

# Disability and gender inequality, the disadvantage for women

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## Abstract

In the field of health, it is considered that the gender perspective should start from the recognition of the deep inequalities of health based on gender. Gender, as a social construction, is a very important factor, which increases biological vulnerability and accompanies biology in determining health inequalities. Being a man or a woman favors health differences and these are significant within any socioeconomic group, and especially when it comes to women with disabilities.

There is little literature in Latin America and particularly in our country about the inequality status of women with disabilities, however, the data obtained makes clear reference to the fact that women with disabilities occupy a lower status in our society, finding themselves in a situation of enormous social, economic, educational and professional disadvantage.

Therefore, in this work it is intended, through the review based on secondary sources, to carry out an analysis that allows the integration of the gender perspective with the social conception of disability, for the understanding of inequality in our societies and the elaboration of strategies to redefine social relations in fairer and more equitable terms and a notion of citizenship that includes everyone, transcending from the hegemonic reductionist vision of medicine to a broader and more inclusive vision.

## Introduction

Disability is a growing international concern. This is due, among other factors, to the constant increase in the frequency (and costs) involved in managing patients with disabilities, both economic and social. According to data from the World Health Organization (WHO):

... it is estimated that more than a billion people, (15% of the world population), are affected by some form of disability. Between 110 million (2.2%) and 190 million (3.8%) people over 15 years old have significant difficulties in functioning. This is just the tip of the iceberg.. Disability rates are increasing due in part to the aging population and the increased prevalence of chronic diseases.<sup>(1, 2)</sup>

Disability is a complex, dynamic, multi-dimensional condition as well as an object of discrepancy. "Disability" is considered to be an evolving conceptualization and there is no formal consensus. In this regard, given that social and economic conditions are changing, our understanding of disability has also been changing.<sup>(2, 3)</sup>

Disability affects not only the affected person, but also the family nucleus and the community of which it is part: Different dimensions are involved:

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both social and economic and political, and the consequences for public health must be taken into consideration; These factors demonstrate the magnitude and significance of disability. People with disabilities present with a physical limitation in their functioning (which is expressed in a limitation in the performance of their daily activities) but also show a psychological imbalance and a limitation in their socioeconomic, educational, and cultural development. This is often neglected..<sup>(4)</sup>

One important dimension in understanding disability is the impact of disability on gender. Studies specifically demonstrate that being a woman, poor and with a disability is an unfortunate life trajectory, due to the exclusion that this group suffers.<sup>(2)</sup>

This work was carried out through a review based on secondary sources. We examined the social conditions of women with disabilities, with the intention of integrating a gender perspective into the social conception of disability. We wanted to understand the role of inequality in our societies and, in particular, with this group, in order to offer elements that might foster an adequate elaboration of strategies that allow redefining social relations in fairer and more equitable terms and a notion of citizenship that includes all

### Approaches to disability

Traditionally, disability has been viewed from a medical point of view under a biological approach in which the disability is considered as a problem of the person and is directly caused by an illness, trauma, or state of health that requires medical care provided by professionals in the form of individual treatment. This perspective has been critiqued, among other things, because it is considered to foster a presumption of biological or physiological inferiority for this group of people, focusing only on returning to normality; in addition to affirming that medical values and interpretations have historically contributed to the social construction of dependency and to the use of pejorative and stigmatizing terms, such as disabled, handicapped or disabled.<sup>(4)</sup>

Such a way of conceptualizing the (**person him or herself**) has contributed to creating prejudiced conceptions that directly attack the moral and physical integrity of the individual and

distort and impoverish his or her reality, confining them to permanent marginalization and to social exclusion. They are just seen as "people with disabilities".

The medical model is based on the treatment of disability, seeking adaptation, from a functional point of view or a change in its behavior. The problem is within the individual. And the cause of this *exclusive* conceptualization of functional limitations or mental. Disability, from the medical point of view, is a personal problem, and therefore, the causes of it are basically located in the individual, without any reference to the social structure, it becomes an event that randomly affects some people.<sup>(4,5)</sup>

However, in recent decades, the identification of the function of social and physical barriers and their relationship with disability has favored a shift from seeing it as individual and medical disease to a form of social and structural, which has been described as the:

... shift from a medical model, where the focus is purely biological, to a social model, in which people are considered disabled by society rather than by their bodies.<sup>(1,4-6)</sup>

This "social model" emerged in the seventies of the 20th century, on the initiative of the people involved. This model highlighted that a large part of the problems that this group faces, when trying to exercise their rights, have their origin in social factors: i.e., as a consequence of the way a society is structured, which "disables" certain people considered "non-standard", fostering an environment of exclusion and discrimination.

From this perspective, it is considered that

... People with sensory, physical, cognitive and mental deficiencies are disabled as a consequence of the structural disadvantages that remain in a society made for and by healthy and capable people.<sup>(5)</sup>

The premise of this model is that disability is a social construction, a deficiency that re-creates the same society that limits and prevents people with disabilities from including, deciding or designing their own life plan with equal opportunities. The social model defends that its conception is an imposed "social construction" and proposes a vision of an oppressed class. It is very critical of a the role played by professionals, in particular, those who follow the medical model and the

defense of a character alternative political, rather than scientific. This model has allowed disease to be distinguished from disability.<sup>(7)</sup>

For the constructivist vision,

... disability is not an attribute of the person, but the result of a complex set of conditions, many of which are originated or aggravated by the social environment.<sup>(5)</sup>

In the social model, disability is considered as part of the rehabilitation of a society that should be taught and designed to face the needs of all people, managing differences and integrating diversity, focusing on the dignity of the human being, without leaving aside his or her rehabilitation. It places the individual at the center of all decisions that affect him while placing the main problem within in society. This model emphasizes that

... social and economic oppression favors individual maladjustments and personal tragedies, forcing the recognition of disability as a civil rights problem.<sup>(7)</sup>

The social model favors a new vision of the discourse on human rights, basing an “emerging social construction of disability” as a socially and politically oppressed group compared to the previous discourse on dependency and individual needs.<sup>(7,8)</sup>

The social approach has demonstrated how people with disabilities have worse results in their health conditions and in their development as people, for example, difficulties in access to schools, jobs, etc. They also have higher rates of poverty, which is partly due to the obstacles that hinder their access to different types of services, particularly those related to health, education, employment, transportation or information. . Such conditions are magnified in poor communities.<sup>(1,8)</sup>

### **Gender and disability**

It is widely known that one of the basic aspects of the health-disease-care process is that the health of women and men is different. There are biological factors, such as those of a genetic, physiological type, among others, that manifest themselves differently in health status and in the risks of becoming ill, a condition that is often invisible to scientific approaches. Of the health.

Unequal because there are other factors that, in part, are explained by gender and that unfairly influence health. Although progress has been made

in the gender approach, there are particularities, such as the case of women with disabilities. This group has not been a focus of attention. Particularly, in poor countries these individuals are nearly invisible. It has been found that the confluence of factors such as gender and disability identify a group at serious risk of suffering some type of abuse; The figures currently being considered in Europe indicate that approximately 40% suffer or have suffered some form of violence. Disability can also be the result of gender violence. Battered women, as reported by the United Nations (UN):

... are more at risk of physical or mental disability, Sexual assaults can cause permanent disability. In the case of women with disabilities, gender discrimination, violence and disability are closely linked. Violence against women is generally hidden behind a blanket of silence. Women with disabilities may also suffer from a 'dependency syndrome'; In other words, they are reluctant to report gender violence for fear of losing the person who cares for them or even becoming more vulnerable to that person.<sup>(10)</sup>

On the other hand, at the global level there are specific barriers for women and girls with disabilities to report and confront violence. These include barriers related to information and communication, including the most accessible formats; to barriers such as mobility or other services that could be of help. This problem of *multiple discrimination* deserves special attention. It is aggravated by disability and vice versa. In fact, since 2012, the UN has been urging “the urgent need to improve statistics and indicators on disability, disaggregating them by gender and age”<sup>(19)</sup> condition that little has been carried out, more in poor countries.<sup>(10)</sup>

Despite the fact that the social model has allowed advances in the understanding of the problem, little has been identified about the problems of women in their specificity. The the integration of a gender perspective has not been generally considered, fostering the vision of a hegemonic medical-curative model, built on a biological perspective. However, the expression of women with disabilities is very broad, including those who have considerable physical, sensory and

/ or intellectual deterioration, whether visible or not, to those women whose diseases such as diabetes, heart problems, breast cancer, (among others). which limits their social activity. Gender inequality is reflected, as evidenced by various studies, globally for women in a

... higher illiteracy rate, lower educational levels, less work activity and lower responsibility and lower paid jobs, greater isolation social, lower self-esteem, greater economic and emotional dependence, greater possibility of suffering all kinds of gender violence, less personal and social development, great ignorance of sexuality, low self-image of the body and a long etcetera more of situations that reflect this inequality.<sup>(11)</sup>

It should be mentioned that the gender approach is not one more variable to include in the statistical analysis, since it is constituted and expressed through social relationships, roles, and expectations linked to female and male characteristics, which do not change according to culture and throughout history. The gender requires a different approach that allows formal analysis and to the extent required. In addition to biological factors linked to sexuality, social factors must also be considered. For example, there are socialization patterns, family roles, obligations, job expectations and types of occupation that frequently generate situations of physical and emotional overload in women and which have a marked influence on their health; this largely explains their increased morbidity from chronic disorders that extend throughout life without causing death.<sup>(12)</sup> It

Flaked studies demonstrate that gender and disability interact and place women in an unequal position with respect to men and to people without disabilities; they favor that they have higher rate of marginalization and social exclusion; leading to a violation of the most basic human rights.<sup>(9, 11)</sup>

Furthermore, women with disabilities living in poverty are often deprived of access to health resources, adequate access to education and support services. Therefore, when they are trapped in the cycle of poverty, they lack the means to change their situation. They have come to call themselves *invisible citizens*, as they are not considered as members of society. Studies on

violence against women indicates that the problem affects all social groups. It does not differentiate by geographic area, educational, economic, physical or professional levels.<sup>(13)</sup>

However, since the Convention on the Rights of Persons with Disabilities and its Optional Protocol, was approved in 2006, little progress has been made in complying with the Convention's basic postulates, where, in essence, it is reaffirmed that all persons with all types of disability must be able to enjoy all human rights and fundamental freedoms. Highlighting the need to incorporate a gender perspective in all activities aimed at promoting the full enjoyment of human rights and fundamental freedoms by persons with disabilities and emphasizing the fact that the majority of persons with disabilities live in conditions of poverty. The basic need is recognize and understand the negative effects of poverty on people with disabilities.<sup>(14)</sup>

It is worth mentioning that until barely 20 years ago, disability was not considered a real social problem. Women with disabilities are essentially invisible in society and to the media. We live in a society that considers people with disabilities as mere subjects of care and not as people who are able to make their own decisions.

These issues are worldwide, and it is necessary that the analysis of this population of women (with disabilities) is considered to be a very heterogeneous group. Nonetheless, it shares the specificity of suffering a high rate of discrimination and all types of violence as a consequence of living with a double stigmatization. Disability, whatever it may be, aggravates the situation of violence that they suffer, especially in those who live with severe deficiencies, which include learning and communication difficulties.<sup>(fifteen)</sup>

## Conclusion

People with disabilities are said to be the largest and most disadvantaged minority in the world. Considering the data provided by the World Report on Disability 2011 and by the National Survey on Discrimination in Mexico 2010, the discrimination that occurs when the exercise of a right is nullified or impeded due to some characteristic of a given individual; As is the case of those with disabilities.. There is no doubt that discrimination is experienced daily, expressed as

in the loss of rights, inequality to access, isolation, risk of being subjected to violence and even loss of life due to the specific characteristics of who their victims are. The social consequences of denying the equal exercise of rights and opportunities to anyone or only to a social group are to exclude them and to put them at a disadvantage compared to fully develop their lives in addition to placing them in a highly vulnerable situation, a condition that persists mainly in unequal treatment and lack of respect for their disabled human rights, particularly towards women with disabilities, thus generating a condition of gender inequality.<sup>(16, 17)</sup>

The existence of discrimination on the basis of disability has been studied, nonetheless, very little attention has been given to the influence of gender on the lives of women and the men with them. Little has been studied about the impact of inequality, or even about the relationship with gender disability in the specific case of women. Things become more complex when we add aspects such as ethnicity and poverty to these conditions. The interrelation between social class, gender, and other categories of disability allows us to appreciate a range of experiences that act as filters through which we experience a nuanced life, as well as evidence of the complexity of existing social relationships.<sup>(17, 18)</sup>

Woman with disabilities more and they face daily situations of inequality reflected in higher unemployment rates, lower wages, less access to health services, greater educational deficiencies, little or no access to programs and services aimed at women, increased risk of situations of violence and all kinds of abuse, etc., This reality is aggravated, mainly, by the existence of norms and policies that promote dependency and by the difficulty of introducing changes in existing habits. At the same time, women experience a way of life that is harsher than that for men with disabilities; this reflects the persistence of prejudices, stereotypes, and traditional approaches which remain widespread in all areas and which distort the social image and normalized perception of this human group.<sup>(19)</sup>

The integration of a gender perspective into the social conception of disability has led to emergence of a poorly understood terrain for the understanding of inequality in our societies and the development of strategies that redefine social relations in fairer and more equitable terms They

demand a notion of citizenship that includes everyone. Since the hegemonic discourse of the medical model of society (which sees people with disabilities as incomplete, and far from the norm), little progress has been made in this field and it is urgent to consider other categories that make it possible to reveal the social construction of inferiorities and to create discourses legitimizing domination. One of these is gender.<sup>(20)</sup>

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