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# Disability and Women: A Note on the Tribal Aboriginals in Darjeeling Hills

Economics

**KEYWORDS :** disability, aged women, indigenous hillpeople.

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## ABSTRACT

*Women with disabilities, especially from rural areas, are likely to be left out of family interactions and community activities. In addition, they are exposed to social stigma and stereotyping within their communities, which leads them to feel devalued, isolated, and ashamed. The problem faced are doubled when it comes to the aged disabled women as they are twice marginalized and ignored. The WHO (2003; 2006) estimates that 10% of the world's population has some form of a disability, 20% of those aged 70+, and 50% of those aged 85+. That is, with increasing age, disability increases and, among those who are elderly (age 65 and over), are more likely to experience disability than are young elderly. For this reason, the WHO argues that in terms of disability, old age can be viewed as starting at age 75. It is noteworthy in the population that the oldest old are the most rapidly growing segment of the population and among the oldest old the severe disability is the highest. This article inscribes a note on various types of disability of indigenous tribal aged women of Darjeeling hills and the vulnerabilities faced by them.*

**Introduction:**

"Around the world, women make up just over 51% of the population. Women with disabilities are the most marginalized in Indian society. They are deprived of political, Social, Economic, and health opportunities. Moreover, aged disabled women are twice marginalized and ignored. The problems of women with disabilities (Visual, Physical and psychological) become very complex with other factors such as social stigma and poverty. Aged women with disabilities have been largely neglected when it comes to research, state policies, the disability and women's movements, and rehabilitation programmes, and this has become a widely accepted fact in recent years. Also, due to numerous societal standards, they continue to be left out of the decision-making processes. This reality is especially true for women with disabilities, since they are often viewed as non-enterprising and non-productive in cultures where the role of wife and mother is considered to be the primary role for a female."[1] Aged women with disabilities are multiply disadvantaged through their status as women, as persons with disabilities, majority numbers as persons living in poverty, and when these disable women belongs to the marginalized tribal population, for the work load of the tribal women is more than the other.

At this juncture of the study it is important to know what disability means according to World Health Organization (WHO).[2]"Disability is part of the human condition. Almost everyone will be temporarily or permanently impaired at some point in life, and those who survive to old age will experience increasing difficulties in functioning. Most extended families have a disabled member, and many non-disabled people take responsibility for supporting and caring for their relatives and friends with disabilities. Every era has faced the moral and political issue of how best to include and support people with disabilities. This issue will become more acute as the demographics of societies change and more people live to an old age. Responses to disability have changed since the 1970s, prompted largely by the self-organization of people with disabilities, and by the growing tendency to see disability as a human rights issues.The disability experience resulting from theinteraction of health conditions, personal factors,and environmental factors varies greatly.Persons with disabilities are diverse and heterogeneous,while stereotypical views of disabilityemphasize wheelchair users and a few other"classic" groups such as blind people and deafpeople."[2]

The most common causes of disability among older adults are: chronic diseases, injuries, mental impairment, malnutrition, HIV/AIDS and other communicable diseases. The major chronic conditions of an aging society include: cardiovascular diseases, hypertension, stroke, diabetes, cancer, chronic obstructive pulmonary disease, muscular-skeletal conditions including arthritis and osteoporosis, mental health conditions such as dementia and depression, and blindness and visual impairment. Injuries can be due to road traffic accidents, conflicts, falls, and land mines (McKenna et al. 2005). Certain chronic conditions are particularly related to disability including stroke, diabetes, cognitive impairment, arthritis and visual impairment. (Jagger et al. 2007a; Andrade 2009; McGuire et al. 2006). For adults with arthritis, the odds of disability rise with age, diminish with education and are higher for non-whites and non-married persons (Verbrugge 1991). Schoppera and colleagues (2000) emphasize the importance of mental health problems, notably depression (and also isolate the importance of osteoarthritis, alcohol abuse, and lung disease) in the elderly. The WHO (2003; 2006)[3] estimates that 10% of the world's population has some form of a disability, 20% of those aged 70+, and 50% of those aged 85+. That is, with increasing age, disability increases and, among those who are elderly (age 65 and over), the old elderly are more likely to experience disability than are young elderly. For this reason, the WHO argues that in terms of disability, old age can be viewed as starting at age 75. It is noteworthy in the population that the oldest old are the most rapidly growing segment of the population and among the oldest old the severe disability is the highest.

In the following sections the author tries to portray an experience of studying the disability factor among the indigenous aged women of Darjeeling hills.

**Indigenous people of Darjeeling:**

The heterogeneous social composition is a characteristic of Nepalese community of Darjeeling hills of West Bengal. One can identified with 59 Indigenous Nationalities among this community. This group also has been proved as disadvantaged group like other **Madhesi, Dalit,** and women. Darjeeling is the district situated at the northern part of West Bengal. Indigenous nationalities (**Rai, Limbu, Tamang, Magar, Lepcha, Gurung, Newar, Dewan/Yakha, Bhujel/Khabas, Thami, etc.**) occupy majority population thoughtheir representation is weak in bureaucratic composition. Among the hill-settlements in Darjeeling Districts in north Bengal, touched by modernity, **Lepchas and Limbus** form a negligible minority although they are the aboriginal inhabitants of this hilly terrain. But as a community they are virtually unnoticed. These people used to live an isolated life protected by the forests and the mountains. Their society was organized on the basis of sharing and equality - a structure that we call primitive communism. They are also almost untouched from the various governmental services targeting to them.

**Disabled, indigenous aged women of Darjeeling hills:**

Disabled population among them is not awarded about their rights and empowerment. The problem becomes more intensified when the disability comes to the aged women. With increas-

ing age many elderly women experience personal and social losses. Physical health declines, along with their mental health; there is a loss of vigor and an increased susceptibility to disease. Several health diseases, behavioral and socio-demographic factors contribute to the higher prevalence of disability in women compared to men. Older women with psychological disabilities remain the least studied and understood members of the disability population, and yet they often live well into late adulthood. Therefore, aging and disability of women have close association among these indigenous people.Older women constitute a distinct population that requires interventions very different from a population of younger women, who need an emphasis on maternity care. It is Obvious that health problems of women are not homogeneous and cannot all be addressed through the traditional maternal and child health services. Two other issues that emerge as critical, but that are rarely discussed by disabled women's groups are terrorism /riots/political turbulence and its impact on disabled women and AIDS among disabled women. AIDS poses a bigger threat to disabled women. It is estimated that as much as 10 percent of the population in many Asian countries is already infected by AIDS. Given the extremely poor health care and lack of appropriate AIDS prevention information received by women with disabilities, the AIDS rates are expected to be very high among them. Being the famous tourist destination the prevalence rate of AIDS among the tribal women in Darjeeling is very high to the level of almost pan-epidemic (more than 2%). Women with disabilities, especially from rural areas, are likely to be left out of family interactions and community activities. In addition, they are exposed to social stigma and stereotyping within their communities, which leads them to feel devalued, isolated, and ashamed.

**Vulnerabilities for mountain women:**

The vulnerabilities for mountain women in the hill community are vast. They face more hardships than their male counterparts. Disabled aged indigenous women in Darjeeling hills face numerous challenges. Being the inhabitant of hilly terrain those whose loco-motor skill is disabled face immense trouble in daily life. At the same time in many cases in the absence of well coordinated government policies aimed at integrating disabled people in mainstream activities, disabled aged women live under extremely difficult conditions, for not only are they women but most of them are in the rural and marginal areas. Discrimination deprives disabled women of vital life experiences, and therefore by denying them the opportunity to participate fully in community affairs they are deprived of equality of opportunity. It has been found in the pilot survey that man state health policies targeting these women could not reach to them because of their remoteness. In hill areas of Darjeeling district difficult terrain, poor road connectivity, especially in rural areas, inappropriate location of health centres, shortage of skilled health personnel affect the proper delivery of health care. The inadequate infrastructure and improper referral system of health care right from subcenters to district hospital adds the problem to these disabled women. Therefore, region wise policy and programmes towards prevention of mortality and morbidity among women older than 50, and major causes of disease burden are required.

**Suggestions and Policy Recommendations:**

Some of the needs for these people includes

- Public education and awareness programmes to promote positive perceptions on the potential of disabled women in society.
- Legislative provisions to promote and protect the human rights of disabled women especially among the senior citizen.
- Accessible, well-equipped resource centres and clinics that will provide information on issues affecting disabled women.
- Provisions in the social security system that will deal specifically with the needs of disabled women.
- Development of specific measures to redress the social and economic exploitation of disabled women in rural areas and informal settlements.

**Conclusion:**

Some of the concerned area for the disabled aged women include lack of awareness among the common people to highlight the plight of women with disabilities, especially in rural areas. Even some times it has been found that the health workers refuse to advise disabled women and girls on appropriate health care measures targeting to them. Women are three times more likely to be disabled on the job. According to the Bureau of Labor Statistics, the number of women in the work force is growing twice as fast as the number of men. And on the average, women contribute 30 to 40% of all household income.Yet a woman in her prime working years is much more likely to become disabled — permanently or temporarily — than a man. According to the Journal of the American Society of Certified Life Underwriters, a 35-year-old woman in a professional position is three times as likely as a man of the same age to become disabled for 90 days or more. In hilly areas of Darjeeling women workers are higher in tea gardens for plucking tea leaves than their male counter parts. It is very likely that these women faced accident due to the high altitude which may turned them to permanently disable. So women disability insurance may be one important policy recommendation for women employees who work in tea gardens in hilly terrain where possibilities to face some accident and become disable is significantly higher.

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