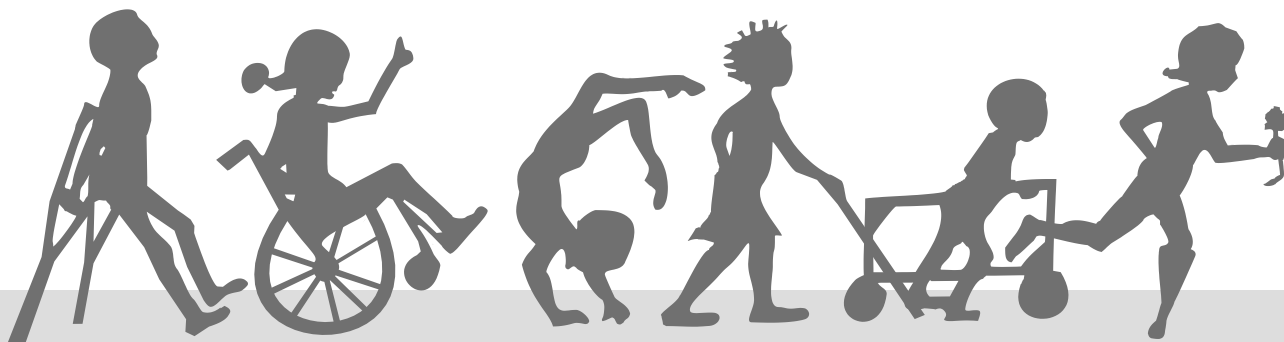


Behinderung und Dritte Welt

Journal for Disability and International Development



Schwerpunktthema: Frauen mit Behinderungen
in der internationalen Frauenrechtsarbeit und
Behindertenbewegung



Zeitschrift des Forums Behinderung und Internationale Entwicklung



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Zeitschrift Behinderung und Dritte Welt
Journal for Disability and International Development

Anschrift

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Für blinde und sehbehinderte Menschen ist die Zeitschrift im Internet oder auf Wunsch als Diskette im Word-Format erhältlich.

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Druck

Druckerei Nolte, Iserlohn

Bankverbindung

Bank für Sozialwirtschaft Konto-Nr.: 80 40 702
BLZ/BIC: 370 205 00 / BFSWDE33
IBAN: DE19 3702 0500 0008 0407 02

Die Zeitschrift *Behinderung und Dritte Welt* ist eine Publikation des Forums Behinderung und Internationale Entwicklung.

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ISSN 1430-5895



Liebe Leserinnen und Leser,

Frauen mit Behinderungen waren lange Zeit sowohl aus der Behinderten- als auch der Frauenrechtsbewegung ausgeschlossen. Dies trifft auf westliche Länder zu, wiegt aber besonders schwer in so genannten Entwicklungsländern, in denen Frauen mit Behinderungen sich mit einer dreifachen Diskriminierung konfrontiert sehen: Aufgrund ihrer Behinderung, ihres Geschlechts und ihrer von Armut gefährdeten Lebenssituation.

Der Großteil der Frauen mit Behinderungen erlebte Frustration und Isolation bei dem Versuch, sich innerhalb dieser beiden Bewegungen zu organisieren und Gehör zu verschaffen: Die Frauenrechtsbewegung betonte zwar die multiplen Dimensionen, die die diversen Lebenslagen von Frauen weltweit ausmachen, versäumte es dabei aber, die unterschiedlichen Erfahrungen von Frauen mit Behinderungen zu berücksichtigen. Ihrer potentiellen Schlüsselrolle in der Vertretung der spezifischen Belange von behinderten Frauen wurde die Frauenrechtsbewegung in der Vergangenheit nicht gerecht, da sie Behinderung weitestgehend nicht als zusätzliche Dimension anerkannte.

Seit Anfang der 90er Jahre fordern Frauen mit Behinderungen fortwährend und nachdrücklich die Einbeziehung der Gender-Dimension in die Behindertenbewegung sowie ihre Anerkennung in der Frauenrechtsbewegung und die Teilhabe an den entsprechenden Diskursen.

Was hat sich seitdem getan? Die internationalen Rahmenwerke für Frauen mit Behinderungen gestalten sich für sie zunehmend positiv. Die Perspektiven von Frauen mit Behinderungen werden im Zuge einer globalen Wende vom wohlfahrts- zum rechtsbasierten Verständnis von Behinderung - wobei auch und vor allem Nichtdiskriminierung und Chancengleichheit gefordert werden - zunehmend berücksichtigt.

Anschlussnehmend an derartige Entwicklungen möchte die vorliegende Ausgabe der Zeitschrift *Behinderung und Dritte Welt/Journal for Disability and International Development* beleuchten, inwieweit die Lebenswirklichkeiten von Frauen mit Behinderungen hierbei aktuell in den beiden Bewegungen adressiert werden.

Wird Frauen mit Behinderungen eine Stimme gegeben, um bei der Formulierung von Gender- oder behinderungsbezogenen Agenden für sich selbst zu sprechen oder eigene Selbstvertretungsinitiativen zu initiieren und effektiv durchzuführen? Sind sie in Entscheidungsprozesse einbezogen, wenn es um Programme von HIV/AIDS-Bekämpfung oder das Recht auf reproduktive Gesundheit geht? Wie sieht es hinsichtlich des Ausbaus Ihrer (Selbstorganisations-) Fä-

higkeiten und Befähigungen im Rahmen so genannter *Capacity Development*-Initiativen aus?

Wie haben sich derartige Entwicklungen auf die Stellung und Anerkennung von Frauen mit Behinderungen innerhalb der Frauenrechts- und Behindertenbewegung konkret ausgewirkt und wie – und das ist wesentlich – auf ihr Leben?

Die Beiträge in dieser Ausgabe erschließen die Rolle von Frauen mit Behinderungen in beiden Strömungen. Dies geschieht in den Beiträgen aus ganz unterschiedlichen Richtungen, aber auch mit dem gemeinsamen Schwerpunkt, nämlich dem, (Lern-) Erfahrungen hinsichtlich einer gelungenen gendersensiblen und inklusiven entwicklungspolitischen Praxis herauszustellen.

So untersucht *Dr. Liza B. Martinez* in ihrem Artikel die Situation gehörloser Frauen in Bezug auf Mitgliedschaft wie auch ihren Beziehungen mit- und untereinander innerhalb von Gender- als auch Behindertenbewegungen in den Philippinen.

Myroslava Tataryn and *Dr. Marusia Truchan-Tataryn* diskutieren in ihrem Beitrag anhand des Beispiels des Kampfes von Frauen mit Behinderungen gegen HIV/AIDS, wie sich behindertenbezogene Themen mit feministischer Perspektive in die Frauenrechtsbewegung integrieren lassen.

Die Ausführungen von *Cindy Lewis* und *Susann Dunn* zeigen auf, wie Frauen mit Behinderungen die Sichtbarkeit ihrer Anliegen und damit ihre Teilnahme und ihren Beitrag in der Gesellschaft verstärken können, indem sie an Frauenrechtsbewegungen mit einem größeren Wirkungsradius anknüpfen.

Fareen Walji beleuchtet die Einbeziehung von Frauen mit Behinderungen in den gegenwärtigen gender- und behinderungsbezogenen Politikpapieren in der Region Asien und des Pazifiks.

Charlotte McClain-Nhlapo and *Laura McDonald* schlussfolgern in einem Ausblick inwieweit sich das Übereinkommen über die Rechte von Menschen mit Behinderungen der Vereinten Nationen auf die Stellung und Rolle von Frauen mit Behinderungen auswirken kann.

Das Redaktionsteam möchte sich an dieser Stelle ganz besonders bei *Dr. Christiane Noe* für Ihre wunderbare und inspirierende Arbeit als Gast-Editorin bedanken, ohne die diese Ausgabe nicht möglich gewesen wäre.

Ihr Redaktionsteam



Advocacy for and by Deaf Women: Observations on Gender & Disability Movements in the Philippines

Liza B. Martinez

Advocacy in the area of sexual abuse among deaf Filipinas has progressed in the past decade because of front-line deaf organization involvement in partnership with other NGOs. This paper reviews recent milestones and examines this in the context of multidimensional membership and relationships of deaf women in different sectors separated by gender, disability, community and culture. It also describes the environment and barriers experienced by deaf Filipinas in these various interactions. The overview of milestones of this cultural minority reveals where the gaps are, and presents challenges for integrating gender and disability movements in the future.

Introduction

History

The women's movement in the Philippines began as early as 1905 with the right to suffrage received by Filipinas in 1937. The post-World War II period was marked by the *Malayang Kilusan ng Bagong Kababaihan* (Free Movement of New Women) which was established in 1970. It is considered a major landmark in the history of the women's movement in the country as it fought oppression and espoused the need for emancipation in the context of national liberation (Taguiwalo 2005). Women's concerns were included in the government agenda with the integration of the gender equality principle in the 1987 Philippine constitution, and subsequently, with the enactment of the Philippine Development Plan for Women (Executive Order No. 348) and the *Women in Nation-Building Act* (Republic Act 7192). The National Commission on the Role of Filipino Women created in 1975 is tasked to mainstream the concerns of women (NCRFW 2008).

On the other hand, the beginnings of the disability movement go back as early as 1917 with concerns coming from both government and non-government sectors. The National Decade of Disabled Persons was proclaimed from 1981 to 1991 and Presidential Decree No. 1509 created the National Commission Concerning Disabled Persons. This policy-making body has been renamed currently as the National Council for the Welfare of Disabled Persons (NCDA 2006). Landmark legislation Republic Act 7277, known as the *Magna Carta for Persons With Disabilities*, was passed in 1992. In 2008, the Senate ratified the UN Convention on the Rights of Persons with Disabilities.

The Filipino Deaf Community

The 2000 census of the archipelago of the Philippine reports a total population of 76,498,735

Filipinos, including 121,598 individuals with hearing impairment, approximately half of which are female (National Statistics Office 2000). The number of deaf girls aged 10-19 years is estimated at 15,226 while the number for the age group 20-34 is estimated at 14,186.

The Filipino Deaf community remains widely marginalized from the rest of society. Its visual language, the Filipino Sign Language, remains largely unrecognized by the government and has yet to be utilized in formal education, media and the legal domains (NSLC 2008).

Traditional views of disability among Filipinos are similar to the ones in other Asian ethnic groups which attribute physical disabilities to naturalistic explanations; religious or spiritual beliefs and supernatural causes (Shead 2008a). The family, particularly the older siblings, are given the duty and commitment to care, protect and support the child with a disability (Shead 2008b). In the Muslim Mindanao areas of the country, deaf Muslim youth experience the same challenges in communication as the rest of other deaf Filipinos (Martinez 2006c). Since the conventional concept of disability does not exist in the primary sources of Islamic teaching, deafness is viewed as a divine test or simply a part of the human condition, and is thus, neither a blessing nor a curse (Enyliram 2009). Society at large, is also enjoined to care for and educate all those who are disadvantaged, including individuals with disabilities (Al-Islaah 2009).

A progressive view of deafness as a culture, and deaf people as a linguistic and cultural minority has been slowly gaining ground in the country. This distinguishes a purely medical or pathological perspective (deaf) to that of a cultural identity (Deaf) (Lane et al. 1996; Padden/Humphries 1988). Filipino Deaf culture has been initially analyzed to possess the compo-



Figure 1: Components of Filipino Deaf Culture (PDRC and PFD 2004)

nents (Figure 1, PDRC and PFD 2004).

Sexual Violence and Deaf Filipinas

The vulnerability of the deaf and other persons with disabilities is recognized in societies worldwide, although the extent of abuse is only beginning to be uncovered lately. Disadvantaged groups are vulnerable from two perspectives: As persons with disabilities, and as women. Among the deaf, a lack of understanding of deafness, deaf individuals and their needs in communication is at the core of this serious problem. Hearing loss presents many forms of communication barriers to an individual. Access to information and learning, as well as the ability to express ideas, feelings and experiences, and interact with others become extremely limited. Because of this, deaf Filipino women (deaf Filipinas) are highly vulnerable to aggressors who know that their victims are likely to be unenlightened about their rights, as well as unable to report exploitation. Asian women, on the other hand, are already generally disadvantaged in society because they are viewed as the 'weaker' gender and are relegated to domestic activity and child bearing and rearing. Being both deaf, and a woman, multiplies the risk of vulnerability many times.

There is already sufficient information to show the high incidence of physical and sexual abuse among deaf Filipinas: Early data collected by De Guzman in the late nineties revealed that out of 32 Deaf women respondents in Luzon, Visayas and Mindanao, 72% were abused or battered; and 63% were abused by their fathers (De Guzman 2002). In counseling provided by the Catholic Ministry to Deaf People (CMDP 2005), approximately half of refer-

als of sexual abuse from 1996 to 2006 were incest cases. Out of more than 50 cases of referred cases of sexual abuse from that decade, fourteen were filed in court. Of these, about half have been either dismissed or archived.

Unpublished data from a number of provinces (PDRC 2006) indicate as high as 1 out of 3 rape cases among deaf women, and 65 to 70% of sexual molestation among deaf minors. Deaf Filipinas as litigants in cases of sexual violence in the Supreme Court have had little or no access to the legal or judicial systems (Benjamin 2007; Martinez 2007). The typical deaf woman victim in the Philippines is unschooled and indigent (Martinez 2006a).

An in-depth understanding of the language and culture of a deaf client, the *deaf experience*, are critical. Clusters of rape and sexual violence occur in some deaf residential schools (PDRC 2006) perpetuated by teachers, and further covered up by school administrators. Numerous cases of incest involve complex dynamics with the hearing male and female members of the household (Tiongson/Martinez 2007).

Discrimination among service providers (whether governmental or non-governmental) has been manifested as a refusal to accept deaf clients for testing or evaluation, counseling, therapy or shelter. The inability of staff to sign is frequently invoked as the reason, yet through the decades, even government facilities have not made short- or long-term efforts to rectify this situation. In the country today, the only deaf peoples' organizations providing mental health-related services to their own sector are the Filipino Deaf Women's Health and Crisis Center, and the Support and Empower Abused Deaf Children. Through the leanest of resources and the most skeletal corps of volun-



teers, these deaf self-help organizations are facing a gargantuan problem that practically no hearing entity wishes to even touch.

The lack of awareness described above has resulted in a dismal absence of policy, i.e. of a nationally mandated system for interpreting (whether general or specific, to legal interpreting); guidelines for authentic linguistic-based curricula or training programs for sign language and voice interpreting; and standards to govern selection of interpreters for court proceedings, and the quality of their interpreting during these proceedings.

Benjamin and Martinez (2008) call for a rights-based policy in instituting language accessibility to reflect a shift of treatment of deafness as a social welfare concern, accommodation or special treatment. They maintain that the right to language is rooted in the constitution as well as the international covenants, the UN Convention on the Rights of Persons with Disabilities.

Milestones in Advocacy

In the past five years, key players in the fight for human rights in the arena of sexual violence among deaf women have been the following NGOs: (1) the Filipino Deaf Women’s Health and Crisis Center, (2) the Philippine Federation of the Deaf and (3) the Philippine Deaf Resource Center. Other key entities in the NGO sector include the Catholic Ministry to Deaf People, the Women’s Crisis Center, and the Initiatives for Dialogue and Empowerment Through Alternative Legal Services. The chart summarizes the areas covered by these stakeholders.

Research and Data Collection

Documentation began on baseline data on Deaf women respondents who were interviewed on pregnancy, contraception, sexual experience, rape and sexual abuse, and learning interest in reproductive health (De Guzman 2002; Iyer/Fortunato, in progress). Linguistic considerations for evaluating sign and voice interpreting for application in court interpreting were studied in equal access to communication and information for the Deaf in legal proceedings by the three NGOs mentioned above (Tiongson/Martinez 2007). „Pagsalin at pagbuo ng

talatinigang pambatas sa wikang senyas ng mag binging Pilipino”, a translation of 300 most commonly used legal terms in cases involving deaf women were translated into FSL and pilot tested in the Metro Manila area and Cavite province.

Academic Linkages

Collaborations with the national University of the Philippines were established with the College of Law – Institute of Human Rights for a Lawyers Forum on access of the deaf to the court system (Initiatives for Dialogue and Empowerment Through Alternative Legal Services 2007). With the College of Social Work and Community Development, sign language learning and community immersion were included as part of a Social Work Field Instruction. Workshops on community organizing, gender-based violence and gender sensitivity training were conducted in cooperation with the Fil. Deaf Women’s Health and Crisis Center.

A Participatory Video on Deaf Women Abuse was produced by the Fil. Deaf Women’s Health and Crisis Center and the College’s Research and Extension for Development Office.

Service Partnership

The Fil. Deaf Women’s Health and Crisis Center, the Phil. Deaf Resource Center and the

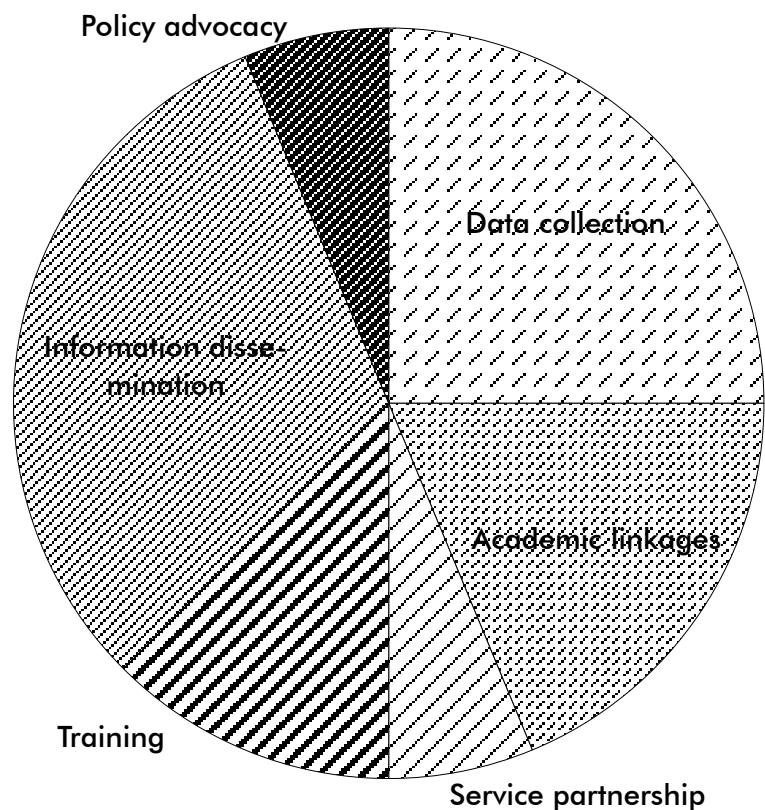


Figure 2: Advocacy for human rights in sexual violence among deaf women



Women's Crisis Center collaborate in providing interpretation, counselling, case management, and shelter for Deaf victims of sexual violence.

Training

Ground-breaking training is conducted by the Fil. Deaf Women's Health and Crisis Center and the Women's Crisis Center on the prevention of physical and sexual abuse, and on feminist principles in counseling, management and operation of shelters.

Information Dissemination

Papers were presented by the Deaf for the first time at the 1st International Conference on Reproductive Health Management on sexual abuse by the Fil. Deaf Women's Health and Crisis Center (De Guzman and Mendoza 2006), Catholic Ministry to Deaf People (Tansiatco 2006) and Phil. Deaf Resource Center (Martinez 2006b). The Phil. Deaf Resource Center made a presentation at a women with disability (WOWLEAP) forum on sexual violence and legal support to deaf women (Martinez 2006d). The Phil. Deaf Resource Center also sends its compendium on deaf legal access to judges and lawyers of regional trial courts, which have ongoing cases with deaf parties. Other recipients include law schools, legal advocacy organizations (e.g., International Justice Mission; Free Legal Assistance Group), interpreting organizations and ministries, and free-lance interpreters.

At the 1st Regional Women Conference on Disability held in Hong Kong in 2008, the only papers concerning the deaf were those from the Fil. Deaf Women's Health and Crisis Center, the Phil. Federation of the Deaf, and the Phil. Deaf Resource Center (De Guzman/Mendoza 2008; Mendoza, Corpuz and Martinez 2008).

The Phil. Deaf Resource Center presented papers at the Philippine Linguistics Congress on language-related concerns of sexual violence in the deaf community (Benjamin/Martinez 2008; Martinez 2006a).

Advocacy for Policy

A comprehensive proposal for an Amendatory Memorandum Order for the existing Supreme Court Memo 59-2004 (Authorizing the Court Administrator to act on and approve requests of

lower courts for the hiring of interpreters for the deaf) is prepared by the three key organizations after several months of focus group discussions among deaf leaders, legal consultants and the PDRC. The document includes provisions for the appointment, qualifications, compensation and conduct of sign language interpreters in court proceedings. The proposal is currently under consideration by the Supreme Court Office of the Court Administrator.

Analysis

Multidimensional Communication Relationships

An examination of these advocacy milestones in the past decade, particularly in the last five years, reveals interesting implications for the deaf, disability and women's movements. Deafness is not so much an absence of sound as it is the critical loss of opportunities for information, communication and interaction. Deaf women who identify themselves with the sign language and the values and aspirations of the community move in a complex environment. As members to a cultural minority, gender, special population, as well as a country (Filipino) population, they carry a multi-faceted identity as shown below:

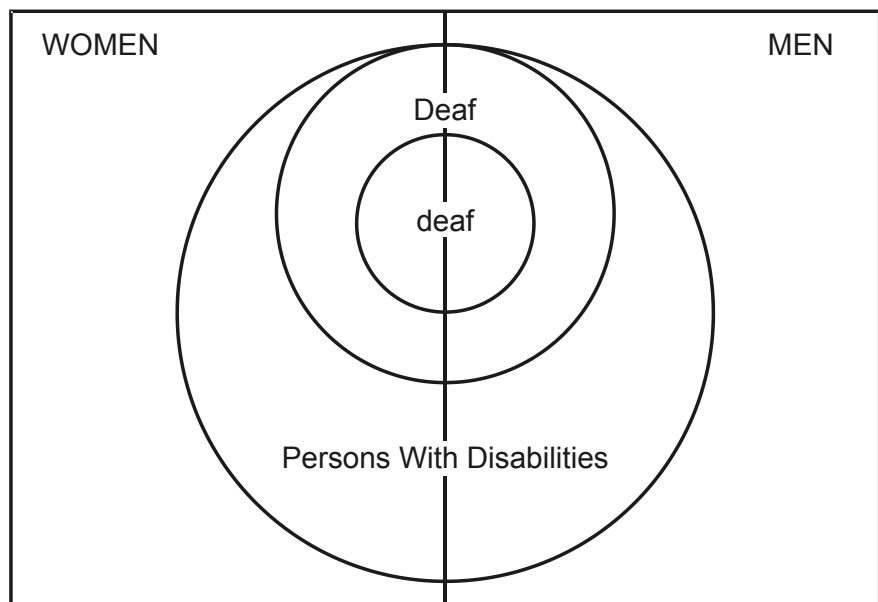


Figure 3: Membership of Deaf women in sectors defined by gender, disability, culture and community

Because of this, they have to communicate across different dimensions with various subsets of people around them. Mainstreaming gender, deafness/disability, or both, thus encompasses the following matrix of relationships summarized below (see Figure 4, next page).

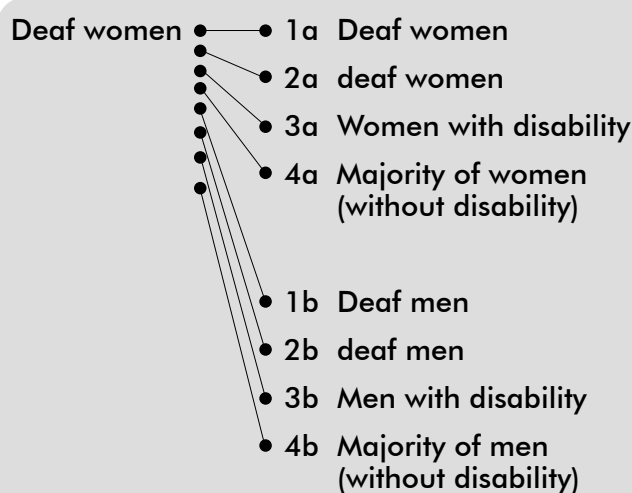


Figure 4: Relationship dimensions of Deaf women with various sectors

This matrix of relationships within which deaf women find themselves, exists in a common environment. The characteristics of such environments are likely to be found in most developing countries. Each of the connecting relationships also has barriers distinct to itself. It is interesting to note parallels between genders, and across sectors (see Table 1).

Inter-action	Deaf women interacting with	Type of Barrier	Common environment
1a	Women	Deaf	Economic challenges
2a		deaf	
3a		PWDs	Literacy
4a		Hearing majority	
1b	Man	Deaf	Political instability
2b		deaf	
3b		PWDs	Internal / local conflicts
4b		Hearing majority	

Table 1: Environment and types of barriers affecting different relationship dimensions of Deaf women

Barriers

The archipelagic nature and mountainous terrain of the Philippines is a separating or even isolating factor for communities of deaf Filipinos. Added difficulties are an unreliable postal system, poor telephone facilities and costly inter-island transportation. Strong ethnic and religious diversity (e.g., Roman Catholic, Muslim) in the major islands of Luzon, Visayas and Mindanao, adds even more barriers.

Within the Filipino deaf community, regional variation of signs (PFD 2007, 2005) necessitates language and cultural adjustments. Other socio-linguistic factors such as generational differences, disparity in socio-economic status and educational attainment, and local history, all affect language attitudes and community interactions.

For the non-signing Filipinos with hearing loss (deaf), the inability to sign presents a barrier with the cultural population (deaf). This same barrier separates the deaf from other persons with disabilities, and the rest of the Filipinos, who usually would not know how to sign either.

Superimposed across all the barriers described above, is the dimension of gender, doubling the complexity of communication and interaction.

Aside from the barriers imposed by face-to-face interaction, the serious problem of literacy among deaf Filipinos places them at further disadvantage in accessing materials in print, or through online communications. The nationwide emphasis in utilizing the Filipino language as the medium of instruction in schools and other language domains is the complete opposite

of the entire formal education curriculum for deaf children based almost exclusively on English. Thus, adult Filipinos (including deaf victims of sexual abuse) cannot even access information or advocacy materials, which are predominantly written in Filipino. The absence of a national mandated sign language interpreting system has had a very serious effect on advocacies for the deaf community in general, and deaf women in particular. Essential to any advocacy of any minority is

barrier-free information, communication and interaction with the rest of the majority. Even when the hearing majority is willing to reach out to the deaf minority and accommodate its concerns into the mainstream, the eventual communication hardships kill this potential relationship. The hearing majority which frequently does not have the sign language fluency to communicate fully and effectively with deaf women has to rely then on volunteer sign



interpreters (if available). These volunteers are usually overworked and overextended, having to shoulder even interpreting-related expenses such as transportation, and lost compensation due to *unofficial* leave or time off from work for the interpreting task.

Non-governmental entities experience the same financial constraints as government agencies in hiring interpreters. Ironically however, the latter seem to be more reticent in making long-term budgetary plans for this accommodation.

Inclusion in the Agenda of the Women's and Disability Movements

Against the backdrop of a century of history in the women's and disability movements, the participation of, and impact on deaf women has been seriously wanting. Milestones in deaf women advocacy have emerged only in the past decade and deaf women remain at the periphery of both movements.

The National Commission on the Role of Filipino Women is currently lobbying for a bill, the Magna Carta for women. It is noteworthy that women with disabilities are included as a marginalized sector. However, creation of actual programs with a direct impact on deaf women have not been evident as of yet.

The National Plan of Action of the National Council for Disability Affairs enumerates targets relating to anti-discrimination, organizational training, and membership into national mainstream women's organizations for women with disabilities. However, regional and national and regional efforts have hardly reached deaf women in the provinces, if at all.

The Voluntary Service Overseas – Philippines has been at the forefront for several decades in mainstreaming gender. This was initiated in the mid nineties through a European Union funded Integrated Skills for Women in Development program. Their Programme on Disability began officially in 2005. Their regional and national conferences on gender and development included disadvantaged sectors, but did not tackle specific issues for women with disabilities in general or deaf women in particular. However, a deaf female officer of the Phil. Federation of the Deaf participated in the national conference during these early efforts (Voluntary Service Overseas Philippines 2000, 1998). In more recent years, volunteers working with the Phil. Federation of the Deaf, Phil. Deaf Resource Center and Fil. Deaf Women's Health and Crisis Center led to several significant accomplishments already described above.

Views of Leaders in the Disability and Women's Movements

Women with Disabilities Leap to Social Progress is an advocacy organization, which has been in existence for the past nine years. There are efforts to include representatives from deaf women but it has only been in the past three years (2006 to 2008) that their participation has become more active in the leadership forums and strategic planning. Awareness among women with disabilities of the problem of sexual abuse of deaf women has been increasing. Carmen Reyes-Zubiaga, president, believes in the importance of full awareness of this problem among women with disabilities as well as Filipinas in general. She recognizes communication barriers as the primary hindrance for full interaction with the deaf. She considers long-term strengthening of deaf women's organizations as a key to this problem, as well as the greater involvement of hard-of-hearing or oral deaf women who can articulate the concerns of the sector (Reyes-Zubiaga 2009).

Joji Bonilla, programme manager for disability with Voluntary Service Overseas - Philippines since its establishment, observes that the problem of sexual abuse among deaf women has seldom, if at all surfaced in discussions in the women's sector and society in general. Thus, there has been little or no effort in the mainstream, even in gender discussions at the level of Overseas Development Assistance, to even discuss this. She notes that there is more awareness about this problem among women with disabilities. However, their own struggles with abuse have been a hindrance to full understanding and realization of their efforts to support deaf women. Full participation has remained elusive for deaf women in both the disability and women's sectors and she attributes this to lack of access (whether infrastructure / environment related or information dissemination) as well as a dearth of local data. She sees greater visibility of deaf women as a key to the situation, i.e. wider membership in networks and consistent provision of sign language interpreting in all meetings and discussions. A shift in perspective, viewing the problem not only as a disability concern but as a rights-based problem needs to be combined with greater efforts in disseminating information to the mainstream (Bonilla 2009).

It is interesting to compare the above views with those of deaf women leaders. Marites Racquel Corpuz, founding member and current president of the national Phil. Federation of the Deaf thinks that neither women with disabilities nor the women's sector in general, have come



to a full understanding of deaf women abuse. Yet despite this, she recalls that a single effort by one of the leading women's organizations, the Women's Education Development Productivity and Research Organization, to provide gender and development training to six deaf officers from 1998 to 2001 brought awareness to member deaf organizations in the major islands of Luzon, Visayas and Mindanao. Furthermore, she believes that this pioneering effort laid the foundation for bringing Deaf women into the majority of leadership positions up to the present time. In the past few years, she credits the presence of deaf volunteers of Voluntary Service Overseas – Philippines and the networking efforts by the Phil. Deaf Resource Center to have exerted the greatest influence in bringing deaf women leaders into the mainstream. She believes that the concerns of deaf women are important to both the disability and women's sectors and barriers to information should be dismantled through sign language interpreting. Both sectors should also strive to understand the culture of the deaf in order to foster lasting bonds (Corpuz 2009).

Founding member and long-time leader of the Fil. Deaf Women's Health and Crisis Center, Jeniffer Mendoza, sees some awareness in both the disability and women's sectors about the problem of deaf abuse. But she laments that society as a whole has not yet fully accepted the existence of this problem. She recognizes however, the efforts of the organization Women with Disabilities Leap to Social Progress to reach out to them in recent years. She also cites collaborative endeavours with the mainstream in the past five years including the University of the Philippines College of Social Work for the Participatory Video project; the Phil. Deaf Resource Center for women's health lectures; workshops by leading women's nongovernmental organizations Women's Crisis Center and Women's Legal Education, Advocacy and Defense for crisis intervention and legal information on sexual harassment; and orientation provided by the Government Department of Social Welfare and Development, for shelter and foster care concerns. For full participation in both the disability and women's sectors, she recommends comprehensive teaching of sign language coupled with inclusion of deaf women in front-line women's desks throughout the country, and the training of female deaf relay interpreters as well as facilitators/trainers. She also emphasizes priority areas for livelihood development for deaf women to attain economic independence, and the continuing use of media (e.g., participatory video) to bring greater visi-

bility to deaf women (Mendoza 2009).

Advocacy Milestones and Multidimensional Relationships

Integrating selected advocacy milestones for and by deaf women described above, with the associated dimensions of relationships reveal Table 2.

All these relationship dimensions of deaf women have been affected by advocacy milestones in the past decade. It is noticeable however, that more of these accomplishments dealt with other women: first, with the hearing majority of Filipinas who have no disability, and second, with other deaf women. Little interaction and impact was seen with women with disability, and worse, with nonsigning deaf Filipinas. With the male gender, the same pattern was seen with the greatest impact first on the hearing majority of Filipino men, and second, on deaf men.

Looking at the dozen milestones enumerated here, the top three with the broadest impact appeared to be: Participation in the Philippine Linguistics Congresses, the proposal to the Supreme Court, and the The Asia Foundation/U.S. Agency for International Development legal access project outcome. Different reasons accounted for this. The congresses, though held only in 2006 and 2008, had 200-300 participants from provinces all over the country. Granting that their interests were in (spoken language) linguistics, they quickly appreciated however, the language issues at stake. The increased awareness about the deaf and sign language among these numerous hearing Filipinos sent out a far-reaching contingent of enlightened individuals in the different islands. On the other hand, approval of the Amendatory Memorandum by the Supreme Court will affect hundreds of trial courts and set important precedents in the pursuit of justice. The importance of institutionalization of advocacy through policy is clearly seen here. Thirdly, the published compendium and the national seminar of the The Asia Foundation/U.S. Agency for International Development flagship project were highly significant avenues for information dissemination.

The observation that about half of these enumerated milestones resulted in an internal impact within the community of deaf women seems to imply that full participation is both an essential part of empowerment as well as a fueling result of advocacy. Thus, strengthening ties within this group is imperative.

Filipinas who are deaf (non-signers) are several times more vulnerable to abuse than deaf



Organizations involved in Advocacy Milestones	Deaf women interacting with							
	WOMEN				MEN			
	Deaf	deaf	Persons with Disabilities	Hearing majority	Deaf	deaf	Persons with Disabilities	Hearing majority
Voluntary Service Overseas - Philippines	✓							
Phil. Federation /								
World Federation of the Deaf	✓				✓			
1st International Conference on Reproductive Health Management				✓				✓
Women in Disability Forum	✓		✓					
Women's Crisis Center		✓		✓				
University of the Philippines								
Institute of Human Rights				✓				✓
World Bank grant competition								
The Asia Foundation and U.S. Agency for International Development				✓				✓
National Commission for Culture and the Arts	✓				✓			
Supreme Court	✓			✓				✓
University of the Philippines								
Social Work Field Instruction				✓				
University of the Philippines				✓				
Participatory Video				✓				
Regional Women Disability Conference			✓					
Philippine Linguistics Congress				✓				✓

Table 2: Relationship dimensions affected by advocacy milestones for Deaf Filipinas

Filipinas because their nonsigning status is often a result of low educational attainment and socio-economic status. They are isolated both physically and linguistically, and present extremely difficult challenges for empowerment.

There are also lessons to be learned in looking at those dimensions of relationships which have barely or not at all been affected. Filipino men who are (nonsigning) deaf or have a disability have been completely left outside the sphere of interaction of Deaf women. Even Deaf men were just at the periphery of these advocacies. The significantly lower impact on all men should be noted since reaching would-be-perpetrators of sexual violence requires targeting the male gender. There are no formal statistics yet but cases of lateral violence by deaf or deaf perpetrators have been already encountered several times.

Integrating movements

The successes that deaf Filipinas have been

able to secure so far, even in the absence of a comprehensive national interpreting system and other barriers mentioned above may be attributed to a number of reasons. The advent of mobile phone technology into the country, and the wide popularity and very low cost of texting has made rapid and reliable communication possible for the first time within the deaf population and between all its stakeholders. The internet and all the various forms of web communications also bypass interaction barriers, although it is not quite as affordable yet as mobile telecommunications. However, advances in wireless technology and increasing commercial or public internet venues is bringing unprecedented access even to the most remote islands of the Philippines.

The recent senate ratification of the UN Convention on the Rights of Persons with Disabilities provides a powerful policy instrument. However, like Republic Act 7277 (Magna Carta for Persons with Disabilities), monitoring during



implementation is critical to see policy come fully into practice.

The National Commission on the Role of Filipino Women could potentially be a key player. However, despite its establishment over three decades ago, communication barriers isolate deaf and deaf Filipinas: First, from other women with disability, and further, to the majority of hearing Filipinas.

Linkages with the academe, particularly with the national University of the Philippines is very promising. Awareness about the deaf at the colleges of social work and community development, social sciences and philosophy (including linguistics and psychology) has been slowly gaining ground. With about a dozen deaf students now enrolled in the Diliman campus at the college of education and college of fine arts, initial steps have been taken by university officials to institutionalize accommodations for their needs (Bustos/Martinez 2008).

Alliances with organizations such as Voluntary Service Overseas - Philippines, the Knowledge for Development Centers of the World Bank, and project support from The Asia Foundation and the US Agency for International Development have brought wide and significant visibility to the needs of the deaf in general, and deaf women in particular. Specific linkages of the Phil. Federation of the Deaf to the World Federation of the Deaf network have also provided important support.

Conclusion

The impact generated by advocacy efforts for and by deaf women in the Philippines is most evident on the hearing majority of Filipino women. It has also strengthened internal ties within its own cultural minority. Influence on relationships with women with disability or even non-signing deaf women has been limited.

Deaf women have remained largely at the periphery of both the women's and disability movements, and their concerns on sexual abuse and violence have not fully come to the surface. In the same sense, the women's and disability sectors have also been at the periphery of the deaf world, separated from them by communication barriers. Success in the future hinges on an integration of deaf women into the disability and women's movements to overcome these barriers in their multidimensional communication relationships. Further research and documentation on the problem of sexual abuse to deaf women is imperative. The greater visibility of deaf women through comprehensive and consistent sign language interpreting shall

also enable participatory membership into networks in both the women's and disability sectors. Continued support to deaf women by individuals and entities who can communicate and interact comfortably with both the deaf community as well as the women's and disability movements is critical. This enabling support can sustain the linkages to academe, government, civil society and the public at large which have already been initiated.

Notes

- 1 The FDWHCC is a deaf women's advocacy organization documenting and addressing issues on reproductive health, violence and human rights. It also provides counselling, survivor support and other forms of support to Deaf women. It was established formally in 2002 and is based in the Metro Manila area. It networks with government entities (e.g. the Department of Social Welfare & Development), non-governmental women's organizations and shelters, and deaf women throughout the Luzon and Visayas areas.
- 2 The PFD is a federation of over 20 Deaf organizations all over the Philippines and is the official representative to the World Federation of the Deaf, a global deaf advocate. Founded in 1997, PFD has conducted nationwide projects for the Status Report on the Use of Sign Language in the Philippines (National Sign Language Committee) and the Online Corpus project and was the Philippine counterpart for the Practical Dictionary for Asian-Pacific Sign Languages. It represents the deaf community in cross disability endeavors as well as policy planning with government agencies. Its overall goal is to empower the deaf to become united, equal and productive members of society.
- 3 The PDRC was founded in 2001 on the cornerstones of research, information and networking. It is guided by the view of deafness as a culture in carrying out its mission for research-based advocacy. It is the sole research group for deaf issues and is active in publications, conferences and academic linkages. It is comprised of hearing and deaf volunteers and maintains strong ties with grassroots deaf organizations to facilitate networking with government and non-government sectors.



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Zusammenfassung: Im Bereich des sexuellen Missbrauchs von gehörlosen Filipinas wurden die Opfer im letzten Jahrzehnt immer besser vertreten, weil sich Gehörlosen-Organisationen zusammen mit anderen NGOs dafür eingesetzt haben. Dieser Artikel bewertet die jüngsten Meilensteine und untersucht sie im Kontext multidimensionaler Zugehörigkeit und Beziehungen gehörloser Frauen in verschiedenen Bereichen, unterteilt nach Geschlecht, Behinderung, Gemeinschaft und Kultur. Er beschreibt zudem die Umgebung und die Hindernisse, die gehörlose Filipinas in diesen verschiedenen Wechselbeziehungen erfahren. Der Überblick über die Eckdaten dieser kulturellen Minderheit offenbart die Lücken und zeigt die Herausforderungen auf, um Frauen- und Behindertenbewegungen in Zukunft einzubeziehen.

Résumé: La sensibilisation dans le domaine de l'abus sexuel des femmes sourdes aux Philippines a progressé cette dernière décennie grâce à l'engagement des organisations de malentendants en partenariat avec d'autres ONG.

L'article passe en revue les étapes récentes et les examine dans le contexte de participations et relations multidimensionnelles des femmes malentendantes dans différents secteurs subdivisés par genre, handicap, communauté et culture. Il décrit également l'environnement et les obstacles rencontrés par les femmes sourdes dans ces différentes interactions. Le passage en revue des points forts de cette minorité culturelle révèle où sont les lacunes et montre les défis à relever pour intégrer dans le futur les mouvements de femmes et de personnes handicapées.

Resumen: En el campo de acción del abuso sexual de filipinas sordas se ha mejorado notablemente su representación en las últimas décadas, porque organizaciones de sordos y otras ONG se preocuparon por este grupo. Este artículo valoriza los últimos hitos y explora los efectos dentro de un contexto multidimensional de pertenencia y relaciones de mujeres sordas en diferentes áreas, seccionados en sexo, discapacidad, comunidad y cultura. Además él describe el medio ambiente y los obstáculos, que viven las mujeres sordas mismas. La vista de conjunto sobre los datos de esta minoridad cultural enseña las lagunas que hay que llenar y los desafíos para incluir el movimiento de los discapacitados y el movimiento de la mujer en el futuro.

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Forgotten Voices: Women with Disabilities, Sexuality and the AIDS Pandemic

Myroslava Tataryn & Marusia Truchan-Tataryn

This article argues that an integration of feminist disability issues into the women's movement could provide a strong force in the fight disabled women are waging against HIV/AIDS by exploring the deeply entrenched prejudices that exist regarding the sexuality of women with disabilities and how they exacerbate the effects of HIV/AIDS on disabled women. It discusses how the women's movement has historically reinforced stereotypes of disabled women but also how today there are growing opportunities for cooperation. It is based on a review of a limited sample of feminist disability studies texts as well as the personal experiences and research of the authors.

Introduction

One of the most socially and emotionally damaging stereotypes troubling women with disabilities¹ is asexuality: A belief that we cannot and indeed must not express our sexuality. Disabled women's bodies do not conform to the mold designed and designated as normal, and a homogenous mainstream denies our humanity, increasing disabled women's risk of abuse, decreasing our access to reproductive and sexual health care and services, and thereby increasing the risk of being infected and severely affected by HIV/AIDS.

In a recent global survey of disability advocates, 87 percent of the organizations surveyed reported that HIV/AIDS is of immediate concern to the disabled populations they serve (Groce 2005: 222). Although few studies have been conducted and almost no hard data exists, individuals with disabilities are anecdotally estimated to be at twice the risk of contracting HIV/AIDS. Once infected, people with disabilities often have little or no access to treatment or care (Tataryn 2008).

As the AIDS pandemic becomes increasingly feminized throughout the world, pervasive gender inequality compounds HIV/AIDS issues for women. In addition, women are affected severely and disproportionately by physical and mental disabilities (Shakespeare 2006: 138). They comprise 74 percent of disabled people in low and middle-income countries, and worldwide they receive only 20 percent of the rehabilitation resources (Shome 2008). Women are more likely than men to become disabled during their lives, often because they have fewer resources, receive less medical attention when ill, and are less likely than men to get preventative care and immunizations (Shakespeare 2006, Shome 2008). The United Nations reports that the "combination of male preference in many cultures and the universal devaluation

of disability can be deadly for disabled females" (UN 2003).

Much of the evidence and anecdotes explored in this text stem from Myroslava Tataryn's work at the intersection of disability, gender, sexuality and HIV/AIDS issues in sub-Saharan Africa over the past 5 years. Where possible, these experiences have been linked and contrasted with existing feminist, disability studies literature.

Disabled Women and Sexuality

While sexism relegates women to substandard systemic treatment, the social prejudice that denies disabled women's sexuality dismisses disabled women as women – ultimately rejecting us as human beings. Initiatives concerning women's wellbeing have further alienated disabled women. Excluded, marginalized, or invisible in HIV policies, advocacy, and funding, disabled women are exposed to neglect and abuse with no recourse. Regardless of stereotypes, women with disabilities engage in the same sexual behaviours and are consequently exposed, at a minimum, to the same risk of HIV as the general population (Groce 2005). They are also three times more likely to be victims of sexual abuse and rape (Groce 2005). Thereby, Dick Sobsey, a researcher of violence and disability, points out that disability itself does not create vulnerability to abuse. "Complex interactions between disability, society, culture, and violence" artificially construct this vulnerability (1994: 87). Unexamined stereotypes of disability and sexuality expose disabled women to higher levels of coercive sexual intercourse and, consequently, higher risk of HIV infection. This fact, combined with severely restricted access to prevention information and services, places women with disabilities at very high risk of contracting the virus.



An increased risk of rape is not the only vulnerability created by the cultural stereotyping of disabled women's sexuality. Rosemarie Garland Thomson observes how "cultural stereotypes imagine disabled women as asexual, unfit to reproduce, overly dependent, unattractive – as generally removed from the sphere of true womanhood and feminine beauty" (2004: 89). Hence, many women with disabilities worldwide face common barriers when seeking a committed partner or a good relationship. Disabled women are less likely to marry and more likely to be divorced or separated than either disabled men or non-disabled women (Lloyd 1992). Encoded notions of physical features required in a partner, the social construction of disabled women as a burden, and their perceived inability to fulfill the care-giving and housekeeping expected of wives and mothers (Odell 1993, Reinikainen 2008) obscure disabled women's personhood and identity. This dehumanization means that women marked with disability endure oppressive treatment at a rate that would never be tolerated for non-disabled women or men. Perpetrators of the rape, forced sterilization, and marital abuse experienced by women with disabilities are too often protected by relative social impunity. In fact, abusers are frequently among those applauded for their care 'giving' (Sobsey 2004).

Prejudice and devaluation of women with disabilities is so pervasive in societies around the world that they are rendered invisible, and discriminatory treatment can therefore be unnoticed. We ourselves as disabled women are at risk of internalizing this imposed invalidation to the extent that we also come to expect it. Marion Young (1990) recognizes this mundane and ubiquitous erosion of personal dignity as oppression, oppression that tyrannizes even without the rule of a police state.²

Ableism and Sexism Intertwine

Many patriarchal structures that oppress women's bodies oppress all disabled people, regardless of sex. Physical immobility, for instance, symbolically still signifies emasculation in dominant mainstream cultures, despite popular campaigns to dispel the myth. Also, gender bias affects all women regardless of disability. However, sexism and ableism intertwine to create unique dilemmas for disabled women in claiming and restricting their identities, particularly regarding our sexuality.

A review of mainstream feminist literature and a glance at the history of the women's movement demonstrates that, traditionally,

non-disabled feminists have ignored the experience of their disabled sisters thereby being complicit in societal oppression of women with disabilities. But, in the author's opinion, feminism needs the voices of disabled women in order to work effectively towards justice.

Among the many issues that have alienated disabled women, and that the international women's movement must confront in its drive to emancipate all women, are the issues of care and reproductive rights.

Care Giving: Nothing New for Women

Care giving is a complex social issue that involves women with disabilities on multiple levels, in lived experience and in stereotyped cultural imagination. The feminist critique of unpaid or underpaid care-work as a devaluing, gendered role may seem to benefit the women who are unable to fulfill these tasks; however, "the force of the feminist argument has been provided through the construction of the disabled person as a burden" (Lloyd 1992: 215). Rather than valuing care giving as an integral part of human communities, the feminist stance has perpetuated the erroneous derogation of care-giving as domestic drudgery, at the same time invalidating the receivers of care many of who are perceived as defective because they are physically or cognitively incapable of fulfilling the prescribed care giving model³. The ideology of *fitness* supports patriarchal standards of work and income generation as measures of human worth.

In the midst of the AIDS pandemic in sub-Saharan Africa we react with sadness and frustration when a family pulls out a girl child from school to care for a sick relative. We react with surprise at the far-reaching nature of the pandemic, as if this is happening for the very first time because of HIV/AIDS. Yet, this has been occurring in families with disabled relatives for decades. How many sisters of disabled children have had to forgo attention from parents, after-school activities, even school itself, in order to care for their disabled siblings or other family members?

The spread of HIV/AIDS and the consequent increasing need for palliative and long-term care of chronically and terminally ill HIV/AIDS patients in addition to orphan care is awakening the world to issues surrounding care giving responsibilities; for instance, the layers of discrimination embedded in the gendered expectations around care giving. These are issues that people with disabilities, along with their



families and caregivers, have been grappling with for many years. The AIDS movement has much to learn from the disability movement regarding issues such as compensation for personal care assistants, grappling with the dynamics of unpaid care giving work, integrating care giving supports into community-based structures and so on. The disability movement has problematized notions of dependence and interdependence and the AIDS movement could gain valuable perspectives through a consideration of these critiques.

Constraints on the Reproductive Rights of Disabled Women

Issues of reproductive rights similarly illustrate the murky coexistence of ableism and sexism. Choice over reproductive capabilities is a familiar rallying call for women's rights activism. However, as the women's movement fights for abortion rights, women with disabilities must fight for their right to give birth and their right to be alive. While many feminists with disabilities champion a woman's right to choose a safe abortion, the issue is complicated by the increasing regularization of prenatal diagnostic techniques intended to abort disability. What are the implications for disabled women when society finances advances to eradicate the possibility of births with disabling conditions at the same time that it withholds funds for accommodations for citizens with unconventional bodies? While feminists have fought for accessible birth control, women with disabilities still must fight coerced sterilization and abortion of their pregnancies. And parents of disabled children must often fight for their children's rights to access the same standard of medical care as is provided to non-disabled children.

Historically disabled women have had to fight for their rights outside the domain of *mainstream feminism* that in its early days represented a non-disabled, white, Western voice. It is only now, perhaps in the last decade, that feminism has been opening up to more diverse perspectives and addressing different layers of marginalization experienced by women. Disabled women must continually fight to assert our right to choose to have and to keep our children. Our choices regarding childbearing and child rearing are systemically constrained from two sides: medical and legal. It is only now that feminist discourse is slowly embracing these issues. For example, the AWID Forum, a biannual forum of the Association of Women's Rights in Development, first put disability issues at the forefront as recently as 2008.⁴

Medicine assumes control over our choices through prenatal testing and determining which physical or mental 'abnormalities' are acceptable and which ones are not. Decisions cloaked in medical discourse involving fitness and survival obscure entrenched notions of *desirable* versus *undesirable* bodies that have little to do with a child's health or survival potential. The unspoken biases of the medical profession have been brought to light in cases where both partners, having similar disabilities, have wanted to bear a child with the same disability.⁵ The medical profession's discomfort with selecting for an impairment rather than their routine selections against impairments exposes the eugenic perspective embedded in medical decisions.

In Finland, Marjo-Riitta Reinikainen's paper *Disablistic Practices of Womanhood*, documents the ambivalent treatment of doctors toward their female patients with disabilities: "The doctor was angry at me for being pregnant. I did not understand this, since nobody had told me I was not allowed to bear more children. I had been told to lead as normal a life as possible" (2008: 26). Another respondent felt that her physician assumed the right to decide whether or not a patient was to have children: "They [doctors] are increasingly in charge of who is allowed to be born. Likewise, they also gladly decide who gets to give birth...I have given birth to four children. The doctors were most disapproving already with my second child. And yet, my impairment has never in any way affected the pregnancy, childbirth or looking after the children" (2008: 24).

Similarly, a report by an Equity Committee on Midwifery in Canada cites many examples of negative and stereotypical attitudes displayed by health care professionals towards the reproductive rights of women with disabilities. A woman without an arm was asked on the maternity ward, "How are you going to raise that baby?" A woman with polio, when learning from her doctor that she was pregnant, was told at the same time that she had been booked for an abortion. Alienating comments like these can discourage women with disabilities from accessing prenatal care. Devaluing attitudes that demand a constant defense of one's dignity eventually erode health, confidence, and well-being. Persistent mistreatment in the medical arena, whether attitudinal or environmental, in the absence of accommodations for differences, prevent disabled women from accessing sexual and reproductive health information, services, and supports that are otherwise available to non-disabled women.



The example of the Midwifery Committee's consciousness of disability issues attests to the need for disabled women's perspectives in the struggle to reclaim women's control from the male industry of obstetrics and the medicalization of female bodies (Lloyd: 1992). Gender equity and women's self-determination cannot be realized without politicizing the exclusion of women with disabilities from gender concerns.

Our reproductive choices, as disabled women, are also constrained by the law. We cannot presume that our civil and human rights will be protected. In the early and middle periods of the 20th century in Canada the compulsory (non-consensual) sterilization of women with disabilities was commonplace and legally sanctioned in some provinces. This will be discussed further in the context of eugenics.

Today HIV positive women in Namibia are being sterilized against their will. The sexual rights of women with disabilities are also being curtailed in the recently emerging issue of the criminalization of HIV transmission.⁶ On a regular basis, women with disabilities experience oppression as a 'minority within a minority' and often the first site of this subjugation is oppression of sexuality: constraint of sexual rights and the denial of freedom to make choices about one's sexuality. In emerging discussions and cases arising from the criminalization of HIV transmission we are beginning to see the ways in which women will be the first ones to suffer from these new laws.

Disabled women's experience illuminates the ableism inherent in gender oppression and consequently facilitates pathways towards justice by revealing hidden biases against the natural occurrence of the human diversity we label as disabled. This is not to deny that some disabling conditions are a source of pain and/or suffering. The point is that disability is part of the human condition and its occurrence does not naturally diminish one's humanity. Cultural labels of *defect* are what rob people of their dignity and rights. Confronting disabled women's issues as integral to feminist endeavors enriches society. "We need an understanding of disability that does not support a paradigm of humanity as young and healthy. Encouraging everyone to acknowledge, accommodate, and identify with a wide range of physical conditions is ultimately the road to self-acceptance as well as the road to liberating those who are disabled now" (Wendell: 108).

Currently, feminist discourse indicates a shift to inclusion of disabled women's voices. A Korean disability rights activist spoke at the opening plenary of the 2008 Forum of the Associa-

tion of Women's Rights in Development—perhaps the foremost international feminist gathering in the world. The conference program included five sessions specifically dedicated to the concerns of disabled women. This is a record number of disability-specific sessions at an international conference not specifically focused on disability issues. We, individually and collectively, need to make a conscious effort to dismantle the naturalized stereotypes of disability and specifically the myth of disabled women's asexuality in order to effect meaningful social change. Otherwise we face the risk of reinforcing prejudice through tokenism or patronizing charitableness.

Eugenics and its Role in Disabled Women's Oppression

In Canada, the institutionalization of disabled women's oppression emerges from the brief but formative reign of eugenics, the so-called science of selective human breeding and social improvement. The Canadian suffragists who were at the forefront of women's emancipation in the early 20th century were avid eugenicists who degraded women and men with disabilities in order to further their feminist project. By delineating disability as the marker of true human inferiority, first wave feminists asserted their equality with the elite males who comprised Canadian structures of power.

These women's rights activists played an instrumental role in constructing the difference they targeted in other women as abnormal, subnormal, and separate from themselves. We have to confront this history if we hope to ever live in harmony with diversity. Prominent Canadian nation builders such as Emily Murphy and Nellie McClung deliberately worked to shift cultural images of incompetence and weakness away from females to people whom they identified as *defective*. Thus perceived physical or cognitive impairment, non-British ethnicity, criminality, prostitution, and poverty were constituted as a *feeble-mindedness* that threatened the fabric of Canadian society. Eugenicists advocated for the identification, segregation, and control of defectives through sexual sterilization. Although eugenics fell out of fashion after knowledge of its implementation in Nazi extermination camps surfaced⁷ scholars such as Daniela Stehlik argue that eugenic practices continue, only now they are surrounded by what she calls the updated "corporate/neo-eugenic discourses" (2001: 374) of genetic engineering, prenatal testing, abortion, and euthanasia. These discourses sanction violence



and surveillance of women in the name of personal improvement and social progress. The ease with which society condones surgical sterilization for young girls with disabilities also suggests continued sanctioned violence. Eugenics provides an important lens through which to recognize insidious ableist practice in our society. Euthanasia, sterilization, DNR (do not resuscitate) orders in hospitals routinely given to families of patients with disabilities hardly seem liberating or democratic when disproportionately involving people who are socially devalued because of their disability label.

Today, we see parallels emerging between the struggles of women living with HIV/AIDS fighting for their right to bear and raise children, and the struggles of disabled women. Despite the availability of drugs and protocols that drastically reduce the risk of vertical transmission of HIV (also known as mother-to-child transmission) women with HIV who choose to bear children are often criticized for this decision. Worse still, activists have identified new threats in the current trends towards criminalization of HIV transmission. Although proponents of HIV criminalization contend that the laws are to protect people from willful transmission (through rape, for example) evidence suggests that women will be the first to suffer from these laws. According to ARASA (AIDS and Rights Alliance for Southern Africa) the legal protections that women need in recourse to rape and other sexual violence largely already exist. New legislation criminalizing the transmission of HIV would only oppress women living with HIV, not protect them.⁸ As they fight for their own sexual and reproductive rights, currently under threat, women living with HIV/AIDS could benefit from the knowledge and experience of disability rights activists and advocates

A Way Forward: The Fight Against HIV/AIDS

In countries dealing with a generalized AIDS pandemic, the marginalization of women with disabilities can be deadly. The devaluation of the life of disabled women is far reaching: 1. Disabled girls are less likely to go to school or even learn to read and write, making it more difficult for them to receive AIDS prevention messages; 2. Disabled women are less likely to be employed; poverty can compel women to engage in transactional sex or other types of coercive sexual behavior which increases the risk of contracting HIV/AIDS and 3. The voices of women and girls with disabilities often do

not reach the ears of law enforcement officers or are not respected by them, increasing disabled women's vulnerability to abuse, which also increases their risk of contracting HIV/AIDS.

In addition to collaboration around specific issues such as criminalization and reproductive rights, feminist discourse has much to gain from a disability rights perspective, especially in regards to the fight against HIV/AIDS. In other words, "feminist analysis must recognize and embrace disability issues" (Lloyd: 217) in order to contribute to the dismantling of the factors that place disabled women in such a disadvantaged position in the AIDS pandemic. Feminist theories of disability can help us to unravel gender stereotypes by spotlighting layers of power mechanisms that have been previously ignored. Not only do women with disabilities exist in every country and culture on this planet, it is also highly likely that most women (and men) will experience some kind of disability at some point during their lifetimes. Therefore, admitting and accepting that disability is a very normal part of human life and integrating a disability perspective into activist work, program design, and implementation of services is integral to the building of a more just and inclusive society for all women.

Notes

- 1 In this article both the terms *disabled women* and *women with disabilities* is used. In certain countries the disability movement prefers using one term over another. Due to the international scope of the author's experience, both terms are used. The term *disabled women* is mostly used to denote the social group with a shared experience of social marginalization while *woman with disabilities* is mostly used to denote individuals or groups of individuals, considered disabled, but without making reference to the social group.
- 2 For a more recent and more complex analysis of disability-focused oppression, see Tom Shakespeare's *Disability Rights and Wrongs* (2006).
- 3 See Neath (1997), Reinikainen (2008) and Lloyd (1992) for further elaboration of these claims.
- 4 AWID Forum 2008, held in November, 2007, in Cape Town, South Africa
- 5 See Jeanette Winterson's article: "How would we feel if blind women claimed the right to a blind baby?" in *The Guardian* (Tuesday, April 9, 2002). Winterson discusses the case of a lesbian couple specifically searching for sperm donors who would pre-dispose their child to Deafness. They argued that, as Deaf parents, they are much better equipped at parenting a Deaf child rather than a hearing child. There was



also a case of a Dwarf couple, who once pregnant, wanted to abort a fetus that would grow to an average height rather than being a Dwarf (Discussed at Disabled Peoples International World Summit in Seoul, Korea in 2006). There was a huge outcry against the parents' decision, unlike the public assent for routine pre-natal tests that allow parents the choice of aborting a fetus with a pre-disposition to Dwarfism. This double standard illustrates the eugenic, ableist ideology of our contemporary society.

- 6 The topic of HIV, Human Rights, and Women in the context of HIV Criminalization emerged several times at the most recent International Conference on AIDS and STIs in Africa (ICASA) held in Dakar, Senegal in December 2008. A specific session discussed this at length as well as exposing the links between the struggles of people living with HIV/AIDS and criminalization and people with disabilities and reproductive rights. This session was hosted by ARASA (AIDS and Rights Alliance for Southern Africa) on December 4, 2008. Please see www.arasa.info for more details.
- 7 The Nazi program of racial hygiene took eugenic philosophy to its logical conclusion, eliminating people judged to be unfit or subnormal. People with disabilities were the first to be targeted as useless eaters. At least one hundred thousand people with disabilities and mental illnesses were murdered in gas chambers (Roehrer Disability, Community and Society: Exploring the Links. North York: L'Institut Roehrer Institute 1996, 7). The "philosophy, personnel, and equipment used to kill people with disabilities" developed the process for the extermination of Jews and other ethnic groups (21). Eugenic enthusiasts in Canada *fell silent* when the news became public that Nazi race improvement practice shifted from sterilizing to killing the *unfit* (McLaren 147). See also Black, Edwin. *War Against the Weak: Eugenics and America's Campaign to Create a Master Race*. New York: Four Walls Eight Windows, 2003. and *Forgotten Crimes: The Holocaust and People with Disabilities. A Report by Disability Rights Advocates*. December 1999.
- 8 This was discussed in ARASA's session on HIV and Human Rights at ICASA 2008 (Dakar, Senegal).

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Zusammenfassung: Dieser Artikel argumentiert, dass eine Einbindung des Themas Frauen und Behinderung in die Frauenbewegung den Kampf von Frauen mit Behinderung gegen HIV/AIDS stärken kann, indem man die tief sitzenden Vorurteile erforscht, die in Bezug auf die Sexualität von Frauen mit Behinderung bestehen und wie sie die Wirkung von HIV/AIDS auf Frauen mit Behinderung verschärfen. Er erörtert, wie die Frauenbewegung in der Geschichte die Vorurteile gegenüber Frauen mit Behinderung verstärkt hat, aber auch die heute wachsenden Möglichkeiten, zusammen zu arbeiten. Er basiert auf einer Überprüfung einer beschränkten Auswahl von Studien über Frauen mit Behinderung genauso wie auf persönlicher Erfahrung und Forschung der Autorinnen.

Résumé: Cet article présente la thèse que l'intégration du thème Femmes et Handicap dans le mouvement féministe peut renforcer le combat que mènent les femmes handicapées contre le HIV/SIDA en explorant les idées reçues concernant la sexualité des femmes handicapées et comment elles exacerbent les effets du VIH/SIDA sur les femmes han-



dicapées. Il décrit comment le mouvement féministe a dans son histoire renforcé les stéréotypes des femmes handicapées mais aussi comment aujourd'hui de nouvelles opportunités de coopération apparaissent. Il se base sur un choix limité d'études sur le sujet ainsi que sur des expériences et recherches personnelles des auteurs.

Resumen: Este artículo discute que la integración del tema mujeres y discapacidad en el movimiento de la mujer pueda fortalecer la lucha de mujeres discapacitadas contra el SIDA. Es necesario de investigar los prejuicios que existen en relación a mujeres discapacitadas y como ellos agravan el efecto de SIDA a mujeres discapacitadas. Además el artículo tematiza, como el movimiento de la mujer ha generado prejuicios contra mujeres discapacitadas en la historia, así como también las posibilidades actuales de cooperación, que existen hoy.

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Marusia Truchan-Tataryn, PhD (Saskatchewan, Kanada), hat ihre akademische Arbeit abgeschlossen, in der sie sich auf Porträts von behinderten Menschen in der kanadischen Literatur konzentriert hat und erforscht hat, welche gesellschaftlichen Meinungen dies spiegelt und verstärkt. Als Feministin und Mutter zweier Töchter mit Behinderung ist sie überzeugte Partnerin und Fürsprecherin behinderter Frauen.

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Empowered Voices: Infusing a Disability Perspective into Women's Movements

Lessons Learned from the Women's Institute on Leadership and Disability (WILD)

Susan Dunn & Cindy Lewis

This article examines how women with disabilities can increase visibility of their issues and contribute to their communities by reaching out to broader women's rights movements. With over 28 years of experience working with disabled women leaders from around the world, Mobility International USA (MIUSA) is able to offer practical solutions on the inclusion of women with disabilities in women's rights movements. This article explores how MIUSA's women's leadership programs have provided opportunities for women with disabilities to link their efforts to women's movements.

Women with disabilities are coming together to solve their own problems and claim their human rights: to access education, decent work, clean water, health services and full participation in all aspects of community life. There are a growing number of disabled women worldwide who are proud of who they are, passionate about their work and making their voices heard. Nonetheless, lack of legal structures, negative social attitudes and poverty are still pervasive barriers that prevent women with disabilities from fully participating in their communities, especially in developing countries.

Women with disabilities must continue to forge international networks of support to increase visibility of their needs and issues. In an effort to bring disabled women's issues to the forefront, women with disabilities have discovered they can link their advocacy efforts to broader social movements. This article examines how, over the past decade, Mobility International USA's women's leadership trainings have created opportunities for disabled women to secure a space on the agenda of women's rights movements.

Mobility International USA's Approach

Mobility International USA (MIUSA) is a U.S. based non-profit organization co-founded in 1981 by two women, one with and one without a disability. MIUSA's mission is to empower people with disabilities around the world to achieve their human rights through international exchange and international development.

One of MIUSA's unique attributes is that we

naturally work with a gender lens. Empowerment of women is integral to who we are and what we do. MIUSA values diversity and believes that all stakeholders have an equal right to participate and benefit from development in their communities. It is therefore vital to address the needs and experiences of the most marginalized groups in all sectors of community development, including women, indigenous people, youth, older people, and people with disabilities.

Our hands-on grassroots projects have empowered more than 2,000 men and women with disabilities from over 100 countries. Since 1995, Mobility International USA (MIUSA) has spotlighted the unique needs and issues of women with disabilities, and built a strong network of women across disability, class, race, and national borders.

MIUSA also promotes a human rights approach to the inclusion of women with disabilities. Women with disabilities face double discrimination and are more vulnerable to human rights violations. Just as women's rights organizations have framed gender equality from a human rights perspective, inclusion of women with disabilities must also be seen from this framework.

Laying the Foundation

MIUSA initiated the first international symposium on issues women with disabilities face at the 1995 Fourth World Conference on Women in Beijing. Participants of this symposium recognized and expressed the need for more leadership programs specifically for women with disabilities. Since that time, MIUSA has responded



Ralf Hotchkiss, founder of Whirlwind Wheelchair International, demonstrates how wheelchairs can be designed for rugged terrain and repaired with local materials.

Photo credit: Barbara Williams-Sheng

by uniting women leaders with disabilities from every region of the world in cross-disability international exchange programs. By strengthening their leadership capacities, MIUSA programs facilitate the empowerment of disabled women to improve their own lives, and to work for the betterment of all women and girls with disabilities in communities around the world.

Creating a Space for Disabled Women

In the summer of 1997, the first international Women's Institute on Leadership and Disability (WILD) was born. Three subsequent WILD programs followed in 2003, 2006 and 2008. As MIUSA's flagship program, WILD is recognized for bringing together new and emerging grassroots women leaders with disabilities from around the world, to build skills, exchange experiences and strategies, create new visions and strengthen international networks of support.

The WILD program utilizes MIUSA's trademark curriculum, a combination of practical workshops with dynamic, hands-on activities. WILD participants bring diverse experiences, and share ideas on issues such as micro enterprise, education and literacy, violence prevention, HIV/AIDS and reproductive health, and develop skills such as proposal writing and effective use of the media. Cultural and recreation activities provide opportunities for risk taking, team building, leadership practice and development of *disability pride*.

"When we began our women's programs,

there were so few women with disabilities in leadership positions", said Susan Sygall, MIUSA CEO. "In 1997, WILD participants were just beginning to see the potential of women with disabilities, of themselves, as leaders. The discussions at that time were about how to start disabled women's groups, whether and how to break away from disability organizations that were completely controlled by men. We focused on basic leadership skills, looking for solutions and developing confidence and pride in ourselves as women with disabilities." Over the years, the experience and leadership needs of the participants have shifted.

"Now, disabled women leaders come to WILD already understanding the importance of leadership and women's solidarity, and more confident in their skills. Their concerns today are practical: how to tap into the programs of organizations that are working – but not including women with disabilities – in their communities."

A portion of the WILD program specifically addresses inclusion in international development programs. At the *Gender, Disability and Development Institute (GDDI)*¹, WILD delegates meet face-to-face with representatives of international development agencies who are eager to find ways to collaborate and be more inclusive of women with disabilities. Most importantly, the GDDI offers development professionals the opportunity to develop personal relationships with disabled women living in countries where they have projects underway.

At the end of the three-week program, WILD



Delegates from Latin America who are deaf tell a story during a WILD workshop. Photo credit: Paola Gianturco



women have a boost in self-confidence and an eagerness to harness their creative energy. WILD participants return home equipped with the skills and resources they need to implement individual as well as collaborative action plans. They have learned to articulate clear messages about their needs to employers, funders, the media and development organizations. Participants of MIUSA's women's programs move forward in their personal and professional roles as disabled world leaders, actively committed to ensuring human rights, equal opportunities and a peaceful, just world for all women.

By bringing women together, MIUSA has learned from the experts about the critical, real life issues that affect women with disabilities, and is better prepared to advocate and provide technical assistance and information to promote the inclusion of women with disabilities. "WILD helps us learn concretely what we often talk about in theory," said Sygall. "We are able to speak more accurately about the issues that women face throughout the world."

Infusing the Disability Perspective into Women's Rights Movements

The outcomes of the WILD program revealed many opportunities for bringing a disability perspective to international, regional and national efforts to promote the human rights of women. The following are a few lessons learned from MIUSA's trainings.

1) Women with Disabilities should seek partnerships

"I am now better equipped to approach any international development organization without any form of intimidation and to discuss the rights of women with disabilities with them." (WILD Delegate 2008)

Women with disabilities learned that they should actively seek out partnerships. Effectively approaching and communicating with women from the women's rights movements will put disabled women's priorities on the agenda. Disabled women must go to meetings, suggest cooperation, offer support, and share their needs. Women with disabilities who are able to communicate a clear message about not only their concerns but also offer solutions will increase chances of securing funding for projects, gaining public support, building partnerships, attracting media attention and achieving overall goals.

MIUSA's Tips

- Do your homework. Know the goals and



A WILD delegate from Macedonia practices staying on message while being interviewed during a media workshop.

Photo credit: Mobility International USA

mission of the women's rights organization, and be sure that your request is compatible with that mission. Be able to explain how your goals fit with the overall mission of that organization. Learn the vocabulary used by the organization, and use it.

- Be specific about exactly what you want from the women's rights organization. For example, "we want women with disabilities to participate in your microcredit program" is more effective than "women with disabilities need economic empowerment."
 - Be prepared to explain the mission of your organization and the key points of your request as concisely as possible. Practice expressing your main idea in one sentence, then making a brief explanation of your idea.
 - Be prepared to counter stereotypes about women with disabilities. Emphasize the capabilities of women with disabilities rather than focusing only on their problems. Emphasize that women with disabilities are not interested in handouts, but want the opportunity to show what they can contribute.
 - Be polite, positive and persistent. If a women's rights organization is resistant on the first approach, try again (and again!).
 - Make an offer. Ask how you can assist the organization, for example with recruitment efforts, ideas and contacts for making adaptations, accessible meeting space, etc., or in some other way support the NGO in meeting its goals.
- 2) Outreach to Women with Disabilities
 "The [WILD delegates] were especially impressive humble yet strong women with real drive and the potential to become significant leaders in their countries. I



hope that as a result of the GDDI, each participant will secure a mentor or supporter in their country or region, so that they can be linked to regional activities and additional learning opportunities." (American Friends Service Committee staff member)

More opportunities are needed for women with disabilities to share their message. Non-disabled women can assist by inviting women to speak on panels and contribute to general discussions, as opposed to creating separate sessions or programs specific to disability. In this way, disabled women's organizations, feminist organizations, and international development organizations can work together and listen to each other routinely to support their mutual goals. Many of the organizations WILD women connected with during their trainings have a far reach and a strong presence among feminist movements worldwide.

MIUSA's Tips

- Reach out: invite women with disabilities to your meetings and ask for invitations to their meetings. Ask community members to help

Success story: Including Women with Disabilities in Nigerian Gender and Development Programs

A 2003 WILD alumna, Ekaete Umoh of Nigeria, reported on how she was able to put these skills into practice. In addressing issues of invisibility and discrimination of women with disabilities in her community, she has successfully infused their perspective into the mainstream women's movement.

Ms. Umoh leads a team of disabled and non-disabled people as the national coordinator and executive director of Family Centered Initiative for Challenged Persons (FACICP).

"Since the WILD program, we have been able to convince development agencies and embassies to identify with our work. Through a series of advocacy visits paid to development agencies involved in health and reproductive rights issues, more women with disabilities are being gradually included in the works of these organizations," said Umoh.

Women with disabilities are now being included in discussions of women's reproductive rights, HIV/AIDS, and domestic violence. "We are now well-positioned to promote the issues of women and girls with disabilities in Nigeria," Umoh stated, "by ensuring that disabled women issues are included in all development efforts, especially as it relates to gender and development programs."



A representative from Sexual Assault Support Services, a nonprofit in Eugene, speaks to WILD women about providing support for women with disabilities.

Photo credit: Mobility International USA

- you find disabled women. Contact parent groups, health clinics, social centers, schools for disabled children, churches and community programs.
- Conduct informational sessions, application processes and training at the places where women with disabilities meet.
- Hold meetings of *your* projects in the places where women with disabilities meet.
- Form partnerships with organizations led by women with disabilities.
- Hire qualified women with disabilities as field staff, consultants, trainers, administrators.
- Include women with disabilities on community advisory councils and Boards of Directors.
- Incorporate your services into existing projects run by women with disabilities.
- Make sure that program information reaches women with disabilities in a format that they can use.
- Seek out women with disabilities to contribute their perspectives and concerns on policies regarding human rights, development, and issues of importance to women.
- Provide support for women with disabilities to participate in regional and international conferences and policy and decision making meetings.
- Facilitate coalition-building between women with disabilities and other disenfranchised women.
- Introduce disabled community leaders to potential funders and partners.
- Pass on relevant information, news, announcements.
- Facilitate opportunities for women and girls



with disabilities to have mentors - and to be mentors.

Success Story: Including Women with Disabilities at International Women's Forums

As an international membership organization, the Association for Women's Rights in Development (AWID) is committed to advancing the rights of women and including marginalized groups that have had difficulty getting their agenda heard on a global stage.

AWID, a consistent attendee of the GDDI, took the initiative to invite WILD women to their international forum event. Through personal contacts made at GDDI, AWID brought WILD women from Lebanon, Sri Lanka and Tanzania to the 2008 AWID Forum in Cape, Town, South Africa. As AWID has demonstrated, the seed for inclusion can start with simply making it possible for a few women with disabilities to attend an international women's conference.

3) Women's Rights Organizations Should be Accessible and Inclusive

"The experience of working side by side with a blind women made me understand very concretely what had previously been an abstract concept: the need for accessible format materials." (GDDI Development agency representative)

Participants at GDDI noted that the opportunity to spend time with disabled women as colleagues has brought home the importance of providing access and all have incorporated accessibility considerations into the regular project planning process.

Assessing your organization and programs and receiving technical assistance to improve accessibility is crucial for ensuring inclusion. MIUSA has built an international network of women with disabilities, creating a significant pool of expertise others may tap into for advice and resources on making programs inclusive. MIUSA encourages participants to stay in contact, share information and support each others' endeavors. MIUSA also acts as a clearinghouse to assist organizations or individuals in finding the resources or consultants they need to make their work accessible and inclusive.

MIUSA's Tips

- Collect data about participation of women with disabilities in projects.
- Provide training and resources to headquarters and field staff on disability and inclusive programming.
- Seek technical assistance from qualified

women with disabilities to assess inclusiveness of policies, staff and programs.

- Use low-tech, low-cost solutions to reduce accessibility barriers.
- Seek out the advice of disabled community leaders and disability-led organizations to find solutions to accessibility problems.
- Arrange for your application processes, materials and training programs to be accessible: use sign language interpreters, readers, Braille materials, cassette tapes and other creative arrangements.
- Make your meeting places accessible: meet in ground floor rooms, build ramps, add hand-rails to stairways.
- Find solutions to transportation barriers: contract with taxis, private drivers, ambulance services, rehabilitation services; offer mobility aids to assist women with disabilities in using inaccessible transportation systems.



A representative from the Global Fund for Women explains how women with disabilities can apply for grants to support their work. Photo credit: Mobility International USA

Success Story: Making Women's Organizations More Inclusive

A consistent attendee of the GDDI, the Global Fund for Women, provides small grants to grassroots women leaders throughout the world. After meeting disabled women at GDDI, the Global Fund assessed their grant-making process. They revised their grant application, which now requires applicants to explain how women with disabilities will benefit from their projects. They also track how many of their grantees are women with disabilities.

By making an organizational assessment and monitoring the inclusion of women with disabilities in their grant-making process, the Global Fund has leveraged their position to impact inclusion of women with disabilities in women's projects around the world.



4) Engage the Academic Community

"It was immensely powerful to learn about discrimination and global systems that actively work against women with disabilities, and then to be confronted with 25 examples of individuals who were strong, brilliant, and successful in the face of oppression. I feel that I have gained a perspective that is vital for world citizens to have." (University of Oregon graduate student in Special Education)

Shifting perspectives within broader social movements can also come from the academic community. Engaging the academic community in dialogue on the human rights of disabled women reaches students who may go on to be prominent human rights activists, policy makers, researchers, or other professionals. No matter what field they intend to enter, exposure to disability inclusion and gender will be a valuable perspective to carry with them. Although Disability Studies is a fairly new discipline in higher education, several campuses across the United States have begun to develop courses and programs focused on issues of people with disabilities. Ensuring that programs across the curriculum are utilizing a gender-sensitive, human rights approach to disability inclusion will increase visibility of disabled women's issues.

The academic community has a vital role to play in challenging the status quo and should not be overlooked as a catalyst for change. Academics can carry out ground-breaking research independently and autonomously. The next generation of educated individuals will be positioned to advocate for disability as a human rights issue and be sensitive to the double discrimination experienced by women with disabilities.

MIUSA's Tips

- NGOs can arrange to teach a course at a university.
- Schools can develop inter-disciplinary disability inclusive curriculums: For example: ensure disability is included in women's studies.
- Academics can conduct research on inclusion of women with disabilities.
- Provide funding for research aimed at including women with disabilities.
- Recruit students to volunteer and intern for NGOs and disability-led organizations.
- Bring women with disabilities as guest speakers to university symposiums or conferences.
- Provide fellowship opportunities for women with disabilities to attend universities.

Success Story: Including the Perspectives of Women with Disabilities in the Classroom

For several years, MIUSA has taught a course in Global Perspectives on Disability in collaboration with the International Studies and Special Education departments at the University of Oregon.

In 2008, women with disabilities from the WILD program came to the Global Perspectives on Disability class. University students engaged in direct dialogue with WILD delegates, discussing the challenges women with disabilities face and the solutions.

Women Moving Forward

The impact of MIUSA's leadership programs is clear. MIUSA's WILD alumni today include a government Minister and an elected representative to national Parliament; founders, directors and officers of national and international organizations; Fulbright scholars and Fellowship recipients. MIUSA's alumni have created opportunities for countless other women with disabilities, initiating microcredit programs, business training, health projects, accessible transportation systems, and empowerment programs for disabled girls. Our alumni from all over the world credit MIUSA women's leadership programs with giving them the skills, resources and confidence to step up as leaders in their communities and countries.

The WILD program can be adapted and replicated anywhere in the world, by bringing cross-disability groups of women together to build confidence and skills as leaders, facilitating international networking and focusing on solutions. "We encourage our WILD participants to take our framework and adapt it to work in their own community. Or make up something new – anything that works to tap into the power of women with disabilities to contribute to their communities," said Susan Sygall. Resources must continue to be invested in supporting capacity-building programs like WILD.

Connecting women with disabilities to broader human rights movements not only strengthens these social movements but also contributes to the advancement of women with disabilities, making a mutually beneficial relationship. The women's movement can benefit women with disabilities by modeling a human rights approach to advocacy, offering opportunities for international networking, and providing examples of what works, in terms of political strategy and grassroots organizing.

Seeking partnerships between disabled and non-disabled women, reaching out to include



disabled women, improving access, and engaging the academic community will continue to be powerful catalysts for change. All of these strategies have increased the abilities of disabled women to connect their work with broader social movements. Many disabled feminists around the world are already active in fighting for women's rights; many are newly emerging leaders. We must ensure that non-disabled women involved in the women's movement consistently make projects, organizations, and meeting spaces inclusive, so we all have access to each other's knowledge and support. Keep the spirit of international cooperation alive on a personal level, and together we will find strength in our diversity to create more effective movements for social change.

For more information on MIUSA's women's leadership trainings or to apply for the next Women's Institute on Leadership and Disability (WILD), please contact womenleaders@miusa.org.

Notes

- 1 The Gender, Disability and Development Institute (GDDI) is a four-day retreat held during the WILD program where women with disabilities and professionals from international development agencies meet to learn from each other and plan for future collaboration. The GDDI is hosted at a retreat center in the coastal mountain range outside of Eugene, Oregon, USA.

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Zusammenfassung: Dieser Artikel untersucht, wie Frauen mit Behinderung ihre Themen sichtbar machen können und wie sie ihre Gemeinschaft unterstützen können, indem sie sich an größere Frauenrechtsbewegungen wenden. Mit über 28-jähriger Erfahrung in der Arbeit mit den Führerinnen behinderter Frauen auf der ganzen Welt kann Mobility International USA (MIUSA) praktische Lösungen anbieten, wie Frauen mit Behinderung in die Frauenrechtsbewegung integriert werden können. Dieser Artikel erforscht, wie die MIUSAs Führungsprogramme für Frauen, Frauen mit Behinderung ermöglicht haben, ihre eigenen Bemühungen mit der Frauenbewegung zu verknüpfen.

Résumé: Cet article étudie comment les femmes handicapées peuvent renforcer la visibilité de leurs préoccupations et contribuer à leurs communautés en s'intégrant à des mouvements plus larges sur les droits de femmes. Avec plus de 28 ans d'expérience de travail avec les femmes dirigeantes handicapées à travers le monde, Mobility International USA (MIUSA) est en mesure de proposer des solutions pratiques pour l'inclusion des femmes handicapées dans les mouvements sur les droits des femmes. Cet article passe en revue comment le programme de Leadership des femmes de MIUSA a permis de joindre les efforts des femmes handicapées avec ceux du mouvement féministe.

Resumen: Este artículo analiza, como mujeres pueden visualizar sus temas y como ellas pueden apoyar a su comunidad buscando contacto con una organización de los derechos de la mujer. Mobility International USA (MIUSA) tiene una experiencia de 28 años de trabajo con líderes de mujeres discapacitadas y ofrece soluciones prácticas, de como mujeres discapacitadas pueden ser integradas en los movimientos de los derechos de la mujer. El artículo investiga en especial los programas para mujeres líderes con discapacidad, y como ellas vinculan sus actividades con el movimiento de la mujer.

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Including Women with Disabilities in Gender and Disability Policy: Reflection on Experiences in the Asia-Pacific Region

Fareen Walji

Women with disabilities form part of society's most poor and excluded members. A review of the limited available literature suggests that they are not being included in policies meant for all women. Neither are the specific issues of women with disabilities successfully captured by organizations that represent people with disabilities, in which men tend to be the more powerful stakeholders. Some agencies in the Asia-Pacific region are beginning to engage with gender and disability as interconnected issues. However, in order to ensure that both gender and disability policies are inclusive of women with disabilities, they must be engaged in both the process and the outcomes of policy development.

Introduction

It is not new within disability and development literature that women with disabilities are triply disadvantaged, due to their gender, disability and developing world status (UNESCAP 1995, Rao 2005). Though they are the poorest and the most vulnerable, they are also the least likely to be included in development policies and programs meant for the benefit of all. As an example, the Millennium Development Goals (MDGs), the international benchmarks for alleviating poverty through global progress in vital areas such education, health and gender equality, make no mention of women with disabilities, or indeed men or children with disabilities at all. In particular, though, it seems that the connection between women, disability and development has yet to be made in many settings.

This article reviews recent gender and disability policies and examines the extent to which some of the needs and interests of women with disabilities have successfully been integrated into mainstream gender and disability policies. Where gaps are identified, my aim is to make some recommendations for bridging them. The underlying objective is to contribute to improvements in the process of policy development and the eventual outcomes for women with disabilities.

As a practitioner with some recent experience of disability-inclusive development in Asia-Pacific, I use this region as my primary reference point. The literature suggests that policies developed here share common themes with those developed in other regions. As policy development in the areas of both gender and disability are rolled out by bilateral and multilateral agencies, experiences here may help inform the process in other regions.

I am also keenly aware that as a woman

without a disability my understanding of the gaps and priority areas I identify are limited by a lack of personal experience with disability. My engagement with the issue arises from a study of the available literature and from working with women with disabilities. Their contribution to this debate is much more valuable than mine is, but is often missing. My hope is that this article prompts policy developers and implementers to ensure that the voices of women with disabilities are always *central* to debates about the issues affecting them.

Issues of Voice, Representation and Difference

Women with disabilities face unique disadvantages and differences in life experience to men with disabilities and also to other women (Thomas and Thomas 2003). Women with disabilities are also, themselves, a diverse group. For example, the life opportunities available to a girl with a disability born to a middle-class family in an urban setting may bear little resemblance to the experiences of a girl in a poor rural setting. In most developing countries, however, some commonalities exist.

Girls with disabilities are least likely to be able to access an adequate education, or find productive work; a situation exacerbated by the isolation of rural and remote settings (DfID 2000). Early barriers to education and social inclusion leave women with disabilities with few viable and meaningful work choices later on in life. Although attitudes about the value of educating women, and including them in meaningful productive work, are rapidly changing in the Asia Pacific region, little of this progress has trickled down to women with disabilities. As a group, worldwide, less than 5 per cent of women with disabilities are literate (DfID



2000). Girls attend school on even a more infrequent basis than boys with disabilities (DfID 2000). Even when women with disabilities are engaged in paid work, they earn lower incomes than other women, hardly sufficient to make an adequate living (UNESCAP 1995). All of this adds to the perception that they are burdens on their family and society, rather than people with the same potential, given the opportunity for equal participation.

Women with disabilities are not adequately represented in organizations of people with disabilities (DPOs). Studies suggest that although present, they are less likely to be leaders or decision-makers of DPOs (UNESCAP 1995). Male DPO leaders in charge of setting advocacy agendas can certainly raise issues of common interest to men and women with disabilities, such as access to infrastructure and education, but cannot adequately capture the gendered experience of disability or the unique barriers faced by women with disabilities. Anecdotally, livelihood, for example, is often expressed as a priority advocacy area, whereas access to reproductive health and education is not.

Organizations representing women have also yet to engage adequately with the unique experiences of women with disabilities. Key issues such as poverty, gender-based violence, and barriers to reproductive health care, no doubt affect women with disabilities as well. But experienced in conjunction with disability, barriers to support and other appropriate services are magnified for women with disabilities. For example, some studies, such as one conducted with women with disabilities in the Indian state of Orissa indicate that experiences of violence are ubiquitous in their daily lives (Mohapatra and Mohanty 2004). Evidence from developed country settings suggests that women with disabilities are more likely to use permanent methods of contraception such as hysterectomies and tubal ligation, with involuntary sterilization still in evidence (Fiduccia and Wolfe 1999). Suboptimal reproductive health practices are likely to occur to an even greater extent in developing country contexts where women with disabilities are less likely to know about the different options available to them, but are rarely included in reproductive health education programs (UNESCAP 1995). Physical barriers to services, communication barriers for inclusion in awareness-raising programs and attitudinal barriers are all examples of how women with disabilities experience difference. In addition, women with disabilities are often unaware of their own right to control their sexuality, and education on these rights is one

area where empowering women with disabilities would make a huge impact on their ability to control life choices (CBM 2007).

Advocates of women with disabilities suggest that the self-defined needs of women with disabilities remain on the margins of the social justice movement, leaving their voices unheard and their views invisible (Fiduccia and Wolfe 1999). Sands (2005), reflecting on experiences for women with disabilities in the Pacific region, writes that the interconnection between disability and gender remains invisible within women's rights, disability and development. This is particularly evident for women of the Pacific region where they have not been recognized as a development priority.

Some agencies in the region, amongst them, the Asian Development Bank (ADB) and the Australian Aid Agency for International Development (AusAID) are beginning to realize that disability is an important concern of the women's rights movement, as is gender to the disability movement.

Inclusion of Women with Disabilities in Gender Policies

AusAID's gender policy aims to advance equality and empower women as an overarching goal of the aid program (AusAID 2007). The policy focuses on improving women's economic status, facilitating access to health care and education, and increasing women's leadership through the promotion of a human rights framework (AusAID 2007). Although equity, empowerment, access to health care and education are also important issues for women with disabilities, no mention is made of how they were consulted in policy development, or of how they will be included in policy outcomes.

In a recent audit of its development effectiveness program, AusAID recognized that in key areas such as women's leadership, the reduction of violence, maternal mortality and morbidity, results in the Asia-Pacific region have been disappointing for all women (AusAID 2008). Millennium Development Goals around maternal mortality are far from achieved and half a million women continue to die each year from pregnancy related causes (UN Millennium Project 2005). A further 20 million women sustain injuries that, left untreated, can lead to permanent disabilities, an example of which is obstetric fistula (UNFPA 2003). This means that prevention of disability targets around maternity are not being met either.

Concerns that women with disabilities are not well integrated into regional policies have



been investigated. In a survey of 16 focal points across the Asia Pacific region on women and development, not one of them reported that women with disabilities had been included in overall policy and programming for women (UNESCAP 1995). The same survey found that when programs are developed, too often they are based on charity or service delivery models, focusing specifically on the rehabilitation of people with disabilities, rather than on the right to be included in programs meant for all women.

Although precious little precise disability-disaggregated data exists for the Asia-Pacific region, we know that because women with disabilities are farther behind than their peers without disabilities, development activities have so far made even less impact on them in these key areas. The Asian Development Bank suggests that gender programming is one *blatant* example where the needs of women with disabilities have not been addressed; clearly demonstrating that even in programs focusing on vulnerable groups, women with disabilities will are not yet fully included (Edmonds 2005).

Experiences from the Asia-Pacific region suggest that the concerns of women with disabilities have not successfully been raised in gender policy, nor are programs effectively including them. This is particularly concerning as issues such as maternal and reproductive health and gender-based violence, traditional, *women's policy* areas, are unlikely to have overlaps in disability policies.

Inclusion of Women with Disabilities in Disability Policies

The Biwako Millennium Framework for Action 2003–2012 (BMF), with its focus on strengthening the leadership capacity of disabled people's organizations (DPOs) in the Asia-Pacific region, places particular emphasis on the inclusion of women with disabilities. Recently, AusAID's *Development for All: Towards a disability-inclusive Australian aid program 2009 – 2014* has taken what appears to be a *mainstreaming* approach to women with disabilities in policy.

Mainstreaming came into widespread use in the mid-90s as an internationally agreed strategy for ensuring that women's as well as men's interests and experiences were considered and included in the "design, implementation, monitoring and evaluation of *all* legislation, policies, and programs, so that women and men benefit equally" (Derbyshire 2002, p. 9). This approach has met with varying success. Critics suggest that gender mainstreaming, rather than a ho-

listic model, has grown into a *random* collection of diverse strategies and activities concerned with moving forward the gender equality agenda (Rao and Kelleher 2005). Critiques have also been made that mainstreaming has been approached by some organizations in a token or ad-hoc manner, rather than as a wholehearted institutional commitment. Miller and Albert write that "despite the immense political weight applied to make gender a cross-cutting issue and the apparent acceptance of this by almost every development agency, the outcomes have not lived up to expectation" (2006, p. 52). The arguments put forward here by a number of authors suggests that gender mainstreaming is not, by itself, the solution to gender equity issues.

In engaging with *gender* the AusAID disability policy has taken an important step that is notably reciprocally lacking in many disability policies, and its own gender policy: an explicit acknowledgment of the interaction between gender and disability. The policy states its commitment to including women with disabilities as full participants in the development process. It further commits itself to "incorporating gender issues into disability program design (and disability issues into gender program design)", and is one of the first development agencies to do so (AusAID 2008, p. 36).

While the acknowledgment of disability/gender interaction is certainly an important first step, lessons from gender mainstreaming indicate more has to be done to ensure women with disabilities are fully and equally included in disability policy.

In addition, women with disabilities have specific concerns and face gender-specific obstacles, which cannot be fully addressed by mainstreaming them into disability policy. As an example of these specific concerns, access to anti-violence programs, reproductive and sexual health education and services have been framed as both evidence-based and expressed needs by women with disabilities (Rao 2005, Sands 2005). An early indication that the AusAID disability policy may not fully incorporate development goals for women with disabilities is the chosen focus on education and infrastructural development, with little mention of violence or reproductive choice.



Ensuring Inclusion of Women with Disabilities in Gender and Disability Policies

As new disability policies and improved gender policies are rolled out across the Asia-Pacific region, an important question to ask upfront is: *How and where* do gender and disability policies intersect? How will gender policies effectively incorporate the needs, experiences and views of women with disabilities? How will disability policies mainstream women with disabilities, and effectively incorporate issues that are a specific priority for women with disabilities?

Development of joint frameworks that acknowledge the links between gender and disability is one step in the right direction. Delineating policy objectives and outcomes specifically for women with disabilities is another. In practical terms, this may mean empowering women with disabilities to be engaged in gender and in disability policy development and in the monitoring of policy roll out.

Some questions policy developers can ask themselves are:

- Is mainstreaming an effective strategy for including women with disabilities in gender and disability policy?
- Are there additional strategies that can be deployed alongside mainstreaming focusing specifically on women with disability?
- Have lessons from gender mainstreaming in other sectors been adequately absorbed so that the similar oversights are avoided in disability policy?
- Is it enough for disability policies to pledge a commitment to equal participation, contribution and benefit for men and women with disabilities when women with disabilities experience marginalization and exclusion in diverse and different ways to men?

The approach to disability has been steadily shifting from a welfare model to a rights-based and empowerment one, and this has been apparent in the increasing deployment of inclusive and participatory policy development methodologies. For example, AusAID went about formulating and articulating its disability policy by consulting organizations of people with disabilities in the Asia-Pacific region. The result is a strategy underpinned by a commitment to the attainment of human rights rather than a focus on service delivery.

Similarly, policies in both the gender and disability sectors can do more to ensure women with disabilities have a voice in its development.

This could include:

- Engaging women with disabilities in dialogue and decision-making in both the areas of gender and disability policy prioritization.
- Collecting adequate disaggregated data on women with disabilities and building local capacity to do this effectively, so that policy is informed by evidence.
- Focusing on the financial, attitudinal and physical barriers that prevent equal access (bearing in mind that women with disabilities face different obstacles to women without disabilities and men).
- Strengthening the leadership of organizations specifically representing the experiences and interests of women with disabilities.
- Increasing the capacity of women with disabilities to represent themselves in both disability and gender interest groups.
- Create mechanisms for accountability in both sectors and including women with disabilities in all aspects of this process.
- Developing a specific policy addressing the key concerns of women with disabilities, and ensuring these are well integrated into both disability and gender policies.

Moving Forward

A review of the literature suggests that women with disabilities are not being effectively included in gender policies. Their specific concerns may not also be adequately addressed with disability policies alone. Ensuring that the interaction between gender and disability is considered in policy development may be one way of providing equity for women with disabilities. Another is by including women with disabilities in gender policies. In addition, gender and disability silos could be broken down by articulating unique policies addressing the key concerns of women with disabilities. This article puts forwards some issues for policy developers to consider with regard to more effective inclusion. However, by far, the most important means of ensuring women with disabilities are being included is by ensuring they play a central role in both the process and the outcome of all gender and disability policies.



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Zusammenfassung: Frauen mit Behinderung gehören zu den ärmsten und ausgegrenztesten Mitgliedern der Gesellschaft. Eine Überprüfung der beschränkten verfügbaren Literatur legt nahe, dass sie nicht in die Politik eingeschlossen sind, die für alle Frauen bestimmt ist. Geausowenig werden

die speziellen Fragen zu Frauen mit Behinderung in Organisationen berücksichtigt, die Menschen mit Behinderung vertreten und in denen Männer für gewöhnlich die mächtigeren Akteure sind. Einige Behörden in der Asien-Pazifik-Region beginnen, sich um Geschlecht und Behinderung als miteinander verbundene Themen zu kümmern. Um jedoch zu gewährleisten, dass beide – Gender- und Behindertenpolitik – Frauen mit Behinderung einschließen, müssen diese sowohl in den Prozess als auch in die Ergebnisse der Politikentwicklung integriert werden.

Résumé: Les femmes handicapées représentent une partie de la société la plus exclue et la plus pauvre. Un passage en revue du peu de littérature disponible suggère qu'elles n'ont pas été incluses dans les politiques concernant les femmes en général. De même les aspects spécifiques aux femmes handicapées n'ont pas été pris en compte par les organisations de personnes handicapées, dans lesquelles les hommes handicapés sont généralement plus fortement représentés. Certaines agences dans la région Asie Pacifique commencent à traiter les thèmes genre et handicap comme des sujets interconnectés. Cependant pour s'assurer que les politiques sur le genre et sur le handicap soient toutes deux inclusives pour les femmes handicapées, celles-ci doivent être intégrées au niveau du processus de développement des politiques mais aussi dans leurs réalisations.

Resumen: Mujeres con discapacidad forman parte de los miembros más pobres y segregados de la sociedad y son excluidas de la política, que representa a todas las mujeres. También las organizaciones de personas discapacitadas son dominadas por hombres. Recién comienzan algunas autoridades en la región Asia-Pacífico a preocuparse por el tema sexo y política de la discapacidad. Para asegurar la inclusión de mujeres en la política de la discapacidad y la de la igualdad de hombres y mujeres, ellas tienen que ser integradas en los procesos y los resultados del desarrollo de la política.

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The Potential and Promise of the CRPD on the Role of Women with Disabilities in the Global Move towards Recognition and Inclusion

Charlotte McClain-Nhlapo & Laura McDonald

Research on the experience of women and girls with disabilities is limited, particularly in resource-poor settings. Existing studies to date highlight that girls and women with disabilities are often vulnerable to discrimination, exclusion and violence. Such exclusion is often caused by societal stigmatization linked to their status in society as it relates to their disability and gender. This double form of discrimination is furthered by limited research and continued socio-economic exclusion. Together, their marginalization within the larger community and society, results in their limited access to key activities, critical for health, empowerment, development and well-being, including for example, access to education, health services and employment. In this article, in addition to providing information on the marginalization of girls and women with disabilities, the authors underscore the potential of the Convention on the Rights of Persons with Disabilities (CRPD) to respond effectively. The CRPD, widely ratified by more than 71 countries worldwide, has the potential to lead to concrete actions which can play an important role in ensuring that the rights of girls and women with disabilities are respected, promoted, and protected. The authors also provide recommendations for priority action.

The *Convention on the Rights of Persons with Disabilities* (CRPD) which entered into force in May 2008 codifies, for the first time, the legal obligation and commitment of its states parties to protecting, promoting and ensure the human rights of people with disabilities. To date, the CRPD has been ratified by more than 66 countries worldwide¹. This legally binding instrument will have an impact, in particular, on the lives of women and girls with disabilities throughout the world – who continue to face *double discrimination* as a result of both their disability and gender status (Groce 1997). The CRPD's specific and concrete provisions address the lived experience of women and girls with disabilities of dual-faceted discrimination which operates at both the policy- and community-levels.

Despite the numbers of women and girls with disabilities worldwide, there is scarce research to date on their needs compared to other vulnerable groups. And, in particular, there is scant information on the intersection between gender and disability. This is, in part, a result of limited research on disability in resource-poor settings (McDonald & Rockhold unpublished). Not a priority to date in the international research and/or development agenda. One study, to date which attempts to uncover the *lived experience* of people with disabilities² and, in particular, that of women and girls with disabilities.

International development and humanitarian aid literature, however, in recent years has in-

creasingly emphasized that people with disabilities, particular women and girls with a disability, are vulnerable to discrimination, exclusion and violence. In terms of women with disabilities, research has found that women with disabilities are often a highly marginalized group. In many settings, they are disproportionately poor, illiterate, socially isolated and underserved, with reduced if any access to public services (Hershey 2000). The literacy rate of people with disabilities worldwide highlights the level of exclusion experienced by people with disabilities – reaching as low as 3%. It further underscores the disparity in terms of gender where among women with disabilities the literacy rate is even much smaller at an estimated 1%. (UNDP 1998).

Within the literature, and in emerging discussion and research, various issues which profoundly affect the lives of women with disabilities which require action and attention. These include: sexual and reproductive health, livelihood activities, as well as violence, abuse and exploitation. (Brownridge 2006; Becker et al. 1997; Hassouneh-Phillips & Curry 2002). The centrality of these issues was recently highlighted in the context of a World Bank/Global Partnership for Disability & Development (GPDD) led E-Discussion on Women with Disabilities in Development which took place for two weeks in March 2009 (see summary in this Issue and the World Bank Disability & Development website³).

Despite the noted limitation in research, ex-



isting studies within these areas provide serious cause for concern. Within many societies worldwide, severe exclusion of girls with disabilities begins at a very young age where they are needlessly prevented from engaging in basic activities essential for their development. For example, girls with disabilities are not able to access schooling. While less than 5 % of children with disabilities access education and training according to the UN Secretary General's Report on the Implementation of the World Programme of Action Concerning Disabled, the percentage among girls alone may be much lower (Rouso 2006). One-third of out-of-school children in developing countries have a disability (Peters 2003). Disability is a stronger correlate of non-enrolment than either gender or class (Filmer 2008).

In many contexts, a disabled child is considered either a *curse* or of little use to a family (in terms of their livelihood, ability to marry and procreate, etc.). Further, societal favoritism of males can increase the likelihood that girls will experience slowed development and disability – and exacerbate any existing conditions. For example, in societies which favor boys, families with scarce resources might expend greater attention in meeting the needs of boys which can result in poorer nutrition and/or reduced health care among girls, likely to hamper healthy development and to increase the possibility of disability and exacerbate any existing disabilities or lead to secondary disabilities.

The systemic exclusion girls experience is likely to have a negative impact on their self-esteem and perceived value and worth in their society – more specifically, their perceived potential to participate in society as productive members – as workers, as wives, and/or as mothers. These girls – as they become women continue to face significant socio-economic exclusion which is often thought to signify their “dependency, loss of status and relegation to an unproductive, asexual role in community” (Morris 1991). Such views even further their isolation. While views that women cannot be adequate mothers and wives are held more tightly among some societies than others, even the most *modern* societies – do not believe in and/or assume women with disabilities are capable of such roles (see Malacrida 2009). A recent World Bank study, for example, in India found that women with disabilities were less likely to be married than their non-disabled peers (World Bank 2007).

Research in various settings worldwide has found that adults with disabilities have high rates of unemployment compared to their non-

disabled counterparts. This is true in both developing and industrialized countries (Eide & Loeb 2006; McDonald & Rockhold, undated; Elwan 1999; U.S. Department of Labor 2008). Further, it has been found that women with disabilities are affected far worse than their male counterparts in terms of accessing employment whereby “men with disabilities are almost twice as likely to have jobs than [sic] women with disabilities.” (O'Reilly 2003) Moreover, the experience of women with disabilities who are in employment is extremely sub-standard: “When women with disabilities work, they often experience unequal hiring and promotion standards, unequal access to training and retraining, unequal access to credit and other productive resources, unequal pay for equal work and occupational segregation, and they rarely participate in economic-decision making” (Ibid).

In the context of severe stigmatization and socio-economic exclusion across the lifespan, violence is likely to occur and further render a woman with disabilities – precisely because of her exclusion and required dependence on others – *incapable of escaping*. Their exclusion, reliance on others for socio-economic well-being and physical support – combined with limited accessibility and accommodation of basic needs by assistance programs, women with disabilities have few options for escaping or resolving the abuse.

Violence, abuse and exploitation are often a component of the lived experience of women with disabilities. According to a recent national study in the U.S. of nearly 1,000 women, 62% of both women with and without disabilities had experienced emotional, physical, or sexual abuse over their lifetime. It was also found, however, that women with disabilities experienced violence for longer periods of time and were victimized by a wider variety of perpetrators (i.e., attendants, adult child caregivers, spouses, etc.) than non-disabled women. Of the women with disabilities, 13% described experiencing physical or sexual abuse in the previous year. (Baylor College of Medicine, undated) This rate is significantly higher than the rate of violence reported by their non-disabled counterparts. Such a high incidence of violence experienced by women with disabilities has been found in numerous settings worldwide (Sullivan & Knutson 2000; Hassounah-Phillips 2005; Octay & Tompkins 2004; Kvam & Braathen 2006; Saxton 2009).

Research on such areas, as those highlighted above, can play a critical role in informing policy-making, determining priorities and guiding action and response of assistance organiza-



tions. It is also a high level of international attention, commitment and collaboration which can act as an impetus for research. Attention to the needs and rights of women with disabilities, however, has been noticeably absent in international human rights instruments until very recently. This is part as a result of limited attention to the needs and rights of all people with disabilities – and also the gender and the disability movement's tendency to overlook those individuals whose needs fell in the very nexus of these two movements.

International attention to the rights of women as part of the international gender movement gained attention before attention was focused on the rights of those with disabilities. The rights of women were first formally included in a UN Convention on the Elimination of Discrimination against Women (CEDAW) which was adopted by the United Nations General Assembly in 1979 and put into practice in September 1981. While CEDAW marked a major achievement, there was no mention of women with disabilities. Further, while the Universal Declaration of Human Rights – and their two instruments: the Covenant on Economic, Social and Cultural Rights (ICESCR) and its twin the Covenant on Civil and Political Rights – address the human rights of all people worldwide they did not make specific reference to persons with disabilities. It was not until the Convention on the Rights of the Child (CRC) that the rights of children with disabilities were specifically mentioned in a UN Convention (Article 23).

In 1985, only a couple of years after the ratification of CEDAW and less than 25 years ago, in the context of the third *World Conference on Women*, held in Nairobi, was it that women with disabilities became more *visible*. This was, in large part, due to the efforts of women activists worldwide with disabilities themselves. They insisted in being present and participating in the conference to ensure that their voices were heard. While the location of the parallel NGO Forum was not very accessible and many governmental delegates were more concerned with political issues, activists such as Ruth Begun from Disabled Persons International (DPI) in the U.S., were able to convince governments to include two paragraphs on women with disabilities in the section of the Nairobi Forward-looking Strategies for the Advancement of Women on *groups requiring special concern*.

In the above mentioned paper, women with *physical and mental disabilities* were among the 13 special groups of women listed in the Strategies, and taken together, they were considered to be *vulnerable* (UN Enable Website). This im-

portant achievement was followed in 1990 by the International Labor Organization (ILO) Convention (No. 159) which has been the only binding international treaty – until the recent advent of the CRPD – which specifically mentions women with disabilities. This key instrument addresses the instruments relates to the right to decent work of persons with disabilities and prohibits discrimination on the basis of disability.

This achievement was then followed in 1991 by the General Recommendation No. 18 made to CEDAW which also mentions women with disabilities, recommending that states parties “provide information on disabled women... and special measures taken to deal with their particular situation, including special measures to ensure that they have equal access” to various social services and the opportunity to “participate in all areas of social and cultural life”.

While the movements towards gender equality and disability rights over time had been gaining strength and influence, as noted above each was remiss particularly in the early phases of their movements, to ensure that the lived experience of individuals who faced discrimination on both fronts – as a result of gender and disabilities – were protected and considered. These individuals, caught in the *nexus* of these two movements were at risk of further discrimination as the groups that were thought to *represent* them – had left their needs and rights behind. Those committed to gender equity, by failing to consider disability and those committed to disability equity, by failing to consider gender – perhaps unknowingly and *unwittingly rendered* girls and women with disabilities invisible (Rousso 2006).

“...women with disabilities are invisible both among those promoting the rights of person with disabilities, and those promoting gender equality” (UN 2009).

This pervasive *double discrimination* – or *double jeopardy* has promoted a lived experience among girls and women with disabilities of discrimination and exclusion. Having had their human rights consistently ignored – both by international policy and on-the-ground, their health and well-being as a result of denied opportunities has been impacted. The needs and rights of women with disabilities has gained attention in recent years – in terms of policy and practice – and some efforts have been made to protect and promote their rights and needs. At a policy level, CEDAW General Recommendations were added subsequent to its adoption (1991) which specifically focus on the rights and considerations of women with disabilities.



Further, there has been growing awareness among the disability sector of the importance of including women with disabilities in their movement as leaders. This has generated interest and concern in assistance communities. Other conventions and growing voices in the context of the disability movement in various countries have also laid claim to the rights and capacities of girls and women with disabilities.

Despite these efforts, however, for many girls and women with disabilities, stigma and exclusion have remained a part of life. The entry into force of CRPD has the potential of improving the lives of girls and women with disabilities in the short- and long-term. For the first time, a widely acknowledged and ratified UN core human rights treaty emphasizes in detail the rights of all people with disabilities – with specific attention to the rights of women with disabilities. Gender is specifically mentioned in the Convention's Preamble and in Article 8 which focuses on awareness-raising specifically asserting that states which are party to the CRPD "combat stereotypes, prejudices and harmful practices" including those "based on sex". Further, and significantly, Article 6 represents the first "stand alone" article within a UN Convention to recognize the specific experience, and rights of, girls and women with disabilities. It "recognize(s) that women and girls with disabilities are subject to multiple discriminations" and calls for states to take concrete action to remedy any negative experiences.

Specifically, the CRPD provides positive duty and/or action for the State to rectify any policies which abrogate an individual's human rights. And, concretely, Article 6 "requires that measures to ensure the full and equal enjoyment by them [girls and women with disabilities] of all their human rights and fundamental freedoms" and continues, asserting that "these include the full development, advancement and empowerment of women, for the purpose of guaranteeing them the exercise and enjoyment of the human rights and fundamental freedoms contained in the CRPD." This Article is largely credited for increasing the visibility of this important issue and for promoting responsibility across sectors, organizations and capacities in terms of ensuring its effective implementation.

The tide is beginning to turn as this issue is explicitly and increasingly addressed in international fora, for example in the recent International Roundtable held by World Bank and GPDD mentioned above. It should be noted, however, that while the CRPD has a *stand alone* Article on "Women with Disabilities", the CRPD *in its entirety* extends to women with disabilities.

This means that the rights of women with disabilities should not be seen as *separate* from those of all persons with disabilities – for the CRPD pertains to all people with disabilities. The effective and appropriate translation of the CRPD to on-the-ground activities and objectives requires the application of a gender lens whereby women with disabilities are mainstreamed into all aspects of project design, planning, implementation and evaluation.

By acknowledging the lived experience of women with disabilities – and delineating the States Parties' responsibility to concretely respond to ensure that the rights of women and all others with disabilities are promoted, protected and respected, the CRPD marks an historical achievement. In addition to the CRPD being the first international convention to focus on and specifically assert the legal rights of people with disabilities it is also the first Convention to have been developed with wide participation of the intended beneficiaries themselves. The voices of people with disabilities played a significant role in the international push towards greater recognition of rights and in the development, design and overall acceptance of the CRPD in various countries throughout the world. Similar to other, nationally-based disability movements, this ownership has resulted in a sense of empowerment and reinforcement of the more relevant outcomes when ensuring all policies and interventions are based on the principles of *nothing about us – without us* (Charlton 1998). The essence of this principle is that people with disabilities must be involved in all aspects of developing norms, standards, policies, processes and procedures that affect them as they are often the custodians of the lived experience and thus are best equipped to impart such knowledge.

This landmark achievement embodied in the Convention can, if applied correctly and thoughtfully, act as a unique catalyst for change within signatory countries themselves, implying modified legislation and policy, with meaningful changes in the lived experience of the lives of all people with disabilities. The *teeth* of this instrument, as with all international human rights instruments, is the signatory States' reporting obligations on their adherence to it and on any advances, and/or clear efforts, that have been made in line with the CRPD's principles and obligations. States parties that have ratified the CRPD must report on the implementation of the provisions of the CRPD to the Committee set up to monitor the CRPD. The first report is due two years after ratifying the CRPD and then every five years. In addition to States parties submit-



ting a report, the CRPD also allows for shadow reports which can be filed by civil society.

The CRPD with careful implementation and adherence to its guiding principles has the potential of furthering and/or making gains along the following lines critical in addressing the needs and rights of women with disabilities. Specifically, it has the potential to promote:

Increased Recognition and Voice of Women with Disabilities in the International Community and in Decision-Making.

The potential of women with disabilities as leaders is important in promoting change in views of women with disabilities as active leaders and role models within their societies. Efforts, such as the 4th International Women's Institute on Leadership and Disability, a three-week training held by Mobility International USA, are taking hold. There have been efforts in various settings to increase the visibility of women with disabilities in the disability movement and to ensure that their voices are heard. In Sri Lanka, the Association of Women with Disabilities (AKASA), in Bangladesh, the Social Assistance and Rehabilitation for the Socially Vulnerable (SARPV) and in India, the Association of Women with Disabilities (AWWD) are all engaged in building the capacity and confidence of women with disabilities to be leaders with prominent voices in the movement for disabled people's rights. In time, it is hoped there will be a movement of disabled women in every region where women with disabilities are taking leadership roles in their communities.

A More Inclusive and Responsive Development Agenda.

The growing recognition in international aid agencies of the importance and relevance of inclusive development as a necessary step in achieving key strategic objectives, such the Millennium Development Goals (MDGs). Most of the major relief and development agencies are developing and strengthening their understanding of how to ensure inclusive development and relief. By changing perceptions of women with disabilities from *passive recipients* of assistance – to active partners in programme design, planning and implementation will play a key role in ensuring that girls and women with disabilities are included, not an *add on* in assistance programming. By demonstrating international and national commitment to the rights of people with disabilities, international organizations have received a message that policies and programmes must adapt. Further, it is widely acknowledged that women can ask

for more and hold such agencies accountable – as they can more effectively “claim their right to access to projects if they are backed up by special supportive measures”.

Increased Socio-Economic Empowerment and Agency of Women with Disabilities.

By promoting the rights and needs of women with disabilities – and their potential as productive members in society given access to opportunities – such empowerment will reap gains both for women with disabilities and the larger community. Such programs might focus on entrepreneurial development assistance such as the Tigray Disabled Veterans Association in Ethiopia. Through this program, individuals are empowered to use their abilities to operate small businesses and generate income for themselves and their families. Another example, specifically focusing on women, is the Women with Disabilities Entrepreneurship Project which was undertaken in Ethiopia. Economic empowerment will also reinforce their voice in community – and empower and embolden them to assert their rights in various important areas – such as health. Often, as noted above, women with disabilities have reduced access to health services yet they are also have “hesitation [in] to ask for services”. Further, they are “afraid that the request [for specific health services and/or attention] will be rejected by professionals.” (Nakinishi, undated) This type of engagement in the community where they are considered a productive and valued member will likely result in attention to various rights and needs they may have.

Reduced Stigmatization of women with disabilities at local, national and international levels.

The severe stigmatization is a major obstacle to women with disabilities in participating in their communities – throughout the lifespan – in terms of schooling, employment, and family life. By addressing current perceptions of women with disabilities as passive recipients – through some of the approaches described above – it is possible to break down these barriers. Further, the CRPD brings the rights of people with disabilities into the fore – and emphasizes the responsibility of countries to promote, protect and respect their rights. As the CRPD has been widely endorsed on an international level – the issue of disability will likely become a key consideration in development assistance. Together, these efforts can reduce stigma and promote action at all levels and in all settings.



The authors acknowledge that this list is not exhaustive however they put forward some priority actions that can help advance the inclusion of women with disabilities:

- Disability – and its lived experience and adequate measures to ensure inclusion of women with disabilities – must take its rightful place on the international research agenda. Such studies should focus on epidemiology, anthropology, architecture and infrastructure, access to health and education, to name a few. Such research can be used to strengthen understanding of the lived experience of people with disabilities and can be used to inform programs and policy development.
- Efforts to ensure inclusive development and promote participation of women with disabilities in development must inform interventions across sectors, including but not limited to: socio-economic inclusion, economic empowerment; education including health education (including HIV), protection against violence and abuse, HIV/AIDS prevention and treatment. This can be informed, in large part, by research efforts and input of women with disabilities themselves (see priority 3).
- Programs and activities to protect and promote the rights and needs of women with disabilities should be informed by women with disabilities themselves as they are most capable of understanding these needs and rights and key aspects of the lived experience.
- Women with disabilities are not a homogeneous group – their disabilities, ages, interests, talents and the settings in which they live are distinct and often very different. Programs must be designed with consideration for these unique factors. Further, attention must be paid to specific contexts which heighten their vulnerability, for example, in the context of man-made and natural disasters.
- Advocacy should continue to encourage countries to ratify the CRPD. This should be completed with information on practical approaches and concrete steps that countries can take to ensure that the CRPD leads to real and lasting improvements in the lives of women with disabilities.

Worldwide, women with disabilities are emerging from their isolation to organize themselves, and to form their own self-help and rights groups to address their concerns. In developing countries, there are a few women with disabilities who have overcome prejudices and nega-

tive social attitudes to become role models for others. Some countries in the global South have formulated policies relating to health care, education and rehabilitation to include women with disabilities. Many non-governmental organizations (NGOs) in these countries are also beginning to include issues facing women with disabilities into their agenda.

However, women with disabilities continue to face problems related to access to opportunities, negative attitudes and environmental barriers, which are problems that all persons with disabilities face. These barriers, coupled with some of the unique disadvantages that women with disabilities face in traditional societies in developing countries, have contributed to keeping them marginalized, preventing them from taking their rightful places in these societies. It is possible to bring about a change in their situation through the implementation of the CRPD and in so doing empower women with disabilities to overcome the disadvantages that they face and enable them to contribute to their societies, with the same opportunities and choices as anyone else.

Notes

- 1 <http://www.un.org/disabilities/default.asp?id=257>
- 2 One recent study/report that provides a good example of the situation of people within a country is "Disability and Poverty in Uganda: progress and challenges in PEAP (Poverty Eradication Action Plan) Implementation 1997 – 2007" (Uganda Ministry of Finance, Planning and Economic Development, 2008).
- 3 Go to: www.worldbank.org/disability

Disclaimer

The findings, interpretations, and conclusions expressed in this paper are entirely those of the authors. They do not necessarily represent the views of the International Bank for Reconstruction and Development/World Bank and its affiliated organizations, or those of the Executive Directors of the World Bank or the governments they represent.



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Zusammenfassung: Die Forschung zu Erfahrungen von Frauen und Mädchen mit Behinderung ist begrenzt, besonders in ressourcenarmen Gebieten. Bereits existierende Studien zeigen, dass Mädchen und Frauen mit Behinderung oft anfällig sind für Diskriminierung, Ausschluss und Gewalt. Dieser Ausschluss wird häufig durch die gesellschaftli-



che Brandmarkung hervorgerufen, die mit ihrem gesellschaftlichen Status, verbunden mit ihrer Behinderung und ihrem Geschlecht, zusammenhängt. Diese doppelte Form der Diskriminierung wird durch begrenzte Forschung und kontinuierliche sozioökonomische Ausgrenzung vorangetrieben. Zugleich führt ihre Marginalisierung in größeren Gemeinschaften und der Gesellschaft zu begrenztem Zugang zu Schlüsselaktivitäten, die entscheidend sind für Gesundheit, Empowerment, Entwicklung und Wohlbefinden, beispielsweise Zugang zu Bildung, Gesundheitswesen und Arbeit. Zusätzlich zur Bereitstellung von Informationen über die Marginalisierung von Mädchen und Frauen mit Behinderung unterstreichen die Autorinnen die Möglichkeiten der Convention on the Rights of Persons with Disabilities (CRPD), wirksam Stellung zu nehmen. Die CRPD, weithin ratifiziert von über 71 Ländern weltweit, hat das Potenzial, zu konkreten Handlungen zu führen, die eine wichtige Rolle spielen können bei der Sicherstellung, dass die Rechte von Mädchen und Frauen mit Behinderung respektiert, gefördert und geschützt werden. Die Autorinnen geben zudem dringende Handlungsempfehlungen.

Résumé: Les recherches sur les expériences des femmes et filles handicapées sont limitées, en particulier dans les communautés les plus pauvres. Les études existantes aujourd'hui montrent que les filles et les femmes handicapées sont souvent exposées à la discrimination, l'exclusion et la violence. Cette exclusion est le plus souvent liée à la stigmatisation sociale liée à leur position dans la société due à leur handicap et à leur genre. Cette double forme de discrimination est renforcée par un manque de recherche et une exclusion socio-économique permanente. Dans l'ensemble, leur marginalisation au sein de la communauté et de la société limite leur accès aux activités essentielles déterminantes pour leur santé, leur développement et leur bien-être comme par exemple l'accès à l'éducation, aux services de santé et à l'emploi. Dans cet article, en plus de donner des informations sur la marginalisation des filles et des femmes handicapées, les auteurs soulignent le potentiel de la Convention sur les droits des personnes handicapées pour apporter des réponses appropriées. La convention, déjà rati-

fiée largement par 71 pays a la capacité de susciter des actions qui peuvent jouer un rôle important pour assurer que les droits des filles et des femmes handicapées soient respectés, renforcés et défendus. Les auteurs proposent également des recommandations pour l'action.

Resumen: La investigación sobre experiencias de mujeres y muchachas con discapacidad es limitada, especialmente en medios ambientes de pocos recursos. Estudios existentes mencionan, que ellas son vulnerables con respecto a la discriminación, exclusión y violencia. La exclusión es causada en muchas ocasiones por estigmatización de la sociedad con el resultado de un acceso limitado a la educación, servicios de salud y empleo. En este artículo, los autores subrayan la importancia de la Convención sobre los Derechos de las Personas con Discapacidad, que fue ratificado por 71 estados en el mundo, y que tiene el potencial de lograr acciones concretas. La convención tiene un papel importante para asegurar que los derechos de mujeres y muchachas con discapacidad sean respetados, promovidos y protegidos. Además los autores proveen recomendaciones para actividades de prioridad.

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Summary: E-Discussion on Women with Disabilities in Development

Women with disabilities are consistently among the most marginalized populations in all societies, including in developing countries. This marginalization can - and often does - catapult women with disabilities into poverty and exclude them from their own homes and communities. In order to increase the visibility and understanding of issues affecting women with disabilities worldwide among the World Bank and other organizations, the Global Partnership for Disability & Development (GPDD) along with the World Bank's Disability & Development Team (part of the Social Protection Sector of the Human Development Network), Gender & Development Group and Office of Diversity Programs, held an International Roundtable Panel Discussion on Women with Disabilities in Development on March 10th, 2009 in Washington, DC.

During this event, the World Bank Vice President of the Human Development Network, Joy Phumaphi launched a two-week E-Discussion (March 10 - March 25, 2009) on women with disabilities in development. The E-Discussion brought together more than 140 individuals worldwide. Many of whom were women with disabilities. Some countries represented include Australia, Bangladesh, Germany, India, Jamaica, Kosovo, Malaysia, Mexico, Mongolia, New Zealand, Nigeria, Pakistan, the Philippines, and the U.S. The forum played an important role in consolidating knowledge and raising awareness as to the lived experience of women with disabilities in developing countries and how to better ensure their participation in development efforts.

The thematic topics posed for discussion included: framing the issue of women with disabilities in development; reproductive health of women with disabilities; violence and access to justice; education of women with disabilities; women with disabilities and the environment; women with disabilities and employment; and ways to ensure that women with disabilities claim their place in the development agenda. In addition to the themes used to structure the overall flow of discussion, participants also raised, and discussed, additional topics such as infrastructure and accessibility issues, refugee populations, sanitation issues; and caregiving, among others. The barriers women with disabilities face can be categorized according to the three following types: social and environmental; development program/organizational; and with regard to policy dialogue.

During the E-Discussion, participants stressed that the rights and needs of women with disabilities are often overlooked given widespread misconcep-

tions about women with disabilities and neglect of even minor environmental adjustments that could enable access to basic social services. For example, women with disabilities are often considered asexual or *incapable* of being a wife or a mother. As a result, participants noted that women with disabilities are often not provided adequate health care services or information, or they may be forcibly sterilized. Women with disabilities also face extreme barriers in accessing education and employment. In developing countries, most schools have no wheelchair access, Braille materials, or other features for students with disabilities, which leads to their exclusion from the education system altogether. Employers, for example, may refuse to hire disabled employees on the basis of concerns that they will need more medical leave than non-disabled employees. These forms of discrimination, and others, only reinforce the socio-economic exclusion - and dependence - of women with disabilities.

Both sexual and domestic violence is a part of the lived experience of many women with disabilities worldwide. While women with disabilities have been found to be at higher risk of such violence than their non-disabled counterparts, often assistance programs and existing legal systems are unfit to address their needs. For example, assistance program workers may be unfamiliar with how to obtain sign language interpreters or their offices may have no wheelchair ramps. In some cases, the law does not afford equal protection to women with disabilities compared to women without disabilities. Women with disabilities, more likely to be illiterate, may be less equipped to advocate for themselves in legal fora. As a result, women with disabilities often do not report violence. Women who are dependent on a caregiver for their economic and physical care may, as a result, perceive no option for escape if their caregiver becomes violent.

Daily life is characterized in many settings by a physically *disabling environment* in which government buildings, local businesses and even their own homes may be inaccessible for women with disabilities. This further restricts the likelihood of participating in community and development activities outside the home. Moreover, these environments place those with disabilities at heightened risk in the case of natural and man-made disasters because they may be unable to escape danger. The E-Discussion also highlighted the more marginalized populations among women with disabilities - including girls and women with learning disabilities, those who are les-



bian, bisexual and transgender, who are of short stature, the young and the aging, ethnic minorities, indigenous people, and forcibly displaced populations.

E-Discussion participants made recommendations for responding to the concerns they raised. For example, to promote attention to the health care needs of women with disabilities, it was suggested that pertinent information should be integrated into the curriculum in medical schools. To ensure adequate health education among women with disabilities, information should be made available in a wide range of formats, for example, visual materials for deaf women or auditory and Braille materials for blind women. Similarly, training should be provided to the police force and other judicial stakeholders at community and institutional level to promote understanding and access to justice and protection. Public transportation systems should be accessible (e.g., wheelchair lifts in buses, etc.) to enable transportation to schools, places of employment, and other public services. Children should be given the opportunity to participate in educational activities with attention to accessible infrastructure, Braille materials for blind students, and a sign language environment for deaf students. Micro-credit programs should be more proactive, for example, in including women

with disabilities to enable access to more social and economic opportunities.

An overarching recommendation which emerged from the E-Discussion was the need for professionals in the field of development to learn to view women with disabilities not merely as passive recipients of aid but active agents of change. Participants emphasized that women with disabilities are the most knowledgeable of their own needs and how they can be met. Concretely, this means that people with disabilities should be involved in project activities at all phases of planning, implementation and evaluation, not only as recipients but also as employed staff, researchers, and expert consultants. Participants also suggested the following measures: building public awareness by making women with disabilities more visible in every sphere of society; consulting women with disabilities on development activities which affect them; promoting leadership training for women with disabilities; integrating attention to the needs of people with disabilities from the earliest stages of program and policy planning; and supporting the rights of people with disabilities at the local, national and international levels.

A summary of the E-Discussion will be published shortly.

Andrea Shettle & Laura McDonald

Reaching the Marginalised – How to Approach Inclusive Education

Kinder und Jugendliche, die ethnischen Minderheiten angehören, in städtischen und ländlichen Armutsgeländen leben, von Kinderarbeit betroffen sind oder mit Behinderungen leben, sind nur einige von zahlreichen benachteiligten Gruppen, die in vielen Gesellschaften von der Teilhabe an Bildung ausgeschlossen sind. Allgemeinbildende inklusive Schulen für alle sind nach Überzeugung von internationalen Bildungsexperten die wichtigsten Voraussetzungen dafür, dass Kinder aus marginalisierten Bevölkerungsgruppen einen gleichberechtigten Zugang zu Bildung und Ausbildung in ihren Ländern erfahren. Dies gilt angefangen von der Vorschulbildung über die Grundschulbildung bis hin zu weiterführenden Bildungsangeboten.

Auf Einladung des Bundesministeriums für wirtschaftliche Zusammenarbeit und Entwicklung (BMZ), des UNESCO International Bureau of Education (IBE) und der Peter Ustinov Stiftung trafen sich 80 ExpertInnen aus aller Welt und von unterschiedlichen übernationalen wie auch nationalen Organisationen am 10. und 11. September in Schloss Garath in

Düsseldorf, um Empfehlungen für Inklusive Bildung als einen künftigen Schwerpunkt der Bildungszusammenarbeit zu entwickeln. Durch Inklusive Bildungsangebote soll das Ziel des UNESCO Programms *Bildung für alle*, bis 2015 allen Kindern weltweit eine qualifizierte Schulausbildung zu ermöglichen, besser erreichbar werden. Dafür müssen nach Ansicht der Konferenzteilnehmer auch der soziale Hintergrund der Familien und die Bildungsbedarfe der betroffenen Kinder und Jugendlichen in die Maßnahmen einbezogen werden.

„Bisher gibt es keine verbindliche Definition der Randgruppen, die von den unterschiedlichen Schulsystemen in aller Welt nicht erfasst werden“ stellte die parlamentarische Staatssekretärin im BMZ, Karin Kortmann (MdB), bei der Veranstaltung fest. „Darum ist es ganz wichtig, in dieser Konferenz eine Übereinstimmung zu erzielen, welche Kinder zu den wichtigsten Randgruppen gehören und durch welche Probleme ihnen der Zugang zu den Bildungssystemen ihrer Länder erschwert oder unmöglich gemacht wird. Darüber hinaus sollten wir uns auf Mus-



ter-Konzepte einigen, mit denen die Hindernisse beseitigt werden können.“ Die Konferenz verständigte sich auf drei Länder in Afrika, Südamerika und Asien, in denen die Empfehlungen der Konferenz beispielhaft umgesetzt werden sollen.

Gemeinsam mit den Partnerländern sollen politische Leitlinien und Umsetzungsstrategien einer Inklusiven Bildung, die sich an alle Kinder und Jugendliche richtet, entwickelt werden. Dabei müssen die unterschiedlichen Rahmenbedingungen der Länder berücksichtigt werden, um relevante und qualitative Bildungsangebote in allen Formen und auf allen Bildungsstufen gewährleisten zu können.

Die *Peter Ustinov Stiftung*, die sich bereits seit zehn Jahren für benachteiligte Kinder und bessere Bildungschancen engagiert, hat zum Abschluss der internationalen Konferenz zu Inklusiver Bildung die Absicht erklärt, erste Maßnahmen des vereinbarten Aktionsplans umzusetzen. Drei Projekte an Musterschulen auf drei Kontinenten werden initiiert und unterstützt.

Die Probleme vor Ort sind sehr vielfältig. Verschiedenartige finanzielle Belastungen der Familien, welche durch den Schulbesuch der Kinder entstehen, sind beispielsweise ein wichtiger Hinderungsgrund beim Zugang zu Bildung: „40 Prozent der ärmsten Familien in den Entwicklungsländern müssen zehn Prozent des Familieneinkommens für die Schulbildung der Kinder aufbringen,“ erläuterte Dina Craissati von UNICEF New York. Dabei sei es schwer, die tatsächlichen Kosten zu erfassen, denn eine einheitliche Statistik gebe es nicht. Zu den Belastungen gehören neben Schulgeld auch Kosten für Bücher, Schuluniformen oder die Teilnahme an bestimmten Schulprogrammen. „In manchen Ländern müssen sich die Eltern auch an der Bezahlung der Lehrer beteiligen“, erläuterte Craissati. Sicher sei nach entsprechenden Erfahrungen in Afrika, dass die Zahl der Schüler sprunghaft ansteige, wenn die Kosten für Schule gesenkt oder abgeschafft werden.

Wie unterschiedlich die Herausforderungen für die benachteiligten Gruppen in den verschiedenen Teilen der Welt sind, wurde in den Vorträgen deutlich. Matthias Brenzinger von der Universität Köln erläuterte, dass es in Afrika im Schulalltag vor allem Verständigungsprobleme gebe. Auf dem afrikanischen Kontinent seien 2000 Sprachen erfasst. Welche davon im Unterricht benutzt werden, wie die Kinder aus anderen Sprachgruppen integriert werden und wie eine sprachliche Verarmung in Folge der Einführung allgemeiner Bildung vermieden wer-

den könne, sei vielfach noch ungeklärt. Zur Zielgruppe der Kinder und Jugendlichen aus städtischen Slums erläuterte Alex Erich von AVEDIS Social Development Consultants, dass mehr als die Hälfte dieser Gruppe in Asien lebe, vor allem in China, Indien und Pakistan. Die Slums wachsen nicht zuletzt, weil die Überlebenschancen in ländlichen Bereichen noch geringer sind. Es wurde darauf hingewiesen, dass Investitionen in die städtischen Gebiete die Probleme verschärfen könnten, weil sie damit den Zustrom in diese urbanen Randbereiche noch verstärkten. Ein mit städtischer Armut eng verknüpftes Thema ist Kinderarbeit. Laut Patrick Quinn von der International Labour Organisation sind die Bildungslaufbahnen von arbeitenden Kindern vor allem durch einen späten Eintritt sowie frühem Ausscheiden aus dem Bildungssystem gekennzeichnet, da sich Arbeit und Schule meist nicht vereinbaren lassen. Um Kinderarbeit vorzubeugen und zu reduzieren, sei es deshalb entscheidend, Bildungsangebote zu schaffen, die kostenlos, verpflichtend und an die Mobilität der arbeitenden Kinder flexibel anpassbar sind.

Von allgemeinbildenden Inklusiven Bildungssystemen profitieren würden auch Kinder und Jugendliche mit Behinderungen. Jamie Gentile aus Südafrika führte aus, dass 40 der 115 Millionen Kinder und Jugendlichen, die keine Schule besuchen, mit Behinderungen in unterschiedlicher Ausprägung leben. Wenngleich das oberste Ziel die bestmögliche Inklusion von möglichst vielen dieser Kinder in das reguläre Bildungssystem darstellt, so wird es jedoch nach Ansicht der Teilnehmer auch weiterhin für einige Kinder und Jugendliche mit sehr spezifischen Bedarfen eigene Bildungseinrichtungen geben müssen.

Das Grundmodell der von der UNESCO empfohlenen Inklusiven Bildung wird nicht allein in den Entwicklungs- und Schwellenländern umgesetzt. Es eignet sich auch, in wirtschaftlich hochentwickelten Staaten mit ausgebauten Schulsystemen umgesetzt zu werden und eine bessere Ausbildung für benachteiligte Bevölkerungsgruppen zu erreichen. So informierte beispielsweise Pirjo Koivula aus dem Schulministerium in Helsinki, dass Finnland derzeit nach dem Ideal von Inklusiver Bildung die Schulgesetzgebung reformiere. Ziel dieser Reform sei, mit einem gerechten und effizienten Bildungssystem vor allem auch Kinder mit Behinderungen besser zu integrieren.

Kristina Wendland



Landminen: Neuer Opferbericht veröffentlicht

Der neue Bericht *Voices From the Ground – Die Stimmen der Opfer* zeigt, dass die Regierungen weltweit trotz der Fortschritte in der Vernichtung von Lagerbeständen und in der Minenräumung ihre Versprechen nicht einhalten, die Opfer von Landminen zu versorgen und wieder in die Gesellschaft zu integrieren. Zehn Jahre, nachdem das Abkommen von Ottawa über ein Verbot von Landminen in Kraft trat, fühlen 67 % der Überlebenden, dass ihre Bedürfnisse noch immer nicht von den nationalen Opferhilfep länen berücksichtigt werden. Der Aufruf an die Staaten, das Abkommen besser umzusetzen, und die Veröffentlichung des Berichts erfolgen zusammen mit dem zweiten Vorbereitungstreffen in Genf am 3. und 4. September, bei dem rund 150 Länder über den weltweiten Aktionsplan für die nächsten fünf Jahre beraten werden.

Der Bericht wurde von Handicap International und anderen Mitgliedern der Internationalen Kampagne für ein Verbot von Landminen weltweit veröffentlicht. Es ist der erste Bericht, der die Meinung der Überlebenden zur Opferhilfe untersucht. Die Studie wurde im Juli 2009 abgeschlossen und beinhaltet Angaben von 1.645 Opfern aus 25 betroffenen Ländern.

Der Bericht legt offen, dass Opfer kaum in Entscheidungen und Programme involviert sind, die ihnen selbst dienen sollen. Mehr als zwei Drittel der Befragten fühlten sich von ihren Regierungen in deren Plänen zur Opferhilfe nicht berücksichtigt. Die fehlende Beteiligung erklärt, warum die Mehrheit der Opfer an dem politischen Willen ihrer Regierung in der Bereitstellung von unterstützenden Maßnahmen zweifelt.

Überlebende müssen Diskriminierung erleiden und um stark begrenzte Leistungen kämpfen. Trotz Verbesserungen in medizinischer Versorgung und physischer Rehabilitation müssen sich die meisten Opfer Unterstützung bei ihren Familien und Freun-

den suchen. Der größte Handlungsbedarf besteht im Bereich Arbeit und Bildungsmöglichkeiten. Ergebnisse des Berichts über die mangelnde Opferhilfe beinhalten:

Nothilfe und weiterführende medizinische Versorgung: 36 % der Befragten sahen Fortschritte im Bereich medizinische Versorgung, was meist auf verbesserte Infrastrukturen der Gesundheitssysteme zurückzuführen war.

Während viele angaben, Verbesserungen in der Ausbildung von Personal zu erkennen, war das Fachpersonal meist nicht dazu bereit, in ländlichen Gebieten zu arbeiten. Zudem gab es kaum Unterstützung, die über eine Basisversorgung hinausging.

Physische Rehabilitation: 39 % der Opfer waren der Meinung, dass sich die Qualität der mobilen Einrichtungen gebessert hätte. Die meisten davon werden von internationalen Organisationen angeboten. Der Transport zu den festen Einrichtungen bleibt aber ein Problem.

Psychologische Betreuung und soziale Wiedereingliederung: Nur 21 % der Befragten sagten, dass sich psychologische Betreuung und soziale Wiedereingliederung seit 2005 verbessert hätten.

Das Abkommen von Ottawa über ein Verbot von Landminen ist der erste internationale Vertrag, der die Staaten dazu auffordert, Opferhilfe zu leisten. Obwohl alle Mitgliedsstaaten in der Lage wären, den Opfern Unterstützung zu bieten, kommt der Bericht zu dem Ergebnis, dass weniger als ein Viertel der Überlebenden Fortschritte in ihrer alltäglichen Lage sehen.

Den ausführlichen Bericht in englischer Sprache finden Sie unter http://en.handicapinternational.be/Voices-from-the-ground_a616.html

Eine Zusammenfassung des Berichts auf Deutsch finden Sie unter <http://www.streubomben.de/die-opfer/die-stimmen-der-opfer.html>

Dr. Eva-Maria Fischer

Ten years: the African Decade of Persons with Disabilities

It is now ten years since the African Decade of Persons with Disabilities was proclaimed. Disability in Africa remains critical. A lot has been done and gratitude goes to Disabled Peoples Organisations who have put in place effective mechanisms.

Disabled People Organisations in Africa have taken up the responsibility to have disability incorporated into the development agenda of their governments. It is im-

portant to note that the disability movement in the world and most significantly of DPOs saw the coming into force of the UNCRPD in May 2008.

A lot of lobbying and advocacy has led to the recognition of persons with disabilities and changed the world view of thousands who today accommodate the views and contribution of persons with disabilities. The key objective of most of these DPOs has been to main-



stream disability.

The Secretariat of the African Decade of Persons with Disabilities (SADPD) came into being and opened its offices in Cape Town five years ago to support the activities of the DPOs in the continent and to offer technical expertise. Its mandate is to facilitate the implementation of the Continental Plan of Action by governments, Disability Organisations and non-governmental organisations. Programme work began immediately in the five pilot countries, Kenya, Senegal, Ethiopia, Rwanda and Mozambique.

To date, the Secretariat has programmes in 21 African countries. It envisages to support all 53 African countries in the next 10 years (African Decade extended to 2019). The Secretariat has a number of programmes which include HIV/AIDS, Youth and Children, PRSP and Law Policy and Livelihood Opportunities.

Implementation of these programmes has been carried out jointly with DPOs of the various countries. Initial feedback from disabled persons in the various countries indicate that there is an increased inclusion of persons with disabilities.

A key achievement of the secretariat is the training of 36 resource persons from anglophone, francophone and lusophone countries as disability consultants and are now supporting SADPD with their diverse activities across the countries such as base line surveys, workshops and trainings.

Training manuals have also been developed and used covering project management, finance and administration, advocacy and lobbying, gender matters and disability awareness for journalists among others. These manuals are available on the SADPD website.

Over the years, information on people with disabilities has been lacking. Information is needed for policy development, planning and implementation of inclusive programmes and services. The secretariat has started to fill this gap. It is now possible to know who is doing what with regards to disability advocacy and lobbying and service delivery.

The SADPD has also established a database of contacts throughout the continent of DPOs, NGOs, governments, education institutions, individuals, businesses and international agencies such as the UN and the World Bank. Currently we are building up our information and knowledgebase to include information on existing resource materials, tools, policies, legislations and models of programmes that can be shared as good practice on disability and inclusion in Africa.

The media has been an important tool in disseminating information. People with disabilities are generally invisible which leads to lack of power and exclusion. Awareness raising about disability is therefore an important aspect of the work of the SADPD.

On HIV/AIDS, people with disabilities were not included in the HIV/AIDS awareness efforts around the continent although they belong to the more vulnerable

groups. The Secretariat partnered with 16 organizations from Africa and the international community and launched the Africa Campaign on HIV/AIDS and Disability in Cape Town in January 2007 and the second Campaign meeting was held in Kampala, March 2008. Both these events enhanced the awareness of governments and the general public about the campaign. In December 2008 the campaign met in Senegal to promote the inclusion of disability into the ICASA conference.

The Africa Campaign strategic objectives cover a five year period from 2007 – 2011. More than ever, there is increased understanding of the strengths of lobbying and advocacy.

There is commitment of governments in 21 states to support the inclusion of disability issues in the national mainstream policies and strategies, and to strengthen the leadership of DPOs. Establishment of a network of parliamentarians with disability in Africa has helped promote disability inclusion in political governance.

A successful Millennium Development Goals (MDGs) and Disability conference held in Nairobi 15th-17th September 2008, hosted by SADPD jointly with other NGOs drew attention to the world community on the isolation of disabled people in global development processes.

12 Objectives of the Decade Continental Plan of Action

1. To formulate and implement national policies, programmes and legislation to promote the full and equal participation of persons with disabilities
2. To promote the participation of persons with disabilities in the process of economic and social development
3. To promote the self-representation of people with disabilities in all public decision-making structures
4. To enhance support services for disabled persons
5. To promote special measures for children, youth, women and elderly persons with disabilities
6. To ensure and improve access to rehabilitation, education, training, employment, sports, the cultural and physical environment
7. To prevent causes of disability
8. To promote and protect disability rights as human rights
9. To support the development of and strengthen Disabled Persons' Organisations
10. To mobilize resources
11. To provide mechanisms for coordination, monitoring and evaluation of the activities of the African Decade of Persons with Disabilities
12. To advocate and raise disability awareness in general and awareness of the African Decade of Persons with Disabilities in particular

The Secretariat of the African Decade of Persons with Disabilities



Kurzmeldungen

Umsetzung der VN-Konvention über die Rechte von Menschen mit Behinderungen im Rahmen der deutschen Entwicklungszusammenarbeit

Unter diesem Titel wurden bei der Deutschen Gesellschaft für Technischen Zusammenarbeit (GTZ) in Eschborn am 1. September 2009 die Ergebnisse einer entsprechenden Studie präsentiert. Geladen waren VertreterInnen relevanter Ministerien, Durchführungsorganisationen öffentlicher deutscher Entwicklungszusammenarbeit, Behindertenverbände und Nichtregierungsorganisationen. Über die GTZ vom Bundesministerium für Wirtschaftliche Zusammenarbeit und Entwicklung (BMZ) waren Prof. Dr. Theresia Degener von der Evangelischen Fachhochschule Bochum und der University of the Western Cape in Kapstadt sowie Dr. Christian Jahn im Jahr 2007 zur Durchführung der Studie beauftragt worden. Mit dem Fokus auf §32 der Konvention zur internationalen Kooperation präsentierte die Autorin nun die Ergebnisse der Studie: Stärken und Schwächen in der bisherigen Umsetzung sowie Empfehlungen an die deutsche EZ. Die neue BMZ-Referentin für Behinderungsfragen im Sektor Soziale Sicherung und der Leiter des GTZ-Kompetenzfeldes Soziale Sicherung stellten die Reaktionen ihrer Abteilungen auf die Empfehlungen der Studie dar und standen den VeranstaltungsteilnehmerInnen für Fragen und Diskussion zur Verfügung. Eine von der GTZ herausgegebene Zusammenfassung der Studie ist nun unter dem selben Titel veröffentlicht, die digitale Fassung sowie die komplette Studie sollen demnächst abrufbar sein

Weltwärts mit bezev

Das Auswahlverfahren für einen weltwärts-Freiwilligendienst in 2010/11 läuft. bezev unterstützt in Afrika, Asien und Lateinamerika vorrangig Projekte mit Menschen mit Behinderung und sucht dafür interessierte junge Erwachsene im Alter von 18 bis 28 Jahren. Eine Ausreise ist jährlich im Zeitraum Juli bis Oktober möglich, der Mindestaufenthalt im Projekt beträgt 8 Monate. Mehr zum Bewerbungsverfahren unter www.bezev.de.

Die RückkehrerInnen sollen MultiplikatorInnen für das Thema Behinderung in Afrika, Asien oder Lateinamerika sein und sich nach ihrem Auslandsaufenthalt in Deutschland entwicklungspolitisch engagieren.

In der Pilotphase des von der Bundesregierung geförderten Freiwilligendienstes von 2008 bis 2010 wird bezev voraussichtlich insgesamt 50 Freiwillige entsendet haben, darunter bislang eine gehörlose. Perspektivisch möchte sich bezev stärker an junge Menschen mit einer Behinderung richten und ihnen einen weltwärts-Freiwilligendienst ermöglichen. Weitere Perspektive ist ein Süd-Nord-Austauschprogramm (so genanntes Reverse), für das sich bezev engagiert.

bezev-Preis 2010

2010 wird wieder der *bezev-Preis* für hervorragende wissenschaftliche Arbeiten zum Thema Behinderung und Entwicklungszusammenarbeit verliehen.

Die Arbeiten können deutschsprachige Diplom-, Zulassungs-, Magister- und andere Abschlussarbeiten sein, die an einer Universität oder Fachhochschule vorgelegt worden sind.

Als Auszeichnung werden i.d.R. wertvolle Buchpreise und eine Urkunde in einer öffentlichen Feierstunde überreicht.

Es besteht die Möglichkeit, die prämierten Arbeiten auf www.bezev.de zu veröffentlichen.

Bewerbungsverfahren

- Die Arbeiten sollten nicht älter als zwei Jahre sein.
- Schicken Sie bitte bis zum 01.04.2010 zwei Exemplare an die Geschäftsstelle von bezev sowie eine digitale Version der Arbeit.
- Bitte fügen Sie ein Gutachten bzw. eine Befürwortung des betreuenden Dozenten/der betreuenden Dozentin der Hochschule/Fachhochschule oder einer NRO bei.

Bei weiteren Fragen wenden Sie sich bitte an die Geschäftsstelle von bezev.

Behinderung und Entwicklungszusammenarbeit e.V.

(bezev)

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Memorandum fordert Reform der Entwicklungszusammenarbeit

Wie bei früheren Bundestagswahlen hat eine Gruppe von Fachleuten der Entwicklungszusammenarbeit auch für die Wahl am 27. September 2009 ein Memorandum mit Erwartungen an Parlament und Bundesregierung zur künftigen Entwicklungspolitik vorgelegt. Zentral ist die Forderung der Fachleute, in der aktuellen Finanz- und Wirtschaftskrise die anderen drei langfristig wohl noch bedeutenderen Bedrohungen nicht zu vergessen: Die Klima- und Umweltkrise, die Ernährungs- und verstärkte regionale Konflikte, die sich zu einem weltweiten Sicherheitsrisiko ausweiten können.

Weiterhin fordern die Autorinnen und Autoren eine deutliche Steigerung der finanziellen Aufwendung zur Eindämmung und Anpassung an den Klimawandel. Diese Kosten müssten zusätzlich zur Öffentlichen Entwicklungshilfe (ODA) bereitgestellt werden. Zusammen sollten laut Memorandumsguppe die Klimakosten und die Mittel für Entwicklungszusammenarbeit auf mindestens 1,2 Prozent des Bruttonationaleinkommens gesteigert werden.

Die Lösung der globalen Krisen erfordere integrierte Ansätze unter anderem in der Sicherheits-, Klima-, Energie- und Handelspolitik. Der Entwicklungspolitik komme dabei eine wesentliche Rolle zu; deshalb müsse auch in



Zukunft die Eigenständigkeit des BMZ erhalten bleiben. Allerdings sei eine bessere Abstimmung mit den anderen relevanten Ressorts innerhalb der Bundesregierung notwendig, so die AutorInnen. Angesichts der drastisch gestiegenen Nahrungsmittelpreise in den vergangenen Jahren spricht sich die Memorandumsgruppe dafür aus, auf den forcierten Anbau von Pflanzen zur Herstellung von Agrarkraftstoffen zu verzichten.

Das Memorandum 2009 *Entwicklungspolitik in der Zeit weltweiter Krisen* wurde in den vergangenen acht Monaten koordiniert von Germanwatch von entwicklungspolitischen Fachleuten aus allen Fachrichtungen erstellt. Unterstützt und finanziell getragen wird es von bisher 170 UnterzeichnerInnen. Es ist abrufbar unter <http://www.weitzenegger.de/memo/>

Literatur

Deeg, Sophia

Streubomben – Tod im Maisfeld

ISBN: 978-3-89502-278-4

Musa hört einen Hahnenschrei. Seit dem Krieg sind die auch durcheinander. Krähen mitten in der Nacht, lange vor dem ersten Gebet! Er hasst es aufzuwachen, sich in diesem engen Raum wieder zu finden und von verrückt gewordenen Hähnen daran erinnert zu werden, dass da draußen alles kaputt ist. Krater wie auf dem Mond. Häuser, die in die Knie gegangen sind. Das Wohnzimmer, das zu einem Sandwich geworden ist: zwischen Betonscheiben zerquetschte Sessel, Lampen, ein jämmerliches Tischbein ragt heraus, und ein von der Mutter besticktes Deckchen wirkt wie das übliche Salatblatt im Brotfladen. Musas Hefte und Bücher zerfetzt und verdreht tief unten im Krater. Musa lebt in einem libanesischen Dorf, das im Krieg von israelischen Streubomben getroffen wurde. Als sein Vater versucht, die gefährlichen Blindgänger am Rande des Dorfes zu finden, wird er schwer verletzt. Musa muss nun die Verantwortung für die Familie übernehmen, für seine Mutter, die ältere Schwester und die jüngeren Geschwister. Schule und Universität, das Medizinstudium, von dem er und seine Familie für ihn geträumt haben, kann er vergessen. Doch das ist alles nicht so schlimm, wie seinen Vater so zu sehen ...

Die Geschichte von Musa und dem israelischen Jungen Moshe, den er kennen lernt, ist eine Erzählung der Autorin Sophia Deeg in einem Buch, das im April neu erschienen ist. Die zweite Erzählung handelt von Denis, einem Minenexperten aus Serbien, der bei Räumarbeiten verletzt wird. Mühsam versucht er, sich in seinem Leben im Rollstuhl und ohne seine Hände zurechtzufinden, als er zwei jungen Studentinnen aus Belgrad begegnet ...

Das Buch *Streubomben – Tod im Maisfeld*, herausgegeben vom Verlag Horlemann und Handicap International, bringt den Leserinnen und Lesern anschaulich und sehr persönlich die Schicksale von Menschen nahe, deren Leben durch Streubomben eine grausame Wendung nahm. Ein informativer Innenteil versammelt Fakten und Hintergründe und motiviert zum Engagement gegen Streubomben.

Bezug: <http://www.handicap-international.de/material/buecher-und-broschueren/buch-streubomben-tod-im-maisfeld.html>

WHO/Unicef

World Report on Child Injury Prevention

ISBN 978 92 4 156357 4

Child injuries are a growing global public health problem. They are a significant area of concern from the age of one year, and progressively contribute more to overall rates of death until children reach adulthood. Hundreds of thousands of children die each year from injuries or violence, and millions of others suffer the consequences of non-fatal injuries. For each area of child injury there are proven ways to reduce both the likelihood and severity of injury – yet awareness of the problem and its preventability, as well as political commitment to act to prevent child injury, remain unacceptably low.

In 2005, WHO and UNICEF issued a call for a greatly expanded global effort to prevent child injury). This was followed in 2006 by WHO's ten-year plan of action on child injury. The plan listed objectives, activities and expected outcomes on child injury and covered the fields of data, research, prevention, services, capacity building and advocacy.

This joint WHO/UNICEF World report on child injury prevention brings together all that is currently known about the various types of child injuries and how to prevent them. At the same time, it recognizes that there are major gaps in knowledge. The report expands on and strengthens the areas of action set out in the 2005 Global call to action and the WHO ten-year plan. It is intended, furthermore, to help transfer knowledge into practice, so that what has proven effective in decreasing the burden of child injuries in some countries can be adapted and implemented in others, with similar results.

The World report on child injury prevention is directed at researchers, public health specialists, practitioners and academics. A summary of the report containing the main messages and recommendations and a set of fact sheets are available for policy-makers and development agencies. A version aimed at children – to create awareness and provide children with a sense of ownership of the issues – and a set of posters have also been produced.

Bezug: http://www.who.int/violence_injury_prevention/child/injury/world_report/en/



Swift, Anthony / Maher, Stanford

Growing Pains - How Poverty and AIDS are Challenging Childhood

ISBN: 978 1 870670 35 7

Authors Anthony Swift and Stanford Maher bring together engaging personal stories and first-hand experiences from South Africa on the effect of HIV and AIDS on young children. The book reveals the wider policies and practice that are currently falling short of the much needed support to those impacted by poverty and AIDS. It goes beyond government frameworks to explore the grassroots interventions and effective community responses that are providing crucial *circles of support* for vulnerable families and children.

Bezug: <http://www.panos.org.uk/?lid=23576>

Medico International

Global Gerechtes Gesund? Fakten, Hintergründe und Strategien zur Weltgesundheits

ISBN: 978-3899652932

Gesundheit für alle - unter diesem Leitbild, dieser Forderung steht die Arbeit von Medico International seit 1968. Mit dem Fortschritt der Globalisierung ist dieses Anliegen noch dringlicher geworden.

Drei Milliarden Menschen führen heute ihren Kampf ums Überleben mit weniger als zwei Dollar täglich. Ein Drittel aller Menschen verfügt nicht einmal über die notwendigen Medikamente. Gar nicht zu reden von den sozialen, kulturellen, ökonomischen und politischen Bedingungen, die für ein gesundes Leben auf Dauer wichtiger sind als ärztliche Hilfe, beginnend mit dem unteilbaren und unbedingten Recht auf gleichen Zugang zum erreichbaren Höchstmaß an Gesundheit.

Die Arbeit von Medico International und die seiner Partnerinnen und Partner in Afrika, Asien und Lateinamerika hat aber nicht nur mit der Armut, sie hat stets auch mit Krieg und Bürgerkrieg zu tun. Sie setzt deshalb der Gewalt entgegen, womit je vor Ort ein ziviles Leben beginnt, besser - erst beginnen kann: die psychosoziale Betreuung von Gewaltopfern, die Rehabilitation von Kriegsversehrten, die Räumung von Minen, die Wiederansiedlung von Flüchtlingen, die Ausbildung von Fachkräften, den Aufbau von Gesundheitsdiensten und die Stärkung zivilgesellschaftlicher Selbstorganisation in Basisinitiativen und nationalen wie internationalen Netzwerken.

Solche Hilfe zur Selbsthilfe verlangt, zu den Hintergründen und Ursachen der Not auch politisch Stellung zu nehmen, mit einer anderen Politik zu beginnen.

Bezug: Buchhandel

Tamil Information Centre

Enduring War and Health Inequality in Sri Lanka

ISBN 1852010215

This evidence-based report by the Tamil Information Centre (TIC) analyses, from a human rights and public health perspective, the impact of the violent conflict in Sri Lanka on health, the health system, and relief and reconstruc-

tion. In particular it examines the deteriorating health of the population in the conflict zones of the northern and eastern Provinces. This report is the fruit of an extensive literature review and discussions with health professionals and health workers in Sri Lanka and elsewhere. It cites and analyses data derived from the reports of international and nongovernmental agencies that have worked in Sri Lanka or been involved with Sri Lanka over many years. TIC has also collected data, and has initiated and facilitated the visits of Sri Lankan expatriate health professionals to assist local agencies and institutions involved in health provision and promotion in war-torn areas of the island.

This report highlights the failure of all sides in the conflict to protect health, or to facilitate the rebuilding of the health system. It describes the devastating direct and indirect impacts of the conflict particularly for those living in the North-East but also for Sri Lanka as a whole. Conflict, criminality, social inequality, lack of democratic processes, political instability and decrepit essential infrastructure combine to damage health and arrest the development of a decentralised, primary care-based health system. Immediate action is needed: the need to find alternatives to violence and to resolve political differences peacefully, not least so that ordinary people can rebuild their shattered lives, could not be more urgent.

Bezug: <http://www.tamilinfo.org/healthreport.pdf>

WHO

World Health Statistics 2009

ISBN 9789241563819

World Health Statistics 2009 contains WHO's annual compilation of data from its 193 Member States, and includes a summary of progress towards the health-related Millennium Development Goals (MDGs) and targets. This edition also contains a new section on reported cases of selected infectious diseases.

The contents of this book have been collated from publications and databases produced and maintained by WHO's technical programmes and regional offices. Indicators have been included on the basis of their relevance to global health, the availability and quality of the data and the reliability and comparability of estimates. This set of indicators provides a comprehensive summary of the current status of national health and health systems, including: mortality and burden of disease, causes of death, reported infectious diseases, health service coverage, risk factors, health systems resources, health expenditures, inequities and demographic and socioeconomic statistics.

The section on inequities presents statistics on the distribution of selected health outcomes and interventions within countries, disaggregated by sex, age, urban and rural settings, wealth and educational level. Such statistics are primarily derived from analyses of household surveys and are currently available only for a limited number of countries.

Bezug: http://www.who.int/whosis/whostat/EN_WHS09_Full.pdf



VERANSTALTUNGEN

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Veranstalter: Behinderung und Entwicklungszusammenarbeit (bezev), Enablement, Handicap International und Kindernothilfe
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E-Mail: info@bezev.de, Internet: www.bezev.de
- 25.11. - 27.11.2009 Bildungsmarkt: Bildung ohne Ausgrenzung in Bonn
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E-Mail: info@bezev.de, Internet: www.bezev.de
- 28.11.2009 Messe: Engagement Weltweit 2009 mit mehr als 50 Organisationen der personellen Entwicklungszusammenarbeit, der Not- und Katastrophenhilfe und der Bildungsarbeit.
Ort: Beethovenhalle - Forum Süd, Wachbleiche 26 in 53111 Bonn.
Information: www.engagement-weltweit.org
- 02.12.2009 Internationale Konferenz: „Towards realisation of the MDGs for women and girls with a disability“
Ort: Amstelveen, Niederlande
Information: <http://www.dccd.nl/default.asp?4076>
- 29.03. - 31.03.2010 Tagung: Zweite regionale Konferenz für Frauen mit Behinderung in Guangzhou, China. Thema: „Innovation mit Dynamik, Entwicklung für Inklusion.“
Veranstalter: Guangzhou Disabled Persons' Federation und Guangzhou Association of Disabled Women.
Information: <http://www.wdconference2010.org/en/>
- 16.06. - 19.06.2010 15. Weltkongress von Inclusion International in Berlin
Information: CTW-Congress Organisation, Thomas Wiese GmbH, Hohenzollerndamm 125, 14199 Berlin, Tel.: 030/85 99 62-29, Fax: 030/85 07 98 26,
E-Mail: inclusion@ctw-congress.de, www.inclusion2010.de



Zeitschrift Behinderung und Dritte Welt Journal for Disability and International Development

Behinderung und Dritte Welt ist die Zeitschrift des Forums Behinderung und Internationale Entwicklung. Sie erscheint seit 1990 dreimal jährlich in einer Auflage von 850 Exemplaren und wendet sich v.a. an deutschsprachige Interessierte im In- und Ausland.

Vor allem dank der Unterstützung der Kindernothilfe, Handicap International, Misereor, Caritas International, Christoffel-Blindenmission und Behinderung und Entwicklungszusammenarbeit e.V. erreicht sie viele WissenschaftlerInnen, Fachleute und sonstige Interessierte in allen Kontinenten.

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2/2010 Kambodscha (verantwortlich: Mirella Schwinge)
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	Ausgabe 1/2010	Ausgabe 2/2010	Ausgabe 3/2010
Hauptbeiträge	31. Juli 2009	31. November 2009	31. März 2010
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