



Sustainable Development Goals (SDGs) for Women with Disabilities: Some Issues Faced in Aizawl

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Abstract

The word 'disability' has been in existence since time immemorial. Globally, it is estimated that disability has affected more women at 19 per cent as compared to men with 12 per cent respectively. In Mizoram, women with disabilities have long been marginalized and have faced poverty and various barriers which halted their development. In a study on the issues faced by women with disabilities in terms of sustainable development in Aizawl, the facilities used by these women are studied in depth and the study clearly highlights the struggles of women with disabilities as well as their engagement with the facilities available to them so as to achieve sustainable development. The facilities range from the assistive devices used to combat their disabilities, the educational facilities and the facilities available to them in terms of employment sections. The study focuses on the utilization of the various facilities by these women and how they are beneficial for their overall holistic development. In line with the Sustainable Development Goals, this study highlighted the need to mainstream disability in all the efforts of development programmes so as to achieve no poverty (Goal 1) and good health and well-being (Goal 3) of the sustainable development goals.

Keywords: Aizawl City, Disability, Sustainable Development Goals, Women with Disabilities.

Introduction

The Americans with Disabilities Act of 1990 has given a concrete definition of disability and state that it is either a physical or mental impairment that contributes in limiting one or major life activities of the affected persons (Balsara, 2014, p. 2). Disability can occur during the course of a person's lifetime or they can either be present right from the birth of a person. It is also worth noting that disability includes impairment of any kind which qualifies the affected person to be a disabled person. In a global context, it is reported that the prevalence rate of women with disabilities is 19.2 per cent while it is only 12 per cent for their male counterparts (UN Women, 2018). Hans and Patri (2003) have stated that while

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women are often depicted as forming a 'marginalized' section, women with disabilities faced double the marginal discrimination as compared to normal able women (p. 76). It is further noted that women with disabilities are not only discriminated by society, they are also virtually ignored by both able-bodied women as well as disabled men (Hans and Patri, 2003, p. 76). The problems and issues faced by these women doubled as compared to the issues faced by men with disabilities and are significantly worse off in many instances (Bhaimali, 2009, p. 35). Bhaimali (2009) has also stressed that most of the International developmental programmes have also failed to address the hardships and problems faced by these women in international platforms (p. 141.) Even if they are addressed, the enforcement is weak and are not properly policed and enforced (Oliver, 1996, p. 59). Besides, Meinert & Yuen (2012) have also contended that the caregivers also faced challenges in terms of providing humane and effective care in the absence of adequate societal support. Addlakha (2013) has also argued that all these factors lead to absence of confidence and self-assurance which further disrupts the lives of these women and act as major tumbling blocks in their lives. It can be said that these failures to address the issues have led to the suffrage of women with disabilities living in all corners of the world including Aizawl.

In the context of Aizawl, which is the capital of Mizoram state in India, women with disabilities form a small sub-group in society. The exact number of their total number is unknown as there is no formal census or data collected by the government. The problems and struggles faced by these women in Aizawl extend beyond societal stigma. Since time immemorial, men have taken a lead stranglehold in almost all social positions and if women with disabilities ever came forth for any kinds of attention, it came off as an object of pity (Hans and Patri, 2003, p. 151). The struggles do not end there in Aizawl. The facilities to aid their disabilities are not easily accessible to them and also, attending schools come off as a huge challenge which ultimately leads to difficulty in attaining employment opportunities for them.

Methodology

The study is a qualitative method in which in-depth interview and observation research techniques are used to study 60 women with disabilities who are purposively sampled to explore the importance of facilities such as the availability of assistive devices as well as the attainment of education and employment sectors which can lead to their sustainable development. The study is also conducted to draw inferences with regards to the issues faced in terms of Sustainable Development Goals (SDGs).

Theoretical Framework for the Study

The theoretical construct that serves as a framework to understand the meaning of 'disability' lays in the social adapted model of disability. This theory states that disability in turn places some limitations on a person's body and they can often prove to be problematic. However, most limitations are imposed to the disabled persons by their surrounding environment and society and they tightly constrict the individuals from performing their best capabilities (Balsara, 2014, p.6). The empowering model of disability clearly allows persons with disabilities to choose their own course of treatment and also in deciding the kinds of

services which could benefit them to the maximum point. This particular model or theory can empower people to pursue their dream goals (Balsara, 2014, p. 6). Women with disabilities will never reach their full potential and enhance their worth if they are constantly being made to live and confined to the four walls of their house and stigmatised that they can't achieve anything (Hans & Patri, 2003, p. 83).

Some Issues Faced in Terms of Assistive Devices

In the city of Aizawl, the facilities in terms of assistive devices used commonly by the women with disabilities include spectacles, hearing aids, crotches and wheelchairs. Even though there are quite a number of other assistive facilities available as a whole, these devices are mainly used by the women with disabilities in Aizawl. It is clearly evident from the study that most of the respondents did not have any access to assistive devices to aid their disability either because of financial issues or uncomfortable uses. Among the 60 respondents, only 15 of them have access to assistive devices. The following table clearly highlights the result.

Table 1: Do you have access to assistive devices?

Gender	Do you have access to assistive devices?			
	Yes	No	I don't know	Total
Women with disabilities	15 (25%)	45 (75%)	0	60 (100%)
Total	15 (25%)	45 (75%)	0	60 (100%)

The above table has clearly shown that among the 60 respondents, only 15 (25 per cent) women have access to assistive devices to aid their disabilities. The remaining 45 women or 75 per cent do not have any access to assistive devices due to the fact that they can't afford them or the devices are not available for them. Amongst the 45 women, financial issue is the main problem that arises when they try to access these devices. However, the case is different for intellectually disabled women as there are no proper assistive devices available to them in Mizoram. The main issue faced in terms of assistive devices is that the available devices tend to be expensive which is not sustainable for these women who are not economically well-off. Overall, the women who have access and use devices regularly highly benefitted from it. They also contribute 'normal functioning' in their day-to-day life and often prove to be sustainable for them as it enables them to carry on with their normal work without much burden.

In the case of Lalthanpari, she had a cochlear implant. The process has been done in order to aid her hearing but still faced occasional problem as the procedure would often bring pain and discomfort for the user.

“I am fortunate to get a cochlear implant but the process is rather expensive and does not come without risk free. I often have some discomfort in my ears sometimes but I did not want to complain anything as I know how much difficult it is to be deaf. Having some discomfort

after having cochlear implant is still better than being deaf as it allows me to work and function properly like a normal able human. The assistive device has helped me in my workplace and because of it, I am capable of working full time without having much problem. Had I not had this implant done, I would have faced lots of issues and would not be able to carry on with my job which requires certain listening skills. Hence, my assistive device is proven to be sustainable for my well-being.”(Lalthanpari, hearing impaired).

The availability and usage of assistive devices can lead to good health and well-being (Goal 3 of SDG) and it can also lead to the individual’s sustainable development as they can aid the persons in carrying on with their daily activities without much difficulties. Besides the assistive devices, the availability of government assisted welfare associations which looked after the persons with disabilities can also help in sustaining their overall development (Rao and MN, 1995, p. 98).

Women with disabilities have faced triple the amount of discrimination due to their disability, gender and economic status as many of them belong to a lower economic class. This has led them to be isolated, marginalized and neglected. This consequence is seen even in Mizoram as many women with disabilities are not even aware of the availability of the assistive devices for them. Among the women who used devices, those who received the devices at subsidised rate from the government have faced occasional issues. The main reason observed is that the ones that are provided to them by the government are not of high quality and often proven to be difficult to use by the respondents. The limited women who do have access to these devices still faced problems as they also come at a cost. They are not risk-free and not all devices are problem-free.

“When your parents earn only a few thousand rupees, it becomes almost impossible to get a cochlear implant or buy a high standard hearing implant. Even though the government occasionally distributes free hearing aids, they are difficult to use and are discomfort for the user. Hence, I decide not to use any devices until I am capable of buying my own high-quality hearing aids. So, until then, I will just have to bear with my disabilities for a while even though it made my life rather difficult.” (Zothansangi, hearing impaired).

The inability to afford assistive devices or the poor quality of the government’s facilities can often restrict these women from having good health and well-being and could very much further contributes to their limitations. The studies with regards to disability need more concentration. Certain efforts should be taken up and be put to use which could help these women in their integration with society. This process should also include provision of high standard assistive devices for the disabled (1995, p.124). When left without assistive devices, the hardships and struggles faced by women with disabilities can even double as their well-beings are often disrupted. In this particular study, the women who did not have any access to assistive devices faced far greater limitations in their daily activities than those women who are aided by assistive devices.

“I have certain faith that if I could even afford at least a wheelchair, I could move around freely without the constant assistance from my families. Our current family condition does not permit us to afford wheelchair and also, the regular visit to occupational therapists seems far fetch and does not seem sustainable for a girl like me. If the government could introduce therapy centres which could be visited free of cost by a poor disabled girl like me, then, it could be more sustainable otherwise, there is no hope for sustainable good health and well-being for me as of now. My disabilities not only limit me in performing activities but lack of assistive devices due to financial issues have further limits me from being the best version of myself.” (Laltlankimi, multiple disability).

The 45 women who do not use assistive devices do not have access to assistive devices because of financial burden and also because of discomfort associated with the low-quality devices distributed by the government free of cost. The discomfort in using assistive devices such as hearing aids prohibits the women from constantly using it and led them to have a decline in their overall well-being.

“I have cerebral palsy and live with this disability since birth. We come from a low-class family and my parents are only capable of earning less income. Besides, they have to support my other siblings as well as we are one big family. It becomes very tough for my parents to give constant assistance to me as they also need to cater to my other siblings who are still very young of age. We are not able to afford any assistive devices for me and we are not able to take regular therapy as the clinic is located far from my house besides being rather expensive. Therefore, there is no way to achieve any kind of sustainable development for me as of now due to our poor financial situations. It has also led my well-being to suffer and prohibits me from attaining good health as well.” (Siammawii Ralte, cerebral palsy).

It is obvious that these women do not have good health as compared to able people. However, they are further constricted from having good health when they are denied quality devices from the government. The supply from the government often proved to be of low quality and of low standards which makes their usage problematic which in turn, restrict their sustainability. Had the free or subsidised-rate supply been high standards, they would have definitely proven to be sustainable and in turn, led to good health and well-being of these women. Hence, the importance of achieving ‘good health and well-being’ of goal 3 of sustainable development goals is clearly highlighted and the lives of these women will be healthy and sustainable through the provision of cheap and high-quality assistive devices by the concerned authorities.

‘No Poverty’ as a Utopian Dream

Many health-related problems, without the aid of assistive devices, further led to psychological factors which in turn led to a state of poverty as it limits the women with disabilities from taking up jobs and employment (Rao and M.N, 1995, p. 48). The employment rate of women with disabilities is only 1.5 per cent in the workforce which contributes to poverty and poor standard of living among them (National Women’s Law Centre, 2016). As is observed in the case of Laltlankimi, it is evident that her disability

further limits her from pursuing any kinds of jobs and limits her chances of engaging in employment sectors. The case is similar for all other 44 women who endures their disabilities without using any type of assistive devices. All the studied women have faced issues with their disability as it limits them from pursuing many activities. Even if they do use assistive devices, they still experience restrictions in their daily life. In a situation where these women could not even move about freely in their own house, it becomes quite impossible to support themselves financially, let alone secure a job.

“It becomes increasingly difficult to move about freely in my own house due to lack of therapy and medical assistance. Since I cannot move freely on my own, it in turn becomes further difficult to pursue education and vocational skills. Without any such skills and education, how could I ever have financial independence as I cannot even work due to absence of much needed therapy for my disability. The only thing felt for me is to be struck with the burden of poverty without having any financial support. Sometimes, I felt as if I am born to bring only trouble for my family.” (Malsawmdawngliani, cerebral palsy).

Disability and poverty are a vicious endless circle where one affects the other. Poor individuals have a higher chance of being disabled and have a higher chance of being chronically ill. At the same time, the people affected by disability have a higher chance of living in a state of extreme poverty (Roncancio, 2015, p. 1). Hence, in order to provide a sustainable development for these women, they should be assisted by improving their overall health conditions and provide assistive facilities if possible. It is quite impossible for one government or agency to continuously provide financial back up to these women at all times, but the only way to bring a sustainable development, first and foremost would be to provide cheap health care services to these women. When free devices which are of high quality are provided to these women, their disabilities would not be completely eradicated but would be elevated to such a level that they can carry on with their daily activities freely. When their disabilities are aided to some level, they can further attend educational institutions freely and also attend vocational schools without much difficulty. When they gain the necessary knowledge and skills, they can soon find an employment and support themselves financially in the long run so as to eliminate poverty from their life.

Table 2: The employment rate of women with disabilities

Gender	Are you currently employed?			
	Employed	Unemployed	Studying	Total
Women with disabilities	7 (11.67%)	33 (55%)	20 (33.33%)	60 (100%)
Total	7 (11.67%)	33 (55%)	20 (33.33%)	60 (100%)

It is also evident from the above table that from the 60 women with disabilities, only 7 of them are employed which accounts to only 11.67 per cent while 20 of them are currently studying which is 33.33 per cent from the total women. The rest of the 33 women under study are unemployed and that contributes as many as 55 per cent from the total women. The rate

of unemployment among the women is very high as has been observed. The main reason is attributed to their disabilities. Secondly, the absence of jobs which can sustain their disabilities is another reason and the inability to work due to the pain and discomfort is another reason. Many employment agents hesitated to hire them because of stereotypical and stigma issues related to disabilities. Even among the students, they faced problems in attending their educational institutions regularly due to discomfort in their disabilities. All these factors together combine the reasons as to what causes unemployment among women with disabilities in Aizawl. Unemployment in turn leads to poverty and hence, unless women with disabilities are given the opportunities and the skills to acquire employment, they will always be troubled by the problem of poverty. Mizoram is still far from attaining 'no poverty' goals (goal 1 of SDG) until and unless majority of the persons with disabilities have better chances at acquiring skills and employment. Until then, the sustainable development goal of 'no poverty' is still a utopian dream.

“If the government or any other agency provided cheap healthcare services for persons with disability, then many of us could attain good health and better well-being. The government is already distributing free devices for persons with disabilities but most of us did not acquire it because awareness and information is very limited. The quality is also not up to expectation such that many of the receivers do not want to use it as often. So, my suggestion is to take care of our well-being first and foremost so that we could have the good health to learn some skills and will in turn find employment in the process. In this way, the poverty problem of most disabled people will be solved and the process will therefore be sustainable as well.”
(C. Lalremruati, physically handicapped).

We talked about sustainable development and the first and foremost step to bring about sustainable development of any kind for the women with disabilities would be to provide better assistive devices to us, free of cost and that too of high quality. Then, after our disability is aided through these assistive facilities, we will be able to work at our own level and end the vicious problem of poverty in our life. We already bring trouble to our families as we are in constant need of assistance, our problem will be relieved if we could find jobs that we could work and bring some financial support to our families leaving poverty behind us. (Siammawii Ralte, cerebral palsy).

Conclusion

From the study of women with disabilities in Aizawl, it is evident that poverty and disability are in turn related to each other. The provision of assistive facilities to women with disabilities is the most important step for them to attain sustainable development. Once their disability is aided through various devices such as wheelchairs, therapies and hearing aids, they could benefit from it and help them to excel in their career and educational aspirations. It could turn their life around and propel them to be able to attend certain vocational skills and help them find employment to sustain their daily needs. The devices and facilities could ease their burden and delimit their capabilities to a greater extent. Hence, the government should improve their strategies and find ways to supply assistive devices which are of high quality and improve awareness. By doing so, these women would be eased through their struggles

and improve their overall health and well-being. The poverty problems will also be at bay and bring forth development in their life which are in turn, sustainable.

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