

Women and Disability

1 in 5 women and girls worldwide have some form of disability (WHO 2011: 291). Disability and gender issues are closely linked, and discrimination based on disability, gender, age and other social categories is a common experience for women with disabilities. On the following pages contextual information on the linkages between gender and disability is provided in relation to the main intervention areas of LIGHT FOR THE WORLD.

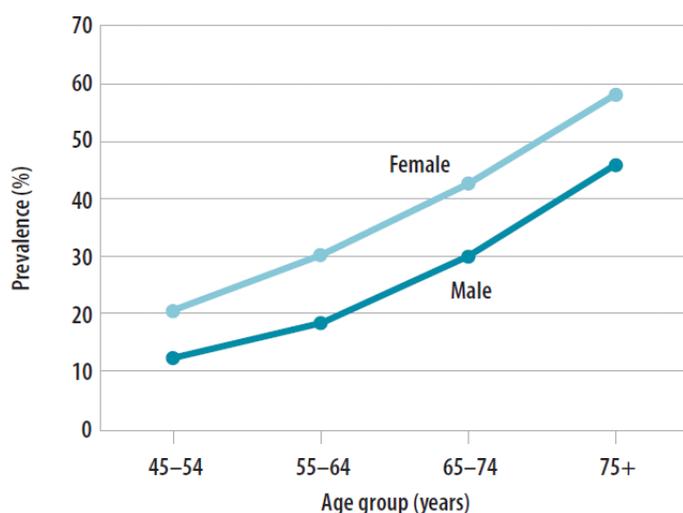


Fig.1: Disability prevalence, disaggregated by sex and age (WHO 2011: 35)

Eye Health

- Women have less access to eye treatment and health care (WHO 2009: 11f.) than men, although women account for 64.5% of all visually impaired persons (Jenkins 2010). Reasons for this include lack of transportation to travel to an eye care provider and/or lack of financial resources to pay for operations and health care.
- More women remain blind due to cataracts because their chance to get treatment is lower than for men. In low and middle income countries, men are almost twice (1.71 times) more likely to get cataract surgery than women (Jenkins 2010).
- Trachoma is highly prevalent amongst women and children, with women accounting for 70% of trachomatous trichiasis (eyelashes turning inwards due to scarring following repeated infection) in trachoma-endemic areas (Courtright 2009: 55). One reason for this is that the trachoma infection is carried by children, and women are often their primary care givers. A recent global meta-analysis of Trachoma surveys showed that, overall, women are 1.8 times more likely to have trichiasis compared to men (The Carter Center 2009: 4).

Education

- Gender disparity in education is often at the expense of girls: in sub-Saharan Africa only 20% of countries achieve gender parity in primary education, 10% in lower secondary education and only 8% in upper secondary education (UNESCO 2014: 287f).
- Girls are, in general, less likely to access education in comparison to their male peers, with girls constituting 53% of the global number of out-of-school children. In the Arab countries this number increases to 58% (ibid: 6). Women and girls with disabilities experience higher discrimination in their access to school. Inaccessibility of buildings and toilets as well as poor transport systems can influence a girl's prospect of going to school (LIGHT FOR THE WORLD 2016).
- Recent research from Western Africa found that girls with disabilities faced increased isolation, stigmatization and discrimination, and experienced a lack of schooling and other opportunities to participate in communal life (UNESCO 2014: 101).
- In India, enrolment of children with disabilities showed a sharp increase, from 566.921 in 2002/03 to 2.16 million in 2007/08. The percentage of schools equipped with ramps increased from 1.5% in 2004 to 55% in 2012/13. However, a large share of children with disabilities, and in particular girls with disabilities, remains out of school. In 2012/13, it was estimated that almost half the children with intellectual disabilities were out of school. (UNESCO 2014: 103).
- Two-thirds of illiterate adults are women. The poorest young women in low and lower income countries, to whom girls with disabilities often belong, will only achieve universal literacy by 2072 (UNESCO 2014: 97).
- At least 750 million adults, nearly two-thirds of them women, do not even gain rudimentary literary skills (ibid: 3). In Sub-Saharan Africa, the poorest girls remain the most likely to never attend primary school. In Guinea and Niger in 2010, over 70% of the poorest girls had never attended primary school (ibid: XIV).

Livelihood

- Employment rates are 52.8% for men with disabilities and only 19.6% for women with disabilities. In comparison, these rates are 64.9% for non-disabled men, and 29.9% for non-disabled women (WHO 2011: 237). Thus, more than 80% of women with disabilities have no independent means of livelihood, and are dependent on others. They are only half as likely to find work as men with disabilities. Unlike other women, they have little chance to marry, start a family or inherit property which could offer a form of economic security (CBM 2007: 18).
- Food insecurity is higher amongst families with a disabled household head (Bruijn 2013: 3).

Sexual and Reproductive Health

- Women with disabilities are often perceived as unable to have children. Forced sterilization and strong pressure by their surroundings against having children are still common experiences for women with disabilities.
- People with disabilities are often considered as being sexually inactive, this leads to lack of access to information regarding contraception, safe sex, counselling and testing for HIV/AIDS and STDs. The attitudes of people working in pharmacies and the public make it harder for persons with disabilities to overcome shame and buy contraceptives. Additionally, due to the misconception that people with disabilities are sexually inactive, women with a disability have a heightened risk of gender-based violence as perpetrators believe they are free of HIV and other STDs (CERMI 2012: 28).
- A survey of 3.706 primary school children aged 11-14 in Uganda found that 24% of disabled girls reported experiencing sexual violence at school compared with 12% of non-disabled girls (UNESCO Report 2015: 30).
- Surveys conducted in Europe, North America and Australia have shown that more than half of all women with disabilities have suffered physical abuse, compared to a third of non-disabled women (Human Rights Watch).
- Every minute, more than 30 women are seriously injured or disabled during labor. For every woman who dies from complications of pregnancy, between 30 and 100 more live with painful and debilitating consequences (World Bank 2013).

Women and girls with disabilities are by no means a homogeneous group. The issues that women with intellectual disabilities face can be quite different from those of blind, deaf or physically impaired women and require different responses. However, the issues shown above with their common denominator of discrimination will apply to some extent.

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