



## ROLE OF ASSISTIVE DEVICES IN THE AUTONOMY OF ORTHOPAEDICALLY CHALLENGED WOMEN IN PUDUCHERRY DISTRICT

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**ABSTRACT** Women with disabilities are a marginalized group that has borne the brunt of discrimination since ages. They have been deprived of their rights to education, employment, and thus to their rights to a dignified life. The policies towards the inclusion of persons with disabilities are also generic which does not address gender specific issues. Moreover, there is lack of support from families and communities to empower and integrate women with disabilities into the mainstream of the society. Impeding factors like societal attitude, lack of awareness regarding their rights and their poor sense of self has relegated them to a very deprived position in the society. This paper is based on a study conducted to understand how Orthopaedically challenged women perceive themselves, to which extent they exercise autonomy in their families and communities and the contribution of assistive devices in helping them achieve such autonomy.

**KEYWORDS :** Orthopaedically challenged women, Self perception, Assistive devices, Autonomy

### Introduction

Women with disability constitute an alarming figure of 11,824,355 (Census India, 2011) among the total Indian population in India and yet they are far from inclusion into the mainstream society. Almost half a century and more into independence, the women with disability in India still remain outside the purview of development. Women with disabilities suffer from 'double disadvantage', that of being a woman and also a disabled. They suffer at different levels- familial and social where they are made victims of insult and neglect and also at government level where their gender specific issues are not adequately addressed. Neither the crusaders of women rights nor those of the disability rights have given the issues of women with disabilities the due attention that it deserves. Such women face a social, cultural and economic disadvantage which discourages them to exercise their rights to education, health care, training, employment etc.

### Attitude of family and community

A woman with disability is discriminated within her own family by treating her differently and not on par with her non disabled siblings. The families of women with disabilities consider them a liability and do not invest in their education or in making them employable. The families tend to be overprotective of them thus ending up making them highly dependent on others for their living. The women are not oriented to mingle with the society as freely as their non disabled counterparts for various reasons like fear of being insulted, abused and fear of being exploited. This largely reflects on how she perceives herself in the society. Thus she develops low self esteem and a poor image of self. They are often dependent on family for activities of daily living, mobility, and also in managing their finances (Disability pension).

### Role of assistive devices in gaining autonomy

Women with orthopedic handicap can attain autonomy in mobility, in activities of daily living and in communication when they gain access to assistive devices that help them to overcome their disabilities. Assistive devices like wheel chair, calipers, prosthetic limbs etc help the women to better communicate with their environment and move around independently and access their rights. Families play a vital role in helping women with disabilities access such assistive technologies which could pay the way towards their inclusion in the society.

### Objectives of the study

To study the demographic and socio-economic background of Orthopaedically challenged women in Puducherry district.

To study the attitude of family and society towards them.

To know the role of assistive devices in gaining autonomy in daily living.

### Methodology-

The Research design is descriptive study using quantitative method. The sampling technique adopted for quantitative data was Stratified random sampling. All the four zones of ICDS projects viz. ICDS Project I - Villianur, ICDS Project III - Ariankuppam, ICDS Project IV - Muthialpet, and ICDS Project V - Sitankudi were selected. Further, to select the required number of Anganwadis from each zone, random sampling method was used. 15 Anganwadis from each zone was selected through random sampling. Approximately 10 percent of the total Anganwadis in each zone was the basis to fix the sample size. Selection of respondents was done through census method. All the women with Orthopaedically handicap registered in these 15 Anganwadis were included in the sample. Out of 2830 disabled women registered in 60 Anganwadis, a total of 283 respondents were selected from them (10 percent of the total population).

A Structured Interview schedule was used for the collection of quantitative data.

### Findings

General issues and challenges as shared by the Women with Orthopaedic handicap :-

- Finding partners for marriage
- Demand for high dowry.
- Assistive devices are not comfortable often causing injury and pain.
- Difficult to acquire loan as their potential to repay is doubted.
- Lack of disabled friendly toilets in public places.
- Lack of facilities for visiting temples situated on hills.

### Results of chi square analysis

#### Hypothesis 1.

There is no association between educational qualification and the opinion of disabled women that men have stereotypical concepts about physical beauty.

Since p value is 0.001, and is less than 0.05, the null hypothesis is rejected. It is inferred that there is an association between educational qualification and the opinion of disabled women that men have stereotypical concepts about physical beauty. It was found that older women believed that men had stereotypical concepts about physical beauty and were highly reluctant to marry disabled women while the younger women said that such a conception was changing and men were willing to marry disabled women these days.

#### Hypothesis 2.

There is no association between the range of disability and dependency for activities of daily living. Since p value is 0.00 and less than 0.05, the null hypothesis is rejected. Hence it is concluded that there is an

association between the range of disability and dependency for activities of daily living.

### Major Findings of the study

From the study it was found that 52.8% of respondents have experienced discrimination within the family. It was found that 56.6% responded that they have experienced discrimination from members in the society who thought they were unfit to marry and start their own families. It was found that 65.5% respondents considered themselves to be independent. About 16% and 18.5% were found to be highly dependent and partially dependent on others respectively for personal grooming, daily domestic chores, mobility and child rearing. Only 19% of respondents took decisions on their own, while for the others, decisions were taken by their Parents (35.4%), Husband (20%) and Children (2.5) or any other (23.2). It was found that 21.5% of the respondents never travelled anywhere without an escort. It was found that 27% of respondents handled their own incomes and bank accounts while for the others it was handled by their Husbands (19%), Parents (20%), Children (2%) or any other (31%). It was found that 31% of the respondents responded that it was very difficult for them to access public spaces. It was found that 74% of the respondents said that the process of acquiring welfare services from the Govt. was difficult. None of the respondents were aware of any legislations for Persons with disability. It was found that 79% of the respondents opined that legislations are instrumental in ensuring rights while 3% did not feel the same. 18% of the respondents didn't have any opinion regarding this. Only 80% of the respondents were aware of reservations for PWDs in public services. Only 15% of the respondents were part of some disability associations. All were aware of the Department of Social welfare. All had availed the services of the Department of Social welfare for disability certificate and disability pension while 18% had availed for assistive devices and 4% availed for scholarships.

### Discussion

From the study it was found that the Women with orthopaedic handicap had experienced discrimination from members in the society who thought they were unfit to marry and start their own families which supports a study that said that the society and the health professionals think that the women with disabilities cannot offer their children a good quality of life discouraging them to involve in marital life (Toms Barker & Maralani 1997).

It was further noted that the women felt humiliated that they were not considered educatable and trainable and hence unemployable. These disparities in the employment opportunities make the disabled women feel like outcaste (Nayak 2013).

It was also found that those women who used assistive devices were more confident and exercised more autonomy in mobility thus managing their own lives. It was also found that women who had received great support from families exhibited more self-confidence. The ones who had received more support and love in their families show more self-esteem (Amato *et al.*, 2001, Nosek *et al.*, 2003)

Those women who were discriminated at home were the ones who never ventured alone either due to fear or lack of assistive devices. The inability to move around confines them to their homes. These issues lower their self-esteem and leads to other psychological problems (Premsingh and Adaikalassamy, 2013)

From the study it was found that no respondents were aware of any legislations for the differently abled as proven by a similar study conducted in Delhi which said that Women with disabilities are unaware of legislation/act for empowering the persons with disabilities (The society for Disability and Rehabilitation Studies, New Delhi).

### Conclusion

The study shows that use of assistive devices can help Orthopaedically challenged women to exercise their autonomy in mobility and help them to access their rights but it was also found that support and cooperation from the family and community was equally essential. It is the families and communities of these women that play a critical role in creation of positive self image which is a prerequisite towards their empowerment.

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