

GENDER AND DISABILITY

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This paper sets out to explore the realm of double discrimination imposed upon women with disabilities due to their dual nature. Besides being stigmatised on the basis of their gender, they are also stigmatised as disabled persons. After reviewing existing literature on the subject matter, this paper will analyse statistical data obtained from various sources in order to shed further light on the Maltese situation with regard to double discrimination and to assess whether this really exists in our society. It will show that women with disabilities in Malta experience the same kind of discrimination as that reported by American women with disabilities. It will be proven that disabled men enjoy a consistent advantage over disabled women across almost all demographic and social indicators. These include, education, employment and marital status.

Introduction

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exists in our society. It will show that women with disabilities in Malta experience the same kind of discrimination as that reported by American women with disabilities. It will be proven that disabled men enjoy a consistent advantage over disabled women across almost all demographic and social indicators. These include, education, employment and marital status.

1. Gender and Disability as Social Constructs

The paper is based on the social model of disability, which makes a clear distinction between biological impairment, which can be either congenital or acquired, and disability, which refers to the socially-constructed disabling barriers that people with impairments encounter in their daily lives. Because these barriers are socially constructed, it becomes the responsibility of society to remove these barriers.

Both gender and disability can be seen as social constructs. The so-called Social Model of Disability evolved in a variety of forms during the late 1960s and it gradually took on a more clearly defined identity during the 1970s-80s. The Social Model was always owned by disabled people themselves and has been generally recognised by them as a more accurate description of their life's experiences, than previous, widely held viewpoints, such as the Individual, or Charity Model of Disability and the predominant Medical Model of Disability.¹

The most revolutionary aspect of Social Model thinking lies in the fact that disablement (or disability) is not created primarily due to one's having a biological impairment; rather, the major cause of disability, or disablement, are 'socially constructed barriers'. The UNCRPD has adopted the Social Model approach, defining 'disability' as follows:

"disability is an evolving concept and . . . results from the interaction

¹ Oliver, M. (1990): *The Politics of Disablement*. Macmillan (Ch. 4).

between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on equal basis with others.”² (UN 2006: 2)

In the same way, women experience difficulties that do not arise from biological causes which are particular to the female body, but from ‘attitudinal and environmental barriers that hinder full and effective participation in society on equal basis with others’.

2. The context

It is significant for us to be discussing this important theme today because most of the time disabled people are considered as constituting a homogeneous group, as if, for example, disabled women and men are essentially the same. An example of this sameness is the widespread attitude that disabled men and women, are, or ought to be, asexual creatures.

It is now widely accepted that exposure to the disablist attitudes of society and living with impairment are bound up with other cultural markers of ‘social difference’, that is, gender, race, sexuality, age and class. Indeed, historically these have been the major factors giving rise to the multiple facets of discrimination.

“Women with disabilities may be particularly at risk due to stigmas associated with both disability and gender, and are more likely to suffer from discrimination than able-bodied women or men with disabilities.”³

While statements such as this one, taken from a UN report, are

² UN Convention on the Rights of Persons with Disability

³ Hunt, P. 2003. *UN Economic and Social Council; Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health*, pg16

quite commonly found in studies in disability today, the intersection of gender with disability has not always been the subject of scrutiny. Jenny Morris was among the first disabled, female scholars to draw attention to this. In *Encounters with Strangers*⁴, she draws out the difficulties that women with disabilities experience not only because they are disabled but also because they are women. These include issues of employment, parenting, and domestic violence. Another key publication in this regard was Susan Wendell's *The Rejected Body*⁵. By drawing together issues of gender and disability, these and other authors take issue with two major research traditions – feminism and disability studies. They argue that both are incomplete if they do not take on board issues that pertain specifically to women with disabilities.

In studying discrimination against women with disability, authors have generally tended to compare their situation with the so-called 'non-disabled' women and their male counterparts. This is evident in statistical comparisons found in Hanna and Rogovsky⁶ and Traustadottir⁷ who use these benchmarks to measure the degree of discrimination suffered by women with disability in comparison with the other groupings mentioned above. This paper will continue along this path and analyse evidence against such benchmarks.

3. Legal Background

The process of obtaining legal recognition and the right of redress

⁴ Morris, J. 1999. *Encounters with Strangers: Feminism and Disability*, Women's Press (UK)

⁵ Wendell S. 1996. *The Rejected Body: Feminist Philosophical Reflections on Disability*, New York: Routledge.

⁶ Barton, L. ed. 2006. *Overcoming Disabling Barriers 18 years of Disability and Society* Routledge pg37-49

⁷ Traustadottir, R. 1990. *OBSTACLES TO EQUALITY: The Double Discrimination of Women with Disabilities Overview Article.*

over issues regarding the rights of people with disability has gone through the campaign itinerary of protest, recognition, codification, legitimation, enforcement and adjudication. The enactment of the Equal Opportunities (Persons with Disability) Act with what was at the time arguably a unique with a unanimous vote by the Maltese House of Representatives in 2000 and its effective enforcement through the Kummissjoni Nazzjonali Persuni b'Diżabilità (KNPD) was the result of just such an itinerary described above. Besides recognition, the EOA grants legal redress to people with disability who feel that their civil rights have in some way been violated. However, the capacity of Maltese legislation needs to be strengthened when it comes to address multiple discrimination on grounds of gender and disability.

On an international level, the 2006 United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) reaffirms the universal right that “all persons are equal before and under the law and are entitled without any discrimination to the equal protection and equal benefit of the law.” The UNCRPD calls upon signatories to “prohibit all discrimination on the basis of disability and guarantee to persons with disabilities equal and effective legal protection against discrimination on all grounds.”⁸

It is precisely Article 6 of the Convention which identifies the dual nature of the bias experienced by disabled females. It focuses on the fact that disabled women and girls are subject to multiple discrimination on the basis of both their impairments and their gender. This aspect can be considered as a breakthrough in many ways, as disability and gender issues have been the object of research and academic study for a number of years separately, but all the time they were treated as separate issues.

⁸ UN Convention on the Rights of Persons with Disability

4. Women with a Disability – International Data

Using data extracted from the 1984 Census of the USA, Hanna and Rogovsky took a three-pronged approach to studying the phenomenon as they observed disabled women's participation in society, the socio-cultural system and the self-concepts of women. They observed that women with disabilities did not participate in society at par with non-disabled women or even disabled men. Disabled women were found to be both isolated and had a lesser chance of marrying than non-disabled women, or disabled men. Furthermore, they were more likely to experience a failed marriage, less likely to have intimate relationships, and even less likely to have children.

The authors measured participation in society in terms of access to the education system and to the labour market. In both instances women with disabilities placed consistently last when compared to female non-disabled and their disabled, male counterparts. The authors relate how statistics illustrated women as lagging behind in formal education. In particular they noted the fact that no sex education was given to disabled students generally and that, furthermore, the sex education curriculum excluded the theme of 'disability' altogether. In their study of the labour force composition, the authors found out that disabled females were less likely to be gainfully employed than the other groups under observation.

Hanna and Rogovsky attribute the lack of active participation of women with disabilities in society to the barriers imposed upon them as a result of the dual combination that defines them: their disability and their gender. They argue that besides falling prey to sexism, women with disability are also stigmatised due to the fact that society tends to define them from a Medical Model of Disability perspective. In order to identify misconceptions related to female disabled persons, the authors asked 130 undergraduate students to

try to explain why a 45-year old man was using a wheelchair. The answers featured mainly injuries acquired in wartime, or during work, traffic accidents or sporting accidents. The same experiment was repeated with the subject being a woman and the answers differed significantly. These varied from disease to careless accidents such as “falling down the stairs”. Thus, it was proven that male wheelchair users are thought of acquiring a disability after performing certain tasks (work, war, driving or sports) while women are thought of acquiring their disability following careless incidents (“falling down the stairs”), or inevitable fatality, such as disease.

The authors posit that disability eliminates, or completely overshadows the ‘femininity’ of women with disabilities. This is a common theme among researchers in the field. Despite separate campaigning and lobbying on gender and disability issues, the two are rarely combined. Eli Clare explains that this can be traced to the fact that disabled people are perceived to be “genderless, asexual undesirables.”⁹ Robert Murphy says that, ‘A serious disability [i.e. impairment] inundates all other claims to social standing, relegating to secondary status all attainments of life, all other social roles, even sexuality.’¹⁰ On her part, Jenny Morris states that disabled men and women “do not conform to the stereotypes of physical attractiveness. To be a disabled man is to fail to measure up to the general culture’s definition of masculinity as strength; to be a disabled woman is to fail to measure up to the definition of femininity as pretty passivity.”¹¹ Traustadottir points out that “Almost all research on people with disabilities has assumed the

⁹ <http://www.psu.edu/dept/rockethics/bioethics/issues/disability/article1.shtml> accessed on 15th February 2011

¹⁰ Murphy, Robert (1987) *The Body Silent*, Dent

¹¹ Morris, Jenny (1991) *Pride against prejudice: transforming attitudes to disability*. The Women’s Press Ltd pg92.

irrelevance of gender as well as other social dimensions such as social class, race, ethnicity, and sexual orientation.”¹²

Hanna and Rogovsky argue that divesting a disabled woman of her sexuality is tantamount to excluding her from the feminine world and relegating her to the realm of asexuality, that is treating a mature woman as a child or as a sickly elderly person. This assertion is confirmed by Rouso¹³, a physically disabled woman whose upbringing led her to believe that women with physical disabilities were asexual. Gill is of the same opinion; “I always felt like a neutral sex. It’s like I’m not a woman, not a man. I don’t know what I am because I was never approached like a woman” Gill adds that physically disabled women feel invisible in a male-oriented world and that women are doubly invalidated, as disabled persons they are viewed as non-productive elements of society, while the fact that they are female and disabled means that such non-productivity permeates also into the realm of stereotypical female activities of nurturing and care, thus compounding the perceived incompetence.¹⁴

Asch and Fine¹⁵ believe that a disabled woman who is in a relationship with a non-disabled partner becomes the subject of curiosity, scrutiny and public misunderstanding, which is due to the general negative reactions towards disability. The same authors believe that women with a physical disability lack ‘desirable’ female qualities, such as grace and ease, so their body image is harder hit, negatively speaking, than that of disabled men.

¹² Traustadottir, Rannveig *Obstacles to Equality: The Double Discrimination of Women with Disabilities*, Centre on Human Policy.

¹³ Rouso, H. 1996, *Sexuality and a positive sense of self*, in D.M. Krotoski, M.A. Nosek & M.A. Turk, *Women with physical disabilities (pg 5-15)*, Baltimore: Paul H. Brookes Publishing Co,

¹⁴ Gill, C.J. 119, *Becoming Visible* in D.M. Krotoski, M.A. Nosek & M.A. Turk, *Women with physical disabilities (pg 5-15)*, Baltimore: Paul H. Brookes Publishing Co.

¹⁵ Asch and Fine in Traustadottir

Hanna and Rogovsky noticed how factors such as society's reaction as well as the demeanour of families tended to belittle women with disabilities. They remarked how a particular female undergraduate student was told by a university professor that she had no future other than becoming a beautician. The person eventually moved on to obtain a Ph.D. The authors quote a respondent who maintained that women with disabilities tend to have a fatalistic view of their life and adopt as their own the helpless and hopeless image that the rest of the world has.

The literature referred to above provides the general picture of women who are disabled and their main concerns. A comparison of these studies with statistical evidence and other research carried out in Malta shows that many of these concerns are shared by Maltese women with disabilities.

5. Women with a Disability – Maltese Data

Available statistics on the situation of women with disabilities in Malta can be found mainly in the 2005 Census¹⁶. This Census sheds light on interesting data involving the issue of double discrimination against women with disability. An analysis of these statistics was published by the Kummissjoni Nazzjonali Persuni b'Diżabilità (KNPD). Among other groupings, the report presents statistics disaggregated by gender. These statistics show that many women with disabilities face barriers both as disabled people and crucially, as women.

The first point of interest to note is that the percentage of disabled

¹⁶ Bezzina, F., Callus, A.M., and Cardona G., 2009. *The quality of life of disabled people in Malta: some answers from the 2005 census.*

women compared to disabled men increases with age. This is due to the fact that women tend to live longer than men and that old age usually brings with it severe and permanent impairments, which, when compounded with existing social barriers, result in disability.

This aspect is highlighted in the table below which indicates that until the age of 70, there are more disabled men than women per age group. The difference in gender composition is by far the highest skewed towards males in the 50-59 age bracket. However, starting from the age groups comprised of septuagenarians and octogenarians, the difference in gender composition is skewed by roughly the same margin towards females. The difference is less marked among the group of over ninety. The differences described above are in line with the life expectancy figures for 2005, which stood at 77.67 years for men and 81.39 years for women. The sudden drop in population size from the 80-89 years group to the 90+ group is reflected by the fact that the combined life expectancy stood at 79.53 years, a full 10 years less than the youngest person included in the group.

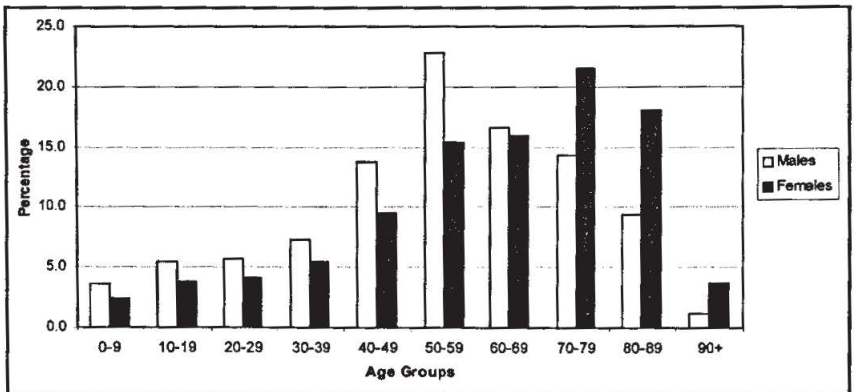


Figure 1 Percentage of disabled men and women by age

There is a strong tendency for reference persons to be male. 67.8% of males were reference persons compared to 37.9% of

females. This means that women with disabilities have a much greater tendency not to be considered the head of the household. Such differences are depicted in the Figure 2 below.

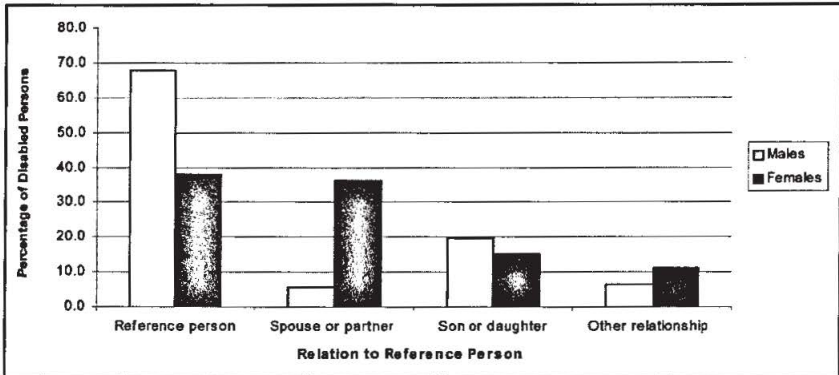


Figure 2 Percentage of disabled men and women by relation to reference person

There are some significant discrepancies as well as some similarities in the marital status of disabled women and men. As can be seen in Figure and Table 2.5, the percentage of single disabled women and men is very similar, as are the percentages of those who are separated, divorced, have had their marriage annulled or have remarried. For the other three types of marital status, there are considerable variations. 7.1% of disabled men and 4.7% of disabled women are under 16. This is consistent with the fact that most disabled young people are male. On the other hand, 6.3% of disabled men are widowers, compared to 25.5% of disabled widows. This can be correlated to the longer life-expectancy for women. When it comes to being married, disabled males are much more likely to have this status than disabled females (53.7% of men and 37.8% of women). While it has to be kept in mind that most disabled people, especially women, become disabled in adulthood, these figures do indicate that women with disabilities find it more difficult to get married than disabled men, although there may be other factors affecting the situation.

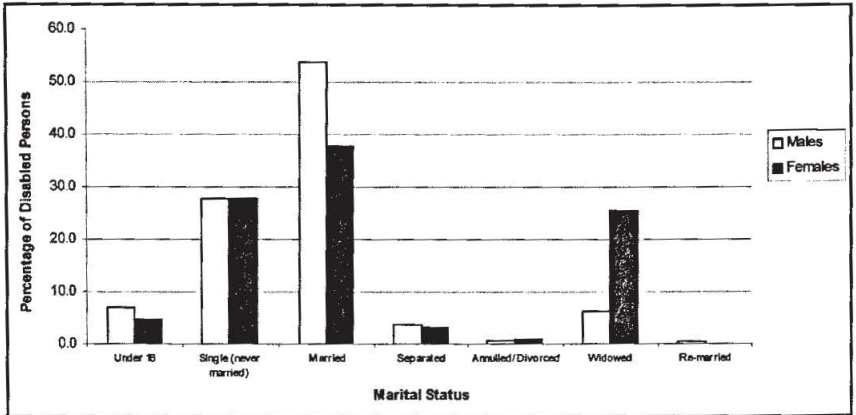


Figure 3 Percentage of disabled men and women by marital status

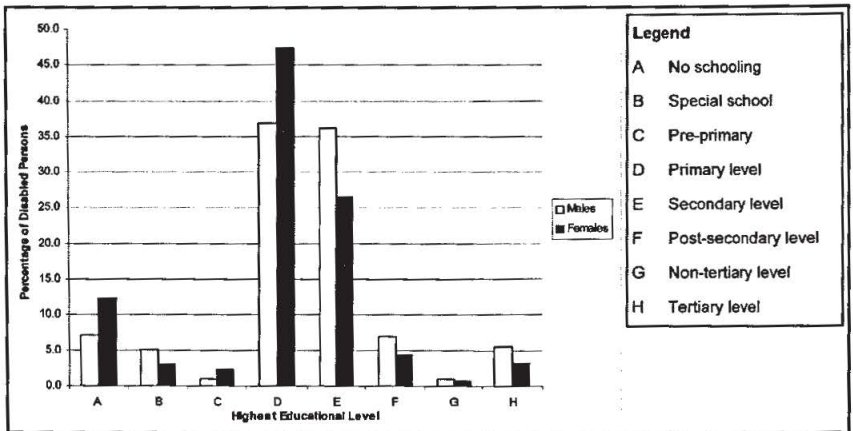


Figure 4 Percentage of disabled men and women by educational level achieved

Figure 4 shows there are higher percentages of disabled women than men who have achieved a low level education. Moreover, for the higher levels of education, percentages are higher for disabled men than women. In the case of disabled people who have attended special schools, the fact that 5.1% of disabled men are in this category, compared to 3.1% of disabled women, may be explained by the fact that the majority of disabled children are male.

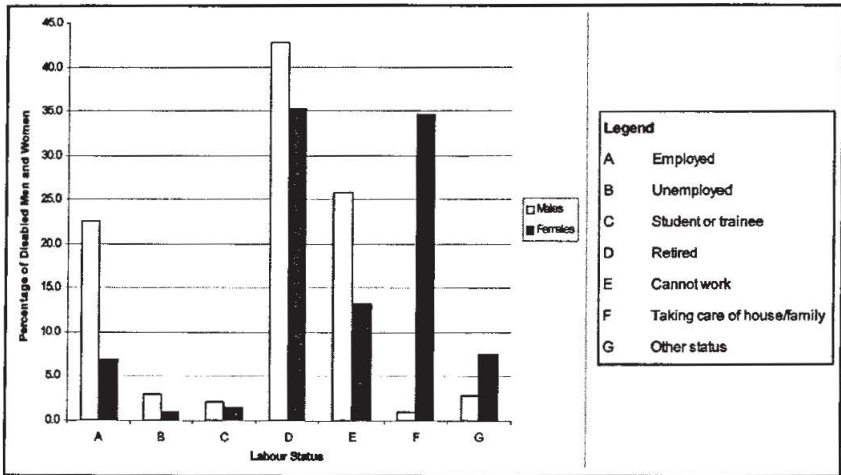


Figure 5 Percentage of disabled men and women by labour status

The discrepancy between the labour status of disabled men and women can be clearly seen in Figure 5. Disabled men outnumber women in almost every category – in the ‘employed’ category one finds 22.5% of disabled men and 7.0% of disabled women. The only category in which disabled women are much more highly represented is in the category of ‘taking care of the family and/or house’ – 1.0% of men compared to 34.6% of women. This suggests that gender plays a significant role in disabled women’s labour status and choices.

The above figures show a marked bias in favour of men with regards to education and employment. This is in line with the general non-disabled population, where it is well established that women encounter more barriers in these areas than men. Differences, however, also exist with regards to lifestyles. Disabled men and women are spread quite evenly across the different types of dwelling, with the exception of institutional households, where both the percentage and the number of disabled women is higher than those of men, as observed in Figure 6. This indicates a much higher propensity for disabled women to be institutionalised (8.3%

of disabled men to 15.2% of disabled women). It may also be related to the fact that disabled women live longer than disabled men, given that older disabled people also have a higher risk of institutionalisation.

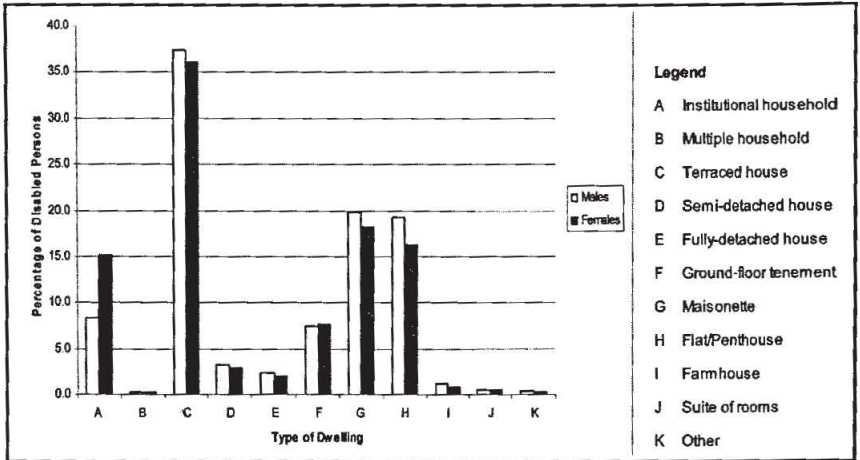


Figure 6 Percentage of type of dwelling for disabled men and women

Figure 7 shows that disabled males have a great likelihood of living in a dwelling which is in a good state of repair.

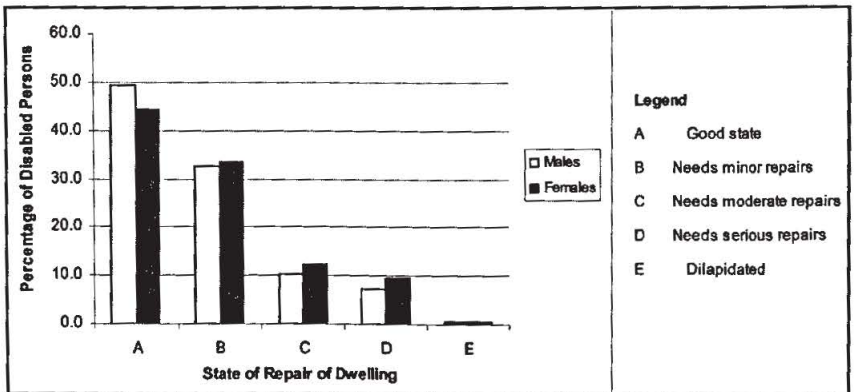


Figure 7 Percentage of state of repair of dwelling for disabled men and women

6. Service Provision

A wide range of services and benefits are available for disabled people in Malta¹⁷. These services are aimed at enhancing the quality of life of these people and their families and at increasing their independence. An analysis of the figures relating to disabled male and female service-users shows that the male-female divide is observed also in the access to services. Although there are more of the latter than there are of the former, as the 2005 Census figures show, there is a tendency for disabled males to access more services than their female counterparts.

Tables provided by KNPD in the period January to June 2011 illustrates these differences as shown in this Table:

Table 1 Successful Applicants for services provided by KNPD

Service	Females	Males	% Difference
Registered with KNPD	300	325	4%
Recipients of Assistive Apparatus Service	51	65	12%
Recipient of Blue Badge	349	426	9.9%
Exempt from Road Licence	29	56	31.8%
Exempt from Car Registration Tax	35	60	26.3%

Table 1 above shows that more males turn to services offered by KNPD than females, and this trend is confirmed in each and every service. However, the percentage differences observed in each service denote that the gap is much more pronounced when applying for financial assistance. In the first six months of the current year there were 4% more men than women who registered

¹⁷ KNPD 2009, *Servizzji u Beneficcji għall-Persuni b'Dizabilità*.

as disabled persons with KNPD. During that same period, there were 9.9% more males than females who were issued with a Blue (Disabled Parking) Badge. The above services provide recognition one's status as a disabled person, however, they do not offer financial assistance.

The difference in male-female participation is much more pronounced in the services which offer some easing on the financial burden imposed on an individual having an impairment, either by part-financing of equipment as in the Assistive Apparatus Service, or by the waiving of tariffs, such as exemption from paying the Road Licence (an annual fee), or the Car Registration Tax (which is a one-off payment upon the registration of a motor vehicle). In fact, there were 12% more males who benefited from the Assistive Apparatus Service, while the gap widened in the Road Licence Exemption (31.8%) and Car Registration Tax (26.3%). This is very probably because more disabled males than females drive their own cars.

This trend is also confirmed by other service providers. The following tables enumerate the disabled persons who have either applied for or obtained a service by a local service provider.

Table 2 Clients of services provided by Aġenzija Sapport as at end of February 2011

Service	Females	Males	% Difference
Residential Services	28	32	6.7%
Community Services	39	56	17.9%
Day Services	165	242	19%

Table 2 refers to services provided by Aġenzija Sapport which provides community and residential services to persons with disability, and their families. The data above shows that it

provides residential services to 6.7% more males than females and community services to 17.9% more males than females. There is also a discrepancy of 19% more male attendees at its day services.

Table 3 Clients of Dar tal-Providenza as at end of February 2011

Service	Females	Males	% Difference
Residents	40	56	23.2%
Respite	12	26	36.9%

Table 3 refers to the Church-run Dar tal-Providenza (Providence Home) which offers residential and respite care for persons with disability. Figures show that there were 23.2% more male than female residents as at the end of February 2011 while the imbalance in favour of males stood at 36.9% with regards to respite services. This seems to contradict the 2005 Census finding, quoted earlier, that more disabled women than men are institutionalised. But this could be because the Census figures include disabled people over 60 who are in old people's homes.

Table 4 Clients of the Employment and Training Corporation as at end of December 2010

Service	Females	Males	% Difference
Employed	349	1164	53.9%
Self-Employed	5	216	95.5%
Registered Unemployed	83	408	26.5%
Unemployed and not registered	747	2299	51%

The gender divide is much more manifest in Table 4, which deals with employment. The government employment agency, Employment and Training Corporation (ETC) reports that as at the end of December 2010 there were 53.9% more disabled men employed than women and that a 95.5% gap between male and

female disabled self-employed. The difference between male and female registered unemployed, therefore actively seeking employment, stood at 26.5 per cent. The difference between disabled men and women who were not actively seeking employment stood at 51%. It is interesting to note that there were 32.8% more disabled males not seeking employment than employed and 36.3% more women with disability not seeking employment than employed.

**Table 5 Clients of the Housing Authority
as at end of December 2010**

Service	Females	Males	Couples
Rent Subsidy Scheme	10	9	11
Aid to Disabled People for Adaptation	27	6	28
Purchase of Apartments	2	1	3
Allocation by rent	14	4	12

The table above refers to services provided by the Housing Authority. The data above cannot be analysed in the same way as that gathered in Tables 1 to 4 as it also contains data pertaining to couples, while providing no reference as to whether the couple is made up of two disabled persons or whether one member is non-disabled. However, one can see that contrary to what takes place in the entities mentioned above, males are less inclined to be successful beneficiaries of the Housing Authority services.

7. The Personal Experiences of Maltese Women with a Disability

Statistics are an important tool in the measurement of discrimination and in highlighting the areas where particular population sections, in this case women with a disability, encounter discrimination. However, it is also important to focus on the direct

experiences of gender and disability as it is narrated by disabled women themselves.

In her study on 'Sexuality and Women with Physical Disability' pertaining to the Maltese scenario, Dingli quotes a participant who maintained that the greatest obstacle she had to overcome in her relationship was the attitude of her partner's close family and friends.¹⁸ Socially speaking, this is both disenfranchising and disempowering, while on a personal level, this renders the person uninteresting, and unattractive with the consequent lack of socialisation, dating and marriage. Thus a vicious circle is created with several factors causing a circular causation that have a negative effect both on the social dimension of the disabled woman as well as the personal level.

In this study, Dingli¹⁹ extracted the following themes from her interviews with eight women with physical disabilities:

1. The realisation of being different
2. Early socialisation
3. Barriers
4. Sexuality
5. Relationships.

Dingli held that society made them realise that they were different. Those who were disabled from birth described how this process starts as early as in primary schooling as they experience being treated differently from their schoolmates. Some participants said they were further marginalized during their adolescence, while others held they had a normal youth. Yet all agreed that their parents contributed

¹⁸ Dingli R, 2011. *Sexuality and Women with Physical Disability*, unpublished

¹⁹ Dingli R, 2011. *Sexuality and Women with Physical Disability*, unpublished

towards their independence. With regards to barriers, they all agreed that they were social constructs. An instance of socially constructed negative attitudes saw the mother of a perfectly healthy baby being repeatedly told that the baby would, inevitably, develop some impairment she (the mother) had. All respondents felt that they were highly misinformed regarding sexual health and gynaecological matters. One respondent claimed that “the perception of society is to keep disabled persons wrapped in cotton wool”. They also agreed that the medical professionals tried to dissuade them from becoming mothers. Dingli also quotes a research project on disabled women’s sexuality ‘Sexual Health and Equality’ which revealed that disabled girls were treated differently from their non-disabled siblings and ‘as adolescents they were not expected to have any feelings or show any interest in sex’.

Other personal experiences were gathered during a seminar organised by KNPD on the 4th March 2011 with the intent of studying the double discrimination experienced by women with disability.

A significant narrative is that of Georgina*, who recounted how she started losing her eyesight when she was still a schoolgirl and that the head of her school advised her parents to seek medical certification which would release her from the obligation of attending school. She also had a brush with medical formalities later in life, when, soon after she had given birth, a doctor in hospital refused to sign a document which would allow her custody over her own daughter! She insists that the doctor’s decision was based solely on the fact that she was a disabled mother.

Georgina insisted that the attitude of all professionals, not just those involved in medicine, needs to be radically revised.

* Real name not used in order to protect her privacy.

The majority of professionals still tend to view disabled people from a purely medical viewpoint, rather than focusing primarily on the individual human being who can often surmount great difficulties and go on to achieve sometimes unimaginable heights. She described how she has raised her own child, how she does all of her own housework and how, for the past three years, she has also been keeping down a full-time job. She suggested that doctors and other medical practitioners should be taught to focus on their patients' functionality, that is their abilities, rather than constantly focusing on their lack of function, or their biological impairments.

8. Conclusion

Following the laying out of a background that conceptualised the subject matter at hand, the issue of double discrimination resulting from gender and disability was then examined from the vantage point of empirical evidence found in literature as well as data gathered from the Malta Census 2005. The main lesson learnt from this study is that the discrimination which disabled, Maltese women experience, is not simply added-on to the conventional discrimination based on gender and disability. Rather, these two different forces multiply exponentially the hardships a disabled woman has to confront on a daily basis.

It is therefore imperative that we start seeing a wider commitment from all involved to social sustainability and justice that would enhance the quality of life of women and girls with disabilities not only in Malta but in all the member states of the European Union.