INTERSECTIONAL IDENTITIES OF 'GENDER' AND 'DISABILITY': A CRITIQUE ON WOMEN AND DISABILITY POLICY IN INDIA

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Abstract: Although there is a worldwide push from disability rights advocates towards the realization of human rights and empowerment of women with disabilities, the existing oppression of women with disabilities in regressive societies had not been powerfully addressed through women-rights as well as disability-rights agenda. The women with disabilities in developing country like India continue to live under the precarious conditions emerging from social oppression. Prejudice prevails within the categories of 'gender' and 'disability' which renders women with disabilities as one of the most vulnerable groups in society. In addition to facing social discrimination on account of identities of gender and disability, many of them experience absolute deprivations due to poverty and other difficult circumstances. The twin disadvantages of gender and ableism result in experiencing intersecting social identities which yield blatant forms of domination, oppression and exclusion. In this paper, I have reported the acute oppression faced by women with disabilities with specific reference to Indian society. The paper adopts an intersectional theoretical approach to present a critique on two significant policies for 'women' and 'persons with disabilities' in India.

Keywords: Disability, Intersectionality, Gender-Divide, Policy

Introduction: Women with disabilities face discrimination on daily basis all over the world. This include discrimination in the enforcement of laws, denial of equal opportunity in education and employment, exclusion of women with disabilities in political representation, deprivation of reproductive rights, cultural and social norms that reinforce stereotypes, and physical, sexual and psychological violence to subordinate and ostracize females with disabilities. Although there is a worldwide push from disability rights advocates towards the realization of human rights and empowerment of women with disabilities, the existing oppression of women with disabilities in regressive societies had not been powerfully addressed through women-rights as well as disability-rights agenda. The women with disabilities in developing country like India continue to live under the precarious conditions emerging from social oppression. The recent WHO World Report on disability showed that vulnerable groups such as women, those in poorest wealth quintile had higher prevalence of disabilities in developing countries [1]. Women with disabilities remain hidden and silent, their concerns unknown and their rights overlooked. They continue to live under the double disadvantages of 'gender' and 'ableism'. Prejudice prevails within each category makes women with disabilities one of the most vulnerable groups in the society. In addition to facing social discrimination on account of identities of gender and disability, many of them experience absolute deprivations due to poverty and other difficult circumstances.

The available data from research across the world on women with disabilities indicates a grim picture of their social, economic, political, and educational progress. The International Disability Foundation reported that women with disabilities receive only one fifth of the rehabilitation all over the world [2]. The evidence drawn by UNDP based research showed that despite some helpful laws, policies and practices in some countries, compared to their disabled male or non-disabled female counterparts, women and girls with disabilities were less educated, experienced high rates of unemployment, were more likely to be abused, poorer, isolated, experienced worse health outcomes, and generally had lower social status [3]. A report from United Nations Economic and Social Commission for Asia and Pacific reported that worldwide only 25 per cent of women with disabilities had joined the labour force and had limited access to rehabilitation services. It was also reported that women with disabilities had received less care and support and were more likely to experience abuse which resulted in their higher mortality rates [4].

The existing oppression of women with disabilities had not been adequately addressed either through 'women-rights' or 'disability-rights' agendas. Both have failed in adequately addressing the vulnerabilities arising from social constructions of gender and ableism. In this regard, Blackwell-Stratton *et al.* argued as "For the disabled feminist, neither the disability movement nor the women's movement fully address her concerns... we must educate both movements in the issues specifically affecting disabled women..." as cited in [5, p. 2]. Gender studies have ignored to explore the impact of disability in the lives of women while disability studies have ignored to consider the impact of gender in the lives of a person with disability. The twin disadvantages of gender and ableism exacerbate each other which yield blatant forms of domination, oppression and exclusion.

Indian Portraiture of Women with Disabilities: In a developing nation like India, the stereotypical societal views produce oppression against women especially against women with disabilities due to the involved intersecting identities of 'gender' and 'disability'. In India, where the society is highly patriarchal and gendered, women with disabilities are highly subdued with utmost violation of their rights as human. Widespread socio-cultural prejudice related to 'gender' and 'disability' greatly violates the human rights of women with disabilities leaving them as forgotten 'human'. In this context, Irene Feika, the former deputy chairperson of development and under-represented groups of Disabled People's International had accurately worded the status of women with disabilities in Indian society-

"Women with disabilities are 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... 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".

Women with disabilities in India and elsewhere encounter discrimination on several levels, each of which restricts their options and opportunities for equal participation in the economic, social and political life of society. They are disadvantaged attitudinally, economically, politically, psychologically and socially [6]. Gloria Anzaldua, a cultural theorist and social activist have theorized the politics of 'othering' in her explanation of 'language terrorism', i.e. problems of linguistic minorities. She argued that minority groups often have the status of 'other', describing that others are virtually anyone who are different from the societal expression of an average individual [7]. Women with disabilities are the worst sufferers of this social impression of 'othering' which specifically attempts to establish a person as unacceptable based on certain qualifications that are not met.

In Indian social order, both male and female are expected to perform some stereotyped gendered roles. Till today in majority of communities, man is expected to earn a living for family while a woman is expected to be a family caretaker and household manager. Moreover, the social standardization of women's 'physical appearance', 'body-image', 'fairness', and 'fertility' project women with disabilities as a representation of 'malformed', 'distorted' and 'foreshadowed' beings. Women with disabilities, in Indian society, face rejection on the basis of disqualification over these irrational societal expectations. In this manner, women with disabilities

are belittled to what Roger Slee (eliciting the work of sociologist Zygmunt Bauman on wasted lives) calls as *'estranged'*, *'surplus population'*, *'a source of fear'*, *'targets of derision and exclusion'*, and *'wasted lives'* [8, p. 7,8]. The individual subjectivity is often used by women with disabilities as a weapon for their self-devaluation. They internalize the stereotypical societal rejections and suffer from psychological oppression. Women with disabilities are not considered fit for marriage and are less likely to be married than men with disabilities. In many cases it had become usual that they do not get their potential marriage partners and married off to unmatched partners. They are also more likely to be divorced and abandoned [9]. Like marriage, child bearing is another concern where women with disabilities are being socially doubted. In many Indian communities, the presence of woman with disability is considered inauspicious in cultural events. They are more vulnerable to exploitations and violence of different forms such as rape, molestation, domestic violence, and exploitation at workplace. Available data suggests that women with disabilities experience violence and abuse even within the family, institutions and community at higher rates. The violence they face eventually becomes more chronic and severe, taking some unique forms such as withholding essential care. They become vulnerable in terms of assessing violence situations, having self-defense and/or flee, or reporting the incidence of violence. They are restricted from participating in community life due to the insecurity and overprotective nature of families. The plight of women with disabilities is reflected in the findings of a study in Orissa which reported that about 98 per cent of disabled women surveyed were beaten at home, and 25 per cent of the mentally challenged women had been raped and 6 per cent of them had been forcibly sterilized [10]. The mass hysterectomy of intellectually challenged girls in a State run institution in Shirur, Maharashtra is another shocking evidence of the abuse of their reproductive rights. Women with disabilities become easy victims of sexual exploitation, particularly if they are visually impaired or intellectually challenged. Their social, physical and economic dependency on others increases the risks of exploitation and abuse.

Gender-Divide among Disability Population: The disadvantage of gender and disability exacerbate the existing gender gap among persons with disabilities in various aspects of entitlements and functioning. Gender divide among disabled population is visible in areas of literacy, schooling, or employment. The Census 2011 estimates that there are over 11 million women with disabilities constituting 2.01 of the total population and 44.1 percent of the total disabled population. The 44.1 percent prevalence rate for

females is lower than for 55.9 percent for males. This could be due to the relatively higher non-reporting of disabilities in case of females. Whereas, other research work in this area shows a different prevalence rate of over 35 million women with disabilities in India [11]. The Census 2011 data shows that the prevalence of females with disabilities by the type of disability is highest for hearing and visual impairment. It shows an increasing trend among the old age groups. With an increasing age, disability increases and, among those who are elderly (age 60 and above) are more likely to experience disability than the younger age groups [12].

According to the NSSO 58th round survey there are 18.49 million people with disabilities in India, out of which 10.89 million were males and 7.59 million were females, constituting 59 percent and 41 percent of males and females respectively. The NSSO 58th round on marital status of persons with disabilities indicated that about 282 and 24 per thousand women with disabilities are widow and divorced/separated respectively as compared to 66 and 11 per thousand of their male counterparts. The NSSO Survey reported that girls with disabilities had lower enrolment ratios than boys with disabilities across region, i.e. urban and rural, by type of schooling, i.e. regular and special schools, and by level, i.e. primary and secondary. Of all the disability categories, women with disabilities were least likely to have received education, had lowest enrolment ratio in schools, had lowest proportion of employment, and most likely to remain unmarried [13]. In India, large numbers of women with disabilities are unemployed or engaged in low paid jobs. The 35-37 per cent proportion of employed among the males with disabilities was much higher than 9-11 per cent of employed among females with disabilities in both rural and urban areas. Out of all categories, majority of women with mental disabilities [retardation] were out of labour force with only 6 percent of them have had joined labour force.

Much of the public domain data is gender blind and even more so disability blind. There is lack of gender disaggregated data on many areas of disabilities. The few available research studies are inadequate to examine the levels of neglect, isolation, oppression, and violence against women with disabilities. The lack of gender disaggregated data results in considering persons with disabilities as homogenous groups, and the voices of women with disabilities remain unheard. According to the budget allocation for the current financial year, the Department of Social Justice and Empowerment had been earmarked with Rs. 6,524,82 crore while the Department of Disability Affairs had been earmarked with Rs. 686.94 crore. The allocation for total welfare of persons with disabilities is up by over Rs. 160 crore this year, which has been allocated with Rs. 527.93 crore [14]. The budget allocation figures for disability are not available by gender.

A Critique on Women and Disability Policy in India: The term *'intersectionality theory'* was first coined by legal scholar Kimberle Crenshaw in 1989 [16]. In her work, Crenshaw discussed Black Feminism, which argues that experience of being a black woman cannot be understood in terms of being black and of being a woman considered independently, but must include interactions, which frequently reinforce each other. This theory challenged the notion that 'gender' was the primary factor determining a woman's fate. The theory suggests that other than gender there are multiple social identities (such as race, class, ability, sexuality, and ethnicity) which are unique in influencing the experience of being a woman as a whole. Intersectionality is a study of overlapping or interacting social identities and multiple or integrated systems of oppression, discrimination and domination. The theory suggests that different biological, social, political, economic, and cultural identities intersect and produce multiple disadvantages simultaneously. This framework suggests that any social injustice and social inequality do not always occur on single dimension rather it occurs mostly on multidimensional basis. The society represents a whole system of oppression for an individual that reflects the intersection of multiple forms of discrimination. Patricia Hill Collins, an intersectional theorist described intersectionality as *'interlocking matrix of oppression'*. Collins have argued that "Cultural patterns of oppression are not only interrelated but are bound together and influenced by the intersectional systems of society, such as race, gender, class and ethnicity" [17, p. 42]. The intersectional approach can be employed to examine the inclusion of women with disabilities within significant policies of the country.

In the paper, I have considered two important policies of India, out of which one is women-specific and other one is disability-specific, for critical analysis through an intersectional approach. I have examined the intersectional approach applied in these policies, i.e. whether these policies have taken into account the intersectional analysis of 'gender' and 'disability' and if so, then accordingly what kind of entitlements are provided to women with disabilities within these policies. The two policies are- the National Policy for Empowerment of Women (2001) and the National Policy for Persons with Disabilities (2006). The former policy calls for the *dejure* and *defacto* enjoyments of all human rights and fundamental freedom by women on equal basis with men in all political, economic, social, cultural and civil spheres. This policy adopted an empowerment approach for women promising them

an equal access to participation and decision-making; equal access to healthcare, quality education at all levels, career and vocational guidance, employment, equal remuneration, occupational health and safety, social security, and public life; strengthening legal systems for elimination of all forms of discrimination; changing societal attitudes and community practices by active participation of both men and women; elimination of all forms of violence against women and the girl child; and building and strengthening partnerships with civil society particularly women's organizations [17].

This policy has successfully noted the diversity of women's situations and had separately mentioned the *'women in difficult circumstances'* including the concerns of women in extreme poverty, destitute women, women in conflict situations, women affected by natural calamities, women in less developed regions, the disabled widows, elderly women, single women in difficult circumstances, women heading households, women displaced from employment, migrants, women who are victims of marital violence, deserted women and prostitutes, etc. Although the policy failed to mention women with disabilities in particular, nevertheless it provided an extended reference to women in difficult circumstances. What is disturbing is that the policy suggests an action plan for women in general but failed to delineate the specific efforts to be taken for different categories within women in difficult circumstances whose experiences are unique in nature. A woman in general cannot be oppressed in the same way as a woman in difficult circumstances including women with disabilities. The policy is successful in emphasizing the vulnerabilities and concerns of women in difficult circumstances. However, covering them all within the common policy provisions would bring no difference in the lives of women as heterogeneous group. Even when a woman of particular category is included in the policy, she may feel as alienated due to the ignorance of her individual subjectivity. This kind of policy exclusion of intersectional identities can be well-understood through the process of *'excluding the included'* [18], which talks about the hidden exclusion within the fabric of inclusion policies. A woman, particularly a woman with disability may be entitled to certain provisions within a policy, she may still feel as she doesn't belong. Her socio-cultural experiences and actual needs may differ from what she has been entitled for. In this way, the policy unintentionally excludes the [so-called] included, and this is the case with the National Policy for the Empowerment of Women (2001).

The question arises whether mere mentioning of women in difficult circumstances and covering them up with a common action plan can result in actual empowerment of women with different identities. Intersectional analysis, here plays an important role. For an instance, we can see that the policy had declared health-care provisions for all women. However, it may be a different experience for a woman in general and for a woman in particular to access these health-care services. A woman in general may have a safer access to health-care services accrediting her better mobility, whereas a woman with disability may have a hard time accessing these services. A situation may happen when the latter have fewer options for escaping the abusive situations where health-care workers and personal care attendants may perpetrate abuse taking advantage of vulnerable situations.

Similarly, it is a matter of concern that how the women in difficult regions would have an access to established health-care system. A study on indigenous women with disabilities in Darjeeling, West Bengal reported that though the state health-care services were available to women with disabilities, many of them could not access these services because of their remoteness [19]. Context wise policy considerations are required to address the problem of accessibility for women with disabilities arising from difficult terrains of hill regions, poor road connectivity in rural areas, inappropriate location of health centres, inadequate infrastructure and improper referral system in hospitals and health centres. It is a challenge for policy makers to consider how the problems specific to the experiences of women with disabilities would be addressed in further policy, what kind of provisions they really do need, and how the provisions become redundant in nature when they do not address the actual needs of women.

The National Policy for Persons with Disabilities (2006) aims at creating an environment to provide equal opportunities, protection of rights, and full participation of persons with disabilities in society. This policy is specifically concerned with the physical, educational and economic rehabilitation of persons with disabilities [20]. It had successfully mentioned 'women with disabilities' in a separate section. The policy seemingly acknowledged that women with disabilities require protection against exploitation and abuse and had mandated special programmes for them in spheres of education, employment, and rehabilitation. It promotes steps to be taken to provide short-duration stay homes, working-women hostels, and old-age homes for women with disabilities. It also calls for a separate mechanism to review annually the intake and retention of the girl child with disability at primary, secondary and higher levels of education. This policy has sincerely denoted the entitlements for women with disabilities in specific. Notwithstanding, many of

these special provision mandates have proved as mere rhetoric. The inadequate monitoring of implementation mechanisms imparts further oppression to women with disabilities. For an instance, this policy has secured the rehabilitation services, short-stay homes, and hostels for women with disabilities, but it failed to ensure the safety of women with disabilities within these institutions. Given to the belief of sexual vulnerability and the overprotective nature of society for women with disabilities, they are generally placed in isolated institutions and their autonomy gets limited [21]. This increases the possibility of further or more frequent abuses. There is an argument that policy may have their goodwill in securing rehabilitation homes for women with disabilities, but it failed to acknowledge the extended vulnerability of being in an unsafe and isolated residential environment. It is an irony that policy attempts to secure rehabilitation of women with disabilities in difficult conditions, but many of these rehabilitation institutions become enclaves for perpetration of abuse.

The examination of the two policies shows that the National Policy for the Empowerment of Women (2001) holds a *'silence'* principle on the specific issues of women with disabilities with the overall denial of the prevalence of women with disabilities as socially abused identities. Here, the policy commitments act as a significant weapon to combat discrimination and violence against women in general but how far these initiatives have empowered women with disabilities is still a question. Empowering women with disabilities need specific mechanisms which the national policy has failed to incorporate. As empowerment is a matter of choice, the policy makers need to ponder on how far the policies are successful in providing a range of choices to women with different identities. The National Policy for Persons with Disabilities (2006) recognizes the vulnerabilities of women with disabilities and suggests entitlements according to their special needs. However, it fails to provide a systemic approach to counter the hidden possibilities of oppression within the suggested institutional machinery. Few policy entitlements pass to safeguard the interests of women with disabilities, but these appear as 'evasive' and more like 'patch work' rather than an integrated approach.

Conclusion: Policies and legislations need to be based on examination of how gender and ableism interact with each other and also with other oppressive social identities (i.e., racism, sexuality, class, etc.) and what kind of context-specific provisions need to be made on the basis of individual subjectivity. Policy makers and service providers must take intersectionality into account, or the future policies will be of less impact, and may in fact be prejudicial for various segments of population. The intersectionality framework analysis must be applied to examine how the existing policies, practices, and legislations have unintentionally excluded the individuals with collective identities. Notwithstanding the crucial challenges lies in examining policies to know how much these have actually achieved in empowering the lives of women and persons with disabilities, it must be achieved by delineating the collective disadvantages within each group. Failure to include the interests of women with disabilities (as well as other groups with intersectional identities) in research and analysis of social policy would result in a fundamental undermining of their human and civil rights. Even the sincerest policy would lose validity on pragmatic grounds if *'complexity of disadvantages'* is ignored. Policy would be better informed when it seeks voices of women with disabilities for policy-making process by including their self-definition, self-representation and self-valuation. Considering the concept of *'outsider within'* [22, p.S26], it can be concluded that when women with disabilities would themselves be the part of policy-making process, they as 'policy insiders' and 'cultural outsiders', thus as 'outsider within', utilize their own special experiences, interests and insights- to address the real issues of women with disabilities, to challenge the political knowledge of their experiences and to reject the externally derived interpretations of their lives.

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