of 1995, India's Parliament focused on the elimination of discrimination with full participation of persons with disabilities. However, reports indicate that strong patriarchal traditions toward women still dominate relationships and social policies. Although this Act was enforced in 1996 and a Central Commissioner to address grievances was appointed, only five states out of 23 states have a full time commissioner. Many states have not even formed a committee to meet one of the compulsory requirements to implement the Act (Baquer, 1997; C. Khasnabis (personal communication, July 26, 2000)).

A 1998 report from Mobility India indicated that measures to ensure rehabilitation services for people with disabilities, access to housing, public/private building, and means of transportation did not meet the United Nations Standard Rules requirements. This report also indicated that people with disability in India are not usually consulted in the general planning and development strategies of the country. The literacy rate of women with disabilities is low due to social attitudes, lack of facilities and inaccessibility of schools. Women with disabilities are more marginalized than males, and the opportunity for economic independence is minimal (Khasnabis, 1998).

Table 1. India

<b>Policy/Law</b>	<b>Persons with Disabilities Act 1995</b>	<b>Rehabilitation Council of India Act 1992</b>	<b>District Rehabilitation Centre Scheme 1985</b>
Goals	Elimination of discrimination with full participation of persons with disabilities	To enforce uniform training of professionals in the field of rehab	Provide comprehensive rehabilitation services to the rural disabled
Implementation	Client brings grievances to Chief Commissioner in the Centre or in the States.	Council has statutory status and responsibility of regulating and training for rehab professionals.	Through multi-disciplinary professionals in the district
Theoretical Base	Social Model	Medical and Social Model	Medical and Social Model
Political Situation	Commissioner not appointed yet. Strong patriarchal traditions	Supported	Supported
Outcomes	Inconsistency in reporting		Currently 11 DRCs function in 10 States in India

*United Kingdom:* Reported data indicates there are 6.4 million women and men of working age (20% of the working population), and 3 million disabled women in employment (11% of all employed persons) in the United Kingdom.

Pakistani/Bangladeshi people and older people from ethnic minorities generally have higher disability rates than the white population. People with disabilities are approximately seven times as likely as non-disabled people to be out of work and claiming benefits (Hibbett, 2000; Labour Force Survey, 2000).

In reviewing the chart (Table 2), there have been four major disability policies passed since 1970 in the U. K. The Chronically Sick & Disabled Persons Act was based on the medical model, while the other three social policies, Companies Act of 1985, Disability Discrimination Act of 1995, and the New Deal legislation for Disabled People of 1998, are based on the social model of understanding regarding people with disabilities. The Disability Discrimination Act of 1995 was patterned after the U. S. Americans with Disabilities Act of 1990. However, one of the criticisms of the United Kingdom Disability Discrimination is the “minimalist stance” of the policy in which potential rights of people with disabilities are sidestepped with qualifications, limitation, and escape clauses for employers (Bagilhole, 1997; Cooper, & Vernon, 1996; Chadwick, 1996).

An example of this is only after 1998, when the New Deal for Disabled People social policies of Prime Minister Blair’s government was adopted, that employees of 50 or more employees are required to make reasonable adjustment to the physical features of their premises to overcome physical barriers to access. Now employers have until the year 2004 to accomplish reasonable adjustments to any physical barriers for people with disabilities.

Table 2. United Kingdom

<b>Policy/Law</b>	<b>New Deal for Disabled People 1998</b>	<b>Disability Discrimination Act 1995</b>	<b>Companies Act 1985</b>	<b>Chronically Sick &amp; Disabled Persons Act 1970</b>
Goals	Enforce civil rights; provide job advisers; remove barriers to employment	End discrimination in jobs, access to goods, facilities & services, & land ownership	Companies with 250+ employees plan for recruitment training & career development	Establish the right of access to services to improve level & type of benefits & services
Implementation	Disability Rights Commission oversees efforts; job centers work with clients	Violation of the code is addressed in courts & employment tribunals	Published through annual report of companies	Local authorities arrange to meet the needs of persons with disabilities
Theoretical Base	Social Model	Social Model	Social/Medical Model	Medical Model
Political Situation	Top agenda for Blair government	Mixed support at the time of passage of the act.		Confusion about how far these rights can be enforced
Outcomes	New legislation	Limitations, and escape clauses for employers		Uneven budgeting by local authorities

*United States:* Reported data indicates there are 28.6 million females or 21.3% of the female population who are persons with disabilities, as compared to 25.3 million males or 19.8% of the male population are persons with disabilities. Among those with a non-severe disability, 68.4% of women and 85.1% of men were working at a job or business. In regards to the poverty level, 34% women with disability reported living below the poverty level ( LaPlante, Carlson, Kaye, & Bradsher, 1996).

Reviewing the chart (Table 3), there have been three major pieces of disability legislation in the United States enacted since 1973. Both the Rehabilitation Act of 1973, and the IDEA of 1988 were based on the medical model, but moving towards the social

model theoretically. With the hallmark disability legislation, the American Disabilities Act of 1990, there was a major emphasis for a social model to understand that the environment must change and not just the individual. For implementation for the benefits or grievances if services are not provided, the initiative must be taken by persons with the disabilities (Bruyere, 2000; Scotch, 2000).

*South Africa:* Reported data indicates there are approximately 1.5 million women with disabilities, while there are approximately 1.2 million men with disabilities in South Africa. Sight disability is the most prevalent disability reported for both females and males (Department of Health, 1996).

Reviewing the chart for South Africa disability legislation (Table 3), there are two major pieces of disability legislation, the Special Pensions Act of 1996, and the newly passed Equality Act of 2000. Both of these policies are based on the theoretical social model, and are major attempts toward eliminating discrimination towards people with disabilities. Since the Equality Act has only recently been passed in 2000, this legislation has not been implemented (Department of Welfare, 1997).

Table 3. United States

<b>Policy/Law</b>	<b>ADA 1990</b>	<b>IDEA 1988</b>	<b>Rehab Act 1973</b>
Goals	Eliminate discrimination against persons with disabilities	Appropriate education in least restrictive environment	Rehab services to support independent living
Implementation	Client must bring concerns to the court	Parents initiate requests for services & programs	Client must request service
Theoretical Base	Environment must change, not just the individual	Medical model, changes are focused on the individual	Medical model, moving to social model
Political Situation	Some political/judicial backlash	Fairly well supported, some districts fighting expenditures	Fairly well supported
Outcomes	Some job improvement – more for men		Good support for research; ILC's provide a lot of service

South Africa

<b>Policy/Law</b>	<b>Equality Act of 2000</b>	<b>Special Pensions Act 1996</b>
Goals	Elimination of discrimination	Coordinate and monitor expenditures
Implementation	Through the courts	
Theoretical Base	Social model	Social model
Political Situation	Newly passed; not yet implemented	

Conclusion

What does this mean for social workers? At the macro or policy level, in order to address the needs and concerns of women with disabilities, Social Workers need to consider several questions: (1) Who sets the disability movement/advocacy agenda? (2) Whose benefit does that agenda serve? (3) Who are the stakeholders and what relationships exist between them? (4) What are their beliefs and assumptions about the

nature and purposes of disability concepts, about the experiences of disability, about the world, about people?

We must pay attention to four points from a model developed by Leipoldt (1999, p. 409):

1. The identification and explication of current approaches to disability
2. An assessment of the values and pitfalls of those different approaches and the relationships between them.
3. If we are all saying we are acting in the interest of furthering the cause(s) of people with disabilities, how can we productively use and organize our to diverse roles, approaches, and theories and minimize any potential negative outcomes to people with disabilities?
4. How do we keep directly in touch with disability issues on the ground and how do we best use academic work in support of grassroots change?

Social Workers need to act at both the macro and micro levels. We must be willing to assist women with disabilities in concrete (and often financial) ways, possibly following the social development model proposed by James Midgley (Midgley, 2000).

We must also be prepared to serve as advocates in ensuring that appropriate, helpful, funded legislation and policies are developed, passed, implemented and evaluated. This requires understanding the needs of the women, the political climate in which we are attempting to work, and the machinations of the economic environment.

We must work at two levels: First, we need policies and legislation at all levels---from international down to the local companies and organizations. Second, we need to work at the individual level---micro loans, training and other assistance can help women to change their situations despite oppressive and dehumanizing laws and rules.

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