

**WWD STATUS
REPORT – AN
ANALYSIS OF
DATA COLLECTED
FROM
8 DISTRICTS**

ABSTRACT

The study titled “Status of Women with disability in the state of Orissa” was conducted as a chapter of the larger study titled “Women with disability” conducted by National Alliance of Women’s Organization.

The study is a **qualitative** cross-sectional study with non-probability quota sampling. In all a sample of 603 WWD were selected on the basis of the above sampling procedure. The data was collected with the help of self-prepared questionnaire, which had been validated by professionals working in the field of social work. The questionnaire had both open ended and close-ended questions. Once the data was collected a coding sheet was prepared and the entire data were tabulated. This made the otherwise hectic work of analysis easy. The analysis of the data showed that the Women with disability are neglected in almost all the spheres of life, be it personal identity, education, health, politics or the issue of obtaining the aids and appliances and other benefits framed for them either by the state or the NGOs. An analysis of the marital life showed some positive aspects in that a very less percentage of them were married to disabled person. Analysis of the views of the family members presented a very disheartening scenario. Most of them had negative opinion about their ward and very less percentage of people showed some confidence in them with regard to acquiring training or becoming independent thereof.

This was followed by the work of documentation of the entire result and the preparation of the final report

The report will be published as a part of the State Chapter on Status of Women published by NAWO.

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CHAPTER 1

INTRODUCTION

BACKGROUND OF THE STUDY:

Socially disability is represented as a deficiency that becomes the defining characteristic of the person and is accounted for mostly in terms of a medicalised bibliography. Disability symbolically represented lack, tragic loss, dependency and abnormality. This social and cultural apartheid is sustained by the existence of a built environment, which lacks amenities for the disabled and solely caters to the needs of the more complete and able-bodied other. This social disregard coupled with experiences of social, economic and political subjugation deny the disabled a voice, a space and even more power, to disrupt these deeply entrenched normative ideals that deprive them their social presence and any semblance of identity.

Like the west the struggle of the disabled in India too, have ignored the impacts of gender. Owing to such sentiments the disabled women feels marginalized by their own fraternity. Consequently women continuously appear as secondary partners in a male centric and ablest hegemony. It is true though that disabled women, in general do not deal with the same oppression that non-disabled women do primarily because they are not seen as women in an able-bodied society. However, this confinement is actually indicative of a negative rendering of their lives as the usual roles such as marriage and motherhood are out of bounds for them. While it is true that the specific issues for women with disabilities may vary from those of non-disabled women, the reality of usual experiences and fears of a patriarchal society are bound to be similar. However, with a body that does not 'measure up' to the societal norm, the situation becomes precariously unbalanced. Leading a stigmatized life, a disabled woman in India belongs to a marginalized and invisible category. Whether disability is congenital or acquired, the oppression starts early in life. With no opportunities for improving the quality of life, the disabled girl child has no option but to live a life of subordination.

For Indian feminists, disability continues to be used almost synonymously with the identity of being a 'woman' such that its specific character does not receive its due and is lost in the concern/ lack of concern for women's right in general. It is true that a country like India where there are innumerable problematic issues, some prioritization does take place. However, for the disabled women the resulting scenario becomes a replication of the patriarchal order where the male order decides on what the agenda and priorities of human life should be. Consequently, assumptions are made about a hierarchy of oppression and disabled women do not find any space in this hierarchy. When the popular metaphor posits women as being inherently disabled, as it does in India, it forecloses the possibilities of a meaningful dialogue of the category that is being used as a symbol. Consequently the emancipatory possibilities are lost, as attention is focused on the main object, which is women in this case, leading to the marginalisation of the disabled voices, which for cultural reasons have never been heard.

The disabilities rights movement in India started in the early 1990's, much later than the developed countries. Central government held a national seminar in Delhi to discuss the issues of disabled citizens. This was a new beginning in the lives of the disabled persons as people expressed a need for a comprehensive legislation to protect the rights of persons with disabilities. In fact, last decade has been a testimony to the relentless efforts of

disabled people in India. Disability legislation, inclusion in census and representation in media are some of the features of this struggle. In 1995, due to the effective advocacy of various social organizations, landmark legislation – The Person with Disabilities Act (equal opportunities, protection of rights and full participation) was passed. It emphasized on equal opportunities, non-discrimination and mainstreaming of persons with disabilities, then again in the year 1999, another Act – The National Trust for welfare of persons with Autism, CP, MR and Multiple disability which seeks to strengthen facilities in order to enable persons with disabilities to live as independently and as fully as possible, within and as close to the community to which they belong. These Acts however, have been silent about any special provision for the most oppressed and invisible minority – the disabled woman. In fact, all the disability Acts like National Trust, Rehabilitation Council of India and Mental Health Act do not specially mention women with disabilities. Women with disabilities certainly need special provision, because they have been the most marginalized and isolated.

For men and women the expectation of gender roles is different. Each sex is expected to perform different roles in society. These roles are determined by historical, religious, ideological, ethnic, economic and cultural factors. Disability can have a profound impact on an individual's ability to carry out traditionally expected gender role, particularly for women. Although both men and women with disabilities would face difficulties in fulfilling their expected roles, but the disabled women is at a much-disadvantaged position in comparison to her male counterpart. WWD have less chances of meeting potential marriage partners because of restricted mobility and freedom.

Women with disabilities have less access to rehabilitation process services than disabled men. WWD tend to be more vulnerable to exploitation of various kinds such as sexual harassment, domestic violence and exploitation in the workplace. According to the 1995 UNDP Human Development Report, WWD are twice as prone to divorce, separation and violence as able-bodied woman. They also tend to be relatively easy targets of sexual exploitation particularly if they are intellectually disabled. In general, women tend to be in a state of physical, social and economic dependency. This can lead to increased vulnerability to exploitation and violence. Because of the relative isolation and anonymity in which women with disability live the potential for physical and emotional abuse is high.

Even though the recognition of differences is responsible for the emergence of at least a discourse on disability and gender, but the reality is that it has not been able to affect much, either in increasing acceptance of disabled women's concern in policy documents, or in enhancing the quality of their lives. All it has managed is to produce superficial acknowledgement of differences with an implicit assumption that the core issue is gender

It is high time that we heard these unseen and unheard voices. The special needs of disabled women must also be put in place. Sincere efforts should be made to see that any assistance given either by government or the NGO should also reach these marginalized and unnoticed sections of the society. Finally, to quote the words of a social worker 'the key is attitude'. An attitude of non-disabled and disabled alike to change the way... they view disabled women. Not as objects to be catered to by the charity sector. But to have access to equal opportunities, justice and abilities, abilities to assert their most basic rights.

CHAPTER 2

OBJECTIVE OF THE STUDY

For the first time when a status report of women in Orissa got conceptualized a due space for women with disabilities was also envisaged. This chapter of the report would be having the following objective:

OBJECTIVES:

- To analyze the present status of women in personal, familial, and social fields
- To assess the status of the WWD in the economic, health, educational and political fields
- To assess the extent of benefit received by WWD of various policies and programs and the gaps therein

CHAPTER 3

METHODOLOGY: Both quantitative as well as qualitative method of data collection was used. Questionnaires with open ended and closed ended questions were prepared keeping in mind the fact that each and every possible aspect including social, political, educational, psychological etc should be targeted to get responses from maximum possible directions to come to a general and encompassing view about them.

UNIVERSE: 8 Districts namely Khurda, Cuttack, Ganjam, Sonapur, Gajapati, Mayurbhanj, Koraput and Sundergarh were selected according to the level of per-capita income of the District. Each category had two districts under it.

SAMPLE: The study being qualitative in nature non-probability quota sampling was used to pick up 2 districts from each of the three categories in which all the 30 districts of Orissa were divided on the basis of level of per-capita income of the district. Again as far as the selection of the subjects were concerned all the respondents falling in the designated category were picked up. In this sense it was a quasi- experimental design in which the subjects were not put to any kind of experimentation and only the effect of already present forces was tried to be analyzed by means of the study. Hence, the study can be expressed as a qualitative, cross-sectional study to analyse the status of WWD in the state of Orissa.

In all a sample of 603 respondents were selected for the purpose of the study

TOOL OF DATA COLLECTION: Self-prepared questionnaire with both open-ended and close-ended questionnaire was used for the purpose of data collection. Before administering the questionnaire in the field it was validated by a team of professionals including social workers and other professionals associated with renowned donor agencies.

PROCEDURE: Once the data was collected from the pre-determined samples, a coding sheet was prepared to tabulate the data collected and analysis of the data was carried out on the basis of the final data obtained in the form of tabulation.

CHAPTER 4(a)

ANALYSIS OF THE DATA COLLECTED

In order to know the categories of the women interviewed, questions on category of disability, causes as perceived by them, caste, religion, educational and marital status etc were made.

Table 0.1: Distribution of respondents as per their category of disability:

| Nature of disability | OH | SPHI | VI | MR | MD | Leprosy | CP |
|----------------------|-----|------|-----|----|----|---------|----|
| Number | | | | | | | |
| Percentage | 56% | 18% | 10% | 9% | 3% | 2% | 2% |
| | | | | | | | |

A large number of women with orthopedic and physical challenge were interviewed as most of women with disability are from this category present in the community. However it was decided to cover at least 2-3% of women from other category like CP, Multiple disability and Leprosy. There were number of women with MR was covered under the study but most of the respondent sheet got discarded during validation of the study as there were lot of incongruence found in the response. Mostly the women with marginal problem of Mental retardation were chosen to be the respondent.

While conducting this study the surveyors could locate some of the mentally ill women. There were few women who were facing large human rights violation. For example in Cuttack Slum there was a woman name Mrs. Rekha Nayak who was bound in an iron chain in the tree through out the day and was given food and water there. The team reported Mission Ashra a Bhubaneswar based organisation run a home for the mentally ill women rescued this woman. As per Rekha's father and Sister in law's version no body knows what happens to Rekha after her marriage. She got married to her own brother in law as he insisted after the death of her elder sister who left behind three children and her brother in law. It is just after six months of the marriage they found Rekha in a miserable condition. They tried to give her the treatment from SCB Medical but it seems due to the poor condition (her brother is a rickshaw puller) could not continue the medication and her condition deteriorated like any thing. Rekha is back home with a much better condition after two months treatment in Mission Ashra.
(A report on the status of women with mentally ill attended Mission Ashra in different points of time is annexed in this study)

Table 0.2 Different causes of disability:

| Cause of disability | From birth | Polio | Progressive Disorder | Acquired at early age | Accident | Abrupt Degeneration |
|---------------------|------------|-------|----------------------|-----------------------|----------|---------------------|
| Number | | | | | | |
| Percentage | 43% | 23% | 15% | 12% | 4% | 3% |

The main cause of disability that came to the front according to the people's opinion was that it was from birth (43%). Polio emerged to be the second largest category of disability. In the Progressive disorder category there are disabilities ranging from OH, SPHI, VI to MI. This seems to be the negligence in care and non-availability of health care facility as most of the hearing disability cases became worse due to non intervention of oozing ear (as reported). It is the case of visual problem. This was observed that in case of visual problem people got referred to the specialist and never contact them for further treatment in time. These incidents made us infer that either non-availability of specialized services or negligence is the major causes.

Table 0.3 Religious Distribution of the respondents

| Religion | Hindu | Christian | Muslim |
|------------|-------|-----------|--------|
| Percentage | 94% | 5% | 1% |

Majority of the respondent were Hindu in religion. Only 5% were Christian and 1% found to be Muslim.

Table 0.4 Caste distribution of the WWD:

| Caste | OBC | General | SC | ST |
|------------|-----|---------|-----|-----|
| Percentage | 31% | 25% | 23% | 21% |

The largest section of the women interviewed was OBC 31% followed by general, SC and ST. This was observed that a fair number of ST and SC in comparison to other category are having disability. This itself show the vicious relationship of poverty and disability. To substantiate the analysis it was found that nearly 62% women belonged to BPL category and 38% to APL category.

Table 0.5 Age group distribution of WWD:

| Age group | 18-25 yrs | 25-35 yrs | 35-45 yrs | 45-55 yrs | 55-65 yrs |
|------------|--------------|--------------|--------------|--------------|--------------|
| Number | | | | | |
| Percentage | | | | | |

SECTION - 1

1.1 ATTITUDE OF FAMILY MEMBERS

A general view persists in Indian society that daughters are not a welcomed guests in the house and if the girl is disabled the problem becomes more acute. There were many important aspects that were under consideration in this section. Whether the daughter who is disabled is looked down upon by her parents or siblings, whether she gets adequate space to present her views, what is the attitude of parents towards her when it comes to thinking about her present or even her future. With lots of apprehension in the mind the interviewer had gone to the field. This apprehension was not completely wrong. On putting forth the question many such facts were again reaffirmed by the WWD. Some facts were although refuted but the intensity of such questions were very less

The table cited below affirms the above statement. It shows that in their day-to-day life the behavior of the parents and family members towards the WWD was not discriminatory. But when it came to think about their education, job or marriage the parents showed their reluctance. But this can be attributed to their ignorance and their mindset with which they have grown. This mindset prohibits them to think that even a disabled girl can become independent and lead a very normal and dignified life.

Table 1.1 1 Attitude of family members as perceived by the WWD themselves:

| Sl.No | INCIDENTS | YES | NO |
|-------|--|--------------------------|--------|
| 1 | Do you get a new dress on festive occasion | 72.97% | 37.03% |
| | If yes was it decided or you had to plead / demand | 49.23% pleaded/demand | |
| 2 | Are your views given importance on familial matters | 59.37% | 45% |
| 3 | Do you have a say with respect to the resource management of the house | 52.24% | 47.76% |
| 4 | Do you think you have a share in parental property | 39.30% | 60.70% |

The above table shows the kind of behavior of family members and parents towards them. While asked even most of them responded that they were given new dresses like others during the festive occasions at home but while further asked they remembered that as a child 50% of them had to plead or sometimes demand (percentage is minimal) to get their name enlisted for new clothes. Where as a fair percentage nearly 38% responded that they were never in the list of new clothes during the occasion rather it is given if the old one is torn!

While discussing regarding the giving views in any kind of decision in the family it is observed that most of them said (60%) their point is taken into consideration. Some of them are also contributing members to the family economy. Where as 45% opined that they were never considered for this right. Similarly the women with disability said that they can be part of the decision making regarding the expenses at home where as 48% said they do not have a say in this matter. Rather they were never been asked for the same. This table shows

apparently the “mercy” scenario in which WWD are living in the state. This is becoming more so on the following cases. When a decision on property is taken women with disability are least considered as more than 60% said that they do not even think that they could be shareholders. Some of them said that it is always divided among the brothers and if not given to them they cannot even demand the same. Neither they have capacity to claim the same legally.

Analysis of the perception of family members would have been incomplete without analyzing the status of property held by the WWD. Hence, the women were interrogated about their holding and also the extent of freedom enjoyed by them in its operation

Table 1.1.2 Status of property held by the Women with disability:

| Properties/savings in their name | Nothing | Bank account | Savings | Landed Property |
|----------------------------------|---------|--------------|---------|-----------------|
| Percentage | 80.43% | 8.46% | 9.45% | 1.66% |

The above table clearly shows the position of the WWD in terms of property right. **81% do not possess any property in their name.** Not even any deposit even do not have a bank/post office account in their name. There are 9.5% who said that they have started saving from their income and all these women. A very marginal 1.6% possess some land in their name.

Table 1.1.3 Level of freedom of operation enjoined by the WWD with respect to the property held by them

| Freedom of operation | Yes | No |
|----------------------|--------|--------|
| Percentage | 13.43% | 86.07% |

This table show an interesting fact that out of the 19% who has got any property in their name have minimal scope of operating the property. Most of them are either dependant on others or need to take permission of others to do so.

Table 1.1.4 Kind of behavior inflicted to the WWD by the family members

| Treatment of family members | Good | Fair | Not good |
|-----------------------------|--------|--------|----------|
| Percentage | 60.20% | 17.91% | 21.89% |

While asked to give a gradation regarding the average behavior towards them of the family members it came out to be “good”. 18% felt that the treatment is fair towards them where as 22% felt the behaviour is not at all good towards them. This might come out to be surprise as ion all the cases it is the close family members to whom the respondent refer. But in reality the discrimination is found to be more in the family.

Table 1.1.5 Kind of behavior towards socialization of WWD:

| Frequency of visit | Occasionally | Do not go | Anytime | Regularly |
|-----------------------|--------------|-----------|---------|-----------|
| Go to relatives house | 46% | 38% | 10% | 6% |

An effort was made to see the steps taken by the family members towards their own socialization with a disabled family members and also socializing the WWD herself. It was asked whether the family members were at ease accompanying the WWD to relatives house it was found that 38% of them never go out of their house. A majority of them occasionally visit the relatives. This table clearly shows evidence that; the presence of a WWD is neither very welcoming neither in the family nor with the relatives. Moreover the family members

probably do not feel comfortable replying number of questions related to their condition and rather prefer not to take them along while visiting others. The rest 16% opined of visiting the relatives anytime and frequently.

Table 1.1.6 Social functions and the behavior of people thereof:

| Views of wwd | Yes | No |
|--|--------|--------|
| Treated with respect | 56% | 44% |
| Participate in marriage ceremonies and other family get together | 47% | 53% |
| Like to be a part of this function | 48.26% | 51.74% |

To further assess the mind set some more questions related to the socialization process got asked. While answering these set of questions it was observed that a fair percentage feel that they are treated with respect where as 44% of them felt there is no respect for them in the family. This challenges the response of decision making in the family, which was asked earlier. Apart from that different occasion like participating in marriages in family and relatives or even participating in such occasion was asked to the WWD. It is observed that 49% of them said they always like to be a part of this kind of function whereas 47% got this chance. Among the 51% those opined that they do not like is actually subjected to different conditions. They felt that their disability attracts people more than they themselves as individual. Secondly they are been asked so many questions that they feel embarrass to be part of the occasion. Thus if we take these women into consideration the percentage of liking ness to be part of social occasion would shoot up to 70%. In fact while discussing it was seen that almost all wanted to be part of the social gathering and function but it is their disability for which they either themselves do not go or not encouraged to participate.

1.2 ACCEPTANCE IN THE SOCIETY

After having a through knowledge about the WWD on some very important personal aspects it was necessary to analyze the views of the community members towards them in general and specifically as the WWD analyze it themselves. The fact that the attitude of people towards disabled women is one of mercy and apatheism cannot be ruled out. The way a disabled women is looked down upon, the way she is addressed all speak in bounces about her status in the community. The survey once again reaffirmed the same fact. One very interesting fact that came out in the study was that around 70% of the WWD felt that they were respected by their community members but 50% confirmed that they were at one or the other stage addressed by their disability. This shows that even the WWD were not aware of the fact that being addressed by their disability is a breach of their dignity. The table confirms the same fact. Although they were known to the members of the community but their presence was never seriously taken by them, be it the question of taking their views seriously, or being friends with them, the approach was negative.

Table 1.2 .1 Degree of respect enjoyed by the WWD in the community as perceived by the WWD:

| Views of WWD: | Yes | No |
|---|--------|--------|
| Treated with respect | 67.99% | 32.01% |
| Called by their disability | 49.25% | 50.75% |
| Views held important by the community | 26.53% | 73.47% |
| Neighbors aware of their presence | 77.94% | 22.06% |
| Neighbors invite them to attend functions | 67.33% | 32.67% |

The above table is quite clear in terms of ascertaining the views of the community towards WWD. 68% of them felt that they get due respect from the community where as nearly 50% of WWD are called by their disability than by name. Or in other words either their name was changed as per their disability or people don't call them by name and they also take it for granted. Further to this it was observed that 23% are not aware that a WWD is there in the neighbor, which shows their devalued status in the society. Moreover 33% of the neighborhoods never invite the WWD to be part of any function takes place socially or even at their home. The familial and societal negligence compels the woman to think that their presence is not very important to others and thus take their presence for granted. This sense is enough to create a low self esteem among the women with disability in our society.

Table 1.2.2 Extent to which WWD mingle with people and participate in various activities : A WWD perspective:

| Views of wwd: | Yes | No |
|---------------------------------------|--------|--------|
| Have friends | 63.68% | 36.32% |
| Participate in functions | 42.45% | 57.55% |
| Participate in competitions | 21.89% | 78.11% |
| Like to attend neighborhood functions | 40.46% | 59.54% |

In this section further probe was made to ascertain the familiarity of the WWD in their locality. It was observed that 37% of them do not even have a single friend to talk to in their immediate neighbor. 58% nearly have never participated in the functions of the locality due to their disabling condition. Sometimes the condition is not accessible physically but most of the time it is the ATTITUDE that plays a major role in their non-participation. Even though the likingness is there but they get rare scope to do so.

1.3 VIEWS OF WWD:

After talking in detail about different aspects and problems of their life, it was thought imperative on our part to have her views on some important aspects directly, hence questions like 'do you see better days for the WWD' etc were introduced in this section. The WWD were seen to be living under lot of emotional stress. The fact that they were depressed owing to the low esteem enjoined by them in the family and the community was again reaffirmed in the survey.

Table 1.3.1 Views of WWD with regard to see better days in their life:

| | | | | | | |
|--------------|------------------------|---|-------------------------------|---------------------------------|--|-----------------------------|
| Views of wwd | No, it is not possible | Yes, if they are economically independent | Yes, if they get Govt support | Yes, if they get social support | Yes, if they are able to manage their work | Yes, if the family supports |
| Percentage | 32.56% | 29.90% | 14.91% | 5.48% | 11.46% | 5.69% |

The level of dependency has become so high in their case that they can't even think of having better days in future. Nearly 30% have an opinion that it is only possible if they become economically independent. 14% think Govt has to come forward to help them out from this condition. Nearly 12% feels they need to be independent in their daily life activities so that they can see a better day. Where as 10% of them depend on the family and social support to come up to a better day. This shows the level of confidence among the women and also the kind and extent of expectation they have from various stakeholders like family, society and Govt. as well. In fact the less number of the expectation show that they are less confident on these stakeholder which should not be considered as a better indicator.

Table 1.3.2 Views of WWD with regard to the support of family:

| | | | |
|--------------|----------------------|------------------------|--|
| Views of wwd | Yes, family supports | No, one can support us | Yes family supports, but cannot support for the whole life |
| Percentage | 52.66% | 26.91% | 20.43% |

Table 1.3.3 Aspiration of WWD:

| | | | | | | |
|--------------------|-----------------------|---------------|--------------------------|-----------------|-----------------|---------|
| Aspirations of wwd | Economic independence | Economic help | Getting trained/educated | Getting Married | Social activism | Nothing |
| Percentage | 39.70% | 24.62% | 8.14% | 1.8% | 2.65% | 23.09% |

1.4 VIEWS OF FAMILY MEMBERS

In order to analyse the views of the family members some specially sort out questions were put before them in order to have a first hand information of the their views about the WWD in general and their approach towards education, training and some other personal aspects in particular.

The survey brought an interesting fact to the front that almost 70% of the cases of disability were either from birth or were acquired at early age. Thereby showing that if serious attempts are made on the part of Government to safeguard pregnant women and the newborn babies the cases of disability can be drastically reduced.

Table 1.4.1 Reason of disability as perceived by the family member of the WWD:

| | | | | | |
|-----------------------|------------|-----------------------|--|----------|-------------------------|
| Reason for disability | From birth | Acquired at young age | Problem aroused suddenly, reason could not be understood | Accident | Destiny or curse of God |
|-----------------------|------------|-----------------------|--|----------|-------------------------|

| | | | | | |
|------------|--------|--------|--------|-------|-------|
| Percentage | 42.95% | 27.20% | 12.44% | 7.63% | 9.78% |
|------------|--------|--------|--------|-------|-------|

Table 1.4.1 Views of family member with respect to education, training and Is it possible on the part of WWD to be independent in their life:

| | | | | |
|--|--|--|----------------------------------|----------------------------------|
| Is education important for them and why? | Yes, can become economically independent | Yes, so that they can avail facilities | Cannot study owing to disability | No, it is not important for them |
| Percentage | 33.33% | 30.02% | 21.06% | 15.59% |

Table 1.4.2 Can WWD acquires training: A Perception of family members.

| | | | |
|--------------|--|-----------------------------|--|
| Views of wwd | Yes, can become economically independent | No, they cannot do anything | Can't say, but if they can be taught it will be good |
| Percentage | 49.75% | 24.88% | 25.37% |

Table 1.4.3 Can WWD becomes independent? A Perception of family members.

| | | |
|--|--------|--------|
| Can WWD become independent in their life | Yes | No |
| Percentage | 66.33% | 33.67% |

Table 1.4.4 Views with regard to the extent to which their life is affected by the presence of WWD:

| | | | | |
|--|----------------|---------------------------------|--|--|
| Does their presence affect your daily life | No, it doesn't | Yes, we have to do all her work | Yes, We have to assist her in all her work | Yes, they are Dependent on us for mobility |
| Percentage | 34.49% | 31.67% | 25.55% | 8.29% |

Table 1.4.5 Do you take the WWD to various functions – A Perception of family members

| | | |
|---------------------------------------|------------------|--------------|
| Do you take them to various functions | Yes, we take her | No, we don't |
| Percentage | 40.46% | 59.54% |

Table 1.4.6 Kind of future envisaged by the family member for the WWDs:

| | | | | |
|--------------------------------------|--|--|------------------------------------|--|
| Kind of future you envisage for them | Positive (we are confident she will settle down) | Future is dark we donot know what will happen after us | Same, no change could be envisaged | Whatever is there in her destiny will happen, no one can do anything |
| Percentage | 41.96% | 25.03% | 16.92% | 16.09% |

The fact that the parents are not serious about the future of the WWD was once again proved without doubt in the survey. Hardly 30% of the parents showed confidence on their ward with respect to her becoming self-independent. A great percentage of parents came out with the view that their life is inversely affecting owing to the presence of a disabled

girl in their life. They also showed their reluctance to accompany them in social or family functions. Not too much surprising was the coming to the light was the fact that almost around 90% of the parents wanted the Govt to be responsible for the future of their ward in some or the other way.

1.5 MARRIAGE

One important reason for the low status of the WWD in the society is the fact that their marriage is not easy. Hence any status report on WWD would have been incomplete without covering the issue of marriage. There were 2 dimensions of this approach. On the one hand there were women who were not married and their perceptions, on the other hand there were women who were married and their accompanying problems or issues. In this section both aspects were given equal weight age and questions were designed to interrogate each and every possible aspect of their married life. It is a well-known fact that the marriage of a disabled woman is not easy and even if she got married the path of her married life is not a bed of roses. The same fact although with some modifications came out once again in the survey. But one surprising fact to come to the front was that around 76% of the WWD were not married to disabled man, as is generally supposed. Those who were married were managing their life on their own in a very beautiful way, thereby refuting the belief that a disabled woman cannot take care of her children or her family. The case of blind women in Koraput who was married to a blind man and had a six-month-old baby caught the attention of the interviewer. She was managing her family life on her own. This showed that irrespective of their disability those who were married could fulfill their marital obligation quite satisfactorily.

Table 1.5.1 if unmarried:

| | Yes | No | NA |
|-------------------------------------|--------|--------|--------|
| Parents not serious for marriage | 31.34% | 33.50% | 35.16% |
| Tried but could not succeed | 14.93% | 49.92% | 35.16% |
| They refused to get married | 22.39% | 42.45% | 35.16% |
| If tried you could have got married | 16.75% | 48.09% | 35.16% |
| Fulfill marital obligation | 20.56% | 43.95% | 35.16% |

Conclusion

VIEWS OF MARRIED WOMEN

Among the 22% of the married women almost 11% found the behavior of their in-laws not good. Only 9% were happy with their married life. But the surprising fact that came forward was that almost 76% of the women were not married to disabled man.

As far as the married life is concerned almost 41% of the women wanted a peaceful life, 15% wanted economically stable life. Around 14% were of the view that they can adjust with absolutely any kind of life.

CHAPTER 4(b)

1.6 VIEWS OF THE INTERVIEWER:

Finally, an analysis of the views of the interviewer was thought essential in order to bring to light many hidden facts, which perhaps had not come to the light during the entire course of survey. This was held as the most important part of the entire study and was treated as the base of the analysis done.

An analysis of the views of the interviewer shows that the group of interviewees held positive views for around 54.39% people. They felt that they had potential and with little support can settle down in their life. But as far as the rest population was concerned they found them to be depressed, having low opinion for themselves. Around 4.64% people were in extreme miserable condition and their family members wanted them to die. This speaks loudly about the status of the women in the family and the community

Table 1.6.1 Economic and social status enjoyed by the WWD according to the perception of the Interviewer:

| Status of wwd | Good | Fair | Poor | V poor |
|-----------------|-------|--------|--------|--------|
| Economic status | 6.63% | 21.06% | 51.89% | 16.25% |
| Social status | 17% | 31% | 46% | 4.48% |

Table 1.6.2 Attitude of family members as perceived by the Interviewer:

| Attitude of family members towards the women according to the views of the interviewer | Affectionate, caring But cannot visualize her becoming independent | Negative attitude for her, treat her as a burden on them | Have confidence on her and give her ample opportunities to make her independent |
|--|--|--|---|
| Percentage | 50.08% | 29.52% | 20.40% |

Table 1.6.3 views on training need of the WWD as understood by the Interviewer:

| Views w.r.t to training need | Production | Service delivery training | Food processing | Doubtful whether can acquire training | Training acc to capacity | N A, do not need any training |
|------------------------------|------------|---------------------------|-----------------|---------------------------------------|--------------------------|-------------------------------|
| Percentage | 41.3% | 10.61% | 4.64% | 17.25% | 23.55% | 2.82% |

2.0 EDUCATION

There is a general view that women have less access to education and if the woman is disabled the problem becomes more acute. In order to ascertain the same fact various questions on educational status, reason for dropout, views about education and training etc were put forward.

Table 2.0.1 Educational status of WWD : as per actual.

| Educational status | Illiterate | Under-matric | Matriculate | Secondary | Graduate | Any other |
|--------------------|------------|--------------|-------------|-----------|----------|-----------|
| Percentage | 60% | 28% | 5% | 3% | 3% | 1% |

Table 2.0.2 Reason for the dropout – (40% literate group) – as per actual

| Reason for drop-out | Difficulty in accessing school due to disability | Economic problems | Could not cope with studies | Attitude of family members | Attitude of school authorities |
|---------------------|--|-------------------|-----------------------------|----------------------------|--------------------------------|
| Percentage | 41.10% | 26.95% | 15.35% | 14.10% | 2.5% |

Table 2.0.3 Views of WWD on education in general:

| Views on education | Essential to have basic knowledge | Prepares you for economic avenues | Essential for a better life | Gaining additional knowledge | Cannot study owing to disability |
|--------------------|-----------------------------------|-----------------------------------|-----------------------------|------------------------------|----------------------------------|
| Percentage | 44% | 14% | 12% | 5% | 9% |

Table 2.0.4 Views of WWD on PWD education in particular

| PWD Education | Self-independence | Know and avail facilities | By becoming literate gains an identity of her own | Unable to think in this line | No, it is not important for a PWD owing to their disability |
|---------------|-------------------|---------------------------|---|------------------------------|---|
| Percentage | 35% | 31% | 14% | 9% | 8% |

Table 2.0.5 Type of training required by the WWD according to their own opinion:

| Views of WWD on the type of training required for them to become self-sufficient | Production | Cannot do it owing to their limitation | Training according to capacity | Service delivery | Food processing |
|--|------------|--|--------------------------------|------------------|-----------------|
| Percentage | 47% | 22% | 12% | 13% | 7% |

2.1 HOUSE HOLD STATUS

Economic condition is an important aspect of one's life. This is one factor, which moulds many other aspects. Also, one important fact under scrutiny was the presumption that disability is somewhere directly or indirectly related to poverty thereby forming a vicious cycle. Attempt was made to analyze all these facts. Analysis of the facts proved the same. Almost 62% of the WWD interviewed fell under BPL.

Table 2.1.1 Economic status of WWD: as disclosed by the WWD:

| Source of income | No source | Labor work | Job | Business | Begging |
|------------------|-----------------------------|----------------------------|-----------------|----------|---------|
| Percentage | 70.32% | 13.93% | 6.97% | 6.80% | 1.98% |
| Status of income | Dependent on family members | Earning but not sufficient | Self sufficient | Begging | |

| | | | | | |
|------------|--------|--------|-------|-------|--|
| Percentage | 79.27% | 11.12% | 7.63% | 1.98% | |
|------------|--------|--------|-------|-------|--|

Table 2.1.2 status of family income of WWD: as disclosed by the WWD:

| | | | | | |
|---------------|----------------|-----------|-----------|-----------|----------------|
| Family income | Less than 1000 | 1000-2000 | 2000-3000 | 3000-5000 | More than 5000 |
| Percentage | 39% | 35% | 14% | 9% | 3% |

2.2 HEALTH:

Health is one of the most crucial aspects of one's living. The easy access to health services is a positive indicator of one's status in the society. In order to analyze the status of women with disability in the society health was thought to be one of the most important indicators. Hence detail questions regarding the health facilities available to them were asked in order to assess the status of women in the family and the society at large. One important finding to come out of the survey was that very few WWD were unsatisfied with the health personnel's or had any serious complaint against them. But unfortunately a disturbing fact to come out from the survey was that it was the attitude of the family members, which was under question mark even in this section. The reluctance of the parents to spend for them just because they couldn't get married once again came to light. The case of a girl of Khurda district who was MR and had got burnt when she was around 11 years caught the attention of the interviewer. She did not get enough medical cares at that stage as a result of which she couldnot stretch her right hand owing to the burn injuries. The mother openly accepted the fact that they did not spend on her because it was no use spending on her as she will not get married. Similarly the case of a MR girl of Gajapati, age around 35, she did not had her menopause till now and was also never taken to the hospital for this. All this tends to again prove that the attitude of parents and more specifically, brothers after the parents that was insensitive, uncompassionate and even in many cases was inhuman.

Table 2.2.1 Status of women with disability with regard to health facilities: as disclosed by the WWD:

| | | | | |
|-------------------------------------|----------------|-----------------|--------------------|--------|
| Visit doctor for following ailments | Minor problems | Serious ailment | Disability related | Never |
| Percentage | 36.65% | 8.46% | 26.70% | 28.19% |

Table 2.2.2 last visit to the doctor by WWD: as disclosed by the WWD

| | | | | |
|--|-------------------|----------------|-------------------|--------|
| Last visit (of the 62% WWD who had visited doctor) | Within 2-3 months | Within 3 years | More than 7 years | Never |
| Percentage | 20.23% | 32.84% | 18.74% | 28.19% |

Reproductive health:

75% of the women had either no information or only superficial information on Menstruation. This was strange in the sense that these women were intimated by their family members of the precaution to be taken during Menstruation, the customs attached to it but no one thought it necessary to share with them the actual cause and consequence of it with them. Only 9% were aware of the actual facts about menstruation, But again very few were given this information by their family members rather some of the sources from where they had learnt about this process was friends, TV, books and through some acquaintant like NGO workers etc. Almost 80% had no information on the reproductive aspect and only 3% had some knowledge on family planning. Only 15% were aware of the basic information, 10% were given this information by their husband

The sexual aspect was the most neglected sphere that came to the fore-front.. There were women who had never had menstruation but they were never taken to the physician for this ailment. As far as the passing on of information with regard to the sexual behavior was concerned no one seemed considerate. The reason the mothers advocated was that they will never get married so there was no need to share this information with them. Even if they got married their husband will share the facts with them.

2.3 POLITICAL RIGHTS

In order to access the political rights enjoyed by the Women with disability many basic question on political rights were put forward. There is a general view that disabled women do not come forward to take part in important political activities. Hence, it was essential to analyze the extent to which the women use her political powers.

Table 2.3.1 Political rights enjoined by the WWD: as disclosed by the WWD

| Political rights | Yes | No |
|--------------------------|------------|-----------|
| Vote | 65.01% | 34.99% |
| Political propaganda | 6.80% | 93.20% |
| Role in village decision | 16.25% | 83.75% |

CHAPTER 4©

3.0 ASSESS THE EXTENT OF BENEFITS RECEIVED AND THE GAPS THEREIN

After asking basic questions on education it was felt necessary to analyze the views of the WWD with regard to the scope available to them for getting educated. This was very important in order to analyze the barriers in front of disabled women to get educated.

Table 3.0.1 Scope of education received by the WWD according to their view:

| Scope for education | No scope | Less scope owing to disability | Less scope due to poverty | All scope | Less scope due to unawareness of parents | Inaccessible due to distance |
|---------------------|----------|--------------------------------|---------------------------|-----------|--|------------------------------|
| Percentage | 24.21% | 23.88% | 14.26% | 14.10% | 17.58% | 4.31% |

3.1 HEALTH

Table 3.1.1 immunization status of the WWD: As disclosed by the WWD

| Whether immunized | Yes | No |
|-------------------|-----|-----|
| Percentage | 32% | 68% |

Table 3.1.2 accessibility of medical services: As disclosed by the WWD

| Status of service | Accessible | Pvt Hospital | Not accessible at all | Barrier free accessibility |
|-------------------|------------|--------------|-----------------------|----------------------------|
| Percentage | 36.65% | 27.03% | 27.36% | 8.02% |

Table 3.1.5 Knowledge on sexual aspect : as disclosed by the WWD

| Status of knowledge | Aware of superficial information on the process | Aware of the taboos related with it | Absolutely no knowledge | Aware of basic information | No menstruation at all |
|---------------------|---|-------------------------------------|-------------------------|----------------------------|------------------------|
| Percentage | 50.58% | 8.96% | 21.89% | 8.29% | 10.28% |

3.2 POLITICAL

In order to find out the extent to which the disabled woman is aware of the facilities meant for her many questions concerning her rights as a disabled woman were put forward.

Table 3.2.1 Awareness on disability certificate and the adjoining facilities available with it: as disclosed by the WWD

| No knowledge | ODP/IA/Aids, appliances | Have not received any help | Bus or train pass | Scholarship, reservation, loans etc |
|--------------|-------------------------|----------------------------|-------------------|-------------------------------------|
| 52.07% | 18.74% | 17.41% | 6.80% | 4.47% |

CHAPTER 5

RECOMMENDATIONS

4.0 IN WHAT WAY IMPLEMENTATION MECHANISM CAN BE STRENGTHENED/ SUGGESTIONS THERE OF....

Some of the key areas of concern to disabled women include:

There is an urgent need to create awareness among the families of the disabled community especially the WWD with regard to their potentialities and the facilities meant for them

Attempt should be made to increase the enrollment of disabled girl child in the school, further, every effort should be taken to see that the child gets a friendly atmosphere in the school and the community in general and finishes off her basic education with ease.

General education system has less to offer a disabled child. What is more important for them is their self-sufficiency after getting educated. Hence special educational package or training package can be introduced for them in order to develop the interest of both the child and the parents.

Law should be stringent and the culprits coming to the front for offences against the disabled girl child should not be let loose

Health services should be made more open for them and the village level health workers should be taught to be considerate about the health aspects especially the sexual health of the women with disability.

Facilities meant for the disabled community should be readily available to them and the Govt functionaries should be taught to be considerate about their needs and problems. Moreover, the people should be made aware of the facilities meant for them.

Some of the needs to be addressed:

General awareness on the causes of disability and attempts to be made to reduce the instances of disability as far as possible

Promote positive perception on the potentiality of the disabled person and more specifically women

Special educational package (edu+training) for the person with disability

Strict laws to promote and protect the basic human rights of the women with disability.

Easily accessible information cum complaint centers having adequate powers to intervene if necessary.

Development of specific measures to redress the social and economic exploitation of disabled women in rural areas and informal settlements.

Special stay homes for the women with disability who have no one to look after them

CHAPTER 6

PRESENTATION OF FEW CASE STUDIES

(Some heart-touching experiences)

During the course of the survey many disabled women came to light that had extremely low social status. There were women who had a big family but no one to look after them. She in many cases was virtually thrown out of the house. Many such women were starving, some were begging and some living with great difficulty. Also many cases came to the front where the physically challenged women were sexually harassed thereby making their condition even worse. Many such women had virtually turned mentally ill after such behavior and now no one seemed considerate about them. In many cases it was found that owing to the fear of being sexually harassed these women were virtually jailed in their own house.

Case 1: District: Gajapati Block: Gumma Village: Jeeva
Name: M Nandini Age: 17 Category: MR

An 17-year-old girl (MR) of Gajapati district named M Nandini was found to fear human contact. She did not even come near to her mother and moves around the whole day in a jungle in a mountain near her house. She even did not come at night to her house. Her mother would leave her food in a bowl and whenever she felt hungry she would simply come and hold the bowl and drink it. Attempts were made to analyze the reason for her behavior but neither her mother nor the community could explain it.

Case 2: District: Khurda Block: Khurda GP: Jankia
Village: Nuagaon
Name: Kuni Routray Age: 24

A case of a 24-year-old MR girl of Khurda district named Kuni Routray was extremely heart touching. She had got burnt when she was around 11 years but not did not get enough medical care during that period as a result of which she cannot stretch her right hand because the muscles had got tightened because of burn injury. The mother openly said that there was no use of spending more money on her because she will never get married.

Case 3: District: Cuttack Block: Village:
Name: Age:

*A mentally ill woman in Cuttack district was found tied with iron wires because she gets violent on seeing the household members. The woman was rescued by the team of interviewers on the initiative of the secretary of *aaina*. . The cases like this bring forth the negative attitudes of the parents for their disabled child.*

But many cases came to the front where the women with disability had excelled in her life and have now good status in the community. All this can be attributed to the confidence shown on them by their parents and their will power

Case 4: District: Khurda Block: Balakati Village: Rathijama
Name: Khulana Moharana Age: 21

A 21-year-old girl named Khulana Moharana who was affected by Polio and could not even stand not only completed her graduation but also is now single handedly managing a shop in the village. She now enjoys a compatible status in the community.

Case 5: District: Ganjam Block: Bhanjanagar NAC
Name: Prativa Rani Behera Age: 21 Category: VH

Another girl around 20 years named Prativa Rani Behera who is VH and has absolutely no vision has completed her graduation and intends to work. She is confident and moves freely in and around the house. The interviewer was extremely impressed by her personality and the level of affection and confidence shown on her by her family members.

CHAPTER 7

CONCLUSION

The survey focused on different aspects. Analysis of each and every aspect brought some established facts to the front and refuted some general conception.

But on the whole the very fact that a disabled woman is discriminated not only in her own family but also by the members of the community once again came to light.

Right from the day she is born till her death, the WWD is discriminated in each and every field be it familial, educational, economic or social. One important aspect of the whole trauma is the immense psychological stress that a WWD lives in. Born and brought up in an environment that is ill in its thought for her has made her ill and weak. From the very beginning of her life she is taught to subside her wishes, accept the fact that she is not normal and hence cannot become independent in her life. If luck favors and she is able to get married then that is the greatest achievement of her life. But there is also a bright side of the picture. There were parents who had shown immense confidence on their ward. Hence these women in spite of their disability had completed their education, some were in the earning position and some had got married and were living a dignified life.

Analysis of the political sphere of her life showed that it was the intention of Govt officials that was highly questionable. Be it the issue of making the people aware of the facilities meant for them or helping the benefits reach the disabled community the Govt machinery has failed severely. Only 29% women receiving ODP, 4% Aids and appliances and hardly 2% receiving IAY speaks for themselves. Serious attempts should be made to make the disabled community aware of the benefits available for them and also to see to it that these facilities reach them with very little effort. Efforts should also be made to make these women politically active by having special quotas at the Panchayat Raj level. And finally the Government officials and the representatives of the people should be made aware of the facilities available for the disabled community.

Education emerged as yet another neglected area for the disabled women. Of the many hindering factors on her way to education attitude of parents and difficulty in accessing school owing to disability came out to be the prominent reasons. It was seen that parents were reluctant to get their girl child educated and if the girl is disabled the problem becomes more acute. They from the very beginning of her life they get her and also themselves molded to the fact that she has limitation and for the whole of life she will be a burden on them. This may be attributed to the limited knowledge of the parents and their un-awareness.

Health came out to be yet another neglected area of the WWD. But this can be attributed to the attitude of family members and not the health professionals. In -fact, more people were satisfied rather than unsatisfied with the health workers. Again with respect to the basic information shared by mother and other female members of the family with a growing girl was seen to be very less for a WWD. Almost 75% of the women did not have the requisite information with respect to menstruation or reproductive health.

But an analysis of the attitude of health professionals according to the perception of the WWD interviewed, showed that their behavior towards the disabled women was normal and hardly 33% disabled women felt that the required information was not passed on to them. But when enquired about the ill treatment or in- attendance from the side of health professionals because of their disability only 10% felt that they were not attended properly. This showed that almost 90% of the disabled women did not had any complaint against the health professional as far as their behavior was concerned.

One important view that came out during the survey was the problem of communication faced by the disabled women. The problem on the one hand was due to the unavailability of aids and appliances suitable for her and on the other was because of the large distance she had to travel to achieve those facilities. For instance, in some districts like Gajapati and Sonepur for instance, people had to travel for than 10 Km to obtain the requisite health services and in some areas even for education the children were required to cover huge distances. The women especially faced this problem of communication with disability owing to the reluctance of the family members in showing cognizance to her needs and thereby avoiding solving any of her such needs.

A DISTRICT WISE PERSPECTIVE:

Cuttack and Khurda were the 2 districts that had the highest level of per-capita income. The general trend visible in the district was also quite different from that visible in the other parts of the state, especially in terms of the facilities received and the modes of transport and communication facilities available to them. But as far as the districts like Gajapati, Koraput, Sonepur and Sundergarh were concerned the main reason of disability that came out in these areas was the lack of awareness with regard to pre and post-natal care, maternity care and care to be taken at the time of delivery. One important aspect that came out in these districts was the lack of proper governmental facility available to them with ease. Difficulty in communication came out to be one important reason for the WWD not receiving the facilities envisaged for them by the Government.

Finally...

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 themselves 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 programs, 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.

The category of persons with disabilities do not form a homogeneous group: for example, the mentally ill and mentally retarded, the visually, hearing and speech impaired and those with restricted mobility or with so-called "medical disabilities" all encounter different barriers, of different kinds, which have to be overcome in different ways.

Throughout the Asian region attitudes are gradually changing with regard to the education and training of women with disabilities. But unfortunately the prejudice of the use of education for her still persists. In order to change these notions a continuous and a determined effort is required from the side of both the Govt and the NGOs. Only then it is possible to make education a part of the life of the WWDs. Even the study conducted brought the same fact to the front. Almost 60% of the women interviewed were illiterate.

Education is the base of the overall development of any individual. The question becomes more important for the disabled women because of her special needs. Education provides access to information, enables them to communicate their needs, interests and experiences, brings them into contact with other students, increases their confidence and encourages them to assert their rights. Without education it is difficult to think of making them self-sufficient. Hence, there is an urgent need to consider policies and programs that will place greater emphasis on the participation of women with disabilities in the mainstream education system. Certainly the challenges are great. *In the year 2003 Ministry of social justice and empowerment has introduced novel scheme of providing scholarships for people with disabilities to pursue higher education. The important feature of this program is it reserves 50% of scholarships for women with disabilities.*

Social exclusion:

Women with disabilities, especially from rural areas, are likely to be left out of family interactions and community activities. In addition, they are exposed to social stigma and stereotyping within their communities, which leads them to feel devalued, isolated, and ashamed.

Despite the most optimistic outlook for change in employment opportunities for women with disabilities, the present reality is that the best hope for productive work may lie in self-employment or group employment probably on a cooperative basis. While numerous projects exist which provide skills training for disabled women, they frequently fall short of meeting the ultimate goal of providing a means of adequate income.

A critical need remains for programs such as credit schemes, entrepreneurial skills training and advisory services for disabled women and to develop a niche in the market for the goods and services they can offer. For women with disabilities in rural communities more attention has to be paid to developing options for productive and remunerative work, and the requisite training.

Incest is very common in India. Women with disabilities are the easy prey for the exploitation within the family. We also do not discuss these issues in public. The large demand of parents of mentally retarded daughters for compulsory sterilization speaks volumes. There is a need to tackle this issue by creating awareness and strengthening the existing laws to punish the offenders severely.

Apart from economic independence, work is an essential means of enabling a person to develop a sense of identity and self-esteem. Thus, gainful employment is an important means of promoting the social integration of disabled women. *From the perspective of the State, investing in the education and training of women with disabilities, and promoting*

opportunities for their employment, is sound economic and social policy. Gainfully employed women with disabilities contribute actively to the economy (Hidden sisters, 1995) Disabled women in India face numerous challenges. "In the absence of well coordinated government policies aimed at integrating disabled people in mainstream activities, disabled women live under extremely difficult conditions, for not only are they women but most of them are in the rural areas. The women with disabilities in India are discriminated against equality. Discrimination deprives disabled women of vital life experiences, and therefore by denying them the opportunity to participate fully in community affairs they are deprived of equality of opportunity."

One Indian disabled woman frames the situation this way: "The issues of women with disabilities are same as other women in India plus more [complex] as they lack access to education, resulting in all the problems linked with illiteracy such as poverty, lack of decision making power and lack of available options. Because of disability they are not considered to be women who can fulfill the traditional roles of Indian women. Worst of all I have seen that most women with disabilities who are leaders themselves really believe in this notion. So the issue, which needs attention, is lack of recognition of rights. The concept that a woman has rights is well adopted by the women in India, however not by women with disabilities."

An Indian disability activist says: "In a society where the practice of gender inequality has become a convention, disabled women are the most isolated and marginalized. After years of struggle, disabled men have succeeded to some extent in making their voice heard. A special initiative is required to make sure that disabled women are also heard."

DISTRICT SPECIFIC OUTLOOK

KHURDA:

1. According to the NGOs working in Khurda District cases of OH and VI have been identified in large number. Cases of HI and MR have not been identified in large number whereas their quantity is quite high.
2. Malnutrition came out to be one of the major causes of disability in Khurda district.
3. Another important reason is the lack of awareness with regard to the immunization, Pre and post-natal care.
4. Blood relation marriage (especially in Kansari caste found in large number mostly in Baliana and Bainchua area)
5. It was observed that in many of the cases identified the problem had not been from birth or rather not been identified from birth and came to light at a much later stage when the problem had deteriorated to a great extent.
6. With respect to the economic status it was observed that most of the people had less or no agricultural land. Also the sanitation facility was found to be poor.

GANJAM:

1. Ganjam has the highest percentage of disability in the State of Orissa. The important reasons of disability that came out according to the NGOs working in the district were marriage within the blood relationships, poor sanitary condition, lack of awareness on pre-natal and post-natal care, marriage of girls at a young age etc

GAJAPATI:

1. Gajapati could be said to be on the lowermost scale of gradation among the four districts covered by the team. Aspects like education, health, transport and

communication were the most neglected aspects of the District. People were found to be resorting to the traditional means of getting cured, education was seen to be the most neglected aspect in the life of people and early marriage was the most prevalent trend in the society.

KORAPUT:

1. Koraput and Gajapati can be said to be on the same level as far as the aspects like education, transportation and communication facility, health and ignorance of the people with respect to the health aspect. Even today home delivery without the assistance of trained ANMs or doctors is very common in the district of Koraput.

CHAPTER 8

BIBLIOGRAPHY

1. Equity to women with disabilities in India (A Strategy paper prepared for the National commission for women, India), by Indumathi Rao, Member- Advisor, committee on WWD), National commission for women.
2. Disability world – A Bimonthly webzine of International disability news and views- Issue no 4 (Aug-Sept 2000)
- 3.

CHAPTER 9

DISSEMINATION OF THE REPORT

The entire report is scheduled to be published as a
And disseminated through the following channels.