VOCATIONAL REHABILITATION
FOR WOMEN
WITH DISABILITIES

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Preface

In many countries, disabled women experience dual discrimination - firstly because of their sex and secondly, because of their disability. The discrimination can be quite severe in that it affects all aspects of their life: education, employment, economic status, marriage and family, health care and rehabilitation. This monograph, which was prepared by Sheila Stace (United Kingdom) an ILO consultant, concentrates on the problems and possibilities facing disabled women in gaining entry to vocational rehabilitation programmes and employment, both in industrialised countries and the developing world. It also suggests ways and means of overcoming the many obstacles involved. ILO field experts in 12 countries contributed information on the position of disabled women in the Third World, particularly in rural areas; some of the available (but very limited) literature, including research studies and reports on the subject, published in Europe and the United States and by the international governmental organisations, also provided useful background material for the study. The information sources are listed at the end of the monograph.

Whilst the employment prospects for disabled women remain bleak, there is growing evidence of a new awareness among employers and trade unions of the need to remedy this inequality and discrimination - no doubt influenced by the recently adopted international labour standards, the Vocational Rehabilitation and Employment (Disabled Persons) Convention, 1983 (No. 159), and Recommendation, 1983 (No. 168). Both of these instruments advocate that, in providing vocational rehabilitation assistance to disabled persons, the principle of equality of opportunity and treatment for men and women workers should be respected. This monograph is aimed at furthering that objective.
1. The overall problem

The United Nations estimates that there are 500 million people in the world with disabilities, meaning that in any country about one person in ten has an impairment. More significantly, up to 25 per cent of any population may be affected by a personal disability or one within their family. It is also estimated that 350 million (70 per cent) of those disabled persons have limited or no access to services which will assist them to overcome their disability and lead an independent or satisfactory life. Based on these estimates, it can be reasonably assumed that disabled women account for at least one-third (or some 160 million) of the total population of disabled individuals in the world today. If disabled female children are included, then the world total of females with disabilities is in the region of 250 million or approximately 5 per cent of the total population in any given country.

The causes of disability and chronic illness are many. They include disease, poverty, war, age, natural disasters, traffic and industrial injuries, pollution, and poor sanitation and lack of primary care. Disability is prolonged or exacerbated by poverty, poor health services, ignorance about treatment, faulty treatment, misuse of drugs, weak infrastructures and stress. In addition, severe and untreated mental illness affects a large number of people, between one-fourth and one-third of people using medical services having mental health problems. However, there are great differences in the provision made to prevent, cure, ameliorate and rehabilitate, and so improve the employment opportunities of those restricted by disability or chronic illness.

There are no global estimates of the number of people with disabilities who are employed. Employment is important for the disabled: it provides economic security and independence; it gives a value and status to the individual; it helps with integration and acceptance by the non-disabled; and it gives a purpose in living, so encouraging the mental health of the person (Acton, 1981). Many people who have disabilities work without attracting any attention or needing specific help. Their disability is likely, though not necessarily, to be slight but, even so, they may well encounter insensitivity and restricted opportunities to build on their abilities and potential because their difficulties may be unrecognised. In many respects, disabled people have been denied opportunities to work, given menial tasks, and are most vulnerable to recession because they have fewer skills to offer. They are constantly under-valued.
Since the end of the Second World War women world-wide have been participating increasingly in the labour force. Statistics from the ILO have emphasised the extent to which this participation has grown, reaching its peak in 1975 when 35 per cent of the world's workforce were women. (This figure has declined slightly as a result of the world recession in the 1980s.) The increase has been most marked among married women or women with children, thus suggesting that a woman's working life is now less likely to be interrupted by child-rearing. However, the percentage under-represents the economic activity of women, disregarding, as it does, women in agriculture, animal husbandry, family businesses, home-making and the informal sector.

The nature of this employment has nevertheless changed very little. Women have made small inroads into industry but still represent only 30 per cent of the industrial labour force, except for Eastern Europe where the figure is nearer to 50 per cent. Women predominate in the service sector and public sector where the skills they are expected to offer are those closely allied with home-making and child-rearing. The recession has had its impact, but in the industrialised countries women have remained attached to work, even at the cost of lower pay or shorter hours, while in the developing world they have sought more participation in the informal sector.

There is an almost total lack of international statistics concerning the numbers of disabled women in employment; but if able-bodied women encounter difficulties in obtaining and retaining suitable work, even greater difficulties face those women who have a handicap or disability to contend with.

2. Research material

Little is known of the extent to which women with disabilities are able to participate in the labour force, and consequently little emphasis has been given to meeting their needs through vocational rehabilitation. Research data is scarce. For example, a computer search carried out in the United States for material in the psychological field found that although there were 7,500 references to disabled men and 3,300 references to women in general, only 19 were to disabled women (Johnson and James, 1984). Two computer searches for this study produced very little material from the United Kingdom and only a list of a small number of American journals and seminar reports, while the United Kingdom directory of non-medical research into disability has no section on women and disability (Whiteley and Sandhu, 1982).

In considering any material on the subject of women or disability, there are some definitional problems which make comparisons between countries impossible; the definitions of disability, employment and economic activity are particularly crucial.

Because disability is defined in a variety of ways according to the purpose for which the definition is required, it is often unclear what is meant by "disabled". Croxen (1982) suggested that
definitions may be grouped in five ways:
(a) those which indicate the broad social context;
(b) those which are provided by the international agencies, more often than not using a medical framework;
(c) those created for administrative convenience, in order to decide who receives a service or a benefit;
(d) those which are used by the disabled themselves to identify a social movement; and
(e) those which individuals use to describe their own personal experiences.

The implications for women with disabilities are twofold. Firstly, the definitions do not recognise that people with disabilities are not homogeneous (and perhaps are less so than the non-disabled), and have different needs or face different barriers to living independent lives. Secondly, the type of definition influences what vocational rehabilitation is available and to whom. It can be argued that the emphasis in national policies on the administrative definition can exclude women from services, while the social context and the personal attitude towards what is appropriate for women with disabilities affects their levels of aspirations and achievement.

In this study the terms used are those defined by the international agencies and incorporated in the World Programme of Action associated with the United Nations Decade of Disabled Persons, 1983-92 (United Nations, 1983). Disability, defined as restriction resulting from an impairment of an ability to perform an activity, and impairment, as a loss or abnormality, describe the individual's situation. Handicap, being something that occurs when people encounter cultural, physical or social barriers which prevents access to various systems of a society, describes the social situation. The majority of the studies reviewed discuss physical disability, resulting from disease, inheritance or accident prior to or at birth, and conditions resulting from disease or accident later in life. There is some material concerned with mental illness, a condition which particularly affects women and may result from a number of factors, including social isolation, environmental pressure and the impact of physical disability and long-term unemployment or the lack of a social role.

In considering the literature about employment and women, commentators have frequently discussed the inadequacy of most census and survey material, as it so clearly understates the contribution women make to the economic life of their countries. Anker, in his presentation for the ILO/UNITAR Seminar (ILO/UNITAR, 1984), set out three reasons for this. Firstly, the international definition of labour force, and its national interpretation, exclude traditional women's activities of unpaid family labour, food production and household chores. Secondly, surveys are designed by men and often conducted by men who have difficulty discarding the image of woman as home-maker. Finally, surveys are usually simplistic and fail to recognise social trends or the need to change attitudes. Thought has been given to changing the basis of assessing women's contribution
by encompassing in surveys other aspects of their roles and activities, and this will be explored when considering how information could be gathered about the nature and extent of vocational rehabilitation opportunities which should be available for women with disabilities.

3. **A double disadvantage**

Most of the literature available from the United Nations and the ILO on the subject of women with disabilities talks of a double disadvantage:

The impact of disability on women is magnified by unequal opportunities. Women therefore suffer double or multiple discrimination because:

- they are more likely to be poor or destitute;
- they are more likely to receive less food;
- they are more likely to be illiterate and/or without vocational training;
- they are more likely to be unemployed;
- there are fewer appropriate services available to them, and they have less access to rehabilitation;
- they have less chance of founding a family;
- they are more likely to be without family or community support (including physical, financial and emotional support);
- the stigma of disability and myths and fears are more likely to increase women's social isolation.

This citation from the JUNIC/NGO kit *Women and disability* (JUNIC/NGO subgroup, 1981, Part III, page 1) describes the position of women with disabilities across the world and highlights the position of this neglected group. The aim of this review is to present what is known of the situation and to suggest some ways in which vocational rehabilitation might improve women's opportunities for employment or to make a contribution to their communities.

In his report on vocational rehabilitation to the International Labour Conference in 1981 (ILO, 1981), the Director-General of the ILO discussed the situation of disabled women and suggested some factors which particularly affected women. He saw sex-role stereotyping as very significant, compounded by the legislative framework for services and deficiencies in social security systems. In education, the limited range of options offered did little to help women compete in the job market or enter sheltered employment, while the lack of success in changing attitudes of employers and trade unions, or providing the skills with which to adapt to new technologies, further disadvantaged women. These factors will be examined in greater detail in this monograph.

The importance of sex-role stereotyping means that the impact of both gender and disability on women's employment opportunities must be taken into account. The United Nations has recognised that special efforts are needed to improve the status of women (the United Nations Decade for Women, 1976-85) and the disabled (the United Nations Decade of Disabled Persons, 1983-92) but neither of the programmes of action
associated with these Decades included specific measures which would help to resolve the problems of disabled women. It should be mentioned however, that the needs of disabled women were recognised by the World Conference which reviewed and appraised the achievements of the United Nations Decade for Women and which was held in Nairobi, Kenya in July 1985. The Conference, agreeing that women constitute a significant number of the world's 500 million disabled people, recommended that disabled women should be provided with support services to help them with their domestic responsibilities; and also with community-based occupational and social rehabilitation measures to enable them to participate in all aspects of life.

It is worth commenting that the factors which militate against severely disabled women undertaking vocational training and employment are common throughout the world. Only the degree to which each factor is significant varies. It seems to be accepted from all the research and literature that women with disabilities are discriminated against both as women and as disabled people, but what is not clear is whether gender or disability is the principal factor.

4. Disabled women in the Western world

The greater part of published research into the social and economic life of women with disabilities comes from the Western world, where there are more likely to be comprehensive services to support a disabled individual in her or his community. This review does not consider this full range of services but deals only with rehabilitation and employment. However, the vocational rehabilitation offered in the Western countries is effective primarily because of their social welfare networks. Images of ourselves, edited by Jo Campling (1981), gives examples of the services that are available to women with disabilities, and how they view their lives. A report by Mary Croxen for the European Economic Community (EEC, 1982) gives consideration to a model of integration for such services.

There is very little literature on employment for women with disabilities, but it is possible to use material about women or disabled people in general in order to make inferences. The position of women will be considered first.

4.1 Employment of women

In Western countries there is considerable variation in the percentage of women employed in the labour force, ranging from less than 30 per cent in Ireland, Italy and the Netherlands to over 50 per cent in Denmark, the United Kingdom and the United States (European Economic Community, 1980 and O'Neill and Braun, 1981). In those countries with the highest level of female participation, up to 30 per cent may be in part-time work. The Organisation for Economic Co-operation and Development (OECD, 1976) has undertaken a series of surveys in 16 industrialised countries which consider the effects of
recession on women's participation in the labour force. A comparison between 1973-74, when unemployment was low, and 1975, when there was a recession, showed that women continued to enter the workforce but were less likely to do so when a country was coming out of recession (Amsden, 1980). Further studies showed that, although women have stayed at work, the rate of increase has slowed down, so that unemployment for women is higher than for men. The brunt of this has been borne by older women and teenagers entering employment (ILO, Women at work, No. 1, 1983). This has implications for disabled women because both the school-leaver, and the older woman, returning after raising a family or after disablement, find difficulty in entering the labour force because they lack the skills to compete with the non-disabled.

The OECD suggested a number of factors which explained the apparent contradiction of both the increased number of women working and higher unemployment rates for women than for men. Women, it seems, retained their jobs during the recession but did not increase their participation when trade picked up. Men's work was more cyclically sensitive because of their predominance in the manufacturing industries, where decline had been more marked and women had made limited inroads. However, the areas where women predominated (the service sector and public service) were cushioned from the recession. Further, women were more prepared to accept casual, short-term work, lower salaries, poor working conditions and loss of seniority in order to retain a job. Once an upturn came, employers preferred to take on men and retrain them because men, on the whole, are perceived as being more mobile than women.

There is now evidence that women's employment security is under a different threat. As the public service sector has expanded, women have been recruited in increasing numbers, usually into the lower-status, lower-paid jobs, which call upon the traditional women's skills related to caring, secretarial and domestic activity. In the 1980s governments in Western industrialised countries adopted policies designed to reduce public sector spending, and it is those areas in which women have predominated that have been cut back or mechanised (ILO, Women at work, No. 2, 1983).

Johnson and Hafer (1985) point out that there has always been a sexist orientation to employment and that, despite the civil rights movement of recent years, the situation has not changed. They refer to various data sources including that of the United States Department of Labor (quoted by Barker, 1982) which indicated that unless major changes occurred, women would continue to constitute 78 per cent of clerical workers, 67 per cent of service workers, 97 per cent of household workers and 43 per cent of sales workers; 25 per cent of all employed women were said to be in five occupations: elementary schoolteachers; typists; waitresses; nurses; and clerks. Half of all working women were said to be in 17 occupations compared to 64 occupations for the same percentage of men. An American study of disabled civilian employees in the Federal Government undertaken by Etzel and Nelson (1981) showed that 51 per cent of all women were engaged in clerical occupations and that this was the case for 60 per cent of disabled women.
In addition to being expected and prepared to work in the lower-paid sectors of the labour force, women have fewer promotion prospects or managerial responsibilities than men. The European Economic Community (EEC), in adopting a Programme of Action to bring about equal opportunities for women workers (EEC, 1981), recognised the extent to which women in the ten European countries involved did not have equal rights. They were working in the traditional areas of nursing, teaching, office work, selling and unskilled manual work where there were few opportunities for promotion, as a survey in the United Kingdom showed (ILO, Women at work, No. 2, 1982). Women were promoted in specialist or advisory capacities and not into direct management. Gill and Whitty (1983) for the United Kingdom suggested that the bar to promotion resulted from women failing to have the right qualifications prior to entering employment, having less access to in-service training, having broken service or combining family and work, and facing assumptions from employers and fellow workers that they did not want to be promoted. The material from the United Nations, ILO and EEC on the programme to provide equal treatment endorse these factors.

Housework is defined as uneconomic, and there is a very clear correlation between the uneconomic value ascribed to it and the low pay associated with those jobs which rely on related skills (domestic service, caring professions or other types of services). But the impact of the home-making role goes much further than keeping women in economic insecurity.

Many women in the workforce, whether with an employer or in the informal sector, perform two jobs, in the home and outside it. Studies of domestic activity in the industrialised world very clearly show that men undertake little beyond some child care, do-it-yourself and car maintenance. A study in France (ILO, Women at work, No. 2, 1982), for example, has estimated that domestic activity takes an average of ten hours a week for a working man; 18 hours for an unemployed man; 25 hours for a working woman and 43 hours for a housewife. Other studies in the United States and Eastern European countries confirm that men do far less in the house than women, and that the nature of a woman's participation in the labour force is governed by compatibility with home commitments (ILO/UNITAR, 1983; O'Neill and Braun, 1981; Hollingsworth and Mastrobett, 1983). The effect of this on women's employment is that a job is seen by employers, and by many women themselves, as coming second to running a home. For a woman with disabilities, this means an additional strain on her health as she attempts to fulfil both roles.

4.2 Employment of disabled persons

There is much less information about the employment of people with disabilities on other than a national basis. The material reviewed in this paper indicates that the employment situation for the disabled is very similar to that discussed for women. The disabled are vulnerable to unemployment and work in menial low-paid jobs, with little opportunity for training or promotion.
A study carried out in the United States in 1979 by Wolfe (Burckhauser and Haveman, 1984), which analysed the Survey of Disability and Work in order to discover its policy implications, tells much about the position of disabled women in that country. The original survey, which based its statistics on self-assessment, found that 17 per cent of the working population claimed to have some disability, of whom half considered themselves severely disabled. More women (9.6 per cent) than men claimed to be severely disabled. Wolfe made comparisons between able-bodied and disabled people's likelihood of being employed and found that 36 per cent of disabled men, and 47 per cent of disabled women did not work; this compared with only 4 per cent of able-bodied men and 35 per cent of able-bodied women. Just under one-third of working disabled men were in full-time work compared with only one-tenth of disabled women.

Wolfe also compared average wage rates and found that, in general, men, whether disabled or not, earned more than women, while women with disabilities earned the lowest wages of all. One group of disabled people who are particularly vulnerable are those leaving school. According to Barker (1982), disabled females who had been rehabilitated in 1979 earned 56 per cent of the average wage of disabled males who had been rehabilitated. Another study (Thurer, 1982) indicated that disabled women earned an average US$56 per week as against US$112 per week for disabled men.

The International Institute of Management in Berlin (West)\(^1\) has produced a series of reports on labour market policies and the disabled in three European countries and the United States. These reports, including one which compares labour market policies, discuss some general issues pertinent to this review and suggest that there are two central principles involved in national policies: the first is that the State should provide for some form of income support, and the second that rehabilitation should be available for those people with potential to return to work or who have paid into the appropriate social insurance scheme. In budgetary terms, income support is the more costly, leaving fewer funds available for services or facilities to individuals or for special incentives to employers. In the last decade a third principle has been added: special measures to encourage equal opportunity for disabled people in the workplace. Income support schemes have an impact on women with disabilities and are considered separately later in this monograph.

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\(^1\) The interests of Berlin (West) are represented in the International Labour Organisation by the Federal Republic of Germany.
4.3 Policy measures

Those aspects of national policy which provide incentives to employers are important in creating an atmosphere in which employers are willing, despite competitive considerations, to retrain employees or take on new workers with disabilities. These incentives and legislative measures to encourage or require employers to employ the disabled provide the framework for vocational rehabilitation.

In this context, mechanisms such as a register for disabled workers or a quota system, which requires an employer to employ a given percentage of disabled people, ought to be helpful for women with disabilities seeking work; but the International Institute of Management considered them ineffective (Schmidt and Semlinger, 1984). For instance, registration produced a lower number of disabled workers than self-selection. Lonsdale and Walker (1984) pointed out that in the United Kingdom even the Government accepts that the register is inadequate and keeps additional statistics on people claiming unemployment benefit who are disabled. In both the United Kingdom and the Federal Republic of Germany the number on the register was declining, although there was no reason to suppose that there were fewer disabled people of working age. Registration is voluntary and because of this many disabled people, particularly women, do not register because they see that it has no value in job finding. Either the purpose of the register is misunderstood, or people are not prepared to accept that they have a handicap, or the jobs are so scarce that it is not seen as worth while (Perry, 1984).

Another criticism of the register, together with the quota, was that, although effective in protecting existing workers, it did little to assist new workers. This is particularly pertinent for women, who are less likely to be in the workforce and would become registered principally in order to seek entry or re-entry to employment.

4.4 Vocational rehabilitation

The focus of this review is vocational rehabilitation. The governments of Western countries have placed emphasis on special services designed to help an individual return to work, the origins of which lay in attempts to reintegrate war veterans into work; these were then expanded to cover civilians injured at work and covered by social insurance. The range of services involved are: vocational counseling; assessment of potential for retraining; job placement; and sheltered working schemes. In more recent times, effort has been put into placing the young disabled in work and trying to meet the needs of the severely disabled for whom open employment is unlikely to be an option. Medical considerations have blended with social factors so that in countries such as the United States, the Federal Republic of Germany and the United Kingdom, assessment and sheltered employment have been used as much by people who have lost the work habit as by those who have a defined physical or mental disability. Some critics consider that this widening of the net has meant that the effectiveness of vocational rehabilitation is reduced; the more
severely disabled are neglected; and the cost is too great (Schmidt and Semlinger, 1984). The ILO has clearly demonstrated that vocational rehabilitation is cost-effective because it can succeed in giving a disabled person the opportunity to be economically self-sufficient and contribute to the economy (ILO, 1981).

4.5 Experience in the United Kingdom

Among women with disabilities, there are two clear groups needing vocational rehabilitation. The first group are those young women making the transition from school to work. In the United Kingdom, the school would most likely be one that educates severely disabled children separately from ordinary schools, and in some cases residential. The extent to which these students are able to enter the labour force depends on the ability of the educational services to meet their vocational needs. As part of York University’s study into the transition from school to work of disabled young people, Parker (1984) compiled a review of the literature which suggested that British schools did not prepare their students adequately.

In particular she highlighted the failure of the school system to resolve two dilemmas: (a) meeting academic requirements whilst creating a social context which matches the life of ordinary children and young people; and (b) preparing the students to expect employment or to accept a life without employment. The York study itself revealed no significant gender difference between the experience of young women and men, except that young men were more likely to have job skills training. Comments made at the Mary Switzer 6th Memorial Seminar in 1981 (Perlman and Arneson, 1982) suggested that there were differences in the expectations of educators about the attainments and career prospects of young disabled women as compared with men, thus implying that there is a widespread tendency for professionals to have lower expectations for young women with disabilities.

Within the United Kingdom, specific vocational help is given to all school-leavers and the pattern for disabled school-leavers is similar. They have access to job counselling and placement service (careers service), educational initiatives (which include basic learning), life skills learning, job experience and skills training, and job creation prospects. Parker (1984) considered that the research material suggested a lack of knowledge amongst parents and professional advisers about these services and a low rate of take-up by the group for whom the services were intended. Taking up one of these facilities did not necessarily improve the chances of getting a job, and disabled young people continued to find it harder to enter work. Perry’s study of women in South London (1984) supported this. She found out that those in her sample aged under 25 years had limited educational qualifications, no work experience (except on job creation schemes which had not been a successful path to employment) and little chance of competing for the small number of vacant unskilled jobs in the area.
The second group needing special consideration are older women wishing to return to work or start work once the family has grown up, because they have become the head of the household or for other reasons. In Perry's sample, those aged over 35 years wishing to return to work considered that they faced prejudice because they were both women and disabled, and had little success in finding work. In contrast, the five women who had worked since leaving school felt that they had no particular difficulties. In general, women bear a considerable burden of unemployment and have little opportunity to rethink their careers or retrain or enter job creation schemes.

Perry noted comments from her interviewees about the range of employment services on offer to them. As mentioned earlier, few were registered as disabled or made use of the Government's job counselling and placement officer for the disabled (the Disablement Resettlement Officer - DRO). They felt that the DRO service gave priority to advising women who were able to undertake full-time work or offer needed skills. They lacked self-confidence and wanted to learn more about themselves and their potential.

The principal location for job placement in the United Kingdom is the Job Centre. The DRO is based there, and details of local vacant jobs are arranged in a self-service manner. Perry's interviewees were deterred by this arrangement and the fact that many of the jobs advertised were aimed at men being biased towards manual and full-time work. The interviewees' lack of awareness of their real potential and lack of confidence meant that they felt unable to approach staff and ask for further details. In this way they were often unaware of what the service had to offer. In other words they were missing out on access to training, assessment or interested employers.

Vocational rehabilitation in the United Kingdom is centred on the Employment Rehabilitation Centres, which attempt to meet two aims; to prepare individuals with disabilities for work as part of a wider rehabilitation programme; and to help improve basic work attitudes which have been lost as a result of disability or long-term unemployment. A study of women at these centres, undertaken by the government agency responsible for them (Somerville, 1980), revealed that the number of women undergoing assessment was clearly under-represented in relation to those with disabilities in the workforce. In the year of the survey, only 12 per cent of those attending the centres were women, and other more general studies (Mair, et al., 1981; Kemp and Mercer, 1982) had similar, or smaller, numbers of women in the centres studied. Somerville's study suggested that the women assessed at the centres were young, single, without family commitments, with limited work experience, unqualified and unskilled, in comparison with the men, who were older, married with families and skilled. Overall, the women appeared to have a better standard of education but Somerville considered this to be related to age rather than gender. The major facility, that of helping someone with disabilities to test out new skills or adjust to the disciplines of regular work, is not being used by older women wanting to return to work.
Another difficulty experienced by women is due to the fact that the Employment Rehabilitation Centres have been designed, in the main, to assess and give job experience in an industrial setting. Thus, even when women attend the centres, they are not likely to be assessed for all the jobs on offer, but tend to be restricted to light assembly work and clerical activity. The centres operate only on a full-time work schedule, thus further discouraging women with family commitments, who are likely to be seeking part-time or more flexibly timed work. Finally, Somerville's survey indicated lower aspirations for women attenders, who were less likely to be recommended for other training schemes or identified as having potential for skill training or managerial roles.

In the United Kingdom, as in other Western countries, just as the failure of labour market policies to recognise the dual role of women in general has impeded the progress towards equal treatment of women workers, so, in providing opportunities for vocational rehabilitation, there is a failure to accept that women with home commitments are eligible and should be encouraged to attend vocational rehabilitation centres or other training opportunities. Most centres insist that they are preparing the disabled for a full-time job and so make little or no provision for part-time work, thus excluding not only women from taking part but also those disabled persons who experience fatigue as a result of their disability (Davoud and Kettle, 1980) or who need to attend hospital for frequent check-ups or treatment. Rarely are child-care facilities provided so that mothers with disabilities are often faced with making arrangements for children for long days - usually longer than they would expect if employed locally in those jobs traditionally employing women.

There is a lack of awareness and sensitivity to women's aspirations and life patterns (Perry, 1984) which is not unique to the United Kingdom. For instance, in a study in the United States rehabilitation centres for those whose disability resulted from drug abuse, Beschner and Thompson (1981) found that the services for women were less likely to have vocational rehabilitation built into the programmes. The programmes most likely to contain this component were residential, and this was considered to be the main reason for the failure to provide opportunities for women, the majority of those on the programmes having children.

4.6 Conclusions

Throughout the literature on women and employment there is an assumption that the majority of severely disabled women tend to regard themselves as unemployable and prefer to remain in the domestic sphere. Not only is this view held by their parents and the professionals who aid and advise them, but often by the women themselves. Birch (1983), in her study of employment and mental illness in the United Kingdom, found that one-third of the women in her sample felt they had no right to paid employment. In Perry's study, the interviewees had a very strong sense of what constituted men's and women's work. The
younger women in particular had very fixed views - a reflection of their isolation, not only from the world of work, but from the women's movement in general.

There appears to be very little research seeking the views of the disabled women themselves. What little there is suggests that women do not identify themselves with being disabled but with other groups in society. They have a strong sense of being women or mothers and an awareness of the difficulty of combining a job with a home and family. The literature from the Mary Switzer 6th Memorial Seminar in 1981 (Perlman and Arneson, 1982) also discussed the lack of awareness in women's groups to the needs of disabled women and urged those fighting for equality of treatment for women workers to include women with disabilities in their campaigns.

Both the American and the EEC studies considered discriminatory practices in the employment of women and of the disabled. In the United States greater steps have been taken towards extending equal opportunity to people with disabilities, while the EEC has tended to rely on employment legislation to protect disabled workers. Both have attempted to legislate to improve, first, the functioning of the individual and, second, the way jobs are structured. Vocational rehabilitation is the focus of the former, while registers, quotas, sheltered employment and requirements for employers to have equal opportunity policies are the mechanisms of the latter. Croxen (1982), and Burkhauser and Haveman (1984) point out the similarities and differences in establishing equal opportunity programmes on the lines of those established for women or ethnic minorities. The problem for those with disabilities is that they have to qualify as disabled, and the solutions to providing a work environment to overcome physical limitations may sometimes be costly.

The Mary Switzer 6th Memorial Seminar in 1981 (Perlman and Arneson, 1982) examined the steps to counter discriminatory practices in the United States and criticised the lack of awareness both of the problem and its resolution by professionals, who were more likely to be men. In the view of the Seminar, the steps needed to overcome the problem were to tackle the shortsightedness of the professionals and raise the consciousness of the women themselves.

5. Disabled women in developing countries

5.1 Employment of women

As for the industrialised countries, the economic, social and cultural factors in the developed world will be different from continent to continent but some features of the situation will be the same. The populations of these countries are predominantly rural, although rapid urbanisation has created cities with large marginal populations, with poor standards of living. Women suffer particularly from poor standards of living, poverty, poor health,
insufficient relief from the burden of household or subsistence work, and oppression. The common features of their working conditions are:

(a) a heavy concentration of women in rural areas and in agricultural work (90 per cent in Africa and 80 per cent in Asia);
(b) primitive tools and little exposure to modern farming methods - women are often excluded from new methods;
(c) household drudgery with a lack of privacy and without child-care facilities;
(d) long working hours and un Rewarding work;
(e) the need to turn to self-employment in order to earn income;
(f) a concentration of women in areas requiring little skill or education (e.g. domestic service in Latin America, construction work in Africa and Asia);
(g) some opportunities in the professions but a wide gap between the top and bottom levels (no middle class);
(h) cultural restraints on activities outside the home;
(i) a failure to make best use of schools;
(j) a lack of employment opportunities;
(k) legislation which places restrictions on employing women;
(l) a lack of family planning.

( ILO, Equality of opportunity and treatment of women workers, Report VIII, 1975, pages 67-72.)

In the majority of developing countries, women's economic activity is considered to be marginal by statisticians and policymakers. It has been estimated for example by Patel (1980) that 25 per cent of African women are "economically active". Of those, 60 per cent work on the land, often as unpaid family workers. They carry out basic farming but do not control the land. They have limited access to credit, fertilisers and mechanisation, and are excluded from training programmes and improvement projects. The women themselves do not see their economic activity as marginal because their work maintains families by supplementing husbands' low incomes, or supports the family where the head of the household is female.

Respondents to the ILO survey reported that while in theory women had equal rights to enter the labour force, in practice they were barred by cultural taboos, or areas of work such as manufacturing, technical and managerial jobs were traditionally closed to them. In some countries, particularly in Asia, the creation of free trade zones has led to the exploitation of women who have left their home villages to work long hours for low wages, accompanied by poor working conditions and safety standards. In rural areas in Africa where the men have migrated to find work in the towns, women are remote from employment opportunities and are thus left to undertake the subsistence farming and animal husbandry.

Women in urban industries include many recent migrants who are adjusting to urban life. They are employed in low-skill occupations, and are economically vulnerable and low paid. In urban areas the most accessible economic activity for many women is the informal sector, where skills related to domestic activity can be used. By nature the employment - child care, domestic service, food
production and sales, and dressmaking - is often on a self-employed basis or through mutually agreed arrangements. All these types of employment require no or little capital outlay. Where the informal sector demands a capital outlay or cash flow management, then women are often excluded because of the unwillingness of banks and financial institutions to provide loans to women, or legal provisions which bar them from doing so. The extent to which women are involved in informal sector activity is rarely quantified. It is usually estimated that women's involvement is less than that of men, but, in the response of Zimbabwe to the ILO survey it is suggested that the ratio of women's to men's participation in the informal sector is 5 to 1.

Home work too is prevalent among women. This, as in the industrialised world, can involve the whole family and provides a low return for long hours with unsafe materials or conditions. There is no legal or social security protection, while the employer obtains cheap labour. Disabled women who are involved in this activity are even more vulnerable to exploitation because of their lack of mobility.

Where women have made advances it is in the main economy, such as in service industries or the public sector. However, in examples given by respondents, women's participation in the labour market is not growing to the same extent as in Europe or the United States. In Ethiopia, for example, according to 1982 figures, women made up 17.9 per cent of employees in large corporations and government service - in the latter the employment tended to be temporary or on fixed-term contracts. In Zimbabwe 6.8 per cent of the working population is women, but this ignores the informal sector and rural activities. Even though the extent of female economic activity is growing, women remain very vulnerable to recession. In Swaziland, for instance, where the number of jobs dropped in the year 1981-82 by 3 per cent, the number of women employed dropped even more. The recession, on high inflation, low investment and (in Africa) drought, meant that there was little incentive to provide education and vocational training for women. Technical skills are beginning to be available to them, but there will be a limited take-up so long as they remain predominantly illiterate. Women need to have basic literacy and numeracy in order to compete with men for jobs.

5.2 Employment of disabled persons

It is clear from the responses to the ILO survey that there is an absence of statistical information about the numbers of the disabled, in particular disabled women. As in the Western world, the problem of definition makes both estimation and comparisons difficult. For instance, Swaziland estimated that 2 per cent of its population were disabled women but only included in this survey those who had an orthopaedic, visual, aural or mental handicap. The figures from Zimbabwe totally excluded disabilities associated with gynaecological problems. While many ILO respondents did not have
access to detailed demographic statistics, their figures would seem to give a reasonable guide to the extent of the numbers of disabled persons. The majority are likely to be in the pre-working and working age group, rather than among the elderly as in the industrialised world. The causes of disability included: congenital conditions; childhood illnesses and accidents; bad living conditions; famine; lack of water and sanitation; or late and inadequate medical intervention. For those of working age, disease, plus injury caused by accidents in industry, in the home, on the road or through warfare, remain the major causes of disability. For instance, in Zimbabwe, figures from an unpublished survey in 1981 suggested that 14 per cent of all disability is sustained before the age of 5, and up to 53 per cent before the tenth year; 48 per cent of disability resulted from illness, 31 per cent from accidents and 13 per cent from war.

For want of definite information, it is assumed that disabled females represent half of the disabled populations in the Third World. Women are underrepresented and often not counted in the statistics. For example, a study of river blindness in West Africa failed to include the number of women affected by the disease (Rogers, 1980). The ILO respondent from Peru gave statistics of disabled women injured at work and those attending special education or rehabilitation services. It was realised of course that this does not give the full picture as disabled women are less likely to be injured at work, to be in education or to attend vocational rehabilitation schemes. Finally, there is very little discussion of mental illness and women. An article by Tuckwell in Women and disability (Part V) (JUNIC/NGO Subgroup, 1981) described the Bangladesh experience. Women were particularly vulnerable, and in one village surveyed women were twice as likely as men to be mentally ill. This was identified as being directly related to the status they had in the society.

So far as employment of the disabled was concerned, only one respondent (India) reported that the Government safeguarded jobs for the disabled with a quota arrangement of 3 per cent. The other respondents reported that, as there were insufficient jobs for everyone, disabled persons were expected to compete with the able-bodied. This was considered to be no problem where the disabled had had a good education and were qualified; otherwise, however, they were at a disadvantage. Evidence from Ethiopia backed this up. In a 1978 survey of 31 towns the disabled were found to be nearly twice as likely to be unemployed.

Disabled women are at a still greater disadvantage because they are less likely to have received an education, and more likely to be overprotected by their parents (eight respondents reported this) and to meet discrimination from employers and fellow workers. In Zimbabwe there is evidence that disabled men can find work more easily than disabled women, and even the employment projects designed for war victims tend to exclude women.

Of people with disabilities, 80 per cent live in isolated, rural communities with a low standard of living, poor medical resources and poor detection and prevention. In addition to the lack of access to employment, they are not helped to fit into the agricultural structure
or to adjust to mechanisation (United Nations, 1983). Economic
development is seen by the United Nations and the other international
agencies as the way forward because it will offer job opportunities.
But the evidence so far has suggested that, while development has
introduced the cash economy and the possibility of wealth acquisition,
it has been channelled through men, and women have not benefited.
Indeed, women with disabilities are even restricted from undertaking
the traditional roles of home-making and subsistence farming, and
thus are unlikely to improve their situation unless development
projects are specifically targeted on them.

5.3 Opportunities for disabled women

(a) Traditional roles

Because of the absence of research studies it is difficult to
assess how far it is true that women are not even allowed to
participate in traditional roles, but comments from the respondents
on the marital status of disabled women may give some clue as to how
far absorption in the family economy is acceptable. Both Indian and
Zimbabwean respondents suggested that disabled women were considered
to be less marriageable and, if disability occurred after marriage,
that family breakdowns was more likely. This would suggest that
disabled women were likely to be limited in their access to (or
barred from) traditional roles and so be placed in an even more
dependent position. However, an Indian report describes how girls
with disabilities are encouraged to learn skills and become
economically independent precisely because they are unlikely to
marry (Tate, 1981).

(b) Training

Training opportunities for women in general are starting to be
established in the developing countries. Burck (1984) described a
workshop held in the United Republic of Tanzania to discuss
strategies for improving the employment situation of women in Africa
and Asia, at which 55 successful projects for women were considered.
The main conclusion was that the principal constraints on the
improvement of women's situation were the lack of access to, and
control of, resources, and the lack of organisation and participation
in decision-making. None of the projects involved women with
disabilities, and when questioned the participants said that the
organisers did not think there were any disabled women in their
areas, that the schemes were not relevant, or that to include disabled
women would present additional problems.
When vocational rehabilitation schemes for the disabled were considered, the United Nations and the ILO reported piecemeal development. The ILO has recognised the importance of rural projects and so has tried to encourage their development. In the 1960s, rural centres were established in West and East Africa to provide six-month courses. These projects gave training in subsistence farming and helped form rural co-operatives, but needed to be adapted both to the spread of mechanisation and to the needs of the more severely disabled. They were also residential, which in itself presented barriers to women because of the overprotectiveness of parents or the incompatibility with family commitments.

Vocational rehabilitation is still inadequate to meet the needs of the total population of disabled. All the respondents to the ILO survey suggested that, although the services were open to women, in practice very few took advantage of them. Burck (1984) suggested that in Zimbabwe the reasons why women did not benefit from the existing services were that they are primarily aimed at disabled men in urban areas. Consequently, the training was geared to life and employment in the town and did not provide for traditional women's work. Its curricula entry requirements and format did not favour women; and the centres were residential and so made it difficult for women to attend.

The international and national organisations of and for the blind have long been active in promoting the social and vocational well-being of their membership. They are also leading the way in trying to overcome the discrimination and prejudices facing blind women, particularly in the Third World. A leadership training course for blind women in Asia, held in Kuala Lumpur, Malaysia, in March/April 1981 and sponsored by the leading international blind organisations, did much to stimulate and promote positive action in helping blind women attain their rightful place in society. In Bangladesh, for example, a National Blind Women's Welfare Organisation was established in November 1981 with two main objectives:
- to educate partially and totally blind women; and
- to make them self-reliant and socio-economically productive members of society.

India too has been active, and since November 1982 the All-India Confederation of the Blind has organised five regional leadership training courses for blind women. A committee for the advancement of the status of blind women has been formed by the National Association for the Blind in Bombay; it has organised vocational training and rehabilitation courses, self-employment opportunities and offers scholarships to blind girls. A motivation camp for blind women has been established in Madhya Pradesh to create an awareness among the rural and urban blind women of their rights, duties and responsibilities as citizens. National societies for blind women were recently established in the Philippines and Thailand, whilst in Pakistan the first training centre for blind women came into being in 1981 offering programmes in literacy, personality development and daily living.
skills, orientation and mobility, home management, and traditional and modern income-generating skills.

In outlining the above developments in Asia, Maqbool (1983) comments that the situation of employment of blind women in Asian countries is still very unsatisfactory and only a few blind women are gainfully employed in each country. Malaysia has the greatest number of blind female telephone operators. In Singapore, Hong Kong, Thailand and the Philippines, all trained blind female telephone operators find jobs, whilst in Pakistan some 20 blind women with masters' degrees are employed as lecturers and teachers in sighted colleges and blind schools. In Bangladesh, India, Indonesia, Pakistan, the Philippines and Thailand, blind women are working as factory hands, packers, cane weavers, doll and paper flower makers, knitters and tailoresses. Some educated blind women in India and the Philippines are employed as social workers and musicians, a few are receptionists and dictaphone typists. Jobs as Braille transcribers and handicraft teachers are also available to qualified blind women.

In general, it can be said that the vocational rehabilitation services provided are not part of an integrated service to enable disabled persons to lead an independent life. Few countries have health and social services which are able to provide physiotherapy or social support to disabled persons so that, for the more severely disabled, there will be nothing available to improve the home environment, little education to provide stimulation and occupation, and no employment. The steps being taken to alleviate and prevent famine or natural disasters, to improve living conditions, to prevent disease and to improve educational opportunities all depend on economic health and international co-operation. If these are achieved, then women with disabilities will benefit. However, it is necessary that rather more work is done to explore the true size and nature of the population involved, and to increase public awareness of the problem.

The response to the ILO inquiry has shown that many of the professionals involved were not aware of the problem because it had received so little attention. Disabled women are hidden, protected by their families or their communities and do not demand services. Rogers, in The domestication of women (1980), drew attention to the lack of awareness among development agencies of women's activities and economic contribution made by them. The ILO, by instituting further studies into this area, could raise the profile of women with disabilities and so begin to change the nature of the services already provided.

5.4 Conclusions

To summarise the position of women with disabilities in developing countries, it is clear that they are affected not just by disability but by the general status of women. The ILO respondents pointed to the strength of traditional values which continued to
operate even when the official policy was to seek change. Constitu­
tions may give equal rights to women, but girls were considered less
valuable by parents, and at best would be kept at home and taught
housekeeping, basic subsistence farming, or would be subjected to a
range of cultural practices which could in themselves create
disabilities.

The majority of women in the developing countries are tied to
domestic and subsistence farming in isolated rural communities, with
limited educational and income-generating opportunities, and few
means to acquire skills and find employment. Given that, women with
disabilities, who are overprotected and dependent on family support,
restricted from taking part in the traditional domestic tasks and
unable to move to the towns to undertake education and vocational
training, suffer a double disadvantage.

6. Some general issues

6.1 Chronic ill-health

Women are particularly vulnerable to chronic ill-health because
of their pattern of life, although in both the industrialised and the
developing world it is difficult to know the extent of this ill-
health because it is not systematically recorded.

Some of the literature highlights the morbidity dimension of
disability and its impact on women. Girls in many Third World
countries are at greatest risk from birth to five years because of
the low value these societies give to female children, while in
Western countries ageing is a much more potent factor, if only because
women live longer. However, they appear to be more prone to chronic
illness, such as anaemia, genito-urinary complaints and rheumatism,
more likely to be injured or have accidents. Many
of the chronic illnesses of middle life can seriously affect
mobility once retirement is reached (Kenner, 1984). There is
evidence that women do not receive medical aid, either in the develop­
ing world because easy access does not exist, or in the industrialised
world because they place less emphasis on their health and are pre­
pared to put off going to the doctor so as not to neglect the family.

Reproduction and the sexual role ascribed to women predominate
in any discussion of women's health issues. Women in many countries
have attempted to take control of their fertility, but even in the
industrialised world this is a matter of controversy, and some
gynaecological problems still remain unrecognised and untreated. In
many Third World countries, women's future security is very closely
related to family size so that family planning does not receive
popular support. Further traditional forces, such as religion and
social patterns, have meant that family planning is unacceptable.
Consequently, women in Latin America, Asia and Africa continue to
jeopardise their own health by having too many children.
Because they have been conditioned to put the interests of their families first, women are more likely to be affected by malnutrition, anaemia and nutritional deficiencies. At times of poverty or food shortages, women will feed partners and children before themselves and will be less likely to benefit from nutritionally wholesome foods. Tate (1981) pointed out that women's ill-health was more than just a personal tragedy because families depend on the ability of the mother to produce, sell or buy and prepare food. Any diminution of her health affects her ability to do so, while the health of her family depends on her skill at this task.

What are the implications for vocational rehabilitation of both the occurrence of chronic ill-health and its pattern of distribution? Given that many women live with the constant presence of ill-health, their ability to maintain the dual role of home-maker and income earner may be impaired so long as the accepted pattern of work is geared to male responsibilities. Women may, therefore, opt out of work. Vocational rehabilitation makes similar assumptions about working patterns, and is thus incompatible with women's dual role or the fatigue which may result from chronic illness. Most vocational rehabilitation is designed to return recently disabled workers to their original employers or to prepare young workers for their first jobs, and so ignores the needs of those returning to work after a considerable gap. Younger disabled people tend not to have family commitments, which are perceived by policy-makers and professional rehabilitation workers as interfering with full-time work.

Little thought, then, has been given to preparing older people with disabilities who wish to return to work but who, because of their dual role, the nature of their disabilities or chronic illness, may have a reduced potential. Older women, who because of the chronic illness of their partners may well find themselves heads of households and therefore in need of the economic independence that work brings, are particularly disadvantaged by the lack of recognition and provision for chronic ill-health in vocational rehabilitation.

6.2 Educational disadvantage

Education is the key to most development initiatives. Girls are less likely to attend school, go on to higher or further education, or undertake training or apprenticeships. Even where girls do have equality of access to education, they are offered a smaller range of subjects than their male contemporaries. Eastern European countries, despite the high level of female involvement, still has marked differences in the range of subjects offered (ILO/UNITAR, 1984). Commentators have suggested that this discrimination stems from negative attitudes towards women and the views of policy-makers, educators and the general public as to what is appropriate for girls to learn.

Girls with disabilities are even more restricted than other women because they may not have access to the ordinary school system. Alternatively, they may have parents who do not see either the value
or the suitability of sending their daughters away to residential school where special education is provided. Finally, institutions of higher or further education do not consider themselves to have either the facilities, or the appropriate range of studies, to provide properly for women with disabilities. In the developing world the opportunity for girls with disabilities to receive an education, or attend training courses, is available to only a few, and is more likely to be undertaken by the more mobile or less severely disabled, such as the visually or aurally impaired.

Perry's study (1984) included women who had been to both special schools (often residential) and ordinary schools. It was her view that those who had been through the ordinary system, their disability having occurred after starting school, had much more self-awareness and confidence, thus finding themselves more able to survive in employment and social situations. Those who had been away to boarding school found themselves much less proficient in basic literacy and numeracy skills, and had lower assumptions about their capabilities and a lack of confidence in social settings. Parker (1984) also found that schools had done very little to set up contact with non-disabled children through, for example, shared leisure activities which could have helped disabled young people mix with the able-bodied and provided a basis for a social life not dependent on employment.

Several writers, from the International Institute of Management reports, the United Kingdom and the United States, have commented on how vocational rehabilitation is often available too late and is unsuccessful at overcoming long-standing handicaps, such as poor education and lack of skills. It is clear that, if society's attitudes to disabled women are to change, then the perceptions that schools have of girls' future abilities become very important. Two collections of material from the United States (Perlman and Arneson, 1982 and National Easter Seal Society, Rehabilitation literature (1982), discussed the need to increase the level of awareness of the position of disabled women and stressed that counsellors and educators needed to raise their expectations. It is not enough to consider that, because a woman will have only domestic duties, she does not need basic education.

6.3 Employer and trade union attitudes

All mention in the literature of employer and trade union attitudes towards disabled women are cursory. This area could usefully be explored more thoroughly, looking specifically at attitudes with practical examples of good practice and models of collective action which would be particularly supportive to disabled women. Many responses to the ILO survey stated that both employers and trade unions were interested in promoting employment opportunities for people with disabilities. In addition to well-established traditions of financial support towards vocational rehabilitation and redeployment,
the governments of the Western nations have built into their legislation both incentives (e.g. cash payments to provide employment aids and adaptations, subsidies to make up for loss of productivity) and sanctions (e.g. registers, quotas or a requirement of policies for employing the disabled) in order to encourage employers to take on disabled workers.

Employers' organisations do not necessarily support these initiatives. For example, the Confederation of British Industries in the United Kingdom is pressing for the quota to be abolished (CBI, 1983). Quota schemes have been introduced in a few developing countries but with little success; whilst some employers have been prepared to employ disabled workers, most need not do so because competition for jobs is so great and those with disabilities have few skills to offer.

What help or hindrance have employers' policies been to women with disabilities? The earliest employers providing rehabilitation and redeployment schemes were in the traditional industries of steel, coalmining, railways and motor vehicles, all of which employ predominantly men rather than women. The alternative jobs offered to those who are disabled as a result of work injury are light assembly, clerical, caretaking and cleaning tasks - usually seen as women's work. It is not known what would be offered to women, either in those industries which are predominantly male or those sectors where women provide the majority of the employees. Studies in the United Kingdom into employers' attitudes (Davoud and Kettle, 1980; Dell, 1981) towards professional staff who become disabled or chronically ill suggested that within larger companies, except where the illness was seen to be a mental or emotional one, employers were prepared to fit the worker back into the company when the disability was seen as of short duration. Yet again, with fewer women than men to be found in professional staff posts, women would not be protected in quite the same way. Davoud and Kettle found that women with multiple sclerosis tended to leave work, often at the request of the employer.

What is perhaps more of an impediment towards disabled people as a whole in their search for employment is that employers' positive approaches are towards existing employees whose skills are known. They do not extend to taking on new workers. This particularly affects school-leavers, who do not have a record of employment, and women, particularly those who have family responsibilities, or who are entering the labour market for the first time or after a gap in employment. Women find it difficult to compete for jobs with men, and a woman with disabilities will need to have much to offer if she is to compete with the non-disabled and convince an employer to look beyond her gender and her disability.

Workers' organisations have become more positive towards the employment of disabled workers. Again there is very little evidence to the extent of this, but comments in the material from the international agencies and the response from ILO field experts suggested that this positive attitude is qualified by the concern of trade unions to see that health and safety legislation is observed and to
press for the redeployment when a member is disabled at work. They are much less likely to press for the recruitment of new disabled workers if jobs are at risk. Women in general are not keen trade unionists, perhaps because their home commitments limit the time they can spend on union matters, and because of the limited number of trade union leaders who are women (ILO, Women at work, No. 1, 1983; Rogers, 1981). There is some evidence in the United Kingdom and the United States that professional associations also obstruct the entry of disabled people into work by refusing to admit people with disabilities to the profession (when this admission may give the right to practice, receive a good salary or obtain promotion), even though they have the requisite training. Sometimes a higher level of training is demanded. However, in Europe and the United States there is a growing awareness among people with disabilities of the strength of collective action. Self-help groups of disabled people are beginning to make demands on services and on trade unions. Within workers' organisations are useful models which women with disabilities could adopt in order to better their position.

7. Conclusions and recommendations

Much has been written about the role of women in society and the effect this has on their employment status, and the literature about women's employment has been considered and related to women with disabilities throughout this review. As a summing up of women's situation, Rogers, in The domestication of women (1980), discussed how women throughout the world and in many differing economies found their social and economic life governed by the division by gender of roles and tasks.

In Western countries male and female employment is still influenced by the age-old precept that man is the provider and income earner and woman is the homemaker and child carer. Where such influence prevails, women are considered to be economically dependent on men, and their work outside the home seems secondary, requiring less educational attainment, providing limited access to training, promotion and managerial positions, less job satisfaction and lower status, and offering lower pay. Much more subtly, male attitudes to women and work may range from paternalism through indifference to hostility, with the result that many women learn not to challenge, accept lower status and achievement, and develop a feminine approach which is acceptable to men. The literature discussed indicates that underlying attitudes result in disabled women being offered fewer options, having lower aspirations and accepting a greater degree of dependency than their disability requires. It has also shown that vocational rehabilitation has not come to terms with the real pattern of women's work and their dual role of home-maker and income earner.

The situation in the developing world is much more difficult for women with disabilities. Their chances of medical care, social support and vocational help are much less. Gender and disability are
more likely to mean that such women live in rural communities, in poverty and in danger of being excluded from marriage or subsistence farming. Most of the literature considered in this review concerns Africa, where according to one researcher the colonial period reinforced the male hierarchy (Rogers, 1980). Post-colonial development towards creating cash economies whether through agriculture or industrial expansion, has not benefited women but rather has increased the economic superiority of men over women. Where projects have been established for women, they have been based on traditional home crafts which are not necessarily income generating as they lack access to materials or markets and rely on male institutions for basic elements (credit, management or transport). The literature discussed in this review argued that this lack of genuine improvement stemmed from the lack of a real commitment to raising the status of women. Most constitutions gave equal status; but traditional customs remained and the value of women continued to be low.

People with disabilities are also the victims of stigma, low status, prejudice, indifference or neglect. Some may be over-protected and thus undervalued by their families and professional workers. But where a country has a measure of wealth and a health service it can develop a network of services to support the disabled. In industrialised countries this has taken the form of income support, together with vocational rehabilitation, which is available either to those who can return to work or to those who need to learn or re-learn patterns of working. It is not, however, available to everyone, and often women are ineligible. In developing countries, help is likely to be limited to those injured at work or in wars, those within reach of the services (usually living in towns) or with money to afford them. This means that women in rural communities are not given help to find employment or even to undertake basic farming or home-making, and so cannot even share the daily life of their able-bodied family and neighbours.

Croxen in her study for the EEC (1982) listed six characteristics which the disabled experienced in common with women. These were: treatment as a category rather than as an individual; neglect of individual feelings, wishes and self-definition; low self-esteem; hostility; discrimination in social and economic life; and tokenism. However, there are two major differences: disabled people have to prove that they are disabled and therefore eligible for help; and the cost of providing equal opportunities is higher because of the need to provide aids and adaptations both for the work environment and for general living.

Therefore, there is much in common between women and people with disabilities. It is often assumed that women and the disabled do not need to work. Their financial security will be provided by their families and their main role will be at home - women because they have to care for the family, the disabled because their capacity to do much else is limited. A paper given by Vass at the Mary Switzer 6th Memorial Seminar in 1981 (Perlman and Arneson, 1982) considered the effect of role stereotyping on women with disabilities and
described how society persuaded women to accept the allocated role. Disabled women learn their models from their parents and schools, from observing others and from being advised by professionals, who accept the roles too. They also have limited access to such opportunities as do exist. There is a contradiction here because, although it is typically assumed that a disabled woman will not need to work as she will be dependent on others, society also assumes that she should not marry. Labour market policies ignore the fact that many women are responsible for the financial security for their families: one-third of all heads of households are women, and many more families are supported by women in the absence of men who are working away from home, who are at war or unemployed. Disabled women are also heads of households, either because along with the able-bodied they take on family commitments, or because disability strikes later in life. There is evidence that the onset of disability for an older woman may lead to desertion or divorce, hence making her the head of a household and therefore in need of income for her family to survive.

Having considered the impact of the labour market on disabled women, it is necessary to suggest some ways in which the current deficiencies can be remedied. This review has concentrated on lack of opportunity, but there are examples of employment schemes or vocational training which present useful models for adoption elsewhere. Recommendations for future action are grouped into four sections: (a) those related to further research; (b) those concerned with extending programmes of action to improve the status of women and the disabled in order to include specifically women with disabilities; (c) those relating to vocational rehabilitation in particular; and (d) those which may assist with changing attitudes of both the women themselves and the general public.

7.1 Further research

Much more research into the position of disabled women is needed at both national and international level. It would be useful to start by putting into existing and new research a counterbalance to the male-oriented approach taken to date. It is vital to know whether there are gender differences in the nature of disability, or its impact on social and economic life, before effective steps can be taken to remedy any negative factors. The conclusions in the report of the ILO/UNITAR seminar in 1983 (ILO, 1984, pages 69-76), provide a framework for understanding the role of women which might equally well be applied to women with disabilities. This wider social framework might also be of value for considering men’s contribution to society.

Comparative analysis is difficult because of the lack of commonly accepted definitions of disability, not simply because countries consider different disabilities in their statistics but also because they relate to different environments. For the purpose of developing comprehensive provision for the disabled, a definition which is based
solely on medical assessment is not sufficient, for it does not take into account such important factors as ability, adaptability, attainments, and so on.

In addition to being male oriented, the literature is concentrated on Western countries - much more attention needs to focus on the position of women with disabilities in the developing world. Investigations could also be usefully made of: the impact of gynaecological ill-health on the social life of women; the effect of the diseases and disabilities of old age or economic life; employment, discrimination and promotion of equality for disabled women; the improvement of social security rights; the situation in rural areas or the informal sector, in order to identify the potential for developing services; and the position of disabled women as heads of households. As many of these areas are already included in the ILO programme of research, as outlined in its evidence to the United Nations Commission on the Status of Women in February 1984, that programme could be expanded to include women with disabilities.

Comparative studies have already been suggested. Demonstration projects, testing out proposals made in this review or elsewhere, would make an important contribution to disseminating ideas and sharing experiences. Most important of all, disabled women themselves should be asked about their experiences and their wishes. It has been suggested that women with disabilities often have low expectations and a high acceptance of their limited opportunities. The experience of women's groups indicates that, in order to overcome this, material which allows women with disabilities to speak for themselves would be an important tool for raising aspirations. The disabled are often ignored, their relatives or professional helpers being considered the appropriate means of communication. Research into this field should not make the same mistake.

7.2 Extending programmes of action

Both internationally and within individual States there are programmes of action intended to improve the status of women and people with disabilities. These often make similar statements for both groups but fail either to extend the women's programme to include those with disabilities, or the programme for the disabled to recognise the specific difficulties of women. Further, women with disabilities are seen as posing a problem of "social welfare" rather than raising a question of human rights.

It is therefore important that any programme designed to improve the rights of women should include specific actions which could improve the position of women with disabilities. The ILO, in its evidence to the United Nations Commission on the Status of Women in 1984, gave details of its employment policy for women. If the general points are adopted, using some of the recommendations from Croxen (1982), the Mary Switzer 6th Memorial Seminar in 1981 (Perlman and Arneson, 1982), and other writers on the disabled, then some measures which could be incorporated in a programme targeted on women with disabilities would include:
(i) education which is accessible to all and provides a basic level of literacy and numeracy;
(ii) counselling and support services which will build on the concept of independent living;
(iii) vocational rehabilitation, including counselling and job placement, which develops women's potential and offers a wide range of opportunities;
(iv) programmes to create gainful employment which takes into account women's potential;
(v) assistance, through aids and adaptations, medical help, transport and credit facilities, to enable women to live independently and gain income, with particular reference to rural communities;
(vi) the strengthening of legislative initiatives, such as quotas, registers and incentives to employers, so that women are not excluded;
(vii) a decent level of income provision, whether through employment or social security.

International non-governmental organisations are also becoming increasingly concerned at the continuing low social and economic status of disabled women. For example, the recently formed World Blind Union (WBU) has recognised that blind women, particularly those in the developing world, are the most neglected, most dependent and the poorest educated of all blind people. It has accordingly established a Standing Committee on the Status of Blind Women within the general framework of the WBU and alongside other standing committees that will deal with different aspects related to blindness. The main objective of this Committee is to achieve equalisation of opportunities for blind women in all fields of life, based on the following general guide-lines:

**International level**
- developing close contacts with the United Nations Centre for Social Development and Humanitarian Affairs - Branch for the Advancement of Women;
- collaborating with the International Research and Training Institute for the Advancement of Women (INRAW);
- participating in international activities of women;
- disseminating information through a newsletter, etc.

**National and local level**
- developing contacts with women's divisions of national governments;
- introducing pragmatic suggestions on the education and vocational training of blind women to the concerned departments of national governments;
- liaising with labour ministries of national governments for securing suitable employment for blind women;
- networking with women's NGOs and other organisations of
disabled women;
- motivating the formation of women's committees within
organisations of and for the blind;
- organising training seminars;
- motivating the information media.

Regional level
- exchanging programmes, study tours, conferences and seminars
to widen the experience of blind women.

7.3 Vocational rehabilitation

In this review, the inadequacies of rehabilitation services
have been described, with suggestions from some commentators on how
to make them more attractive and relevant to women. The suggestions
have focused on two groups of measures: those to make the services
recognise the social and economic reality of the lives of disabled
women; and those to introduce into services methods of learning or
options which reflect opportunities open to women in the labour
market. In describing existing services, very little attention has
been given to initiatives which have been taken in a number of
countries either in projects designed for women generally or for
women with disabilities. Examples include:
- the Sorvadaja Movement in Sri Lanka, which seeks to provide homes
  and training for women with disabilities to enable them to lead
  independent lives;
- the "Women for Women" programme in Bangladesh, where the under­
  lying principle is that training should remove dependency;
- Ghana, where women with disabilities participate in a training
  programme which tries to match skills with prevailing market
  conditions;
- in Australia, where in 1977 rehabilitation legislation extended
  the eligibility criteria for free services to include all
  disabled people within the broad working age group who would
  benefit from rehabilitation. This covered household duties or
  improving independent living, thus removing the discrimination
  against a large part of the disabled population, including many
  women with disabilities; and
- training and employment projects in the United Kingdom which
  provide introductory courses to open up the potential for
  skill training, particularly for women with disabilities.

In these and other examples, important elements are the
recognition that women with disabilities need special help, need to
acquire basic learning as well as skills, need to test out and try
new ideas, need to have child-care responsibilities met, and work
better in a group or co-operative setting.
Australia is one of the few countries which has made special efforts, not only to assist disabled women but also to develop policy guide-lines relating to their rehabilitation. In 1984, studies revealed that in the Commonwealth Rehabilitation Service (CRS), the overall ratio of women to men receiving CRS assistance was 1:3. In an attempt to remedy this imbalance, special programmes were initiated:

- special support and information services were established for women injured at work and who were likely to return to work;
- plans for special programmes for women with back disabilities were investigated;
- attention was given to the needs of disabled women living in institutions;
- programmes were started which aimed at disabilities which disproportionately affected women, e.g. repetition strain injury.

In an attempt to improve still further the rehabilitation services required by disabled women, the Australian Department of Social Security established a plan of action to be implemented by the CRS over a three-year period (1984-87). This plan of action is produced as an Annex to this report.

Disabled women will obviously benefit from any improvement in the employment status of women in general. The measures outlined in ILO documents on equal treatment of women workers and other changes in the employment pattern that encourage flexible working arrangements, time off for family commitments, job-sharing or job-splitting arrangements and flexible working time, will all make work a possibility for someone whose disability causes fatigue or requires regular treatment. In the industrialised world vocational rehabilitation needs to reflect changing working patterns so that shorter days, flexible working arrangements and a proper recognition of child-care responsibilities may be incorporated into assessment and training schemes. In the Third World, moving the focus of services away from the needs of male urban dwellers may mean that women, living and trying to make a contribution to the village economy, can hope to be helped by the vocational rehabilitation on offer.

Suggestions have been made about entry requirements, curricula and methods of skill training. Perry (1984) in the United Kingdom recommended that assessment and training centres should adopt a modular approach to training, so enabling women to try out a wider range of skills, attend for half-days or postpone completing the course. Further, she suggested that the course content should give greater recognition to the fact that women are less likely to work in industry than to be employed in public services, service industries, the informal sector or self-employment. The skills needed here, and the methods of working, either in groups or teams or independently, should be incorporated in the assessment. Opportunities should be available to undertake courses in management or for self-employment, and there should be job placement and support, and access to credit facilities. In all this, the fact that women are seeking financial security, not "pin money", needs to be recognised as important so that marketable skills are provided and all opportunities for
income-generating activities explored. On the other hand, given the harshness of the economic environment, disabled women should be encouraged to learn skills which will enable them to participate fully in family and village life.

One element missing from many vocational rehabilitation programmes is the involvement of disabled women in the planning and implementation of the programmes. (Indeed there are few women employed within the service.) Atkins, in her presentation to the Mary Switzer 6th Memorial Seminar in 1981 (Perlman and Arneson, 1982), recommended that vocational rehabilitation should be a shared responsibility of both counsellor and client. She advocated that women with disabilities should be involved as counsellors or consultants so that their experiences may be shared by other women. Further, they may be able to overcome the lack of recognition of discrimination against women within the service by changing the attitudes of the male workers. However, women with disabilities should not have added to their other traditional work a new tradition - that of only working with others with disabilities.

7.4 Changing attitudes

The situation in which disabled women find themselves is similar to that of victims of racism and sexism. It would be helpful if groups within a society working to change the status of ethnic minorities or women recognise the needs of disabled women, make them welcome at their meetings and include them in campaigns. This is already happening. For instance, a growing number of women's organisations, such as women's committees of local authorities in the United Kingdom, are insisting that venues for meetings have access for wheelchairs or those with mobility difficulties, and provide sign language interpreters. It is a significant start which could be usefully followed by more general committees or conferences.

Much of the discussion in the report from the 1981 Mary Switzer 6th Memorial Seminar (Perlman and Arneson, 1982) centred around the need to recognise women as a special group within vocational rehabilitation. Atkins described the way in which the women's movement, having gone about raising the level of women's own awareness, then went about changing the attitudes of others, including men. She suggested that this could be used as a model for women with disabilities. Self-actualisation would encourage disabled women, because it starts by allowing them to become aware of their own strengths, build up their confidence, develop potential and then convince others that they can succeed. It is an integral part of developing a concept of independent living. The context of Atkins' comments, and the rest of the seminar material, is the United States which, on the surface, would seem to be relevant mainly to the industrialised world. But handbooks, such as Women working together (Kindervatter, 1983), provide a means of enabling women to overcome some of the obstacles which face them. Thought should be given to adapting such handbooks for use by women with disabilities. Once
women have been encouraged to work together to look at their situation and understand how to change it, they can then go on to change the attitudes of others.

Because of the way that women with disabilities are perceived as needing protection, professionals who work with them need to be aware of the degree to which they are stereotyped, not only by society but by themselves. Professionals have a responsibility to promote the maximum personal and intellectual growth, establish and maintain development both personally and in the world around, and be aware of gender, cultural and disability differences. All this means that vocational rehabilitation workers should encourage disabled women to identify their own problems, work out their life plans and follow those plans through, even if, as far as employment is concerned, they may fail. Alongside this, the professionals should ensure that the service they provide reflects the needs of women, that the contact they have with employers, workers' organisations and other services should treat women with disabilities with fairness and openness, and that they should join disabled persons' groups in pressing for labour market policies and income security systems which will not discriminate against women.

* * *

This review has argued that the available research about the social and economic position of women with disabilities indicates that they have limited access to employment. This results from the double disadvantage of being both disabled and female. Negative attitudes towards disabled women mean that they are often not admitted to training schemes or employment programmes designed for women, nor do they fulfil the eligibility criteria for vocational rehabilitation for the disabled. Thus, they are caught in a trap from which they will be released only when there is greater awareness of their position, better targeted services to meet their needs and potential, a greater level of aspiration from women themselves and a change in attitudes from policy-makers and the general public. At this stage, one impediment to remedi handled the position is that it is not clear which to tackle first - discrimination against gender or against disability. The bulk of the literature considered in this review would suggest that gender is of greater significance and that opening up employment opportunities to women in general would benefit those with disabilities. To do so would make any initiatives to change the focus of vocational rehabilitation have a real impact on disabled women.


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Future directions in the Commonwealth Rehabilitation Services (CRS) services for women with disabilities: Plan of action

The commitment of the CRS to improving the position of women with disabilities within the community is reflected in the decision to develop a programme which focuses on the needs of this special group. This programme will include the following action for implementation during the triennium (1984-87):

(i) utilise the proposed evaluation teams in each state office of the CRS as well as a team at the national level to investigate and recommend appropriate means of meeting current and future needs;

(ii) the proposed examination of the CRS referral system to have particular regard to women with disabilities and to provide for a strategy for improving the referral patterns from the community;

(iii) actively promote at the consumer level the range of services provided by the CRS. Develop information on the CRS which is relevant to women and disseminate it through media directed at women, including use of day-time and late-night radio and television talk shows. A further possibility is to encourage reference to the CRS in television serials;

(iv) actively seek the assistance of self-help groups (including Working Women's Centre, Women's Advice Bureau, relevant unions) and of individual women with disabilities to advise on rehabilitation needs and desired modes of service delivery. Comments have already been passed on from the Handicapped Programmes Review, highlighting the need for rehabilitation treatment to take account of women's roles within their families. Other requests have been for greater consultation with women who have already experienced rehabilitation and for more positive attitudes on the part of CRS staff;
(v) each CRS programme to examine the attitudes of staff towards women with disabilities with a view to overcoming any negative views and attitudes;

(vi) each CRS programme to critically examine the range of pre-vocational and vocational activities offered in those programmes, reduce the emphasis on trade-oriented occupations, and provide a more appropriate range of alternatives to cater fully for women with disabilities;

(vii) in consultation with the Office of Child Care, review the need for and the provision of child-care services for women participating in CRS programmes. Each CRS centre to review the need for child-care arrangements;

(viii) each state office of the CRS to develop pilot/demonstration programmes for women with disabilities. Emphasis should be given to using mobile teams and regional units to provide services at a local level;

(ix) each CRS programme in consultation with Central Office to set targets to improve the ratio of women being assisted so as to improve the proportion of disabled women receiving CRS assistance, to the point where they have actual equal access to services.