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### **Social Inclusion of Women With Special Needs In Tiruchirappalli District**

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#### **ABSTRACT**

Women with disabilities tend to be more vulnerable to exploitation of various kinds, such as sexual harassment, domestic violence and exploitation in the workplace. Disabled women also tend to be relatively easy targets of sexual exploitation, particularly if they are mentally retarded. They are deprived of political, Social, Economic, and health opportunities. This study was interested to concentrate on to identify the status and social inclusion of women with special needs in Tiruchirappalli district. The researcher also focused to analyze the impact of disability on their marital status, emotional disturbance, social attitude, Abuse and violence against women with special needs, family adjustment and quality of life of women with special needs. The sample size for the present study is 320 they were selected through stratified disproportionate random sampling method. The study observed that majority of the women with disabilities are not having knowledge about act/laws for securing equal rights and opportunities for WWDs, along with state/national policies for WWDs. And half of the respondents have had low level of quality of work life. Women with different kinds of disabilities have different requirements and problems, which need to be addressed accordingly through specific interventions in areas like education, accessibility, training and employment, social security and protection for improving the status of women with disabilities.

**KEY WORDS:** Women with Special Needs, Sexual Exploitation, Abuse and Violence, quality of Life, Family Adjustment and Psycho-Social functions.

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## **INTRODUCTION**

Disabled women are women who have one or more impairments and experience barriers in society. Women with special needs are multiply disadvantaged through their status as women, as persons with special needs, and majority numbers as persons living in poverty. Much of the discrimination experienced by differently abled women is based on an implicit notion that they are not the same as other women and cannot be expected to share the same rights and aspirations. The isolation and exclusion of disabled women even extends to mainstream women and women's movements, which deny them their rights and identity<sup>1</sup>. Isolation and confinement based on culture and traditions, attitudes and prejudices often affect disabled women more than men. This isolation of disabled women leads to low self-esteem and negative feelings. Lack of appropriate support services and lack of adequate education result in low economic status, which, in turn, creates dependency on families or care-givers<sup>2</sup>. Some societies go so far as to assign fault to a mother who gives birth to a disabled child, especially so if the mother is a disabled woman. Differently abled women and men can experience different kinds of attitudes based on gender discrimination. While men are still seen as the major bread-winners and leaders of society, a disabled man, considered "less of a man", won't conform to that stereotype<sup>3</sup>.

There are a number of governmental and non-governmental agencies working for the welfare of the physically and the mentally disabled. Due to greedy intermediaries and the various biases of the government itself, the governmental agencies do not have as wide a reach as the NGOs. As a result, the beneficiaries of governmental welfare projects are always subject to manipulation by mercenary forces<sup>4</sup>. Women with disabilities come into the limelight mainly during election campaigns when candidates of political parties vie with each other in offering them tricycles and sewing machines<sup>5</sup>. Magazines and newspapers publish photos galore, showing these candidates posing with the women, to emphasize the generosity of the political parties. Another main reason for the regretful situation is that medical programmes are generally disease-oriented and not ability-oriented. Consequently, life-threatening or "serious" conditions receive the most attention while "natural" and "incidental" defects are to be endured with patience. Women being weaker and the walking symbols of tolerance are made to bear the brunt of all these traditional notions regarding disabilities<sup>6</sup>.

A combined effort – more sensitivity, awareness, willingness, initiative - of women with special needs themselves, the government and non government organizations, common people, media personnel, law-makers and law-protectors, teachers, educators and trainers, can empower women with special needs in true sense and ensure their societal mainstreaming. This research study

would be helpful to policy makers, government and Non-governmental organization for framing an appropriate policy to improve the quality of life and retention of women with special needs into mainstream stream of social life<sup>7</sup>. This study was interested to concentrate on to identify the status and social inclusion of women with special needs in Tiruchirappalli district.

### **OBJECTIVES OF THE STUDY**

- 1) To find out the level of awareness about abuse and harassment and acts/policies and rights among women with special needs.
- 2) To know about the problems faced by women with special needs.
- 3) To identify the psycho-social problems of women with special needs.
- 4) To assess the impact of disability on quality of life of women with special needs.
- 5) To suggest the suitable measures for social inclusion of women with special needs.

### **METHODS AND MATERIALS**

The present descriptive study would be conducted in 16 blocks of Tiruchirappalli district. The universe consists of 1249 WWD in Tiruchirappalli District. The researcher select 20 women with disabilities as a sample from each block of Tiruchirappalli District (N=320) through stratified disproportionate random sampling method. The researcher would use primary method of data collection. The research would use interview schedule for data collection, which includes three phases. In the first phase, the researcher would administer interview schedule, which focuses on demographic characteristics of the women with special needs through semi-structured and open ended individual questionnaire. It also includes questions on the empowerment of women with special needs on decision making and social inclusions and to find out the level of awareness on their rights, policies and welfare programmes. The unique features of this research also constitute Ethnography, which is a qualitative research method used to describe the impact of disability on marital status, emotional disturbance and changes in social attitude. In the second phase the researcher would employ the technique of structured focus groups to discussion on the issue of their rights, policies and welfare programmes available for them. The researcher explores their problems through one-on-one interviews, problem tree analysis and participatory rural appraisal analysis with the respondents. The purpose of these techniques was to explore the issue of abuse related to emotional and psychological domain of the respondents.

All statistical analyses would be done using the Statistical Package for Social Sciences (SPSS), the following statistics test would be applied 'Z' test, chi-square test, and ANOVA. Which is clearly reveal the disability have a devastating effect on quality of life of the disabled women with a

particularly negative effect on their marriage, educational attainment, employment and emotional state. Women with disabilities also have jeopardized their personal, family and social life.

## RESULTS AND DISCUSSION

**Table 1 Respondents' opinion on Abuse and Harassment**

S. No.	Abuse and Harassment	No. of Respondents (n = 320)	Percentage
1	<b>Awareness about abuse and sexual harassment</b>		
	Yes	210	65.7
	No	110	34.3
2	<b>Personal experience of sexual harassment</b>		
	Yes	189	59.0
	No	131	41.0
3	<b>Place of experience of harassment</b>	N= 189	
	Home	25	13.2
	Work place	84	44.5
	Public Place	20	10.6
	Rehabilitation centers	50	26.5
	Medical institutions	10	5.2
4	<b>Possible action to overcome/protect such situation</b>	N=189	
	Will Protest	60	31.8
	Will shout	10	5.2
	Will inform the family member	60	31.8
	Can't protest due to my impairment	10	5.2
	Will try to escape	35	18.6
	The culprit should be punished	14	7.4
5	<b>Possible action in future if she faces harassment</b>	(n=131)	
	Will Protest	37	28.2
	Will shout	12	9.1
	Will inform the family member	30	23.0
	Can't protest due to my impairment	12	9.1
	Will try to escape	20	15.3
	The culprit should be punished	20	15.3

The table 1 experienced that it is quite surprising to find that 34.3 percent WWDs do not know what is meant by sexual harassment. The awareness level is very low. The level of knowledge regarding abuse and sexual harassment is high among WWDs (almost 65.7 percent). Out of 59 percent WWDs are experienced sexual abuse and harassment, 44.5 percent faced it at work place and 26.5 percent in rehabilitation centers. The percentage of WWDs who said that they would protest if they face sexual harassment in future (28.2 percent) which is followed by 23 percent will inform the family members regarding their abuse and harassment. A very few percent of the women with disabilities opined that cannot protest due to their disability. However, the data in the above table

reveals that majority of the WWDs have personal experience of sexual harassment or any form of abuse. It is a known fact that women usually do not disclose their experience of sexual abuse at home/public place/work place out of social stigma, a sense of fear and lack of support from within the family. In case of WWDs, the situation is understandably much worse as most of such cases go unreported/undisclosed by the victims.

**Table 2 Respondents' Awareness about Acts/Policies and Rights**

S. No.	Awareness about Acts/Policies and Rights	No. of Respondents (n = 320)	Percentage
<b>1</b>	<b>Awareness about policy/act</b>		
	Yes	120	37.5
	No	200	62.5
<b>2</b>	<b>Awareness about acts/ laws / polices related to women's right</b>		
	Yes	110	34.3
	No	210	65.7
<b>3</b>	<b>Awareness about CEDAW</b>		
	Yes	100	31.2
	No	220	68.8
<b>4</b>	<b>Awareness about Special provisions for disabled women through law</b>		
	Treatment rehabilitation	50	15.6
	Education	250	78.1
	Training	40	12.5
	Employment	240	75
	Independent living	30	9.3
	Safety and social security	100	31.2
	Access to social services and information	80	25
Abuse: Physical, Social, Mental and Sexual	50	15.6	

Table 2 indicates that a miserable situation is being revealed by the above table. A Majority of the WWDs not aware about policy and law related persons with disabilities (62.5 percent), awareness about acts/ laws / polices related to women's right (65.7 percent) and awareness about CEDAW (68.8 percent). However, majority of the women with disabilities not aware about various special provisions for disabled women through law such as treatment rehabilitation, education, training, employment, independent living, safety and social security, access to social services and information and abuse: physical, social, mental and sexual. It was understand from the focus group discussion among the 60 women with disabilities in Tiruchirappalli district. A vast majority of women with disabilities not having knowledge about act/laws for securing equal rights and opportunities for WWDs, along with state/national policies for WWDs. These findings were in line with <sup>2</sup>.

**Table 3 Perception towards problems faced by WWDs**

S. No.	Perception towards problems faced by WWDs	No. of Respondents (n = 320)	Percentage
1	<b>Lack of independent mobility</b>		
	yes	239	74.7
	No	81	25.3
2	<b>Lack of education</b>		
	yes	222	69.4
	No	98	30.6
3	<b>Lack of appropriate vocational training</b>		
	yes	183	57.2
	No	137	42.8
4	<b>Lack of opportunities for gainful employment</b>		
	yes	205	64.1
	No	115	35.9
5	<b>Inaccessible physical environment</b>		
	yes	201	62.8
	No	119	37.2
6	<b>Unhelpful and negative social attitudes</b>		
	yes	239	74.7
	No	81	25.3
7	<b>Physical, mental and sexual abuse</b>		
	yes	199	62.2
	No	121	37.8

The table 3 explicit that problem faced by women with disabilities, 74.7 percent has lack of independent mobility, lack of education (69.4 percent), lack of appropriate vocation training (57.2 percent), lack of opportunities for gainful employment (64.1 percent), inaccessible physical environment (62.8 percent), unhelpful and negative social attitudes (74.7 percent) and physical, mental and sexual abuse (62.2 percent). The results of this study are consistent with previous research study argued that they are aware of types and causes of disabilities. Even if the community has information and knowledge towards disabilities, the society has misconceptions, negative perceptions and attitudes towards females with disabilities<sup>8</sup>.

**Table 4 Psycho-Social functions of WWDs**

S. No	Psycho-social functions	No. of Respondents (n =320)	Percentage
1.	<b>Psychological symptoms</b>		
	Low	162	50.6
	High	158	49.4
2.	<b>Family relationship</b>		
	Low	161	50.3
	High	159	49.7
3.	<b>Relationship with husband</b>	<b>(n=183)</b>	
	Low	107	58.5
	High	76	41.5
4.	<b>Relationship with children</b>	<b>(n=121)</b>	
	Low	59	48.8
	High	62	51.2
5.	<b>Social relationship</b>		
	Low	167	52.2
	High	153	47.8
6	<b>Overall psycho social function</b>		
	Low	179	55.9
	High	141	44.1

The table 4 depicts that nearly half (49.4 percent) of the respondents had high level of psychological symptoms, 50.3 percent had low level of family relationship, 58.5 percent had low level of relationship with husband, 48.8 percent of the respondents had low level of relationship with their children, half (52.2 percent) of the respondents had low level social relationship and the overall psycho-social function of the women with disabilities is low (55.9 percent). Similar findings were found in previous study argues that women with disabilities have historically faced stigma associated with their disability. Stigmatization can affect access to care, and the ability to communicate needs and have those needs understood, as well as the individual's quality of life. High quality of care for people with disabilities requires intimate links between the medical care system and the social and vocational services sectors<sup>9</sup>. As in other study on disability explores the relation between societal representations of disability and the intimate relationships of women with disabilities. The study confirmed those views of people with disabilities as incompetent and helpless intellectually challenged, super-capable and a sexual; continue to influence the lives of women with disabilities. Most of these stereotypes were encountered by women with different types of disabilities, suggesting that these categories are fairly universally applied<sup>(5, 10, 8)</sup>.

**Table 5 Quality of work life of WWDs**

S. No	Quality of work life	No. of Respondents (n =320)	Percentage
1.	<b>Physical problems</b>		
	Low	150	46.9
	High	170	53.1
2.	<b>Cognitive problems</b>		
	Low	157	49.1
	High	163	50.9
3.	<b>Affective problem</b>		
	Low	137	42.8
	High	183	57.2
4.	<b>Social Dysfunction</b>		
	Low	131	40.9
	High	189	59.1
5.	<b>Economic Problem</b>		
	Low	111	34.7
	High	209	65.3
6	<b>Ego Problem</b>		
	Low	138	43.1
	High	182	56.9
7	<b>Overall quality of work life</b>		
	Low	165	51.6
	High	155	48.4

The table 5 expressed that half (53.1 percent) of the respondents had high level of physical problems, half (50.9 percent) of the respondent had high level of cognitive problems, affective problem (57.2 percent), social dysfunction (59.1 percent), economic problem (65.3 percent), Ego problem (56.9 percent) and the overall level of quality of work life is low (51.6 percent). This result corroborates the findings of previous study observed that a disability had a devastating effect on the quality of life of the disabled people with a particularly negative effect on their marriage, educational attainment, employment, and emotional state. Disability also jeopardized their personal, family and social life. More than half of the disabled people were looked at negatively by society. Disabled women and girl children suffered more from negative attitudes than their male counterparts, resulting in critical adverse effects on their psychological and social health<sup>9</sup>. The researcher suggests that a combination of educational, economic and intensive rehabilitative measures should be implemented urgently to make them self-reliant. Collaborative communication between professionals and parents, behavioural counselling, formation of a self-help group, and comprehensive support to families will reduce their suffering. Special employment programmes in the form of cottage industries could be implemented through local government or by NGOs to rehabilitate them. Disability had considerable devastating effect on the marriage prospects of disabled people.



Table 6 Association between the age of the respondents and various dimensions of psycho-social functions

S. No	Age	Various dimensions of Psycho-social functioning		Statistical Inference
		Low	High	
1.	<b>Psychological symptoms</b>	<b>n: 162</b>	<b>n: 158</b>	$X^2 = 4.133$ df = 3 P>0.05 Not Significant
	Below 25 years	38	34	
	26-36 years	65	64	
	37-47 years	33	44	
	Above 47 years	26	16	
2	<b>Relationship with Family</b>	<b>n: 161</b>	<b>n: 159</b>	$X^2 = 17.256$ df = 3 P<0.01 Significant
	Below 25 years	44	28	
	26-36 years	58	71	
	37-47 years	29	48	
	Above 47 years	30	12	
3	<b>Relationship with Husband</b>	<b>n: 107</b>	<b>n: 76</b>	$X^2 = 4.395$ df = 3 P>0.05 Not Significant
	Below 25 years	22	15	
	26-36 years	39	37	
	37-47 years	26	17	
	Above 47 years	20	7	
4	<b>Relationship with Children</b>	<b>n: 99</b>	<b>n: 99</b>	$X^2 = 2.676$ df = 3 P>0.05 Not Significant
	Below 25 years	22	20	
	26-36 years	44	36	
	37-47 years	21	24	
	Above 47 years	12	19	
5	<b>Relationship with Social</b>	<b>n: 167</b>	<b>n: 153</b>	$X^2 = 5.347$ df = 3 P>0.05 Not Significant
	Below 25 years	35	37	
	26-36 years	74	55	
	37-47 years	33	44	
	Above 47 years	25	17	
6	<b>Overall Psycho-social well being</b>	<b>n: 179</b>	<b>n: 141</b>	$X^2 = 6.202$ df = 3 P>0.05 Not Significant
	Below 25 years	47	25	
	26-36 years	72	57	
	37-47 years	35	42	
	Above 47 years	25	17	

It is inferred from the table 6 that there is a significant association between age of the respondents and relationship with society ( $X^2 = 17.256$ , df = 3, P<0.01, Significant). However there is no significant association between age of the respondents and Psychological symptoms of the women with disabilities, Relationship with Husband, Relationship with Children, and Relationship with Society. Further there is no significant association between age of the respondents and Overall Psycho-social well being of the women with disabilities.

Table 7 Association between the level of disability of the respondents and various dimensions of quality of life

S. No	Level of Disability	Various dimensions of Quality of life		Statistical Inference
		Low	High	
1.	<b>Physical problems</b>	<b>n: 64</b>	<b>n: 100</b>	X <sup>2</sup> = 27.065 df = 2 P<0.01 Significant
	Below 50 percentage	17	5	
	51-75 percentage	33	37	
2	<b>Cognitive problem</b>	<b>n: 102</b>	<b>n: 62</b>	X <sup>2</sup> = 18.990 df = 2 P<0.01 Significant
	Below 50 percentage	9	13	
	51-75 percentage	35	35	
3	<b>Affective Problem</b>	<b>n: 101</b>	<b>n: 63</b>	X <sup>2</sup> = 27.646 df = 2 P<0.01 Significant
	Below 50 percentage	7	15	
	51-75 percentage	34	36	
4	<b>Social Dysfunction</b>	<b>n: 68</b>	<b>n: 96</b>	X <sup>2</sup> = 15.361 df = 2 P<0.01 Significant
	Below 50 percentage	14	8	
	51-75 percentage	36	34	
5	<b>Economic problem</b>	<b>n: 98</b>	<b>n: 66</b>	X <sup>2</sup> = 1.670 df = 2 P>0.05 Not Significant
	Below 50 percentage	14	8	
	51-75 percentage	45	25	
6	<b>Ego problem</b>	<b>n: 75</b>	<b>n: 89</b>	X <sup>2</sup> = 6.180 df = 2 P<0.05 Significant
	Below 50 percentage	15	7	
	51-75 percentage	30	40	
7	<b>Overall Quality of life</b>	<b>n: 61</b>	<b>n: 103</b>	X <sup>2</sup> = 27.844 df = 2 P<0.01 Significant
	Below 50 percentage	16	6	
	51-75 percentage	33	37	
	Above 75 percentage	12	60	

It is inferred from the table 7 that there is a significant association between level of percentage of the disability of the respondents with regard to various dimensions of quality of life such as Physical problems, Cognitive problem, Affective Problem, Social Dysfunction and Ego problem. However there is no significant association between the levels of percentage of the disability of the respondents and economic problem. Further there is a significant association between level of percentage of the disability of the respondents and overall quality of life (X<sup>2</sup> = 27.844, df = 2, P<0.01, Significant).

**Table 8 Karl Pearson's Co-efficient of correlation between the age of the respondents and various dimensions of Awareness and perception of Women with Disabilities**

S. No	Age	Correlation Value	Statistical Inference
1.	Decision Making in house holds	0.148	P>0.05 Not Significant
2.	Social mobility and social inclusion	0.106	P>0.05 Not Significant
3.	Opinion on marriage for WWDs	0.255	P<0.01 Significant
4.	Experience on sexual abuse and harassments	0.136	P>0.05 Not Significant
5.	Awareness on Laws, Policy and Act towards WWDs	0.277	P<0.01 Significant
6.	Awareness about NGO's intervention for WWD's	0.125	P>0.05 Not Significant
7.	Perception of media about WWDs	0.131	P>0.05 Not Significant
8.	Attitude and perception towards WWDs	0.51	P>0.05 Not Significant

It is evident from the table 8 that there is a positive significant relationship between the age of the respondents and Opinion on marriage for WWDs, Awareness on Laws and Policy and Act towards WWDs.

## **SUGGESTIONS**

Based on the findings the following suggestions are given:

- 1 Attempt need to be taken for effective participation in education at all level not merely enrollment in primary section.
- 2 Vocational Skill Training and support for income generation activities for those who cannot go for formal education or employment in organized sectors.
- 3 Access to Rehabilitation services at all level to raise their functional ability and take part in activities required for living daily life.
- 4 A barrier free environment in terms of infrastructure, transport, support services and attitude of the family and civil society as well is urgently required for building up capacity of the women and girls with disabilities.
- 5 Women with disabilities must be involved in all policy and decision making processes, and at every level of the projects: as staff, volunteers, participants, and evaluators.
- 6 Education, vocational training and rehabilitation programs must include women with disabilities, to prepare women and girls for careers and gainful employment.
- 7 The Governments should ensure anti-discrimination measures by forming special task forces to protect women with disabilities.

- 8 Bringing a change in the situation calls for accountability and will force of the stakeholders. The role of state, GOs and NGOs working for rights of women and girls and civil society in general is very important.

## **CONCLUSION**

Women with disabilities tend to be more vulnerable to exploitation of various kinds such as sexual harassment, domestic violence and exploitation in the workplace. They are twice as prone to divorce, separation and violence as able-bodied women. It is important to remember that women with special needs do not form a homogeneous group. Women with different kinds of disabilities have different requirements and problems, which need to be addressed accordingly through specific interventions in areas like education, accessibility, training & employment, social security and protection and the like. No single stakeholder can bring positive changes in the situation and status of women with special needs.

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