‘Women and disability don’t mix!’:

double discrimination and disabled women's rights

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It is imperative to understand and address gender issues and how they impact upon a person’s experience of disability, in order to develop a strategy for establishing and enforcing the human rights of women and men with disabilities.

While the worldwide movement for human rights for disabled people has developed quite rapidly during the last two decades, leading to the formation of lobbying and advocacy structures ranging from small grassroots groups to international networks, there has been slower progress in understanding how gender affects women’s and men’s experience of disability, and their human rights. The feminist movement itself has been slow in taking up the issue of specific groups of women, including disabled women (Olwen 1990, Morris 1993).

‘Let’s do disability first, then we’ll think of women’

Oxfam’s work with groups of disabled persons in the Middle East and elsewhere has given the organisation practical proof that disability is experienced differently by women and men; this difference is largely shaped and determined by culture.

... we believe that the various people that we have met so far (in this country) would be surprised, mystified even, if Oxfam were to switch to a programme which ran disability and women’s issues together...

This observation comes from a recent report by a consultant on Oxfam’s possible involvement in disability in a new country. The same report goes on to say that ‘... there was outright opposition from [a disabled female respondent] to the idea that women were oppressed in [the country in question]...’. These statements suggest a number of assumptions and prejudices on the part of the consultant, including:

• disabled persons are ‘sexless’ and their life is affected solely by their disability;
• services and attention when available are similarly accessible to disabled men and women;
• any effort, work, or initiative aiming at improving the lot of the disabled will equally impact on both women and men with disabilities;
societies and laws bestow the same rights to disabled men and women;
given our limited resources, we should not waste time and effort by looking at the specific situation and status of disabled women;
in fact, there is no particular problem with the present position and status of men and women in general.

It may seem mystifying that a consultant’s report presented to Oxfam states so vehemently that you cannot ‘do women and disability’ at the same time. The grounds for this conclusion appear to be that gender analysis will probably overwhelm or confuse an analysis of people’s experience and circumstances based on disability.

Far from being voiced only in the occasional consultant’s report, these assumptions are actually evident within the disability movement itself. When a Lebanese disabled woman suggested the need to analyse the specific experience of disabled women, and to create structures for doing so within her group, her male colleagues, shocked by the proposition, retorted that ‘the disabled movement is already divided, and you are proposing a segregation which will weaken it even further’ (personal communication). The notion that development and social work can be performed with a focus either on disability or on gender issues illustrates that, for many of us, gender has yet to be seen and understood as cross-cutting other factors which determine people’s experience and opportunities in life — for example, race, class, ethnicity, caste, or disability.

**Double discrimination**

Disabled People International (Vox Nostra 1994) states that there are 250 million women with various disabilities all over the globe. Of these almost 75 per cent live in developing countries. It is therefore essential that development programmes, and lobbying and advocacy for disabled people’s rights, take into consideration the specific rights and needs of disabled women. All disabled persons, women and men, share similar experiences of isolation, marginalisation, and discrimination. Both disabled men and women are obliged to wage daily battles against socially- and culturally-imposed restrictions on their activities — for example the inaccessibility and unavailability of basic services — and on their identities — for example, negative attitudes which set up social barriers to integration and participation.

However, in addition to suffering discrimination on grounds of their disability, disabled women are subjected to the all-too-common forms of discrimination on grounds of sex that women in general suffer from in almost every given context. This double discrimination means that disabled women’s experiences are profoundly different from those of disabled men:

*Disability diminishes sharply their often inferior roles, even in their own households. The stigma of disability, with its myths and fears, increases their social isolation. When no rehabilitation facilities are available, they become immobile and housebound, and their isolation is complete* (Boylan 1991, 1).

A number of studies, as well as testimonies and field-based experience, signify that when compared to disabled men disabled women tend to suffer more from poverty and isolation. They receive less support from the family and the community and have more difficulty in obtaining services (mainstream services and rehabilitation). They are likely to be more economically dependent, mainly due to a high rate of illiteracy, and limited vocational training, making them less attractive to employers; and to endure more physical, sexual and psychological violence and abuse (Disability Awareness in Action, 1995b).

The effect of double discrimination on disabled women can cause severe
depression and despair. A study by DAWN Canada (Disabled Women’s Network, Canada), which looked at abuse and suicide among disabled women showed alarming rates of all forms of abuses (sexual, emotional, financial, neglect, and abandonment) amongst disabled women. More than half of the women interviewed had thought about killing themselves, and this is likely to be closely related to their experiences of physical and emotional abuse. As a result of this study, DAWN is proposing to hold a forum to look at the serious of suicide amongst disabled women suffering abuse. (Disability Awareness in Action 1995a and b, and Vox Nostra 1994).

The social status of disabled women and men differs substantially in most, if not all, societies. In almost all parts of the world, women have primary responsibility as carers for children, spouses, parents or relations who have illnesses or disabilities. Women are given little support in this work from the extended family or community as it is seen as an extension of their reproductive nurturing roles. A disabled woman may not be able to fulfil the role of carer, or to bear children, and this minimises her chances of marriage — which in the majority of societies remains the first or only chance of securing a livelihood for the future.

A colleague from Oxfam’s Bangalore office remarked that, while it is very rare for disabled women in India to marry, it is very common to see disabled men married to able-bodied women, who often find themselves fulfilling the role of dedicated carers for the lifetime of their partners. Also in the same context, it is common to see women with mild to moderate mental disabilities being married off by their parents with the inducement of a higher dowry. Many of these women suffer ill-treatment at the hands of their spouse and in-laws (personal communication).

The rights to marriage, to sexual and reproductive rights, and to family life are often implicitly denied to disabled women on the basis that disability has deprived them of their sexuality and they can therefore no longer fulfil the roles of sexual partner, mother and carer. Many testimonies confirm this pattern; women who have become disabled as adults have seen themselves divorced by their husbands with little compensation or guarantees for their future (personal communications).

The right of women and girls to education and health care is further jeopardised by disability, since their use of these services is limited by lack of mobility and of financial resources, and the fact that the special needs of disabled women are of low priority.

Caring for a disabled child

Women’s role as carers gives them responsibility for their children; on the birth of a disabled child, this notion of responsibility means that they may be blamed for the social stigma of disability, and for having a child perceived as a nuisance. Except in very few instances, development agencies, disabled groups, and funding agencies fail to take into consideration this important gender dimension of disability.

The director of an Oxfam-supported day-care centre in Lebanon states that until recently, it was rare for her to communicate with fathers of mentally disabled children let alone persuade them to participate actively in the education of their children: ‘For them, it was the responsibility of their wives only. They often try to prove that the “defective” gene comes from the mother’s side. They even have problems admitting that their child was disabled.’

When disability becomes more prominent on national political agendas, for instance, as a result of armed conflict, which causes a rise in the number of people experiencing disabilities, disabled women rarely benefit from the increased attention. They are, in fact, likely to be further forgotten and marginalised. For example, a recent study of disabled women in the
Occupied Palestinian Territories showed that the *intifada* has helped in raising general awareness of disability. However, whereas men who were disabled as a result were considered to be wartime heroes and were glorified by the community and by the press, disabled women were not recognised as such. As a disabled Palestinian woman observed, ‘able-bodied men are on top of the social ladder, followed by able-bodied women, disabled men, and right at the bottom you will find disabled women. The worst thing you can be is a woman with disability!’ (Awdeh and al Hajj Ali 1992).

**Putting gender on the disability agenda**

Grassroots groups of disabled people, and development workers involved in community mobilisation which aims to break down the general isolation of disabled persons, confirm that it is much more difficult to enable disabled women to achieve improvements in their livelihoods and status through development work than it is to do similar work with disabled men.

A survey of Oxfam-funded work on disability in the Middle East indicated that positive action must be taken to ensure that the specific situation and needs of disabled women are recognised and acted on, both at the level of service provision for disabled women, and in lobbying and advocacy work focusing on the basic rights of disabled women and men. This point of view was put forward by disabled women activists within the movement for the promotion of the rights of the disabled.

Action-oriented research is an essential step towards obtaining information on the gender dimension of disability in a particular cultural context. Oxfam’s Lebanon office is currently working with a number of partner organisations to complete field surveys which focus on disabled women’s access to services, position within family and society, and experiences of discrimination. In addition, as part of a strategy of affirmative action, Oxfam Lebanon is giving extensive support to disabled women within the disabled people’s movement. The aim is to reinforce and promote disabled women’s decision-making role, as well as their access to, and influence on, the public sphere.

**Putting disability on the Beijing agenda**

While the disability movement marginalises disabled women’s specific experience, the mainstream women’s movement sidelines them also. Many disabled women activists have been outraged by the fact that disabled women’s issues have been largely marginalised by the preparatory process for the Fourth United Nations Women’s Conference at Beijing. Even access to the debates has been denied: for example, at the Dakar NGO Precom meeting held in November 1994, the meeting was held in inaccessible rooms. Even reports of the deliberations were restricted; no documents have been made available to women with visual impairments. As one blind woman put it: ‘We are women first, and then disabled. The forum was for African women, not only for the able-bodied. We really felt sidelined and frustrated.’ (Gender Review Reporter 1994).

However, other meetings were even less representative of disabled women. While six of the 3,500 participants in Dakar were disabled, there was no disabled presence at all among the 800 participants in the Amman precom, also held in November 1994. The NGO and official documents which ensued fail to make any meaningful reference to the case of disabled women; it was not seen as essential to go through a long list of particularly vulnerable groups of women.

An earlier meeting on disabled women and the parents of disabled children, which was held in Amman prior to the Beijing
Prepcom, was criticised by Oxfam partners for failing to include a representative number of disabled women present; disabled women were actually a minority amongst those present.

Notwithstanding the hurdles, disabled women activists from the Middle East will be using the Beijing Conference as an opportunity to present field studies on the status of disabled women in their countries; they will be using their findings to lobby for the rights of disabled women, and to pressure governments to recognise the particular situation of women with disabilities. It will also be an opportunity to form networks with other disabled women.

A petition will be presented by women with disability to the Beijing Conference; this will call for an international review of health laws based on eugenics, as well as for detailed studies on national and international laws concerning health policies which discriminate against the disabled. The Disabled People’s International General Assembly, which was held in Sydney in December 1994, expressed grave concern about the general increase of anti-disability (eugenic) health policies and practices which, while widely associated with Nazi policies, remain common, widespread and often encouraged throughout the world. Whilst asserting that they were not arguing from a perspective of anti-choice, women with disabilities considered the message underlying such policies and practices as ‘better be born dead than disabled’.

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References
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A deaf woman, a speech therapist at the school for the deaf, Salt, Jordan, practising signing.