

# WOMEN WITH DISABILITIES: GENDER, CASTE AND DISABILITY (A SOCIOLOGICAL INQUIRY)

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## **Introduction:**

*The intersection of gender, caste, and disability forms a highly intricate societal framework that significantly affects the lives of women with disabilities. Whether viewed from an international perspective or within the context of India, these women endure multiple layers of discrimination. They suffer the tyranny of low expectations and face compound disadvantages across numerous sectors of society. As a direct result, they encounter a very different and mostly inferior quality of life when compared to not only men but also to non-disabled women. Stories from their lives speak to the stark difference in opportunities and outcomes experienced by women with disabilities. Quite simply, they don't get a fair deal (Ghosh, 2016; Pimo, 2017). Intersectionality is a concept and an analytical framework that comes out of Black feminist thought, with its roots in work by scholars such as Kimberlé Crenshaw. The term signifies the interaction of multiple social identities and the attendant power relations and forms of oppression that exist in society. Intersectionality, then, is a framework for understanding how multiple bases of marginalization can affect people's lives. It is a way to describe the experience of people at the "intersections" of two or more identities that are marginalized and how those compound identities make the experience of oppression even more severe than might be experienced by any one of those single identities.*

## **Women with Disabilities: A Statistical Vies on the World and India**

Women with disabilities form a considerable yet frequently ignored segment of the population worldwide, including in India. The World Health Organization (WHO) estimates that around 15% of the global population lives with some disability, and a notable number in

this group are women. Disabilities affect people in all societies, but in low- and middle-income countries especially, women with disabilities are at a notable disadvantage. The last census in India (in 2011) showed that about 2.68% of the population is disabled, and of this percentage, about 56% are women (Surjan & Gautam, n.d.). This hidden figure of disability reveals a significant proportion of people who are already struggling in many ways. Among disabled persons, we see a striking pattern in more ways than one. Women are already a marginalized group in society. Adding a layer of disability makes their situation much worse.

Women with disabilities endure more poverty, unemployment, and social isolation than men with disabilities. They navigate a very different and much harsher world than their male counterparts. Worldwide, disabled women are more likely to live in a situation of violence, or to have been victims of violence, than other women are. Living in a world of more violence and discrimination is a common experience for women with disabilities (Meekosha et al., 2020). This is even truer for a woman who is both disabled and a member of a minority group. In India, the already intense stigma attached to disability and the strident enforcement of traditional gender roles create a kind of whammy effect; the stigma and the prioritization of male needs mean that women with disabilities are often denied their basic rights to education and to health services (Ghai, 2015).

Examining the role of caste in Indian society makes clear why, for example, people with disabilities and members of lower castes are often doubly or triply marginalized. And the dynamics of poverty, too, factor into the equation. People with disabilities are as likely to be poor as they are to be of any particular caste, religion, or minority group. In fact, the

World Bank estimates that one in five of the world's poorest people has a disability (Acharya et al., n.d.). Disabled women have a very low status in India, not only because of their disability but also because of their gender. In a society that values women less than men, disabled women are a particularly disadvantaged group. The rising number of women living with some form of disability has not gone unnoticed in India.

**Intersectionality of Gender and Disability:**

The intertwining of gender and disability highlights a complex web of social disadvantages, hitting especially hard on women with disabilities. This intertwining makes the traditional understandings of both gender and disability—each a category of its own—seem very inadequate. When gender and disability merge in one life, they tend to do more than add; they multiply. And the multiplication happens in a set of social structures that make up "the matrix of domination" (Surjan & Gautam, n.d.). For instance, women with disabilities are far less likely than their non-disabled sisters to be found in the workplace. A 2002 study in the United States found employment rates for non-disabled women to be 60 percent but for disabled women to be just 20 percent. The World Health Organization tells us that hearing loss leads to significant barriers to employment (Marshall, n.d.). The combination of masculinity and colonialism compounds the sorts of problems that ideology can produce in the newly independent states of the Global South. Already by the 1950s, women with disabilities could find both individual and collective spaces of resistance (Parekh). Yet, in stark contrast to this powerful upsurge of resistance, many states chose a path of developmentalism. They believed they could simultaneously modernize and uplift their countries. Much like the colonial powers before them, they saw the majority of their citizens as a problem to be fixed. In the cloak of "improvement," they opted for narratives of ability/difference and masculinity/femininity. States seemed to say: "There is one way to be 'abled,' and it is 'our' way." And: "There is one way to be 'feminine,' and it is 'our' way."

The virtually invisible women we need to talk about here are the intersectional ones—"the doubly damned," as you were saying a moment ago. Sure, some of them can now be found in the workforce. But you'd be hard-pressed to discover them in the leadership echelons, at the decision-making tables, where we need them to be. And the policies that affect them are, no doubt, mostly written by the men who don't have a clue what their lives are really like.

**Caste Discrimination and Access to Resources:**

Caste discrimination greatly affects the ability of women with disabilities to tap into resources, especially in societies where the caste system not only dictates interpersonal relations but also creates hierarchies in opportunity. When a family's socioeconomic status is decided by its position in the caste hierarchy, there are serious implications for women with disabilities, few of whom are born with the proverbial silver spoon or even reach for one. For example, a Dalit (so-called "untouchable") woman with a disability experiences maternal healthcare not just through the barriers erected by her disability (and those are many) but also through the barriers erected by a society that still largely believes in untouchability (Meekosha & Soldatic, 2020).

In several instances, attempts to assist disabled individuals through policy measure do not take into account the particular ways in which their lives are affected by caste. The problem, as many scholars have noted, is that most of the existing theoretical and policy frameworks are not equipped to understand the lives and experiences of disabled individuals from marginalized castes (Acharya, 2021). Hence, they continue to confront a multitude of hurdles that prevent them from accessing the sort of life opportunities available to "normal" individuals. Ignorance among service providers regarding the precise requirements of disabled women from underprivileged castes worsens the situation. There's a significant chance that frontline healthcare providers, who themselves may harbor biases because of their "soft skill" training—or lack

thereof—might be unwilling to "treat these patients" with the same dignity and respect as other patients (Groce et al., 2019). This fundamental breakdown in the system causes a multifaceted set of problems, the most serious of which is that these women might not even seek out healthcare in the first place.

Policymakers must take an intersectional perspective to tackle the disparities faced by women, especially those existing at the confluence of gender, disability, and caste. This viewpoint is essential because it allows for a comprehensive understanding of the nuances that shape the lives of these women. Across the three axes of oppression—gender, disability, and caste—are unique and powerful sets of dynamics. Each is a potential site for discrimination and exclusion, and each demands attention and redress.

**Societal Perceptions of Disabled Women:**

The way society sees women with disabilities is shaped by intertwined stereotypes and cultural narratives that keep them on the margins. These women experience a kind of double discrimination because of their gender and their disabilities. This makes for a twofold societal bias that works against them. Women with disabilities are often seen as less than because of both their gender and their disability. And this affects the way society deals with them, seeing them as little more than objects with which to do the work of their value system. The view of disabled women as a problem or a burden, rather than as equals, makes them more invisible even within the fabric of our so-called progressive and inclusive society. It is little wonder, then, that the self-worth is low among most of the disabled women with whom we interact.

Society's perception can show up in various areas, notably in work, healthcare, and education. For employment, it's pretty clear that a lot of employers have old-fashioned ideas about what people can and can't do. They especially harbor such ideas about women with disabilities. This makes it hard for disabled women to even get a foot in the door, much less a place at the table. In healthcare, a lot of negative ideas about disabled women seem to be in the heads of

healthcare providers themselves. Disabled women during pregnancy are a notable example; providers find it hard to believe that a disabled woman would even want a child, much less be able to care for it. This clouds the kind of care they get and, I imagine, if you're a disabled woman in this kind of situation, it could make for a pretty lonely and isolating experience.

The blend of gender and disability urgently calls for a societal rethink regarding narratives that involve women with disabilities. Accuracy in this area is critical. The Rate Set for disabling stereotypes of the already disabled is part and parcel of a systemic problem that exists not just in our society but across numerous cultures worldwide. These narratives, half-truths, and outright lies go on for a long time. They affect untold numbers of individuals who likely are not as aware of them and their implications and contexts as those for whom knowing them is part of a professional undertaking—even as we note the effects on the professionals themselves.

**Impact of Gender Roles on Disability:**

Disability profoundly influences gender roles, making them even more intricate. It tends to reinforce the expectations that society traditionally has of men and women, but also to confuse them. Women with disabilities, for instance, are often perceived as less capable or more dependent than their non-disabled peers. This perception can marginalize them twice over in the discourses of gender and disability. When those women are also of a group traditionally seen as nurture-prone or caregiving, their societal expectation is doubled. They are seen as even more likely to be in need of some nurturance or care themselves (and, perversely, as completely capable of giving nothing back).

When disability intersects with other social identities, such as race or class, the potential for marginalization expands significantly. This is especially true for women, who often serve as the face of disability in representations that are not only gendered but also raced and classed. "Dalit," Meekosha tells us, "is a self-chosen descriptor for people previously called 'Untouchables.'" Using the term "Dalit" in her

work, she draws attention to the compounded discrimination faced by Dalit women with disabilities and the harsh conditions under which they live. Despite the 1996 enactment of India's Persons with Disabilities Act, Dalit women with disabilities remain without meaningful access to education and employment. Representation of them in the disability rights movement itself diēnra is minimal (Meekosha, 2011). The representation of disabled women in media and popular culture frequently reinforces harmful stereotypes, which in turn amounts to a denial of agency. Many of the media narratives where these stereotypes proliferate function to keep women with disabilities "in their place." The kinds of stories told about these women seem to preclude any serious roles in society that require self-advocacy. When media pair the ideas of woman and disability together, the end result seems to almost always be a negative connotation. Not everything is as it appears. Perusing the media, one might think disabled women were a wholly weak group: dependent, asexual, and incompetent.

**Policy Frameworks For Inclusion:**

To tackle the many-sided difficulties that women with disabilities encounter, especially in environments where gender and caste intersect, an inclusive policy framework is indispensable. Policy solutions must be built on a deep understanding of women's unique experiences of disability and on an encompassing appreciation of diversity. Otherwise, we risk marginalizing disabled women yet again, this time within the context of disability itself. International structures, such as the CRPD, have pointed the way forward. They have in fact provided comprehensive tools for implementing gender-sensitive policies, for keeping gender equality at the center of disability policies. But, as with all international conventions, the real test of their worth is in the national roll-out, at ground level. Unfortunately, the progress at home is what our disabled sisters and brothers are waiting for, with many disabled still left by the policy wayside, if even that close (Williams, 2013).

Take India, for example. Yes, we have the RPWD Act 2016 and its predecessor, the PWD Act 1995. Certainly, eons better than nothing, but still nowhere near a rights-based disability law. It's a halfhearted attempt at best; a disaster on some counts. In fact, 'rights' doesn't even come close to defining it. And as for the 'C' word, well, the lawmakers and our civil society collaborators just decided to forget that one. It's just too messy, isn't it, to talk about 'caste' when we're supposedly legislating for 'rights'? In the RPWD, as well as in the PWD Act, there is no mention of caste and how it can compound the barriers faced by Dalit women with disabilities. Acharya, 2020, underscores the importance of intersectional analysis in policy formulation. And yet, that is something that is distinctly lacking. The training of public service providers should be geared to the kind of sensitivity that the Dalit women with disabilities experience. After all, one point of intersectionality is that these individuals encounter not just one, but multiple whammies. And when those multiple whammies hit, the one place that they might go for help is the public service. But if public service providers can't see those whammies, they're not going to be much help. If we're to have some hope of helping people who find themselves on the many receiving ends of intersectionality to achieve some degree of equity, we need public service worker training programs that allow intersectionality to be seen.

A full-scale policy framework is needed to give not only access but also—straightforwardly—loud and clear—dignity and agency to women with disabilities across many different kinds of sociocultural backgrounds. And these are what we have to address when breaking down the barriers that have kept and in many places still do keep women in those situations. That's a big part of my reason for writing this book—a book that I hope will push forward efforts in the direction of the equitable access to and presence in public life of women with disabilities. Because that presence, especially a presence with

agency, is the basic foundation of any kind of equality these days.

### **Empowerment Through Community Support Systems:**

Supporting women with disabilities involves more than just addressing their immediate physical and mental health needs. It requires recognizing and dealing with the multitude of ways in which they can be discriminated against. It is by not just one, but many, intersecting systems of oppression that a woman with a disability may be living her life. Three of the most powerful of these systems are gender, caste, and disability. When disabled women attempt to access the "good life"—a world of dreams and aspirations that, for too long, has been the province of the nondisabled—they run headlong into these three most intransigent systems.

Community support offers more than just resource access; it nurtures skills for self-advocacy, especially among women. Engaging with supportive networks, many women find themselves more confident in expressing needs and desires. These settings are wellsprings of encouragement but also serve as platforms for exercising collective power in democratic societies. A power that transforms demands into realities, especially when the women are "lawyers" themselves in the realm of public reason. Indeed, the women interviewed made a request for me to write these narratives in the form of a public document that might serve both as a form of public reason and a demand for justice. Aside from this, I still hold deep respect for the kind of individual empowerment observed in these narratives. There's nothing like working hand in hand with courageous women to enable one to see beyond the oppressive structures of our world.

Engaging in the work of empowering individuals within the community automatically translates to a form of social change. Any kind of advocacy with regard to policy reform would seem to be the very opposite of the "oppressive structures" mentioned above. As the narratives worked out by many of the oppressed/marginalized figures in our communities and societies

through the ages tell us, the reason that the "oppressive structures" can be overcome is that those structures are in and of themselves weak, or at least weak in comparison to the "very opposite of oppressive structures"—meaning something in the nature of half a community or so that can be mobilized and can work to achieve shared goals.

### **Conclusion:**

Women with disabilities encounter a complex array of difficulties that stem from the intersection of gender, caste, and disability. These layered experiences call for a holistic sociological intervention to unravel the root causes and mitigate the effects. The statistical landscape presents a disturbing picture. The combination of gender and disability leads to a kind of double jeopardy. This is further magnified in India by the added dimension of caste, with "lower" caste families and individuals with disabilities experiencing a much greater degree of destitution (World Bank, 2011). Working from an intersectional viewpoint undoubtedly allows a far better understanding of these women's lives; however, gaining that understanding is only the beginning of the pathway to action.

What is reality like for poor, disabled "lower caste" women in India? Dr. Renu Addlakha, a senior fellow at the Centre for Women's Development Studies in New Delhi, works on precisely this question. She—a disabled woman, within the same broad normative framework of assumptions—suggests that research itself can act as a tool for empowerment if it thoroughly embraces the "nothing about us without us" slogan of the disability rights movement.

The impact of "disability's gender trouble," as some scholars have called it, requires a rethinking of traditional notions of gender and a reevaluation of what men and women are typically expected to do in society. How do you really create an inclusive society? You can't expect people with disabilities to be "included" into their societies, to become their best selves, if we still see them as societal burdens or stereotypes. How do we change that? For the most part, it comes down to laws and policies and the work of allies in the civil

rights, women's rights, and now the disability rights movements. However, most societies are still far from figuring out how to include women with disabilities as equal partners in their communities.

At the same time, few support systems are in place that offer alternative pathways to the simple and simplistic narratives of dependency and need. The crude, all-too-familiar stories feel almost like pacts we willingly make, through some kind of shared consensus, about how things really are. But we might ask why the alternative stories are in such short supply, how disabled women might come to inhabit these and be served by them, and where the countless narratives of strength, skill, and savvy that the sisters in our chosen families and the allies in our communities are certainly capable of producing might find their way into public places.

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