



Old people waiting outside a bank in Tadimarri, a village in Anantapur, during demonetisation. Many of them used to return home without money during the cash-crunch. Disability adds to the challenges in ways that still remain invisibilized in public policy.

Photo Credit: Rahul M.

Resisting the Margins

Women and Girls with Disabilities in Rural India*

Rhea John, Anita Ghai, Radhika Alkazi,
Radhika Jha and Harsh Mander¹

I cringe when people tell me they don't see me as disabled, because before I even get out of bed in the morning, I have to consider at least 20 things that probably never go through the mind of the average able-bodied person. I cringe because accessible transportation and accessible housing are still nearly impossible to find. I cringe because my disability makes me more likely to be unemployed, homeless, and the victim of violence. I cringe because when people tell me they don't see my disability, they are telling me that they don't see the injustice and inequality that still exists in the world.

How you see me matters. See me as me. See me as a daughter, sister, friend, writer, and student. See me as smart, strong, outgoing, and capable. See me as all these things, but see me as disabled, too. See my chair, and acknowledge that it changes the way I experience the world. See my disability, and understand that is an integral part of who I am. See me, and realize that I don't have to erase my disability in order for any other part of me to shine through. I can be a complex and valuable person while still being disabled.

See me for me. Disability and all.

—Karin Hitselberger

1. Introduction

Persons with disabilities include those who have long term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.... Disability is neither simply a biological nor a social phenomenon but arises from the relationship between health condition and context.

—Article 1, UN Convention on the Rights of Persons with Disabilities, 2007

Amartya Sen observes that 'people with physical or mental disability are not only **among the most deprived** human beings in the world, they are also, frequently enough, the **most neglected**'. This chapter explores both deprivation and neglect for disabled women in rural areas, investigating how intersectionality operates to deny them equitable access to a range of public goods, ranging from education, healthcare, decent work and social security to protection and dignity. Women and girls are the largest single group of persons who face discrimination, violence and denials. And residents of the countryside tend on an average to face much harder and more deprived lives than

* Authors' Note: The expressions 'disabled persons' and 'persons with disabilities' (PwDs) have been used interchangeably in this chapter.

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their urban counterparts. The study on which the chapter is based consists of in-depth interviews with 225 women in Jharkhand, Odisha and Karnataka, led by disabled women researchers from the local community. The findings suggest that the social model understanding of being disabled by circumstances rather than impairments is only strengthened when considering the interlocking exclusions based on gender, rural location and poverty.

Even more than most other systems of social denial and oppression, disability is both systematically overlooked as well as continuously invisibilized. In the Indian context, the response to disability at a cultural level has been paradoxical, viewing it both as 'God's will' as well as a form of retribution for past sins, reinforced through mythology, religion and cultural practices. In this respect, the 'biomedical' perspective on disability appears as an advance in understanding—in the sense that it locates the appropriate response firmly in the material realm. At the same time, the medical model of disability limits the understanding of disability to a mere pathology, and reduces the disabled individual to their disabilities. This notion is reinforced through the advancement of eugenics and the attempt to create 'designer babies' through genetic engineering.

The theoretical framework for understanding disability has in recent decades advanced from this medicalized understanding. While health support for the disabled is recognized as necessary, there is now a growing recognition of disability as a socially constructed experience, and therefore a political issue. The experience of discrimination, inaccessible environments and constrained opportunities faced by disabled people are socially formed and perpetuated, and must be politically confronted. In this, disability rights movements find common ground with feminist movements, opposing norms in which the average human being is assumed to be non-disabled and male. The critique from the

disability standpoint, in particular, disturbs both conventional public opinion as well as established intellectual models, questioning critiques based on economic disparity, rurality, caste, ethnicity, and even gender on their ableist assumptions.

In the context of a deeply patriarchal society such as India, where sex-selective abortions continue to be prevalent, women can rarely exercise the freedom of reproductive choice. Moreover, prevailing social and medical influences create an environment in which the perceived worth of a baby girl with disabilities is minimal. Should they survive this eugenic impulse, the gendered expectations and life chances of these girls, especially when taxed with economic deprivation, makes it doubly difficult for them to achieve personal fulfilment either through social-emotional roles—as partners and mothers—or through professional roles and financial independence.

The vast majority of India's disabled population lives in rural areas. At the same time, the rural experience of disability differs significantly from the urban experience, most starkly in terms of geographical terrain and infrastructure, as well as in opportunities for education and employment. However, there has been little academic engagement so far with the experience of disability in rural India.

This chapter seeks to address those gaps in both popular and academic understanding. In doing so, it tries to refrain from constructing this intersection (described in Section 2) as yet another category that eclipses the individual voices and experiences of rural girls and women with disability. We hope to cast light on the specific processes, whether through institutions, norms or relationships, by which the marginalization of these girls and women is continuously effected. The methodology used to achieve these ends, along with the limitations faced is briefly outlined in Section 3. In Section 4, the chapter attempts to identify processes in which intervention is possible, to disrupt the continuing

conditions of deprivation, violence and silence that these women presently confront. It further tries to outline a theoretical frame and structural context in which these processes can be better understood in Section 5. Finally, it makes recommendations for relevant policy changes based on the findings (Section 6).

2. Introduction to the group

2.1 Data and Demography

The prevalence of disability in India is pegged at approximately 2.1 per cent of the population, as per the Census 2011 estimates, of which 44.1 per cent are females. This indicates that approximately 2.01 per cent of all females in India are disabled girls and women. The disabled population is predominantly rural (64.49 per cent) while the proportion of women in the rural disabled population is consistent with the national average (44.13 per cent).

The figures for disability prevalence based on the Census in the states of Jharkhand, Odisha and Karnataka (in which the study took place) are given in Box 1.

However, these numbers cannot be taken to be an accurate representation of the size of the disabled population. For one, there are major discrepancies

in disability data based on the definitions used by different organizations—for instance, the NSSO data uses a wider definition for hearing, speech and locomotor impairments than the Census. A second issue is that the standard for defining disability in these national estimates has been rejected almost universally by disability rights activists. They argue that disability, being a social construct, cannot be measured in medical terms solely. Third, these estimates rely on a fairly restrictive definition of disability (for example, these exclude autism, thalassemia, haemophilia, and many learning disabilities). In India, there are further claims that assessments are not credible and standardized: each state has different medical criteria for issuing a disability certificate, and certificates obtained from different hospitals within the same state too can be widely discrepant (Ghai, 2003; Jeffrey & Singal, 2008).

This is part of a larger global trend of undercounting the disabled population, noted by international organizations such as the World Health Organization and the World Bank, both of which estimate a 15 per cent real prevalence of disability in the world population. Using more inclusive definitions and methodologies, the World Bank estimated in 2007 that disabled persons were anywhere between 4 to 8 per cent of India's

Box 1: Disability Prevalence in Jharkhand, Odisha and Karnataka					
State		Total number of persons with disabilities	Proportion to total state population (in percentage)	Total number of females with disability	Proportion to total disabled population (in percentage)
Jharkhand	Overall	769980	2.3	343104	44.5
	Hazaribagh District	35132	0.1	15036	42.8
Odisha	Overall	1244402	2.9	569627	45.7
	Koraput District	36291	0.08	17521	48.2
Karnataka	Overall	1324205	2.1	597684	45.1
	Gadag District	25114	0.04	11078	44.1

Source: Census of India, 2011

population, or about 40–90 million persons. In India, this data has political as well as social implications, as the state is responsible for providing social support and benefits to those included in the definition.

2.2 The State's View of Disability

The idea of the 'citizen' is associated with a hegemonic norm (as discussed above), and pervades the State's interaction with its citizens, as well as mutual relations between citizens. The most conspicuous instance of this is that the incarceration and institutionalization of people with intellectual or learning disabilities are widely tolerated, although they violate basic rights of citizenship. This denial of rights is also evident in the personal laws, which allow for separation and divorce on grounds of mental illness, as well as in laws relating to property and inheritance, besides many others.

Policies for affirmative action and social support for the disabled are also poorly implemented. The Rights of Persons with Disabilities Act, 2016, provides for 5 per cent reservation for disabled people in government posts, a 2 per cent increase from the former Persons with Disabilities Act, 1995. In a 2016 judgement, the Supreme Court noted the dismal number of disabled people in government employment despite the provision existing for more than two decades, and quashed the Central Government Office Memorandum restricting reservation for the disabled to 'identified' (Group C&D) posts, extending the reservation to all Central and State Government posts (*Rajiv Kumar Gupta & Others vs Union of India* 2008). While this ruling is significant, its impact on women with disabilities, without requisite opportunities for education and basic assistive devices, remains minimal. Moreover, the impact of this judgement has been reversed in the provisions for reservation in the 2016 Act. Likewise, a meagre Central disability pension of Rs 200 (unevenly supplemented by states) undermines

the principles of social protection and dignity on which such support is based. In the Union Budget of India 2015–16, the total budget allocation was a paltry INR 632.89 crore (or INR 236 for each of the 2,68,14,994 disabled people counted by the Census) for the Department of Disability Affairs. Of this, there was non-utilization of 30 per cent (INR 192 crore), and also of 54 per cent of the amount allotted for the implementation of the Persons with Disabilities Act, 1995 (Dogra, 2016).

Access to all welfare schemes and provisions for disabled people requires a disability certificate, which is a further obstacle. Many activists as well as our respondents describe the procedure to obtain a certificate as tedious, uncertain and arbitrary. A Right to Information application in 2014 ascertained that only 38 per cent of disabled persons in the country have managed to get the certificate. While Tamil Nadu has recently made it possible to apply for the certificate online, to be delivered to the residence of the person with disability within seven days, in other states the process may last from anywhere between six months to a year, with multiple visits to state authorities and medical officers required. Moreover, the certificate of one state is inapplicable in another state.

2.3 Socio-economic Conditions

It is widely acknowledged that women with disabilities are a significantly more vulnerable group, and most commonly-used indicators of well-being confirm this. Available research shows that disabled people and their households are more likely to live in poverty than the rest of the population. Elwan (1999) estimated that disabled people make up 15 to 20 per cent of the poor in developing countries, significantly higher than their share in the general population. Research by the World Bank shows that in 2011, disability prevalence among the poor in developing countries was significantly higher in 11 out of the 14 countries that were included in

the analysis. Another study on household welfare in rural UP and Tamil Nadu by the World Bank in 2008, using asset ownership and per capita consumption as indicators, found that among the poorest, households with disabled members were on average much poorer than households without disabled members. The survey also finds that on a number of non-income indicators, such as regular access to three meals a day, the ability to save, and access to good quality housing, households of disabled people were significantly worse off.

According to Census 2011, only 44 per cent of India's disabled women are literate, and the difference between rural and urban literacy is stark: only 37.4 per cent of rural disabled women are literate, compared to 60.9 per cent of urban disabled women (see Figure 1). Research indicates that the proportion of disabled children not enrolled in school is much higher than even children from socially disadvantaged segments of society; for example, as per the 2014 SRI survey, the out-of-school rate for disabled children in the 6–13 year category was 28 per cent, while for SC, ST, OBC and Muslim children it was less than 5 per cent. Low literacy rates among disabled people have a key role to play in hindering their economic well-being later in life.

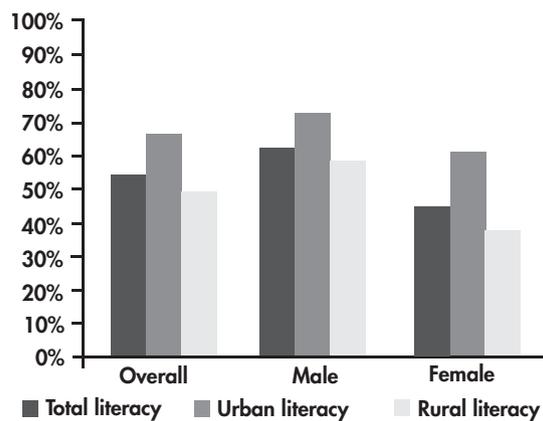


Figure 1: Literacy of Persons with Disabilities in India, by Gender and Location

Source: Census 2011

According to a study by the South India Disability Evidence (SIDE), disabled women show significantly poorer reproductive health outcomes than non-disabled women. Although they have more living children per mother than non-disabled women (possibly reflecting contraceptive use), they have a lower rate of successful pregnancies. They also have a significantly higher incidence of diabetes and depression, as well as other pregnancy complications and co-morbidities. The authors suggest this might be related to nutritional deficiencies, and perhaps under-confidence of health workers in dealing with their concerns (Murthy, John, Sagar, 2016).

Disabled women in rural areas are also much less likely to be employed (see Figure 2). The International Labour Organization (ILO)'s 2011 report states that 73.6 per cent of the disabled in India are still outside the labour force. Given the educational, social and physical barriers faced by disabled people, it is perhaps not surprising that disabled persons are at a significant disadvantage with regard to employment. NSS data for 2002 shows that employment rates for disabled people were about 40 per cent, compared to 60 per cent for the general population. Among employed disabled people, the majority were self-employed (58 per cent) or casual workers (30 per cent), with only a small share in regular jobs. All categories of disabled people had lower employment rates than the general population, though there is significant variation between them. For example, hearing-impaired persons had employment rates almost at par with the general working age population, while the mentally- and visually-impaired had extremely low employment rates. These differences cannot be explained solely by the lower educational levels of disabled people. Disabled persons with comparatively higher educational qualifications have somewhat lower employment rates relative to the general population, but the difference between less educated disabled people and their non-disabled peers is extremely high.

Of these, those with mental disability, disabled women and those in rural areas are most excluded from employment. An NCW report further suggests that due to mobility constraints, those disabled women who do work are far more likely to be doing unfairly-remunerated and labour-intensive piecework at home, possibly organized by agents or NGOs, and without legal or social protections. Those women who go out to perform manual labour may also receive remuneration unequal to both men with disabilities as well as other women.

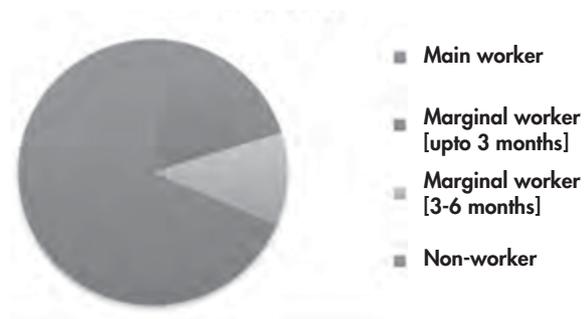


Figure 2: Rural women with Disabilities as Workers

Source: Census 2011

In terms of marriage as well, disabled women are far more likely to be unmarried or widowed than their non-disabled counterparts, and this disparity is even higher for women with mental disabilities or illnesses (see Figure 3). In rural India, where the norm for women to be married and married early is very strong, this discrepancy suggests strong social prejudice against disabled women. This finding in fact holds even in comparison to disabled men, of whom 62 per cent are currently married, relative to just 54 per cent of disabled women. Strikingly, compared to just 6 per cent of disabled men and 7 per cent of all adult women, 22 per cent of disabled women over 14 are recorded by the Census of 2011 as being widowed—possibly reflecting practices of their being married to much older men.

3. Methodology

This chapter is based primarily on the findings of a study carried out by the Centre for Equity Studies about the lives and perspectives of 225 women and girls with disabilities living in rural areas of three districts, Koraput in Odisha; Gadag

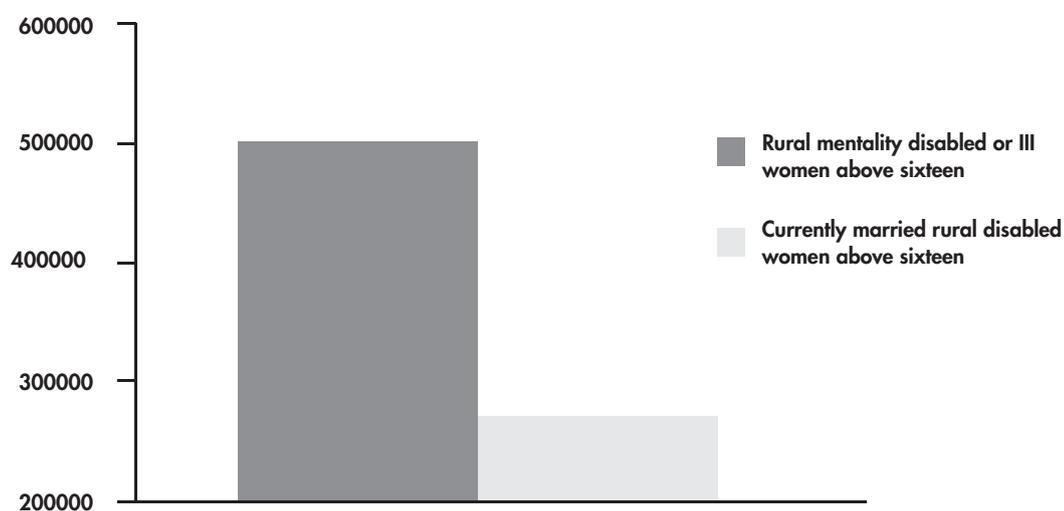


Figure 3: Proportion of Rural Mentally Ill or Disabled Women above the Age of 16 who are Currently Married

Source: Census 2011

in Karnataka; and Hazaribagh in Jharkhand. The methodology for the study was based on the Centre's emphasis on including people from vulnerable groups as equal partners in research into their own experiences, and prioritizing their insights, gained over a lifetime, over those of the 'objective' outsider. The study therefore relied on local women with disabilities as primary researchers in order to incorporate this empathy at the stage of data collection itself. These women, sometimes non-literate, were to use their unique perspective in the interviews and ethnographic observation, supported in the process by persons formally trained in documentation.

The present study was therefore a qualitative one, based on in-depth interviews with these women and girls and their families and communities. The study prioritized using as broad as possible a definition of disability to identify respondents, so as not to replicate the official oversight mentioned above. At the same time, rather than a medical definition, we prioritized self-reporting through the snowballing method employed by our researchers.

Most, if not all, the chapters in this report, rely on forging a direct link between state action and the condition of particular vulnerable communities, and thus holding the State accountable for redress. However, in the experiences of our respondents there is no clear differentiation between the roles of State and society, community and family, individual identity and collective beliefs, in the construction of what it means to be disabled. All these are deeply intermingled in their lived experiences and the understanding of their situations. The representative coherence in the story of how disabilities are created is ultimately only to be found in the persons of these women and girls. We do not claim to represent all of these women here, or even to generalize across such an impossible category as 'women with disabilities in rural India'—each attribute of which contains an incredible diversity. We merely put forward

some experiences that are shared by many of the women we met, and highlight possible patterns of correlation between their circumstances, cultural contexts and marginalization.

Finally, a note on the selection of sites: the three sites for the study were decided with purpose, each based on a specific rationale as well as on availability of field partners. The districts of Koraput in Odisha (Jeypore and Pottangi blocks) and Hazaribagh in Jharkhand (Chauparan and Churchu blocks) were selected based on their largely tribal population, the remote and difficult terrain, and their status as 'backward districts'. Gadag in Karnataka was selected in some ways as a comparison case, being a state in which both disability activism and the state's disability support framework are strong, yet where the incidence of both disability and poverty remain high—in Mundargi taluka specifically, due to the high prevalence of fluorosis. Within the villages selected for the study, the respondents were identified by the snowballing method, given that women with disabilities are often invisibilized in villages due to the stigma attached to their condition, and are thus not easily accessible to outsiders.

4. Nature of Exclusion

When the researchers returned to Jharkhand for a second round of more in-depth interviews, the very first piece of news they received was that one of the women they meant to meet had passed away barely a month before. Suman was 19 years old with multiple disabilities, and only able to move from her bed with difficulty. She had never been to school and rarely went out of the house. But when asked if she thought of getting married, after a short silence, she had said, 'Of course I'll get married. What else?' Her mother, when spoken with later, had not agreed. At the time of the revisit, we asked a person who was present for the funeral ceremonies what had happened. He said he had asked, but the

family was vague—and perhaps relieved. Yet they had loved her, had taken care of her exceptionally well, and had fought for her right to be admitted in school.

Women and girls living with disabilities in India's rural areas face distinct forms of exclusion. Not only do they face the kinds of exclusion endemic to members of poverty-stricken rural households—access to food, water and safe housing, social security and health care, basic services and mechanisms of justice delivery—but also have to deal with aggravated issues of access to these because of the lack of enabling infrastructure, and limitations imposed by their specific conditions. In the words of a teacher in Churchu, 'Poverty is the curse for these children'. At the same time, the gendered social exclusions that these girls and women face go far deeper. These are built into the very structure of a society where a physical 'defect' or 'abnormality' is assumed to invalidate a woman's potential to be educated, or married, while marriage remains—within hetero-normative and patriarchal frameworks—the sole route to a stable and permanent source of emotional support.

In a rural context, where infrastructure for, and an imagination of, 'assisted living' is more or less non-existent, membership of a family becomes increasingly crucial as it is decreasingly 'deserved'—in the implicit utilitarian perspective, it is earned through individual contributions to the labour necessary to sustain the family. The labour of sustaining a household is disproportionately the women's responsibility, and a failure to perform it is an invalidation of one's viability as a woman. Along with the shame and material consequences of this failure, disabled women also face a frequent, almost chronic lack of dignity, companionship and sense of individual fulfilment.

At the same time, women and girls with disabilities do not constitute a group in the sense of people joined together with a common experience

or interest. The diversity of experiences between people with different disabilities and between the gender roles and performances in various contexts has been sufficiently highlighted. Moreover, although these women may know and support each other, they do not see their problems as shared, perhaps because solidarity based on a shared experience of ableist patriarchy would require its participants to transgress other entrenched solidarities such as caste, class, religion and family.

What defines their unique situations then, as seen in the research, are two specific and interlocking problems: limitations to their mobility and ability to perform some kind of physical labour, and the lack of educational, professional and social opportunities accessible to these women. Limited mobility—whether enacted directly, in terms of the pain and weakness they feel, or indirectly, through their or their families' fear for their well-being and safety—renders them frequently unable to access work or education outside the home, while simultaneously, in some cases, limiting their attempts to be self-sufficient in housework and self-care. The lack of opportunities prevents them from finding dignity in alternative occupations and reduces them to their circumstantial incapacities. These processes of exclusion will be explored in detail in this section, with specific focus on the consequences they have for these girls' and women's lives.

4.1 Relations with Family

Suman's story, described above, echoes a fundamental contradiction faced by many, which is reinforced by a biomedical (rather than social) conception of disability. Namely, although Suman's family loves her and cares for her, they have in a sense placed a lower value on the *worth* of her life than on the lives of other people, whether due to triage considerations or beliefs about the inherent incapacity of disabled people. This is what prompts the admission from strained mothers across our

field sites, that it would have been better had their daughters never been born. It is only the extraordinary care required from parents that is sustaining her—therefore, in their view, it is better for her if she should pass away before they do, because even her siblings cannot be relied on to take care of her afterwards. And indeed, an adult woman like Meena Kumari from Chauparan, forced to depend on her brother for food and shelter, does face neglect, cruelty and being made to feel a burden daily, and would attest to the centrality of parental care.

In the absence of inclusive education, health services, accessibility infrastructure and work opportunities for those with different kinds of disabilities (detailed below), the onus for enabling access to these resources falls on the family. Whether by taking a girl to a nearby town hospital for sustained treatment or fighting with school authorities for her right to enrolment, the disabled girl's access to rights is determined by her family's ability to negotiate for them. When the family neglects her, she is left alone in her suffering—like Padmini, from Koraput, who roams outside the village with her few sheep and goats since she is asked to get out of the house and out of the way, or Nilima, who is sometimes left alone at home for days when her family goes out, going hungry and thirsty because she cannot eat without help.

Families are also often the major source of information and access to opportunities for those women whose mobility and social interactions are restricted. Older male relatives may help obtain certificates and pensions, or assist in travel; sisters may provide social news or act as playmates, carers and buffers against ostracism, and mothers are almost always the primary carers and advocates for their daughters' rights. At the same time, families themselves are limited by their circumstances. Soni's family, struggling to make ends meet in Larha village in Jharkhand, have not taken her to a doctor once in her 12 years living with a

developmental disability. They say they see no urgency because she has always been like this—it isn't a disease. When they save enough money, they can go see a 'good doctor'. They hadn't taken Soni's elder brother to the health centre either, when as a child he seriously injured his leg, resulting in an orthopaedic disability three months later. Without a diagnosis, Soni cannot get paperwork that helps her access the disability pension—which could help the family with medical expenses.

Within the family, patriarchal power relations and possession of cultural capital tend to shape how these women are treated. Somi and Bina, both educated and working as teachers, are among the very few of our respondents who said that they were fully consulted in household decisions. The ability of these women to both articulate their opinions and contribute financial and cultural capital to the household improved their position in it. Many others have much less of a say—like Aarti, who is silenced by her husband's physical violence against her infant son and herself, but also by verbal abuse and neglect from her mother and sister-in-law. In Aarti's situation, being the younger daughter-in-law means that she has, by norm, the major share of household responsibilities, along with the least decision-making authority; it is notable that both Bina and Somi live in nuclear families, which might make it easier to have one's voice heard. They also have the resources to do so, unlike Aarti whose husband and mother-in-law jointly sell vegetables from a cart in the village.

Women with mental disabilities face the most severe forms of exclusion in household decision-making and in having their agency recognized by the family. Family members intercede in most, if not all of their interactions with the outside world, with mothers emphasizing that casual public cruelty and stigma, such as stone-pelting, name-calling and isolation at social events, makes this necessary. Families pre-empt these situations by keeping the girls in the house under watch,

or by the entire family not going out at all. These decisions have significant social costs, as with Lakshmi's family, who have broken ties with the rest of the village; according to them other children pelted Lakshmi with stones and called her names, while according to the other families, the severing of ties has happened because they are the only non-tribal family there and trying to maintain social distance. More importantly, this strategy has negative effects on the girls and women themselves, making them feel lonely, vulnerable and outsiders in their communities. It reproduces the existing 'invisibilization' of these women in village society and creates a barrier of mutual fear and distrust between these girls and women and everyone else. For instance, some of our researchers (including women with orthopaedic and communication disabilities) were initially unwilling to interview women with mental disabilities at all, having heard rumours that they behave unpredictably and violently.

While interviews suggest that the protective isolation extended by the family has only added a cocoon of silence to the pervasive sexual exploitation of those with disabilities, none of our respondents were willing to speak about sexual violence. Yet some fears named by women—of strangers, or being out alone, or of being caught from behind in the dark—suggest that it is a lurking concern, possibly reinforced by their experiences or stories they have heard. Protective isolation does not prevent fear.

4.2 Forming Intimate Relationships

'She can't even take care of herself—who will marry her?'

Marriage is considered the ubiquitous form of social security for rural women by most of our respondents across the three states. Whether or not she was able to earn her own livelihood, perform housework or self-care, and irrespective of her

desire to marry, it was a life arrangement to which nearly all aspired, or wished they could aspire, and felt of lesser worth if their situation made marriage seem an unrealistic aspiration. For a girl who 'can't take care of herself', even dreaming of marriage, as one woman put it, 'is a sin'.

The marriageable woman is the ideal from which the disabled woman is 'othered' and excluded. She is capable of reproducing, supporting and sustaining the family; she can not only 'take care of herself', she can be relied upon to take care of her husband, her children and their house, preferably without any help whatsoever. Thus, in rural areas, she must be capable of cooking, cleaning, childbearing and child care, washing and fetching water, besides agricultural work if the family owns land, and manual labour if it does not. Married respondents who were able to perform most, but not all, of these tasks expressed guilt at the burden their incapacity placed on others, or else gratitude for the good luck of having relatives or neighbours who helped them with these tasks. Even Bina and Somi, both happily married and working as teachers, professed deep gratitude to their husbands for 'allowing' or 'supporting' them to undertake paid work—even when they carry the standard 'double burden' of domestic work and paid work that most so-called 'working women' carry.

When conditions of marriageability were discussed in our interviews, these labour capacities were emphasized, and standards of attractiveness were hardly spoken of. At the same time, the significance of even a slight limp in the most happily married women—in terms of dowry amounts, marriage prospects and being identified as 'having a defect'—suggests that some standards of physical 'normality' are also involved in the choice of a potential partner. Yet women, both married and unmarried, identified that men with disabilities had only conditions of economic independence to fulfil, and sometimes not even that—and they were frequently married to non-disabled women.

Despite recognizing it as highly unequal and oppressive, why do disabled women continue to value marriage so highly? For some, marriage is the gateway to one's future family, which is a crucial support structure in everyday life. Rasmati, blinded in one eye by her first husband's violence and cast into poverty by her second husband's desertion, still resented the second far more. Paid less and able to find work less frequently, she finds it near impossible to support her three children on her own income—they often go hungry and she could not even seek treatment when she had malaria. Others see marriage as an inevitable rite of passage. A girl who fails to be married is a 'burden' on her parents, prolonging the dependent state of their childhood (irrespective of her contributions to that household)—in this view, the girl becomes a 'woman' by helping her family in the only significant way possible for her—leaving them. Over half of our adult respondents had never been married.

The valorizing of marriage was widespread but not universal among our respondents. Sangita mentioned that she had not wanted to get married, and in that one sense, losing her vision just at the end of school when her family was beginning to discuss her marriage, came as a relief. Although she takes care of her two bedridden parents, with limited help from her intellectually disabled sister and none from her non-disabled brothers who live in the same village, for this one aspect of her situation Sangita remains grateful.

Those unhappily married reflect on it with resignation and some regret. Chhaya was married to a mentally ill man because it was considered 'fit' for a girl with a vision disability. 'My sister's marriage is so good', she told us ruefully, 'When she's sick, they don't even make her cook. They tell her to rest.' She and her two-year-old son remain dependent on her natal family for medicines, items of personal care and clothes, and she is mostly confined to her house because it is located next to a highway that she cannot see well enough to cross. At least, she says,

the violence is less now because they have resigned themselves to the fact that more dowry is not forthcoming on pretext of her disability. However, even Chhaya does not suggest being single as a valid alternative. Without education, sufficient vision to work or even to venture outside the house with confidence, Chhaya feels she must accept her marriage and try to negotiate terms within it, no matter how unequal.

Kuni, who is 55 and has a severe orthopaedic disability, did not have a choice. Although she was abandoned by her husband in favour of her younger sister after she lost the ability to walk, the village sees her disability, abandonment and frequent illnesses as divine punishment, and ostracizes her for the presumed sin.

4.3 Education

Bina, a teacher in a government school in Churchu, was adamant that plenty of government provisions exist for children with special needs in Jharkhand. This is in stark contrast to Martha, her hearing-impaired predecessor, who said that there must be some provisions for such children, but never having had any such child in her school, she had never found out what they were. According to Bina, teachers have to create and maintain a register of all children with special needs in their school's catchment area, along with up-to-date records of their educational status (also the rule in Karnataka). For those who can learn in the classroom, every effort is made to ensure they attend, and her teachers have so far had two training sessions on how to teach them effectively. For those who cannot attend classes, para-teachers are engaged to teach them at home, focusing, in particular, on self-care and other basic skills in addition to literacy. This is the policy as Bina explained it; the rest of our respondents cannot attest to any part of its implementation.

We did not meet any girls who were taught at home by a teacher or para-teacher. Instead, we heard

from many parents that enrolment is denied by schools to those with severe disabilities on grounds of untrained staff, lack of appropriate infrastructure, and in some cases, even a perception of the child as ‘incapable of learning’. In many cases, of course, the decision to not send these girls to school is taken at home, by parents who prioritize their non-disabled or male children. At the same time, parents who themselves have had limited or no education and are uncertain about their children’s fitness for school, and about the utility of education for them in a situation of such limited work opportunities, are consequently discouraged by this attitude and keep their children at home. Even in ability-segregated schools, of which there are few, discrimination persists. One mother told us she was discouraged on hearing that the special-needs school in Hazaribagh would only accept children who could wash their own clothes, which her daughter could not do. In the interviews, these parents depicted completing school as an extraordinary achievement in itself, difficult enough for ‘normal’ children and thus too much to hope for from their own children.

Like many of our respondents, Walsi, a visually impaired girl of 13 in a hamlet in Pottangi, said that she had stopped attending school some years ago, and could give no specific reason for the same. After her father passed away and her mother remarried, she was taken in by an uncle and aunt, on whose instruction or suggestion she stayed at home and did chores instead of studying further. She told us in the presence of her guardians that she had been indifferent about school at the time; she only remembered that some of the boys used to tease her unpleasantly, but she had good friends too. When we are away from her house, however, she confessed quietly that she now wishes she could go to school or get married—as her cousins will do—and feels sure that her guardians will not let her do either.

Children who are able to attend school, mostly children with less restricting disabilities or with access to assistive devices, rarely complained to

us about the experience. On the one hand, they all agreed that there was insufficient access to drinking water and toilets, that all parts of the school were not always accessible, and that teachers did not make a special effort to ensure they were able to participate. On the other hand, most children expressed that they were treated well by teachers and students, some friends even stopping by their houses before school to help them carry their schoolbags. At the same time, many of the women who dropped out of school young, mention ‘teasing’ as a source of discomfort, and that when their parents took them out of school, or allowed them to stop attending, they were comfortable with the decision. There may have been changes in the experience and attitudes to education that the women in our study faced as girls, and the ones that the girls do presently. This also varies significantly by state—most of the girls from Karnataka were in school, while many in the other states were not—but may also have to do with differing beliefs about the capability of disabled girls.

For girls like Munita and Kiran, who have developmental disabilities, their parents mock the researchers when asked if these girls have attended school or might do so in future. Their parents restrict their hopes to their daughters’ ‘getting better’ (meaning better at self-care, communication and social interaction) when they have enough money saved for a medical remedy—the ‘good doctor’ in the city. Munita’s father is a schoolteacher, and quite clear that education, as he understands it, has little role to play here. In the meantime, if their children can simply be kept occupied, prevented from misconduct, and physically taken care of, their own aspirations will be met. As to Munita’s own opinion, her mother says lightly that they have no idea what she thinks.

Education, among the families interviewed, is desired because it is considered to increase social status, capacity for articulation, and possibly even greater work opportunities—if relevant opportunities happen to be available in

the woman's context. However, whether it is the empowered, socially valued and articulate who receive an education, or the educated who attain for themselves this increased esteem, remains unclear.

4.4 Equitable Access to Decent Work

Equitable access to work that is 'fairly remunerated, safe and dignified' as well as 'compatible with aspirations and capabilities', which last year's *India Exclusion Report* demanded for women, is even more difficult to access for women with disabilities, often incrementally so. Discrimination about capacity for work and gendered wage rates compound the difficulties many women with orthopaedic and vision disabilities face in going out to work every day, ensuring they earn lower incomes. Manju, who lives in Pottangi, supported her family by selling bangles at the village fair or in remote villages, travelling by bus for long hours. When she could, she also did agricultural labour, besides most of the domestic work—her daughter helped a little. But Manju was determined her children would go to school, and after borrowing money to treat them for malaria the previous year, she couldn't afford to get herself treated for frequent fevers this year—which meant she was not able to work as much or as often.

Even with more education, opportunities for employment other than manual labour are practically nil in most villages—education opens up opportunities only in more urban areas and the villages close to them (with public transport), or else in government employment. Except for those women sufficiently educated to become teachers, for others, education itself can become of doubtful value. Lachma, who has completed school and could go to college, says she would rather open a small grocery or food shop in the village and become financially independent as further education is less certain to provide her those opportunities. Her brothers, who are all employed in a family carpentry

business, are willing (and able) to provide the capital, rather than having her live alone in a town, given what they see as her exceptional vulnerability.

For others, who find capital hard to come by, self-help groups (SHGs) organized by local NGOs can offer a (rare) way out. One such group, composed entirely of disabled women, decided on embroidery and basket-making rather than the agricultural work done by other SHGs in the area. Despite choosing two crafts at which they excelled, as well as there being a state government scheme to promote such products, they hit numerous roadblocks and ran out of capital. Though the embroidery was acknowledged to be fine, it was expensive, and it was difficult for even the most mobile member of the group—Sangita, who is visually challenged—to travel and buy the materials necessary or to market the products adequately. The state scheme also refused to market the baskets, since they used plastic thread for binding, and the scheme was committed to 'natural' products. Both problems arose from insufficient information and mobility infrastructure, but neither the NGO nor the women decided to pursue the attempt further. One of the women mentioned that it was difficult to find time for a larger scale and better-organized attempt—there was already too much work to do.

It is important at this point to emphasize that for poor rural women in these locations, domestic work—which includes the two distinct tasks of household work and care work—is always the 'first shift'. This includes time-consuming and physically demanding tasks such as fetching water over long distances and cooking for the family over a coal or wood fire. Care of children and the sick also take up time, and cannot be shared unless a daughter reaches adolescence. If physically fit for it, cultivation of any land owned by the family is the next priority, and only after that, wage labour—it is no surprise, then, that women who are not in straitened circumstances do not choose to pursue paid work. It is an arena in which self-fulfilment comes at a high cost in terms

of time, energy and the co-operation of others in the family. Paradoxically, it may be more important for those not able to perform agricultural or household tasks to find dignity through other forms of work.

4.5 Health Care

'The village people believe that disability is God-given, but they aren't superstitious about it.'

— Phulmani, 45.

Rural communities from all three states often explained disability as 'God-given', and thus beyond their capacity to control or change. Yet families still make efforts to change the situation, and seek a 'cure'. If the option is available, local remedies—whether alternative medicine or various magical practices—are tried first since they have community sanction while also being more immediately accessible. The researcher and Somi's mother, for instance, discussed at length the effectiveness of a 'machine' in the nearest town, which they had heard might cure disability of any kind. (The researcher had paraplegia and Somi, a developmental disability). One of the chief benefits of the treatment was that it required only a one-time payment of INR 300. Cost, as Somi's mother reminded us, was the major prohibitive factor in even seeking care, combined with a distrust of the medical practitioners within physical and financial reach.

The concentration of medical expertise and infrastructure at urban centres is an idea deeply ingrained in the rural families of our respondents. Both for treatments related to their disability as well as for other major illnesses, while some expressed faith in 'big doctors' at Ranchi, Patna or Kolkata, others went to district hospitals at Koraput or Hazaribagh. ANMs⁵ might be able to help with fever or pain medicines, but are no more informed about disability than the families themselves, and very few people reported being able to see a doctor close to their own village. The physical

and psychological distance between these families and health practitioners then gives rise to either consistent scepticism or blind faith. Diagnoses are frequently not explained or not understood, in which case doctors evaluate on results alone. Particularly with intellectual disabilities, where such results are difficult to perceive despite a significant application of time, effort and money, the distance between doctor and patient only grows. One such doctor in Ranchi, famous among our respondents in Jharkhand, insisted that he kept no records of patients he had seen, and also said that his rural patients were often not capable of understanding his diagnosis, so he simply sold them the medicines and sent them away. On the door to his office, a large sign read: 'It is strictly forbidden to touch the feet of the doctor.'

The distance between the centre of care and the site of disability also brings into question the one-size-fits-all approach of both medical practitioners and existing rehabilitative devices. Wheelchairs are an instance of this. While Masidhani had a wheelchair 'specially made for her' by an NGO in faraway Kolkata, she was afraid to go anywhere in it, because its high seat and small front wheel made it unstable for travelling on the uneven paths of her village—she had already fallen twice. Savita, one of our researchers, had also given up using her wheelchair, which was fitted with a hand-pedal—it didn't fit inside her house, the paths in her *tola* (colony) were too uneven, and despite the tarred main road connecting the village to the block headquarters at Churchu, it was too far to pedal to. In any case, Savita usually remained within the house and its precincts and so did not consider herself less disabled by the presence of the wheelchair.

When Savita was affected by polio as a child, she says, no one knew what it was or what to do about it. When she was told that polio has been eradicated, she first looked sceptical, then resigned—as though used to hearing announcements of positive change that did not apply to her life.

4.6 Water and Sanitation

The Swachh Bharat Abhiyan (SBA) has been one of the largest government programmes in recent years, under which the government claims to have constructed 95 lakh toilets in India in the first year. Yet for women with disabilities in rural India, access to toilets and sanitation remains a major challenge.

Masidhani has not one, but two toilets built near her house. The one constructed by the government is used to store grain, because they believe the pit is not deep enough for the toilet to be sanitary. The NGO-constructed toilet, which is functional, is used only by two women out of the 10 members of the household. Masidhani herself can use neither toilet, since they are too narrow to accommodate her wheelchair and she cannot use an Indian-style toilet in any case. She uses a bedpan—the toilet is perhaps only helpful in that this does not have to be carried far to be cleaned.

The penalty that inadequate sanitation imposes on a disabled person is indignity. The long journey to the site for open defecation is painful for those with a locomotor disability. For those with low vision, having to make that journey either at night or before dawn always bears a risk of injury. Cleaning and other forms of self-care are not always possible for those with intellectual disabilities and this inability is rendered publicly visible. Whatever the disability, bodily functions are usually strictly controlled to minimize the need for the journey, and its attendant risk of sexual assault. Toilets are crucial for these vulnerable women, but difficult to use for many, and still out of reach for most, despite disabled people officially being prioritized in the construction of government toilets.

In a less visible, but no less important way, water access is also a source of indignity for women with disabilities. Fetching water is one of the main tasks expected of women—and almost all our respondents had difficulty doing it. This gives rise to a sense of incompleteness and shame, exacerbated

by the everyday nature of the task, as it is seen as a daily burden passed on to someone else. However, many women still do it, with tremendous pain and difficulty—like Sangita, who has very low vision, and broke her leg carrying water from the village borewell to her house.

4.7 Human Dignity, Agency and Legal Capacity

Dignity is often associated with independence, and physical, financial and social independence could be seen as degrees of such independence or dignity. If we accept this loose definition, then materially, dignity is related to such concrete details as the amount and regularity of pension received, how much each person contributes to earning or to maintaining the household, and their participation in the life of the community—religious, political, and so on. However, dignity, as well as a related concept, agency, cannot be limited to this external form, because it is an individualistic vision of society that gives independence such centrality. In such a society, the capacity for production and the exercise of power—in a sense, the use of different forms of capital—are the precondition for value as a human being.

In contrast, Meyer (2010) argues that ‘collectivist’ cultures take one of two positions with respect to disabled persons: segregating and subordinating them within the group or society to which they belong, or else the group taking care of such members. While Meyer himself argues that there is more evidence for the first interpretation, in the present study, it appears that both explanations are true to an extent, and interact to produce the present situation.

Sargun Devi had received Rs 200 as pension since the pension was first activated; her neighbour receives Rs 400—the mandated amount is Rs 600. Sargun did not know why she received so little: the weakness associated with old age, added to her

paraplegia, means she cannot leave the house to ask at the bank herself. Her sons, though meagrely employed, seemed disinterested in the matter. She said they were indifferent to her presence and concerns—although she lived in a joint family with her four sons, daughters-in-law and their children, no one talked to her all day.

Like Sargun, Mangari Devi's children too offered to have her live with them. Instead, her daughter-in-law avows that Mangari insisted on moving out of their house into a tiny hut of her own. While she can, Mangari means to look after her elderly, vision-impaired husband and herself, supporting themselves on his pension and the income from their few goats, and cooking with her one well-functioning hand. Both Sargun and Mangari's children would fulfil their social obligations towards their parents, in terms of providing them food and shelter. Yet becoming disabled meant dependence and subordination. While some elders may receive respect and even have a say in the decisions of their adult children, these women did not. Nor do members of their society respect them—Sargun said that in the years since she stopped being able to walk, one by one all her friends and acquaintances stopped coming to see her. Even in a relatively dense village society, she had become invisible.

Social agency is also accorded by a society based more broadly on the capacity to communicate. Hearing-impaired Manju, though capable of responding to our interviewer with help from her sister-in-law, sits silently through gram sabhas and family gatherings. Others largely behave as though she cannot understand the proceedings, rather than merely not being able to respond verbally. For those with intellectual disabilities, despite long exposure to their ways of expressing themselves, the family is often unable to understand their thoughts, opinions and feelings, and either attribute to them the intent to be difficult, or else no distinct personality at all. They then cope with the difference by infantilizing the woman—she is not allowed the space to decide

‘what is best for her’, and certainly not for anybody else, even her own children.

A victimhood narrative does not do justice to this situation. It is problematic to argue that agency, dignity or independence are matters in which, paradoxically, the agency for according it all lies with others. Mangari, for instance, wrests her dignity from others and maintains it with emotional fortitude through physical hardship. Yet the significance of structural factors persists: the lack of participation of disabled women in public life is not only by choice or circumstance, but deeply embedded, for instance, in law and policy, in the structure of the economy and socio-cultural attitudes. These are discussed further in the following section.

5. Processes of Exclusion

5.1 Role of Patriarchy

Women occupy multifarious marginalized positions within a patriarchal societal structure, based on their positionality and the sociocultural identities of class, caste, rural/urban location, sexual orientation and disability. Mangari's case indicates that her experience of disability is connected to her membership, in particular of her caste, class, and residential position, but most importantly, her gender.

Within India, several authors have argued that the incidence of disability is intersected or influenced by gender (Ghai, 2003, 2015; Hans and Patri, 2003; Das and Agnihotri, 1999). The available statistics also indicate that disabled women are marginalized much more than disabled men (Agnihotri and Patel, 2007). While the Indian cultural reality has never been favourable to the birth of daughters (as is clear by the consistent fall in the gender ratio), as a society that also accepts the able-bodied norm, it subjects disabled girls and women to the most inhumane treatment possible. This holds not only for those whose disability is very severe, but also

Mangari Devi of Lasod village in Jharkhand is a 51-year-old woman with a weather-beaten face and a small, strong frame. Paralysis in her left side, after her youngest child's birth, has left a permanent mobility impairment in her arm. Living in a small hut at the edge of the village, Mangari spends her days grazing her goats out in the scrub forest beyond the fields. Though a mother of two married sons, she and her (visually impaired) husband largely sustain themselves without any assistance, on his old age pension and their few goats. The family still shows concern—for instance, when Mangari was very ill for some weeks, the couple stayed with their son for the duration. However, she moved out again afterwards.

Mangari says she needs her disability pension to pay for medicines, but hasn't been able to get it. She tried a few times to get a disability certificate, but there was 'nothing written on it'. (Her daughter-in-law brought it to show us later, and it said 35 per cent, just 5 per cent short of what was needed to get the pension. She said they didn't have money to bribe the committee for that extra 5 per cent).

Mangari's husband lost his eyesight after something sharp went into one eye during threshing, almost twenty years ago. Mangari's son later explained the complete loss of vision as the injured eye watering, and thus drawing light out of the other eye until that too went blind. Mangari's son also described his mother's disability saying she couldn't use one hand, and was also 'mildly mentally disabled'. When we ask Mangari about the mental disability her son has just mentioned in her presence, she retorts that people think she's '*paagal*', but if a thing is laughable what else is there to do but to laugh at it? She grins wryly, and then asks if we are done and she can go. Her goats are waiting to be fed.

Mangari's interview is interspersed with another one with her daughter-in-law, Soni, who is a member of the village women's self-help group, as well as a representative in the village council. She has a hand-painted poster on her wall that says '*Dalit mahilaon ke virudh hinsa bandh karo—Rashtriya Dalit Mahila Andolan*' [Stop violence against Dalit women—National Dalit Women's Movement] next to a poster of women in various uniforms and roles—including doctor, army officer, construction supervisor and farmer. Soni says they find it difficult to sustain themselves and educate their children—they live off the profits of a small food stall they run in the local market on three days of the week. Yet they have been doing their best to take care of the old couple. She shrugs and says, 'Things are very difficult, how many things will we look after?'

for anyone who is different from the ideal form. This treatment, as noted in our research, is not only meted out by unknown strangers and impersonal institutions, but even by carers and other close associates. As a mother lamented, 'Wasn't it enough that we have a hand-to-mouth existence! Why did God have to punish us further by giving a *langdi* (crippled) daughter?'

Indian feminists have analysed the impact of the evaluative male gaze in operationalizing this

negative perception. If the male gaze makes non-disabled women feel like passive objects, the 'stare' of the normative turns the disabled person into a grotesque sight. Disabled women thus contend not only with how men look at women but also with how an entire society stares at disabled people, stripping them of any semblance of resistance.

One explanation for this treatment is offered by the work of Hartsock (1998) and Harding (1991), in which the disabled are framed as an

opposition to the category of the able-bodied, or as 'pathological' to the category of the 'normal'. In this situation, 'othering' has to be understood not as a given, but as a process which pushes a certain group of people to the margin of social worth, and constitutes them as a threat to the social order and a challenge to the community. Yet, the paradox is that the 'mainstream' is unable to identify itself or corroborate the elevated—at worst 'normal'—nature of its being without reference to the margin.

Through this very centrality to dominant discourse, 'the other' is silenced and delegitimized. As Edward Sampson (1993) says:

If I find myself in and through you, but no longer control the you that grants me my self, then I am forced to deal with a self which is beyond my control, and I may not enjoy this self with which I must now contend.

Disabled women confronting recurrent exclusion are thus refused expert status either on the lives of the non-disabled, or on the colossal and brutal domination that marks their own. A related irony is that though feminists have historically engaged actively with the issue of difference, united in their attempts to empower the powerless and transform social inequalities, they have not picked up on the meaning of 'othering' for disabled women. While the disability movement's failure to acknowledge disabled women can be fathomed as reflecting the patriarchal character of a society it accepts and aims to join, their disregard by the feminist movement is less understandable. The struggle of disabled women is then not simply a struggle to assert an identity, but a fight to assert a difference, and to account for the injustices done to women that have not found expression in the language of feminism.

Nancy Hartsock (1983) argues that whether one can see the 'reality' of disability depends on where one is positioned, since 'material life structures understanding'. The vantage point for the

non-disabled is the able-bodied normative ideal. While accepting that positionality is 'a mediated rather than immediate understanding', Hartsock conceives of women's experiences as providing the foundation for a liberatory vision. Arguably, even if disability did not play the dominant role in the self-definition or 'lived experience' of the woman with disability, it still becomes the basis of most other people's definitions. However, Wendell (1996), a scholar and a woman with disability further argues that it is pragmatic for women with disabilities to use their diverse range of 'epistemic advantages... and interpretations of their experiences' to speak back to non-disabled knowledge systems.

At the same time, we cannot ignore the heterogeneity of disability as a category. A key source of the invisibility of disabled women's concerns has been the mindset that takes recourse to binaries of disabled/non-disabled. The primacy of this identity has rendered a large part of the experiences of women with disabilities, including the experience of violence, invisible.

An instance of this was the highly publicized incident in which girls with intellectual disabilities were compelled to undergo hysterectomies in Pune in 1994. The institution in question catered to a large rural community that left developmentally disabled girls under its care. The girls, however, were not allowed to wear pajamas with drawstrings as well as sanitary napkins with belts, as it was claimed that they might use these strings to commit suicide. The absence of protective gear, such as pajamas, undergarments, and sanitary napkins, made the management of the bodily functions such as menstruation difficult. To deal with their menstrual hygiene, the hospital decided to conduct hysterectomies on the girls. Notwithstanding this paternalistic deprivation of women's necessities, boys in the same institution were issued pajamas complete with drawstrings—braving the risk of suicide. Though there have since been efforts to seek a ban on forced hysterectomy for mentally

and physically challenged girls, the incident throws into sharp focus the denial of rights and autonomy that patriarchal discourse and institutions are able to enact on women with disabilities. The restrictions on mobility, reproductive choice and voice that are enacted on all women are amplified in their situation—as evidenced in the acceptability of institutionalization. The lack of enabling infrastructure and services receives so little attention in policy and public discourse (as discussed below) because empowerment is not considered equally significant for those so intrinsically devalued by society.

This is also noticeable in the uncanny silence that follows violence and sexual assault on disabled women. Since disabled women are seen as ‘asexual’, violence against them is often denied or ignored. As Avinash Sashi (2016) argues, ‘In the quest of safeguarding family honour, the practitioners of patriarchy refrain from addressing, let alone acknowledging, the violence and sexual assault experienced by disabled women within the family and in the public domain.’ It is possible that the culture of sterilization of mentally ill and challenged women, both in families and care homes, permits and perpetuates their sexual exploitation.

Though our case studies have little in the way of information about sexual violence, they substantiate the silence around the subject, the prevalence of physical and emotional violence, as well as the everyday violence of deprivation and lack of dignity. Family and local community are rarely able to intervene positively in this structural violence. In Jharkhand and Odisha, there was also almost no incidence of DPOs, and self-help groups set up by NGOs were encouraged to work towards economic goals, rather than build confidence and solidarity. This welfare-centric approach, arising from the ingrained medical and cultural understandings, then feeds into the material exclusions faced by these women.

5.2 Economic Processes

According to Oliver (1990), in capitalist society, disability was used to categorize people into either the work-based or the needs-based system of distribution. Since the factory system and assembly line were measured and paced to the ‘normal’ body, disabled people were excluded from the wage labour system. Oliver further argues that while this medicalized division could have been used to secure the economic and social status of those unable to

Panchami Devi lives in her paternal home with her husband and two children, as well as her larger joint family. The house is a large, pukka house behind the village school and surrounded by fields—mostly those belonging to the family—and with its own borewell.

Her father took care of her and arranged a marriage for her, her mother having died when she was young. She tells us that her daughter Pooja does the cooking, and has for a long time; she herself only washes dishes in the house. Panchami dotes on her daughter, but Pooja seems uncomfortable in her company. Meanwhile her husband seems accustomed to speaking on her behalf, and taking decisions for the family.

Panchami’s husband comes from an economically weak family in Bihar, and lost his home in the floods. Since his marriage, he has lived with his wife’s family in Chauparan taking care of her, their children, the house and the farms left to him by her father. ‘Of course, I have regretted marrying her,’ he says. ‘Many times. But I married her and now there is nothing more to be said about it.’

labour in such a system, in practice it reinforced existing stigma and oppression.

Even in present day (urban) workplaces, the reluctance to provide an enabling and accessible environment, the non-availability of materials in alternative formats for visually impaired people, and the mammoth task of acquiring even the disability certification ensure that the employment rates for the disabled remain abysmally low. However, these low rates are not seen as related to the structural and attitudinal barriers in capitalist societies. It is worth noticing that the multinational corporations that abide by the legislations regarding accessibility—in terms of both built infrastructure and augmentative communication—change drastically as they step into developing countries such as India.

Women, in their roles as unpaid caregivers and subsistence producers, have been historically excluded from this definition of ‘productive’ workers. The present economic system prioritizes the value of productive contribution to the market economy. This has serious implications for social services that enhance capabilities and freedoms, including education and health care, which are then seen in instrumentalist terms rather than as tools for genuine empowerment.

Consequently, training offered to the disabled often has little or no meaning outside the special school classroom. As the national focus group points out:

With these so-called vocational skills that we impart, the disabled will never be able to catch up with their peers or transfer the skills taught in school to the real world, because society has no jobs for them. Thus, we deny most of the disabled a real chance of becoming gainfully employed and living a healthy life.

A move away from the construction of deficiency mandates that we provide skills that enable full and equal citizenship rather than a bare minimum.

Though technology is helpful, job opportunities for disabled people have reduced: for example, positions as telephone operators, stenographers, and typists once available to persons with visual impairments, have declined. In their place, privatization has opened new avenues for employment of disabled people in highly-skilled and service jobs, which many remain unqualified even to aspire to.

The economic participation of our respondents was often limited to manual labour and self-employment, irrespective of their level of educational achievement, suggesting that the expansion of economic opportunities away from urban centres is an urgent need, particularly in the formal sector. For rural disabled women, the informality of their work—whether home-based piecework or as part of a small family enterprise—means that they are unable to access even those workers’ rights and protections that exist.

As Ghai (2001) contends, globalization has allowed greater access to information, assistive technologies and potentially wider solidarities, which enable re-imaginings of possibilities for people with disabilities. At the same time, the engines of power and profiteering have in practice deepened the marginalization of vulnerable groups, creating economic conditions that constrict their access to even food and livelihoods.

5.3 Law and Policy

The interaction between poverty, gender and disability and its resultant ‘multiple vulnerability’ is reflected clearly in the life of Thirukavva and many of the women who spoke about their lives from Odisha, Jharkhand and Karnataka. Law policy and programmes must then address the host/web of factors that affect the lives of rural women with disabilities so she can live with dignity and fulfilment in her environment and make choices for her life.

At 35 years of age, Thirukavva C Bajantri lives with an alcoholic husband and a son who is deaf. Thirukavva herself has lived with deafness since an attack of typhoid when she was younger.

Getting up early in the morning she completes all the housework and then goes out to work as a coolie for the rest of the day, checking in the evening with the landlord whether she has another day of work the next day. Thirukavva is the sole earning member of the family but not the major decision-maker. The decisions are made by her husband and the family lives on the edge of malnutrition as the money she earns is often taken away by her husband. She lives in a rented home with no electricity, toilet or drainage facility. There is high fluoride content in the scarce water in her village and people often have to collect water from the neighbouring villages.

It is difficult for Thirukavva to visit the Panchayat and government offices that are about eight kilometres away. Because of her deafness she cannot hear vehicles on the road making it difficult for her to move independently. Lack of money prevents her from using transport and therefore restricts her movement further. At work and in the community she is isolated and often shunned because people do not know how to communicate with her.

5.3.1 UNCRPD: Setting the Bar

In 2007, India ratified the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), which marks a paradigm shift in understanding disability. The Convention foregrounds the importance of addressing the social, economic and political barriers that prevent full participation of the person in all aspects of life. Besides holding 'equality between men and women' as a central tenet, a separate article (Article 6) emphasizes the rights of women and girls. The article also recognizes women and girls with disabilities are subject to multiple discriminations.

With its nuanced understanding of equality and non-discrimination, the Convention underlines the importance of reasonable accommodation and support of disabled people as essential for realizing their rights. Of particular significance is the emphasis on access of women and girls with disabilities to social protection programmes and poverty alleviation programmes (Article 28), as well as on making health and health-related rehabilitation services gender-sensitive (Article 26). The Convention also recognizes that women and

children with disabilities are vulnerable to violence and abuse, and asks for legislation and policies that are women- and child-focused in these areas (Article 16). Recognizing also the specific issues of sterilization of women and girls with disabilities, Article 23 (Home and Family Life) specifically underlines the right of all disabled people to retain their fertility and have a family.

At the heart of the Convention is Article 12 (Equal Recognition under the Law) that provides for recognition of equality before law and of the legal capacity of all disabled people (particularly persons with intellectual disability and mental illnesses) who have been seen as incapable of making any decisions for their lives, now have the right to determine their own life choices. Many of the principles of the Convention such as 'respect for inherent dignity, individual autonomy including the freedom to make one's own choices, and independence of persons' (Article 3) would not be valid without an equal recognition for all under the law. The recognition of capacity resonates in all the different articles of the convention with all persons with disabilities having the right to informed

consent (Health, Article 25) to marry and have a family (Article 23), the right to vote and political participation and the right to manage one's own finances and property.

Article 12 also recognizes that in the exercise of capacity, some persons with disabilities will need support and the levels of this support may vary. Wherever required, they are to be provided with support to take their own decisions instead of decisions being taken for them.

World over, this paradigm shift in thinking has caused and continues to spur great debate about how to interpret this article and how to implement it! However, it would be important at this juncture to remember that women too have fought this battle for equality under the law and continue to do so in many countries. Article 15 of the CEDAW aims at ensuring women's legal autonomy. It confirms women's equality with men before the law and additionally requires States' parties to guarantee women equal rights with men in areas of civil law where women have traditionally been discriminated against (for example, property law or inheritance law).

As women move slowly to gain their legal capacity, women with disabilities, particularly women with intellectual and psychosocial disabilities have remained many steps behind in the move towards equality under the law.

5.3.2 The Rights of Disabled Persons in India

India's four specific disability-related laws were drafted and enacted at a time when the impairment of the person was paramount in defining their identity and entitlements. The framework that the laws provided has not been one where persons with disabilities enjoy all human rights on an equal basis with others, but one where only a few rights are outlined and a large number not discussed—and for some, many rights are taken away.

Further, despite a countrywide acknowledgement of the vulnerability of women and girls in general, disability laws have had little in terms of affirmative action or underlining the rights of women and girls with disabilities. Contextual realities such as the fact that a majority of persons with disabilities live in the rural areas have not found much acknowledgement in the law.

The Persons with Disabilities Act 1995 (henceforth PWD Act) was seen as the law defining the group of persons with disabilities, and delineating their rights. It laid out a set of medically determined criteria for who among these would be officially counted as persons with disabilities (40 per cent or more disability, determined by a panel of doctors), and outlined the groups of persons with disabilities, or kinds of disability, that would be recognized. While the PWD Act dealt with education, employment, non-discrimination and affirmative action, it failed to go into the realm of rights such as the right to life, political participation, liberty, security and freedom from violence and abuse, or even health rights.

Both the National Trust for the Welfare of persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities 1999 and the Mental Health Act 1987 (MH Act) were enacted at a time when the legal capacity of persons with intellectual disability and mental illness was not recognized in the law. This has resulted in their exclusion from all major legal decisions on their own behalf, including signing for oneself, entering into legal contracts, getting married and selling property.

While the stated objective of the NT Act was to enable people to live independently in their community, it detailed procedures for guardianship of persons with autism, cerebral palsy, mental retardation and multiple disabilities. Similarly, while the MH Act does talk of the rights of persons living with mental illness, a majority of its provisions

are devoted to the mechanisms of guardianship and custodial care in mental hospitals. The Act has been criticized for endorsing a custodial rather than rights-based approach.

It took nearly 10 years after India's ratification of the UNCRPD and many drafts for the Parliament to pass the Rights of Persons with Disabilities Act 2016 in December, 2016. While this law replaces the 1995 Persons with Disabilities Act, the new Mental Health Care bill 2016 which is to replace the Mental Health Act of 1987 still awaits assent of the Lok Sabha.

The Rights of Persons with Disabilities Act, 2016 (henceforth RPWD Act) was unanimously passed by the Indian Parliament in the winter session of the Parliament of 2016, thereby replacing the Persons with Disabilities Act of 1995. The new Act ushered in a series of changes in the government definition and provisions for persons with disability. It increased the number of recognized disabilities from 7 to 21, which will presumably lead to a rise in the official count of persons with disabilities in the future. Speech and specific learning disability and acid attack victims, among other forms of disability, have been included in the Act.

The RPWD Act has marked a clear shift in the government's recognition of disability from a medical definition to a social definition, in keeping with the UNCRPD guidelines. It defines a 'person with disability' as 'a person with long term physical, mental, intellectual or sensory impairment which, in interaction with barriers, hinders his full and effective participation in society equally with others.'

The law for the first time takes cognizance of the fact that some persons with disabilities will support needs that are more than others and defines 'high support'(2(1) and 'persons with high support needs'. Steps to ensure 'reasonable accommodation' for persons with disabilities are mandated in the law. Like the UNCRPD, it widens the definition of

communication to recognize a range of forms of communication including tactile communication, signs, plain language and alternative and augmentative modes of communication among others.

The law outlines a range of rights that were earlier not covered by law. These include the right to live in the community (Section 5), protection from abuse, violence and exploitation (Section 7), protection and safety in situations of armed conflict, humanitarian emergencies and natural disasters (Section 8), the right to home and family (9), access to justice (12), the right to participate in recreational activities (29) and much more.

The Act provides for reservation in education in government and employment (albeit only in government establishments for jobs and government and government-aided for education), while also emphasizing the need for reservations in promotion. An important distinction between the RPWD Act and the erstwhile Persons with Disabilities (PWD) Act, 1995 is the provision for penalty in the form of imprisonment and/or fine for violation of provisions of the former and discrimination against persons with disabilities. The Act also provides for a two-year stipulated time-period for ensuring that a 'barrier-free access' is available for persons with disabilities in all physical infrastructure and transport systems. Designated Special Courts have been proposed to handle cases of violation of rights of persons with disabilities in a speedy manner.

Disability activists have however been deeply disappointed by the caveats in law and the weak protection in the area of discrimination on grounds of disability [Section 3(3)]. Under the chapter on rights of persons with disabilities, Section 3 says that 'no person with disability shall be discriminated on the ground of disability, unless it is shown that the impugned act or omission is a proportionate means of achieving a legitimate aim'. Outlining a right and

then finding a way out of it seems to be the pattern that the new law follows.

Women with Disabilities

For women with disabilities, the new law can be seen as a starter for the delineation of their rights. Despite the Standing Committee recommendations to restore the chapter on the rights of women and children with disabilities in earlier drafts, the new law chooses to state that the ‘appropriate government and local authorities shall take measures to ensure that women and children with disabilities enjoy their rights equally with others’ [Section 4(1)].

Further sections of the law exhort the government into taking gender, disability and age dimensions into account when formulating schemes and strategies, particularly in the area of social security. This along with some strong and specific references to the rights and needs of women with disabilities also mark the new RPWD Act 2016.

Section 37 of the law provides for 5 per cent reservation in all poverty alleviation programmes with priority given to women with benchmark disability. The same reservation and priority is given to women with benchmark disabilities in the allotment of agricultural land and housing in all relevant schemes and development programmes [37(a)] as well as allotment of land at concessional rates for various purposes.

This specific priority for women is important since poverty is an overarching factor in the lives of women with disabilities in the three communities studied. We see not only the lack of money, i.e., economic poverty, but also material poverty. The access to water, food, housing, health services is precarious at best. Again and again, we hear women saying that poverty was one of the major reasons why they could not get educated.

Because of these factors, the lives of many women are also confined/limited to their families and homes. Women living in their natal homes

often supported by their parents, voice the fear concerning how they will live/survive once the people who protect and support them are no longer alive. Parents too voice this concern. This concern is voiced across all impairment groups. Situations of great vulnerability where women with disabilities are mothers of children with disabilities or there are two or more family members with disabilities have not warranted proactive support in any way.

While the law does attempt to address some of these intersectional concerns, it falls shy of making a strong commitment in these very important areas. In the section on Social Security, the RPWD Act 2016 urges governments to develop schemes and programmes ‘to safeguard and promote the rights of persons with disabilities for an adequate standard of Living to enable them to live independently or in the community.’ While stipulating that the quantum of assistance for such schemes will be at least 25 per cent higher than the similar schemes applicable to others, the law also gives the government a way out by putting in the caveat of ‘within the limits of its economic capacity!’ Governments have to consider factors such as diversity of disability, age, gender, and socio-economic status while framing such schemes.

Within the social security section too, there are clauses that could be valuable for women with disabilities. Some of these include ‘support to women with disabilities for livelihood and upbringing of their children’ [24(d)], ‘access to safe drinking water and appropriate and accessible sanitation facilities especially in urban slums and rural areas’ (Section 24), ‘caregiver allowance to persons with high support needs’ [24(i)], and ‘provisions of aids and appliances, medicine and diagnostic services, and free corrective surgery to the poor’.

Rehabilitation

Rehabilitation services that enable girls and women to learn skills of self-care, mobility, communication and others are conspicuous by their absence in the rural areas of the country. Poverty, gender as well

as lack of access to any rehabilitation services are multiple factors that collude with the impairment of women and prevent full participation. The narrowing of options that women and girls experience causes great vulnerability as seen in the present study.

At present no programme or law provides for personal assistance or support to the family members who are the major safety net for women and girls with disabilities. Very little information seems to be available on what is possible and where to go, either to families, communities, or different office bearers.

While the law gives persons with disabilities the right to live in the community (Section 5), governments will only endeavour to provide 'access to a range of in house, residential and other community support services including personal assistance necessary to support living with due regard to gender and age.'

Further although the law defines rehabilitation as 'the process aimed at enabling persons with disabilities to attain and maintain optimal physical, sensory, intellectual, psychological, environmental or social function levels' the state does not take on this responsibility entirely. Instead these essential services are to be undertaken or cause to be undertaken 'within the economic capacity and development' of the state and by NGOs in the country (Section 27).

Accessibility and Personal Mobility

The realities and notions of accessibility in remote rural areas are very different from the urban. Villages may not be connected by roads and may be cut off in the monsoon by a swollen stream. Transport options from one place to another may be erratic and extremely limited affecting the personal mobility of women with disabilities in many ways. For example, women may find it difficult to walk to the next village to fetch water, or have trouble

catching the infrequent bus which they cannot board without help, or be confined to their homes because there is no information available about training or changes in the local environment that enable the visually or hearing-disabled to move about in safety and security. Poverty, a lack of choice and any accommodation or support for their impairment limits their mobility further. The distinction between the urban and the rural has not found a voice in the law as yet and many of our solutions have been urban-centric.

Some of the recent national disability-specific programmes such as the Accessible India Campaign have focused much more on the built environment and accessible websites, sign language interpreters and making accessible transport available. Though laudable, these have as yet not addressed the requirements of women with disabilities in remote rural areas whose realities may require different solutions.

The RPWD Act for the first time recognizes that strategies for the urban and the rural may be different and promises that standards and rules for accessibility in physical environment, transportation, information and communication, including appropriate technology and systems and other facilities and services, will be made taking both urban and rural realities into consideration.

Accessible transport and roads are mandated and the government will take 'suitable measures' to see that these are in place (Section 41).

The government will also support the personal mobility of persons with disabilities by developing schemes and programmes to provide incentives and concessions, retrofitting of vehicles and personal mobility assistance [41(2)].

The strong provision here is the commitment of the government to ensure that all existing public buildings are made accessible within a period of five years from the date of notification of rules.

While the law opens up a wider array of possibilities in some areas, in some contentious areas such as legal capacity and education it reflects the debates and dilemmas prevalent at present and does not take very strong stands in one direction.

Legal Capacity

Unlike the provisions of the National Trust Act and the Mental Health Act 1987, the Rights of Person with Disabilities Act 2016 starts with a presumption of legal capacity and equality under the law for all. Section 13 of the law ensures that 'persons with disabilities enjoy legal capacity on an equal basis with others in all aspects of life and have a right to equal recognition everywhere as any person before the law' 13(2). It gives the person with disability the right to own and inherit property and control their financial affairs, and the right to alter and modify any support arrangements.

However, in Section 14, the law provides for limited guardianship and the decision to decide this lies in the hands of the district court or an authority designated by the government. The law envisages that limited guardianship will be an equal, time bound relationship for a specific purpose, with the guardian not exercising undue influence on the person and the person having the right 'to alter, modify or dismantle any support arrangements and seek support of another' [13(4)].

However the law also provides for what it calls full support to the person to whom limited guardianship is granted.

This decision of guardianship, and the nature and manner of support given to a person is now given into the hands of the district courts or any other authority that is designated by the government. The decision is to be reviewed periodically. One of the big challenges in guardianship being decided by district courts lies in the nature of the institution of the court itself. The decision to provide guardianship is essentially a decision on the perceived capacity of

a person to take life-decisions. Such decisions must be arrived at after due process since they affect the life of a person in a very fundamental way.

The National Trust Act had broken with earlier tradition to give the power of assigning guardianship to a local level committee consisting of a person with disability and member of a registered organization for or of persons with disabilities and the District Magistrate. While there are many issues with the way in which these committees function on the ground, the attempt to put such important decision making into the hands of people rather than official bodies has been a unique one and should have been strengthened.

The implications for the process provided by the present law for rural women with disabilities, amongst the most vulnerable, are many. The perceived lack of capacity of some men and women with disabilities over generations, has deeply affected their agency in society. For rural women and girls with intellectual and psychosocial disabilities, this perceived lack of capacity coupled with poverty, lack of choices and exclusion from various institutions of society sets in motion a vicious cycle often leading to grave isolation even at an early age. The fact that they are women has certainly added to their exclusion from society. There is now substantial consensus among disability groups that the human rights of PWDs require recognition as do their capacities to take decisions critical to their lives and well-being, including relating to property and money. Yet debates continue with regard to how these rights should be operationalized and also about the need for and nature of support, checks and balances.

Manjula Noorsha Banjara, 23, who is seen as intellectually disabled, is entirely confined to her house, isolated from the community and utterly dependent on her mother. Her mother never takes her out of the house because she feels that her daughter does not understand anything and behaves like a child. According to the interviewer she is seen

as being ‘incapable of having any responsibilities.’ Manjula’s perceived incapacity does not come from the nature of her impairment. Rather it is built upon with the interaction of her impairment with years of isolation and lack of participation in society. Decisions of capacity and incapacity are therefore extremely difficult to take. Is the district court the right agency to be taking such decisions?

Education

The new law has much to say about education. While it adds to the RTE Act 2009 in some areas, it also weakens some important commitments. For the first time we have a definition of ‘inclusive education’ in the law; ‘a system of education wherein students with and without disability learn together and the system of teaching and learning is suitably adapted to meet the learning needs of different types of students with disabilities.’

In order to make systems inclusive, the law details a range of very important actions. These include among others, reasonable accommodation according to individual requirements and individualized support measures. The law speaks about accessible buildings and campuses and training of professionals and staff at all levels of education to support inclusion, all of which are enabling clauses and fundamental to the success of inclusion of any child with specific requirements.

Unfortunately, the commitment to implement inclusive education is weak. The government pledges to only ‘endeavour’ to provide inclusive education in all educational institutions funded or recognized by them. This commitment immediately reduces inclusive education to a particular school or institution and not changing the system as it is defined and supposed to.

Meanwhile, children with benchmark disabilities have been given the right to ‘free education in a neighbourhood school or in a special school’. With the RTE provision of home-based education as a choice for children with severe or multiple disabilities, all

three sites of education are now available to children with disabilities. While this could be seen as a positive, the flipside of all these choices is in the way they are conceived and implemented.

The RTE provides for home-based education with no direction on how this is to be implemented. Similarly, the RPWD talks about special schools but gives no directions about how they are to be conceived. Given the reality of special schools being largely funded and run by the MSJE and schools for children with developmental disabilities being run in informal ways; it is likely that these present practices will continue. The push of the RTE for the education system to become inclusive, is now likely to get diluted. For the parent too, the general school system that continues to be of low quality and actively pushes out the child is unlikely to be the first priority.

As seen on the ground, no real choice exists for the most vulnerable. It is often the state that makes the choice regarding which child to put into home-based education and now children with disabilities are likely to be pushed into special schools too.

The RTE that held great possibilities for children with disabilities when it was amended in 2012 to specifically include them in the disadvantaged groups suffered from a narrow interpretation, absolutely no change in the Sarva Shiksha Abhiyan programme (the vehicle through which the law is implemented), and reduced budgetary allocations. All together, these and many other systemic factors have together reduced its impact for the education of children with disabilities.

At present, children with disabilities continue to be the largest out-of-school set of children in the country. Among them, far fewer girls with disabilities get a chance to go to school. Between 2009–10 and 2014–15, on an average only 74 girls with disabilities are enrolled in schools as compared to 100 boys with disabilities. When this is compared with the 94 girls enrolling in schools in relation to

100 boys, the GPI for girls with disabilities remains a cause for concern.

The experience of girls with disabilities in rural areas continues to be fraught with barriers. Many have dropped out and many have still not accessed education. Only those who can swim with the current or those who have been lucky to receive individual support have had any chance of receiving an education. In human terms, the fallout of these situations are grave as we can see from the lives of Parbati Mahji and Santoshi Kumari.

Parbati Mahji is 12 years old and blind. With no access to rehabilitation services she remains completely dependent on her mother for her daily needs. Worried about her safety and security in a village, her parents do not encourage her to go out of the house and she has not gone to school. At 12 years of age Parbati is already experiencing life second-hand through her family members who go out and visit places she does not. 'I like to talk much more' she says, 'because I am generally left at home most part of the day.'

Santoshi Kumari, is from Lara village in Jharkhand and lives with multiple disabilities. Her family is fiercely protective of her and is ready to go to any length to ensure her rights. But when her mother approached the school for admission she was refused by the headmaster who said that there was no order from the government to take in children with disabilities in school. Unable to fight back her mother gave in and Santoshi remains at home alone the whole day moving from place to place in the house and playing by herself. Worried and stressed by people's attitudes, her mother often threatens to kill herself and take her disabled daughter with her. It is her brother who saves the day by promising that he will take care of his sister.

The New Law, the New Bill and the other Disability Laws: Recommendations

The passage of the Rights of Persons with Disabilities Act 2016 has implications for the Mental Health

Care Bill, 2014 as well as the National Trust Act for the Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disability which has dealt primarily with issues of guardianship of these groups. With the RPWD Act having dealt with the area of legal capacity and a range of other rights, the relevance of the bill and the law is unclear. In the area of mental health, the law leaves the institutions working for the care of mentally ill persons out of the requirement of registration with the act, perhaps making room for the Mental Health Bill to regulate and outline how these institutions are run. There is now a need to look afresh at all disability-specific laws and bills in relation to what the new law says.

Resourcing the New Law

While the RPWD Act 2016 stuns you with the wide array of rights it deals with, the state gives itself a way out on some very critical areas for women with disabilities living in remote rural areas to live independently and with dignity. That is why this is a law that will require close scrutiny and auditing by person with disabilities. Much will depend on how this law is interpreted, implemented and resourced.

For example, it remains to be seen whether the disability pension will remain uneven throughout the states as it has been or will it now be equal to minimum wage, inflation-indexed, and complemented by different kinds of support?

The budget for persons with disabilities, announced in February 2017, accounts for a mere 0.0039 per cent of the GDP. With a wide-ranging new law in place, unless a larger volume of resources is pledged and used, the rights envisaged are unlikely to be translated into reality.

With varied chapters on health, protection and safety, skill development and employment, access to justice, right to culture and recreation, etc., the responsibility of the law falls on the shoulders of many different ministries. For example, the law envisages the inclusion of persons with disabilities in all mainstream policies—including formal

and non-formal, vocational and skill-training schemes and programmes and schemes to promote healthcare. It would be important to monitor closely the plans, resources and commitments of these different ministries in the coming years.

The exclusion of the disability discourse from the larger development discourse has been very strong in our country. For example, even though the links between disability and poverty are well understood and even though there are Supreme Court orders (like the Right to Food case) to include persons with disabilities in the Antyodaya scheme, the National Food Security Act 2013 does not recognize women and children with disabilities in its definition of vulnerable groups, even as it attempts to empower women by seeing them as the head of the household. Key livelihood programmes such as the MGNREGS seem to have fought shy of recognizing the vulnerability of children and persons with disabilities with no specific provisions for them in the law and their rules. To reverse these trends is going to remain a challenge unless concerted strong action and monitoring is done by disability groups.

Building Capacities

Apart from resources, the law requires capacity building of a range of personnel who need to be trained to work with children and persons with disabilities. These include panchayat members, legislators, administrators, police officials, judges, lawyers and others. A disability component for all education courses for school, college and university teachers, doctors, nurses, para-medical personnel, social welfare officers, ASHA workers, Anganwadi workers and others (Section 47). This is an extremely important section of the law if inclusion is to happen. Although not specified, it would be important now that the trainings happen and that they break away from the very medical understanding of disability and focus on the social and economic contexts and the rights of women

and children and others who are vulnerable among persons with disabilities in the country. Although the law does not mandate it, it is also important that persons with disabilities including women are at the forefront of this training.

Women with Disabilities

While the law makes a beginning in the recognition of the rights of women with disabilities and the recognition is uneven and not strong enough in many critical areas. In the areas of access to education, rehabilitation, skill development and work, for example, the explicit recognition is missing. In the area of health, while the law makes a specific reference of providing sexual and reproductive healthcare especially for women with disabilities (Sec 25(2k)), it does not mandate just access to health care for them. There is enough ground and research evidence to show that the gender element is strongly present in access to health care in India.

Work opportunities for women in rural areas need to be explored and expanded: easier access to capital, markets, and transport to work locations. Regulation of conditions for home-based work might also positively impact their livelihoods. Strategies for promoting independent, assisted living in rural areas must be explored further.

5.3.3 Recent Policies and Legislation

Recent legislative guidelines from the State as well as Courts have signalled a lack of will on the part of the government to bring in any sustainable changes. While the Rights of Persons with Disabilities Act of 2016 is a welcome piece of legislation, it is not free from major loopholes manifested in its lack of special provisions for women with disabilities, its failure to address the problems related to certification of disability, or its contentious provision on reservation for persons with disabilities. The Act has been criticized by disability-rights activists for negating the progressive judgements of 2013 in Union of

India vs National Federation of Blind, MCD vs Manoj Kumar Gupta, and Rajiv Kumar Gupta vs Union of India, wherein the Court interpreted Section 33 of the Persons with Disabilities Act 2005 so as to include reservation of persons with disabilities in all groups of government officers, i.e., A, B,C and D groups, at the time of recruitment as well as promotion. The new Act reduced the impact of the clear Court guidelines by relegating the right to reservation in promotion to a mere proviso under Section 34 of the Act. The Act also does not address the bureaucratic hurdles faced by persons with disabilities in obtaining a certificate of disability, which is the necessary gateway for demanding any entitlements from the State. While the Minister of Social Justice and Empowerment, Thaawar Chand Gehlot, announced in the Parliament that a scheme of 'universal identity card for the disabled' is on the anvil and an agency has been finalized for this purpose, the feasibility of such a scheme is debatable. This is particularly so as the identity card is proposed to be linked to the disabled person's Aadhar Card, which itself has been ruled by the Supreme Court to be not mandatory for availing State benefits.⁶

The Accessible India Campaign, another flagship scheme launched by the present government in 2015, was to be allocated INR 193 crore exclusively. But this amount was, in fact, subsumed under the existing schemes arising out of implementation of the Persons with Disabilities Act. Equals, Centre for Promotion of Social Justice, a disability rights organization based in Chennai points out that such an allocation is regressive in its focus on a select number of urban cities (50 government buildings in 26 cities, and 25 government buildings in another 22 cities), discriminating against the 69.5 per cent of rural population of persons with disabilities.

A recent 2016 judgement of the Supreme Court which provided for guidelines for persons with disabilities for when the National Anthem is being played came under intense censure by disability

rights organizations. The judgement, that directed persons with disabilities to 'maintain maximum possible alertness', has been criticized by Jayana Kothari, the author of *The Future of Disability Law in India*, as being 'completely offensive and shows disrespect and disregard for so many different conditions/disabilities that people may have'.

5.3.3.1 Government Programmes

In the absence of new legal frameworks, many of the concerns of women living in rural Odisha, Jharkhand and Karnataka, go unnoticed in both the design and implementation of programmes.

Some of the recent national disability-specific programmes such as the Accessible India Campaign have focused much more on the built environment and accessible websites, sign language interpreters and making accessible transport available. Though laudable, these have as yet not addressed the requirements of women with disabilities in remote rural areas whose realities may require different solutions. For example, women may find it difficult to walk to the next village to fetch water, or have trouble catching the infrequent bus which they cannot board without help, or be confined to their homes because there is no information available about training or changes in the local environment that enable the visually or hearing-disabled to move about in safety and security. Poverty, a lack of choice and any accommodation or support for their impairment limits their mobility further.

State-level Provisions

The disability pension, the scheme for provision of aids and appliances, and concessions in transport are some of the schemes for disabled persons.

The disability pension is one universal attempt made by the government to provide some kind of support to disabled people living in difficult economic circumstances throughout the country. Each state in the country decides on its own quantum of support which varies from INR 300 per

month in Odisha, INR 400–600 in Jharkhand, and between INR 400–1000 in Karnataka (depending on the degree of disability). Although the amounts given monthly in the pension are often very meagre, most disabled people are aware of this provision and value it highly. Other schemes such as the Assistance to Disabled Persons for Purchase/Fitting of Aids and Appliances scheme, 2014 (ADIP) through which aids and appliances are provided free of cost to disabled persons living below a certain income level, on the other hand, do not seem to have reached many women with disabilities.

In most of the narratives of women with disabilities in the three states, the Panchayat did not appear to be a strong force creating opportunities and support, as mandated by law. The empowerment of women with disabilities was not seen to be significant among their priorities and no real attempt was made to include them in the affairs of the Panchayat.

6. Recommendations

6.1 Recommendations for Law and Policy

Ensuring Correct Census of Persons with Disability

Identifying the number of disabled is not important solely from a statistical standpoint. At a macro level, these estimates guide government spending decisions on disability. In recent years, direct spending by the government on the disability sector has been a miniscule 0.05 to 0.07 per cent of its budget. At an individual level, timely and accurate identification of persons with disabilities is important in order to ensure that they receive proper care and benefit from government schemes for their welfare. In practice, the current identification and certification process reaches a small proportion of potential beneficiaries. The World Bank survey in rural Uttar Pradesh and Tamil Nadu found that 56

per cent of PWDs were not aware of the disability certification process, and that only around 21 per cent were in possession of a PWD card.

The state should adopt a much more inclusive definition of disability, incorporating many previously excluded categories of disabled persons, and use a 6 per cent disability rate in calculating budgetary requirements of this most vulnerable population. The medical criteria used to identify disabilities should also be revised, and standardized across the country

Shift towards Using Social Models

Traditionally we looked at disability mainly in terms of the medical impairment a person lives with, known as the ‘medical model’ of disability recognition. However, a ‘social model’ recognizes that it is not the medical impairment which disables a person; it is social, economic and cultural barriers which persons with disabilities face, which disable them.

The UNCRPD, as noted above, has laid grounds for changing the definition of disability, by shifting from a medical to a social model. The South African Policy on Disability is one example which incorporates this paradigm shift in how we construct disability into its perspective. It recognizes, for instance, that ‘it is the inability of the ordinary schools to deal with diversity in the classroom that forces children with disabilities into special schools.’

This results in an approach that requires that resources be made available to transform so-called ‘ordinary’ amenities and services to cater for a more diverse environment. All current laws define PWDs entirely on a medical model. These must be shifted fully to social definitions that are sensitive to multiple deprivations of gender, caste, class, religious identity and geography. This would require governments to create appropriate social scales and systems of evaluation.

Consolidation of Legal Instruments

There are multiple laws in India that provide and protect the rights of people with disability in India, many of which are currently in the process of amendment. The processes of amendment for each of these, however, are working in isolation from others. Separate ministries too are involved in amending these bills and acts, including the Ministry of Social Justice, the Ministry of Health, and the Ministry of Human Resource Development. This leads to confusion in the drafting of provisions in each of the laws, with fears not just of overlap but even contradictions. In addition, provisions regarding the right to education of children with disabilities also overlaps with Right of Children to Free and Compulsory Education Act, 2009 (RTE).

Legal Capacity for the Disabled

In consonance with the UNCRPD, the laws must affirm that persons with disabilities enjoy legal capacity on an equal basis with others in all aspects of life. At the same time, the system should acknowledge, as the UNCRPD mandates, the need for 'support they may require in exercising their legal capacity', with 'appropriate and effective safeguards to prevent abuse' in extending such support, checks to ensure that these 'respect the rights, will and preferences of the person', and that the supports 'are free of conflict of interest and undue influence, are proportional and tailored to the person's circumstances, apply for the shortest time possible and are subject to regular review by a competent, independent and impartial authority or judicial body. The safeguards shall be proportional to the degree to which such measures affect the person's rights and interests'.

We believe that at least where local networks of disabled persons exist, they could be given a much greater role in ensuring that the supported decision reflects as far as possible the true aspirations and best interests of the person.

Integrated Education

At present, educational outcomes for both children and adults with disabilities remain extremely poor as compared to those for non-disabled persons. This highlights the importance of promoting inclusive education programmes in regular schools, to ensure suitable support and to lower the likelihood of disabled students dropping out of school. Even supporters of special education should realize that for rural girls with disability, a network of special schools within accessible distance is impossible to accomplish: it would be a budgetary impossibility, let alone the difficulties of providing the requirements of trained personnel.

There is a need to ensure that RTE sufficiently safeguards the interests and rights of children with disabilities. Data from the SSA for 2005 shows that spending on inclusive education was only about 1 per cent of the budget, and even for this, execution rates were a lot lower than other areas. Parents, educational service providers and the community at large need to be sensitized to the special needs of children with disabilities, and promote their inclusion in regular schools. This is particularly true with respect to attitudes towards children with mental disabilities. Besides this, the development of appropriate curriculum and learning materials, adequate financial support, effective monitoring and evaluation programmes, and even ensuring physical accessibility to regular schools (for example, only 18 per cent of SSA schools nationally were considered accessible in 2005) are other important focus areas for making education more accessible and relevant for children with disabilities.

Poverty and Exclusion

Laws and programmes related to PWDs need to further recognize poverty, gender and social exclusion, and geographical exclusion (especially rural locations) as crucial factors affecting the rights of children and persons with disabilities, and nuances of how disability as a social vector of

exclusion intersects with other traditionally socially excluded groups such as Dalits, Adivasis, and Muslims to create a complex matrix of vulnerability in the Indian context. Further, the rights of the disabled need to be linked to food security in India, given the high rates of malnutrition.

It is estimated that there are 70 million disabled people in the country and studies show that 70 per cent (50 million) of these belong to poor families. Poverty is both a cause and consequence of disability. It is important for law makers to recognize that PwDs have greater needs than others to meet additional costs of health care, basic needs, accessibility and transport, whereas they have a lower earning capacity deriving from their impairment and the lack of socio-economic access and opportunities.

The law must guarantee social security benefits, aids and appliances, medicine and diagnostic, corrective surgery without cost to persons with disabilities. There should be no eligibility requirements for this right, because that would in the end tend to exclude those most in need of support.

There are provisions for reservation or preferential access for PwDs under a number of the government's poverty alleviation schemes, but in many cases implementation has been weak. The status of disability reservations in employment needs to be reviewed: are positions being left empty because of the lack of suitable applicants, or because jobs offered to PwDs are being narrowed and undermined? Take corrective action to operationalize this provision.

The law and programmes also need to recognize the practical gender needs that differentiate access for men and women, and to look at how it is doubly difficult for a disabled woman to determine and access public spaces like transport, hospitals, parks, etc. Apart from access to infrastructure and public spaces, the law also needs to look at political, cultural and social spaces, and facilitate increased access to all of these for women with disabilities.

There is not much support in existing laws and

policies to support families with disabilities or persons with disabilities themselves engaging in or accessing gainful employment. Financial and tax benefits to private employers of PwDs, subsidies and finance incentives for starting small-scale income generation activities by PwD households, should be incorporated. The national disability fund needs to play a greater role in enhancing livelihood opportunities for poor disabled people. We need to carry out further R&D in the area of technology and the use of appropriate devices for creation of livelihood opportunities of poor people with disabilities.

Public awareness programmes should be undertaken to explain the causes and remedial measures possible for disabilities and related health concerns. In particular, awareness should be raised about issues of sexual assault and bodily autonomy.

ASHA workers and ANMs should be trained as Village Rehabilitation Workers as well (as in Karnataka), and trained to recognize disabilities, provide counsel, networking, or care support to families, as the need arises. Reproductive support should be made available, and closer monitoring of women with disabilities during and after pregnancy. Forced sterilization should be discussed and strongly discouraged.

Postscript

Happy be they who understand my strange step when walking and my heavy hands. Happy be they who know that my ears have to be strengthened to understand what is said. Happy be they who understand that though my eyes shine my mind is slow. Happy be they who see yet don't notice the food that drops and falls off the side of my plate....Happy be they who listen to me, since I too have something to say.

Argentinian National Association for the Promotion of Disabled People

Endnotes

1. Jharkhand:
Researchers: Ms Savita Kumari, Ms Rinki Kumari, Ms sangita Tigga, Ms Nilima Tigga, Mr Ajit ram, Ms Kiran Kumari, Mr Amit Kumar Singh, Mr Mohd. A Parwez, Ms Shabbo Khatoon, Ms Meena Kumari, Ms Babita
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2. We prefer to use the term 'disabled people' instead of 'people with disabilities' in this chapter because, in accordance with the social model, we see disability as being imposed by the environment rather than a necessary outcome of an impairment. Therefore, it is not possible to 'have' a disability, but only to have an impairment. Moreover, we believe reducing the stigma associated with being disabled begins with accepting disability as a fact of life for many people, which in no way defines their whole identity
3. According to Census of India, 2011, approximately 69.5 per cent of the disabled population resides in rural parts of the country.
4. For their invaluable help in carrying out this study, we are indebted to South Odisha Voluntary Action in Koraput, Janamukhi in Gadag and Jan Seva Parishad in Hazaribagh, respectively.
5. The snowballing method, or chain referral sampling, is a method of sample selection in which each respondent recommends or helps recruit the next respondent from among her own acquaintances.
6. Auxilliary Nurse Midwives, or the village-level female health workers in India, are commonly known as ANMs.
7. Writ Petition (Civil) No. 855 of 2016.

References

- Addlakha, R. (2011). *Contemporary Perspectives on Disability in India*. India: Lambert Academic Publishing.
- Agnihotri, S.B. and Patel, A. (2007). 'A Multi-State Socio-Economic Study of Women with Disabilities in India'. Bhubaneswar: UNDP, Government of India and SMRC.
- Braithwaite, J., and Mont, D. (2008). *Disability and Poverty: A Survey of World Bank Poverty Assessments and Implications* (SP Discussion Paper No. 0805). Publisher not known: The World Bank.
- Das, D. and Agnihotri, S.B. (1999). 'Physical Disability: Is there a Gender Dimension?' *Economic and Political Weekly*, 33(52), 3333–35.
- Dogra, B. (2016). 'Crisis in the Social Sector'. *Mainstream*, 54(8).
- Elwan, A. (1999). *Poverty and Disability: A Survey of the Literature* (SP Discussion Paper No. 9932). not known: The World Bank.
- Equals- Centre for Promotion of Social Justice. (2017). *Accessibility India Campaign- Unfolding the Package*. Retrieved 12 February, 2017 from <http://www.equalscpsj.org/budget-policy-and-law-analysis>
- Ghai, A. (2001). Marginalization and Disability; Experiences from the Third World. In M. Priestley (ed.), *Disability and The Life Course: Global Perspectives*, (pp. 26–37). Cambridge: Cambridge University Press.
- (2003). *(Dis)Embodied Form: Issues of Disabled Women*. New Delhi: Har-Anand Publications.
- Ghai, A. (2015). *Rethinking Disability in India*. India: Routledge.
- Gupta, M. (2013). Union budgets since 2008 show India spends 0.0009% of its GDP on Disability. 20 October Retrieved 4 November, 2016, from Hindustan Times: <http://www.hindustantimes.com/delhi/union-budgets-since-2008-show-india-spends-0-0009-of-its-gdp-on-disability/story-iaeEcIAhqZwXoE8sCVihBI.html>

- Hans, A. and Patri, A (eds). (2003). *Women, Disability and Identity*. New Delhi: Sage Publications.
- Harding, S. (1991). *Whose Lives? Whose Knowledge? Thinking from Women's Lives*. New York: Cornell University Press.
- Hartsock, N. (1983). *Money, Sex and Power: Towards a Feminist Historical Materialism*. New York: Longman.
- . (1994). The Feminist Standpoint: Developing the Ground for a Specifically Feminist Historical Materialism. In R. Tong, & N. Tuana (eds), *Feminism and Philosophy: Essential Readings in Theory, Reinterpretation and Application*, (pp. 69–90). Boulder, Colorado: Westview Press.
- Hitselberger, K. (n.d.). Why It's Important My Wheelchair is Part of How you See Me. Retrieved 4 November 2016, from http://www.huffingtonpost.in/entry/why-my-wheelchair-is-important-in-how-you-see-me_b9523778.html
- Iyer, R. (2017). National Anthem Guidelines for Persons with Disabilities are Regressive, Compromises Right of Individual Autonomy. 24 January. *Firstpost*. Retrieved 12 February, 2017 from <http://www.firstpost.com/politics/national-anthem-guidelines-for-physically-challenged-are-regressive-setback-for-disability-rights-3218032.html>
- Jeffery, R., & Singal, N. (2008). Measuring disability in India. *Economic and Political Weekly*, 22-24.
- Justice KS Puttaswamy vs Union of India and Others. Writ Petition (Civil) No. 494 of 2012. Retrieved 12 February 2017 from http://supremecourtindia.nic.in/FileServer/2015-10-16_1444976434.pdf
- Lahiri, A., Sethi S., Bose, R., Jha, R., Campier, C., and Mander, H. (2015). Women's Exclusions from Just Conditions of Work, and the Role of the State. In *India Exclusion Report 2015*, (pp. 107–140). New Delhi: Yoda Press.
- Mehrotra, N. (2006). 'Exploring Constructs of Intellectual Disability and Personhood in Haryana and Delhi.' *Indian Journal of Gender Studies*, 15(2), 317–40.
- Meyer, H. (2010). 'Framing Disability: Comparing Individualist and Collectivist Societies' [Electronic Version]. *Comparative Sociology*, 2, 1–17.
- Mitra, S., Posarac, A., and Vick, B. (2011). Disability and Poverty in Developing Countries: A Snapshot from the World Health Survey (SP Discussion Paper No. 1109). not known: The World Bank.
- Ministry of Home Affairs (2011). Disabled Population by type of Disability, Age and Sex. Retrieved 4 November 2016, from http://www.censusindia.gov.in/2011census/Disability_Data/India/C_20-India.xls
- (2011). Census of India, 2011. Retrieved 4 November 2016 from <http://censusindia.gov.in/2011-common/censusdataonline.html>
- Ministry of Social Justice and Empowerment. (2006). National Policy for Persons with Disabilities. Retrieved 4 November 2016, from <https://www.google.co.in/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&cad=rja&uact=8&ved=0ahUKEwiA7bS1gJPQAhWKRy8KHdLIDCgQFggaMAA&url=https%3A%2F%2Fwww.ilo.org%2Fdyn%2Fnatlex%2Fdocs%2FELECTRONIC%2F93612%2F109496%2FF-838532634%2FFIND93612.pdf&usq=AFQjCNHyijw>
- (2016). *Universal Identity Cards for Persons with Disabilities to be Released Soon*. New Delhi: Press Information Bureau. Retrieved 12 February 2017 from <http://pib.nic.in/newsite/PrintRelease.aspx?relid=145913>
- (2016). *Increased Budget Allocation to Social Justice Ministry to Boost Social Welfare Schemes*. New Delhi: Press Information Bureau. Retrieved 12 February 2017 from <http://pib.nic.in/newsite/PrintRelease.aspx?relid=137256>
- Murthy, G V S, John, Neena, Sagar, Jayanti and South India Disability Evidence study group. (2014). Reproductive Health of Women with and without disabilities in South India: the SIDE (South India Disability Evidence) study: a case control Study. *BMC Women's Health*, 14(146).
- National Sample Survey Organisation. (2003). Disabled Persons in India. NSS 58th round (July–December 2002). NSSO Report No. 485 (58/26/1).
- Office of the President. 'Integrated National Disability Strategy: White Paper.' Retrieved 23 October 2016, from <http://www.independentliving.org/docs5/SANatIDisStrat1.html>
- Office of the President. (1997). *Integrated National Disability Strategy: White Paper*. Retrieved 23 October 2016, from <http://www.independentliving.org/docs5/SANatIDisStrat1.html>
- Oliver, M. (1990). *The Individual and Social Models of Disability*. Paper presented at the Joint Workshop of the Living Options Groups and the Research Unit of the Royal College of Physicians on People with Established Locomotor Disabilities in Hospitals. Retrieved 4 November, 2016, from <http://disability-studies.leeds.ac.uk/files/library/Oliver-in-soc-dis.pdf>
- O'Reilly, A. (2003). *The Right to Decent Work of Persons with Disabilities (IFP/Skills Working Paper No. 14)*. Geneva: International Labour Organization.
- PTI. (2015). *Nearly 95 lakh toilets built in 1st year of 'Swachh Bharat': Minister Chaudhary Birender Singh*. Retrieved 4 November 2016, from *The Economic Times*: <http://economictimes.indiatimes.com/news/politics-and-nation/nearly-95-lakh-toilets-built-in-1st-yr-of-swachh-bharat-minister-chaudhary-birender-singh/articleshow/49260402.cms>
- Rao, Indumathi. (2012). 'Equity to Women with Disabilities in India.' NCW Strategy Paper. [http://g3ict.org/download/p/fileId_940/productId_250 Accessed 20/01/17]

- Rajiv Kumar Gupta & Others vs Union of India (2008) Writ Petition (Civil) No. 521 of 2008, with Civil Appeal No. 5389 of 2016.
- RTI Foundation of India. (2014). 'Merely 38 percent of the 26.8 million disabled issued a disability certificate.' 1 May. Retrieved 4 November 2016, from http://www.rtifoundationofindia.com/merely-38-268-million-disabled-issued-disability-c#.WA3030ko_qA
- Sampson, E. (1993). *Celebrating the Other: A Dialogic Account of Human Nature*. New York: Harvester Wheatsheaf.
- Shenoy, M. (2011). 'Persons with Disability and the India Labour Market: Challenges and Opportunities'. Bangkok: International Labour Organisation.
- Social and Rural Research Institute (2014). *All-India Survey of Out-of-School Children of Age 5 and in 6-13 Years Age Group. Conducted by SRI on behalf of Department of Elementary Education and Literacy, Ministry of Human Resource Development, Government of India*. Not known: SRI.
- Sreedharan, D. (2013). *The Silenced Wombs*. 4 August. Retrieved 4 November 2016, from The Hindu: <http://www.thehindu.com/features/the-yin-thing/the-silenced-wombs/article4985813.ece>
- Staff Correspondent. (2005). *Ban Demanded on Forced Hysterectomy on Disabled*. 1 January. Retrieved 4 November 2016, from The Hindu: <http://www.thehindu.com/2005/01/01/stories/2005010103521300.htm>.
- Standing Committee on Social Justice and Empowerment (2015-16), Ministry of Social Justice and Empowerment, Government of India. (2016). *Demand for Grants (2016-17)*. New Delhi: Lok Sabha Secretariat. Retrieved 12 February 2017 from http://164.100.47.193/lsscommittee/Social%20Justice%20&%20Empowerment/16_Social_Justice_And_Empowerment_28.pdf
- United Nations Development Programme. (2012). *Reservation Quotas for Persons Living with Disabilities in National Poverty Alleviation Schemes Under-utilized*. Retrieved 4 November 2016, from <http://www.in.undp.org/content/india/en/home/presscenter/pressreleases/2012/08/09/reservation-quotas-for-persons-living-with-disabilities-in-national-poverty-alleviation-schemes-under-utilized.html>
- United Nations General Assembly. (2006). *Conventions on the Rights of Persons with Disabilities*. Retrieved 4 November 2016, from <http://www.un.org/disabilities/convention/conventionfull.shtml#top>
- Wendell, S. (1996). *The Rejected Body: Feminist Philosophical Reflections on Disability*. New York: Routledge.
- World Bank. (2007). *People with Disabilities in India: from Commitments to Outcomes*. Retrieved 4 November 2016, from <http://siteresources.worldbank.org/INDIAEXTN/Resources/295583-1171456325808/DISABILITYREPORTFINALNOV2007.pdf>
- World Health Organization and World Bank. (2011). *Summary: World Report on Disability (WHO/NMH/VIP/11.01)*. Malta: World Health Organization & World Bank. 2016, A communication from Disability India Listserve