

DEFIANCE OF WOMEN WITH DISABILITY

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ABSTRACT

Person with disability are the socially, educationally, and economically disadvantaged. And then women with disability persons are suffer lot. Analysis of the causes of disability from a medical or biocentric standpoint tends to emphasize disease, hereditary, and birth defects over systemic and environmental factors. Genetic factors and lack of access to basic services can also lead to a person becoming disabled. Provincial commissions have reported inadequate and insufficient accommodation arrangements in schools. Information about the financial and health impacts of entering the open workplace is hard to find, and there is limited or delayed access to open employment services. Some jurisdictions reported that complaints are increasing for these disabilities. While there is increased awareness about mental health, persons with mental health problems and illnesses are still facing many barriers in accessing education, including lack of services and adequate accommodation due to insufficient funding, as well as stigma and discrimination. Policy-makers might consider that the highly resource-intensive, tailored forms of support recommended here are too costly to contemplate given competing priorities.

Keywords: Genetic factors and lack of access to basic services can also lead to a person becoming disabled.

INTRODUCTION

Person with disability are the poorest of the poor and weakest of the weak, who have been socially, educationally, and economically disadvantaged, thus having customarily denied their right to self-assertion, identity, and development. Now, where is this victimization, more glaring than in matters of education, employment, and physical access. Disability is not all alone sometimes impairment and handicap was used interchangeably, but these terms has different meanings and describe different concepts. To promote the appropriate use of these terms, in 1980, the World Health Organization established the international classification of impairment, disability, and handicap, which define these concepts.

Disability refers to an individual limitation or restriction of an activity as the result of impairment. Disability is a relative term in so far as different cultures define their norms of being and doing differently. Conceptions of disability are, therefore, highly contextual and subjective. Life is made difficult not so much by the individual's medical condition but mainly by a hostile physical and social environment which excludes disabled people from all spheres of social life. It is not the medical impairment, but the way in which society reacts to it, that exclude disabled from taking part in celebration, political decision-making, or religious worship.

CAUSES OF DISABILITY

Analysis of the causes of disability from a medical or biocentric standpoint tends to emphasize disease, hereditary, and birth defects over systemic and environmental factors. Genetic factors and lack of access to basic services can also lead to a person becoming disabled, for example, before birth (poor nutrition, improper medication, taking drugs, smoking cigarettes, mother exposed to disease, and mental or physical trauma), during birth (premature delivery and complicated delivery), and after birth (malnutrition, lack of vaccination, infections like meningitis polio, accident, trauma, and toxic substance).

HURDLES IN ACCESSING THE BENEFITS AND SERVICES

Apart from that, there are many problems facing by people with disabilities to access the services easily, such as: Employment - There seems to be a lack of coordination between different government

services so that people with disabilities are unclear about which commonwealth or state agencies can provide them with assistance. Information about the financial and health impacts of entering the open workplace is hard to find, and there is limited or delayed access to open employment services. Additional transport, support, and other costs associated with work, many of which are not subsidized foregoing the Disability Support Pension and associated benefits, such as the pensioners' health care card.

Difficulties with physical access to the workplace, and getting to and from work, inadequate adjustments and adaptations to workplace equipment, inflexible working hours. More limited opportunities for people with disabilities - poor links between state-administered school and post-school programs and commonwealth-administered disability employment services under-representation in the vocational, education and training systems, limited scope and variety of jobs offered to people with disabilities, lower possibilities for promotion, lower paying jobs and lower retention rates.

LACK OF DISABILITY ACCOMMODATION AND SUPPORT

Significant barriers remain around the accommodation of persons with disabilities at all levels of education. Provincial commissions have reported inadequate and insufficient accommodation arrangements in schools. In some cases, this lack of accommodation results in students being unable to attend the classes of their choice, write exams under necessary conditions, or achieve their full potential. Issues also exist around transportation for students with disabilities. In addition, provincial commissions have also received complaints of students with service animals who are not being allowed to bring their animals into classrooms or lecture halls. In one case, there were concerns about the allergies of other students.

LACK OF SERVICES AND FUNDING

Issues also exist with regard to the lack of services for persons with disabilities in the educational system. There are concerns around increasing class sizes and decreasing funding for specialized supports for students with special needs, including a decrease in the number of educational assistants in classrooms. Provincial commissions have identified the accommodation of mental health problems and illnesses and learning disabilities as emerging issues. Some jurisdictions reported that

complaints are increasing for these disabilities. While there is increased awareness about mental health, persons with mental health problems and illnesses are still facing many barriers in accessing education, including lack of services and adequate accommodation due to insufficient funding, as well as stigma and discrimination. Although many advocates are in favor of the full integration of persons with disabilities in regular public schools and classrooms, others argue that sufficient and effective services to accommodate these students are not available outside of these centers. The deaf community, for example, has advocated.

EMPLOYMENT

Employment is of prime importance to everyone as a basis for independence and self-sufficiency. Yet here too and for the reasons already cited in relation to education and training, the needs of women with disabilities and those of men with disabilities are perceived differently. It is accepted that men must have access to work, but there is no such consensus about women with disabilities, who tend to be steered toward a passive existence. All too often, the prevailing idea is that employment fulfills a different role for women with disabilities than for men. For women, work would appear to represent a means of filling time rather than offering a guarantee of independence. Occasionally, women with disabilities also develop this negative idea. Women with disabilities are more likely to be employed in low-status, lower-paid jobs with poorer working conditions. Lack of self-esteem and education further complicates the matter. In the field of employment, requirements regarding access to technical aids place women in a particularly disadvantageous.

SOCIAL POLICY

Social policy is a highly problematic area with regard to eliminating discrimination against women with disabilities. In general, it can be seen that social security legislation is not explicitly discriminatory. Since it was originally based on a male model of how society works, it can have an indirect discriminatory impact. In some cases, it is in the application of the law that prejudices can operate and adversely affect women. Differences in wage levels also have the effect of reducing entitlement under insurance schemes. In the case of disablement insurance, for example, the fact that unfitness to earn is defined in terms of loss of income can mean that part-time women workers who suffer partial disablement are not classed as disabled because they have not suffered a loss of income. Benefit levels are likely to be lower, where rehabilitation is an option and the law states that rehabilitation measures should take precedence over the award of benefit; it is easier to pay a low level of benefit in place of rehabilitation. Since the benchmark income level is often lower in the case of women, they are less readily offered either rehabilitation or a new job suited to their circumstances. In cases where only workers earning above a certain level are covered by compulsory insurance, generally speaking, part-time and low-paid workers, who are, in the main, women, may find themselves excluded. The consequences of an accident may also give rise to discrimination in the case of a non-working woman.

SEXUALITY

The theme of sexuality would seem to be the area of concern to people with disabilities that have been least studied and is the subject of

fewest recommendations. This probably reflects the fact that virtually no specific attention has been focused on women with disabilities. The sexuality of women with disabilities, who have no sexual relations, is often denied.

VIOLENCE

Violence against women with disabilities is probably the area that has so far been studied the most, whether in the context of violence against women generally or disabled people. Disabled girls and women share the disadvantages of all girls and women and are disproportionately victims of sexual violence and sexual harassment. Violence against girls and women with disabilities is a field that requires specific, systematic study with a view to the introduction of more closely targeted and effective measures. Currently, although figures on violence against women generally are available, there is no quantitative information about violence against women with disabilities. Yet no one is any doubt about the severity of the problem. Research on the issue of violence and abuse against women with disabilities comes up against the difficulties that they experience in expressing their suffering to another person. It is, therefore, necessary to devise strategies to enable women with disabilities to be able to talk in confidence and with due regard for their human rights.

CONCLUSION

If policy-makers wish to support aspiring and established disabled women entrepreneurs, initiatives must recognize this wide diversity of impairment conditions, if entrepreneurship is to be a serious long-term option of them. In designing and implementing women with disability entrepreneurial support initiatives, policy-makers face a trade-off between providing generic advice to a large number of recipients, with widely varying impairments and circumstances that risks failure to engage, encourage, and properly support would-be disabled entrepreneurs and measures to provide intensive, tailored support to a highly targeted subgroups of disabled entrepreneurs. Research on policy support for disabled entrepreneurs is limited, so little information is available on the kinds of initiatives that work, for whom, how and why they work in the ways they do, and the wider economic and social consequences of such support programs. Clearly, the decision to extend public support to disabled entrepreneurs is a political decision. Policy-makers might consider that the highly resource-intensive, tailored forms of support recommended here are too costly to contemplate given competing priorities.

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