



Rehabilitation International

a worldwide network of people with disabilities, service providers and government agencies working to improve the quality of life of people with disabilities

FACTSHEET : WOMEN & DISABILITY

This FACT SHEET was prepared by Rehabilitation International and the World Institute on Disability in July, 1995, for use of delegates to the UN 4th World Conference on Women and associated NGO Forum. Updated in 1997, its purpose is to provide basic facts and data (together with references) about the situation of women and girls with disabilities worldwide. For further information contact: Rehabilitation International, 25 East 21 Street, New York, NY 10010 USA, Fax: (212) 505-0871; or World Institute on Disability, 510 16th Street, Suite 100, Oakland, CA 94612 USA, Fax: (510) 763-4109.

Survival: In some countries disabled females have a higher excessive mortality rate than do disabled males. For example, although polio strikes females and males equally, research in one country recorded more than twice the number of boys with effects of polio than girls. The one explanation is that boys survived polio twice as often. (*Prejudice & Dignity*, United Nations Development Program, 1992 p. 33). This study supports the common observation in many developing countries that family response to sickness or disability among male children is much more serious, resulting in more visits to medical and health services. Additionally, when combined with traditional practices of males being fed before females, and female children receiving what is left over, the result is that often the disabled female child becomes malnourished as well. In this manner, diseases and disabilities which can be survived by boys, become life-threatening to girls. In countries where "son preference" is culturally dominant, girls, and especially girls with disabilities, are particularly endangered. Action is needed to help disabled girls survive and obtain a better quality of life.

Armed Conflicts: The armed conflicts of the past decade have created more than 30 million (1989 numbers) refugees and displaced persons and the vast majority of these, approximately 80%, are women and children. (*Population at Risk: Disabled, War-Injured and Refugee Children*, RI 1992 World Congress Proceedings, p. 266). At the beginning of this century, only about 5% of casualties of wars and conflicts were civilians. As the century closes, more than 80% of those killed or disabled by armed conflict are civilians, many of whom are women and children. (*The State of the World's Children*, 1994, UNICEF, p.4). In other words, those who have the least influence on the conduct of armed conflict are now its most frequent victims.

Landmines: Current UN estimates are that landmines kill at least 35,000 civilians each year and disable, blind or injure thousands more. Children and women are sustaining lifelong disabling injuries, including orthopedic trauma, emotional trauma, spinal cord and brain injuries, and loss of vision, hearing and mental capacity due to landmines, bombing and other explosives. (RI/UNICEF *Study of the Effect of Armed Conflict on Women and Children*, 1991). They are in immediate need of rehabilitation services, including technical aids and appropriate technology, yet are last in line to receive them. Their needs wait until injured soldiers and other men are aided.

The social needs of injured women and girls may be as significant, according to a recent UNICEF workshop on "Women, Children & Landmines" held in June, 1995 in Cambodia. There, women gave testimony as to how their disabilities had ended their marriages, isolated them from their families and communities, and destroyed their futures. Girls recounted how they were no longer regarded as future wives or mothers, but were instead hidden away from society. They need assistance to rejoin their communities.

Literacy and Education: Women make up more than 65% of the world's illiterate--about 600 million women do not know how to read or write. (*World of Work*, ILO May/June, 1995, p.4). In Africa, this percentage rises to 85%. (*Women and Disability*, UN Non-Governmental Liaison Service, 1991, p. 31). Recent UNESCO studies have suggested that only approximately 1-2% of disabled children in developing countries receive any education, and it is well-known from field studies that disabled boys attend schools much more frequently than disabled girls. These studies are confirmed by presentations made to the UN Experts Seminar on Women and Disability (Vienna 1990), that in many countries it is still the norm that a girl with a disability will be hidden at home. A 1994 conference on "Blind Women in Africa" presented information from 32 countries, demonstrating that access to literacy programs and education was often their only way to avoid a life of begging in the streets for survival. (*World Blind*, July 94-March 95, pp. 66-69).

Employment: The belief that girls, and, therefore, girls with disabilities, will not benefit from education, predates women's participation in the labor force. According to the ILO (*World of Work*, *ibid*, p. 4) in the space of this last decade, women's participation rates in the labor force have greatly increased, both in the developing as well as in the industrialized world. Awareness that educating girls with disabilities can and does lead to their participation in the community including work, needs to be intensified.

A 1996 European Conference on Women with Disabilities (Germany, August) received reports from 20 countries. A major emphasis was on the grim situation of disabled women in the labor market, ranging from a European Parliament estimate that only 20% are in the labor force to a British estimate that one-third are employed in that country.

A 1996 Rehabilitation International/World Institute on Disability Seminar (New Zealand, September) was held on the growing phenomenon of small business development by disabled entrepreneurs, evident in Africa, Asia and Latin America. It was reported that disabled women are demonstrating a strong rate of success in self-employment, sometimes surpassing that of disabled men. A 1997 international workshop on Wheelchair Building (Kenya, January), included a group of women trainees from Uganda and Kenya who are now planning to establish production units to build appropriate wheelchairs.

Economic Status: Regardless of country or culture, from the least developed to the most highly developed nations, disabled women are employed at rates far lower than disabled men. The pattern is established early on and is similar from country to country: as girls they have less access to education; as adolescents, they have fewer chances to socialize or receive guidance about planning their futures; and as adults they have fewer chances to receive rehabilitation services, enter training programs or the labor market. Additionally, unlike other women, they have little chance to enter a marriage or inherit property which can offer a form of economic security. (Studies include: *Vocational Rehabilitation of Disabled Women in the European Community*, 1988; *Vocational Rehabilitation of Women with Disabilities, I.D.*, 1988; *Women with Disabilities, the Economics of Double Jeopardy*, RI, 1992, World Congress Proceedings).

Socio-Cultural Status: For women in any society, having a disability signifies dependency, weakness, loss of status and relegation to an unproductive, asexual role in the community. Any girl or woman with a disability who chooses to fight this demeaning stereotype and take part in her community and society has an uphill, lonely battle. Studies have shown that the disabled women who do manage to break through the walls of prejudice and discrimination usually have benefited from strong role models and/or support groups of their peers. Strong networks, both national and international, are needed to enable girls and women with disabilities to support each other in their efforts to join the world. (*Pride against Prejudice*, 1991, London).

Bioethics and Reproductive Issues: In many countries there are now legislative and policy pressures to prevent the birth of disabled children, to deny disabled women their right to bear children and to encourage euthanasia as a socially-sanctified “option” for people with substantial or progressive disabilities. Around the world, disabled women are subjected to involuntary sterilization, pressured to or required to seek abortions and denied appropriate health care and assistance during pregnancy and childbirth. (*European Conference on Disabled Women, IDEAS Portfolio 1997*).

Violence: Physical and sexual violence against disabled girls and women occurs at alarming rates within families, in institutions, and throughout society. Disabled women’s groups are beginning to address this issue through self-defense courses and political pressure for studies of the situation, and pressure for inclusion of disabled women within shelters and other services for abused women.

A form of violence against women that is creating disability is female genital mutilation (FGM) which can cause infertility, sexual dysfunction and serious ongoing medical conditions. Although beginning to be outlawed in some countries (*MS. Magazine*, Vol. VII, No.6), FGM continues to threaten millions of women and has recently been identified as a priority for action by the World Health Organization and UNICEF.

The Girlchild: Recent research has established that the first three years and, certainly the first five years of a child’s life, are crucial to both her cognitive and emotional development. Specifically, the more children are spoken to and read to in a nurturing environment, the more they respond and develop. Conversely, studies of institutionalization have shown that isolation and lack of stimulation can stunt and negatively impact a child’s development. In many countries, the girlchild with a disability is given the least attention and nurturing in the family, and is often isolated from social interaction. It is of critical importance that early stimulation and intervention programs be made available to girlchildren with disabilities. As they mature, they can benefit greatly from contact with disabled women who can act as role models.

Personal Assistance and Caregiving: The world over, responsibility for care of people with disabilities, from infancy to aging parents, is overwhelmingly consigned to women. The Alternative Copenhagen Declaration (1995 World Summit on Social Development) called for men to begin sharing the responsibility for assistance needed by children and adults with disabilities.