WOMEN WITH DISABILITIES ARE MARGINALIZED: A CRITICAL PERSPECTIVE

Singisala R

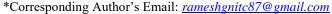*Humanities & Sciences, Assistant Professor, GNITC, India*

Abstract: Disable people continuously have been facing different problems in their personal and public life. Disability changes and it shifts incredibly from nation to nation. Women with disabilities are frequently compared to able-bodied people, particularly in India. Women with disabilities in India are more vulnerable to discrimination based on caste and class. The status of women with disabilities is comportment poverty different cases, and their extremely low literacy rate among women with disabilities. This is one of the main reasons for awareness deficit, and due to a lack of knowledge, awareness, education, income, and limited contact. The challenges that women with disabilities face are exacerbated in rural areas, resulting in great isolation and invisibility. In India, women with disabilities confront barriers to access and a shortage of bathrooms with disabled-friendly features daily. In public locations, educational institutions, and workplaces, women have fewer bathrooms than men, raising health and safety concerns. Many women and girls are forced to urinate in public, either in the early hours of the morning, which leaves them more subject to harassment, physical violence, and sexual abuse. However, by providing facilities aimed at lessening the impact of disability and also by sensitizing society, attempts can be made to lessen the burden suffered by disabled persons. The present paper highlights the different issues of women with disabilities in India section-wise.

Key Words: challenges, marginalization, disable people, poverty, women with disabilities, inequality.

Introduction

Women in India, they tie to family relationships. In India, the family is very important. The bride often resides with her in-laws in multigenerational families. Families frequently have hierarchical structures where men rule over women and older generations rule over younger ones. The fact that women frequently treat men like a second person is another issue. They do have the power to make decisions; this practice is typically adopted from culture. In the pretext of overcoming cultural boundaries, many forms of transportation were forbidden. Another tragic problem in India is 'disability, especially for women with disabilities.

Women with disabilities experience active exclusion due to their impairments, although this is rarely acknowledged. In India, most families of women with disabilities are obsessed with simply surviving in the face of great poverty. Public perceptions of women with disabilities in India are influenced by some discourses that are typically disregarded by the field of disability studies. Women who have

*Corresponding Author's Email: rameshgnitc87@gmail.com

disabilities are typically stereotyped as being bad, dishonest, or incapable of becoming independent adults who need sympathy and compassion.

Literature review

Barron, K., In a qualitative study conducted in 1997, examined sociocultural restrictions on femininity for young Indian women with physical disabilities. The research demonstrates that young women are faced with normative standards of what constitutes womanhood and are subjected to stereotyped perceptions of what having an impairment necessitates. The young women yearn to pursue activities like caring for children and the home, which are intimately tied to the conventional role of (non-disabled) women, even though they reject the traditional subordinate role of 'the disabled' and of women in general. This, it is said, might be interpreted as a way to balance out a passive receiver position that was learned early in life. The interviewees work to be perceived as something other than disabled, i.e., as women, in addition to a positive association with the group of 'the disabled.'

The "This exploratory study analyses the association of disability status with job experiences and satisfactions" by **Burke, R. J. (1999)** is also looked at. The term 'disability' encompasses a broad range of impairments. While some infirmities are invisible to others, others are evident. The percentage of working-age adults who are disabled is unknown. It is also unclear whether certain limitations make it impossible for people to find or keep occupations. In conclusion, research on the job experiences and satisfactions of disabled people is limited when compared to those of able-bodied people. A preliminary look at some of these issues is provided by this research. It draws on a bigger investigation of the health and employment experiences of women. The possibility that crucial data may not be present in the original database poses a possible constraint for all secondary analyses.

D. Das and S.B. Agnihotri, "Physical Disability: Is There a Gender Dimension Examine the statistical data on the prevalence of physical disability in India" to demonstrate how and why women with disabilities in that country (India) are persecuted more harshly than disabled males. Over one billion people call India home, including roughly 70 million people with disabilities.

Anitha Ghai discusses how disability has significance to larger issues by bringing forth the specific worries and experiences of women with disabilities. She examines gender, disability, and identity politics in her work and offers serious insight into each. Author Ghai discusses the gendered politics of disability and how it affects feminist theory in her book (Dis)embodied Form. The first book of its type to discuss the experiences of being an Indian woman with a handicap, her book (Dis) embodied form demonstrates how these experiences both challenge feminism and disability in India. In keeping with its religious worldview, Anita Ghai has also noted that 'the preference for a son in the greater

Hindu society in India has now been linked with technology that may provide a test to screen and detect the sex of an unborn embryo.'

Monika Saini and Anup K Kapoor (2020) in their study titled "Perception, Attitude, and Behavior toward Persons with Disabilities in India," state that Negative views against people with intellectual disabilities are perpetuated by cultural and religious beliefs. In Vellore, South India, a quantitative study on attitudes about intellectual impairment found that marrying a close cousin is responsible for intellectual disability 75% of the time. Some individuals will pray, 'Please make my child okay; we will do this for you,' to God. Because of this, the child does not do well. The aforementioned data show that regardless of the type of impairment-physical, mental, or any other-a person with a handicap is frequently perceived as having less potential or capacity. Disabled people are sometimes believed to be an 'additional burden' on the family due to perceptions about their inability to support livelihood activities. Additionally, studies show that our social behaviors and cultural representations of disability emphasize its unfavorable aspects.

Sahiba Chahal's article on "Women with Disabilities in India" from 2021, disability-whether acquired naturally or accidentally-is thought to be nature's most unwelcome gift. It poses a challenge to society and the individuals who must live with it in addition to the legal system, the state, and the medical community. The most disadvantaged and vulnerable groups in society are those who have a disability, particularly women. They are frequently isolated, stigmatized, humiliated, and subjected to discrimination. The fundamental rights to a dignified existence, employment, a good education, access to healthcare, and other rights are denied to them.

Dr. Deepthi R. (2018) states in her essay "Disabled Persons in India -Issues and Challenges." Disability is a significant public health issue, particularly in nations like India. More than a billion people around the world have some sort of impairment, and about 200 million of them have severe functional limitations. In India, there are 26.8 million 'disabled' people, or 2.21% of the population, according to the 2011 Census. Males make up 56% (15 million) of the disabled population while females make up 44% (11.8 million). The majority (69%) of disabled people lived in rural areas.

Devpriya Dey (2020) states in her paper "Current State of Inclusion of disabled people at Workplaces in India." The country has a total population of 1.21 billion people, of which 26.8 million are classified as disabled people (PwD), or 2.21 percent of the population overall. Of these, 55.9 percent of men and 44.1 percent of women are impaired. These rural areas are home to these 26.8 million PwD majorities. Only 8.1 million PwD live in urban regions compared to 18.6 million in rural areas. Only 5.8 million of these PwD 26.8 million are employed in the nation. 20 percent of the 5.8 million PwD are women, and 80 percent are men (Census, 2011).

I

> Even though women have various identities, this study is nevertheless meaningful since historically, whether in segregated female settings or integrated public forums, women's experiences have always been distinctly their own. Each era, area, culture, economy, government, and religion have its unique characteristics about its agency or objectification. The narratives by and about Indian women are thus examined in this book within the framework of their regional history. We must accept Indian patriarchies and the region's paradoxes of strength and sorrow, beauty and ugliness, compassion and cruelty, tranquility and turmoil to study India's women (Sita Anantha Raman, 18).

Just we look at the end of the Vedic era, women in India have been denied certain social and religious rights (Post Vedic period). They were not allowed to participate in social or religious events. The status of women eventually declined to the point where having a girl was seen as a curse on the family. Women were consequently assigned a lesser social status than men. Women's situation has gotten better over time thanks to Lord Macaulay's Minute 1835, which promoted English as a language of instruction while neglecting the issue of women's status and brought about a renaissance in Indian history.

The role and behavior of women in society are greatly influenced by our social structure, cultural norms, value system, societal expectations, and other variables. The norms and standards of our society don't evolve as quickly as new technologies, urbanization, rising costs and standards of living, population growth, industrialization, and globalization. The social and educational policies do not result in the intended developments in many different areas. An outstanding illustration of the discrepancy between the status and function of women under the *Constitution* and the restrictions placed on them by traditional practices is the social standing of women in India. Women are unable to access what is beneficial, practical, and practical for them. They are restricted to acting by social norms.

Hindu practices like giving daughters in marriage and sending them to live with their in-laws after marriage, as well as the emphasis placed on boys for preserving line continuity, have all contributed to the male-dominated social system. Women are not permitted to participate in religious rites while they are menstruating, and having children diminishes their standing compared to men. Hindu widows are frequently victimized by bad luck and ignored. She is prohibited from participating in any social or religious rituals, such as weddings, pujas, birthday parties, and the like, that can endanger them or other people. The sheer presence of a widow is believed to hinder success at any event or the beginning of a journey.

A widower, however, is not constrained by these restrictions. Like married women, married men never display any identifying characteristics. The male widow observes no fasts in memory of his wife and is not subject to any limitations on subsequent marriages. However, a married lady performs numerous *Yagnas* for the well-being of her husband and children, and she even changes her clothing after being hitched and, in particular, when her spouse passes away. A woman is likewise denied the opportunity to take part in group prayers. Before a girl kid reaches the age at which she may understand that there are two sexes, she begins to develop a sense of femininity. Despite having

unlimited potential and abilities, girls are typically unaware that modesty, politeness, shyness, and nobleness are desirable traits. They are taught to use gentle language and refrain from using abrasive terms. The little girl fills the motherly functions in the family by taking care of the siblings, procuring water, gathering firewood, cleaning the house, cooking, and other household chores.

Neal Halfon et al say:

> Children with disabilities frequently face social and environmental barriers that prevent them from fully participating in life events, have more extensive health care demands, and have higher rates of unmet needs for health and related services. They run the danger of having a lower quality of life due to their health as well as adverse psychological and social effects. Their family spends a lot of time and energy caring for them and frequently deals with financial strain, job loss, poor mental and physical health, and unfavorable social repercussions (16).

Another part of the in Indian society, the majority of children who have never gone to school or who left school at a young age come from low-income families, their parents are illiterate or only partially educated, or they are unable to understand the value of educating their daughters. Parents are not wealthy enough to support their daughters' education. Daughters of agricultural laborers, small farmers, and artisans in rural areas, as well as daughters of slum dwellers with low-paying jobs in urban areas, are most likely to drop out of school early. Sometimes a family's financial situation forces kids to work as children.

Because the net flow of wealth from girls to their parents typically stops after marriage, females in their childhood and adolescence are neglected, and their parents are forced to work longer hours. Going to school is complicated by traditional sex roles. The caste or last name of the mother cannot be passed on to the children. Despite their education, women still hold a lower status in the home. Male family members tend to make the majority of significant decisions, such as pregnancy, family size, purchases, ownership of property, vehicles, cell phones, etc. Women who are self-sufficient financially are also powerless.

They get up early and start their day. They look after the whole family, send the kids off to school, pack their husbands' lunches, and then they proceed to the vehicle stand to board a cramped vehicle to get to their workplaces. They must carry out their responsibilities on a par with their male counterparts. They must complete all of their household responsibilities when they arrive home and go back to their regular schedule. They put in a tone of effort at home. The family does not see their work as being fruitful. Childcare and housework are not considered to be 'work.' The work of these unseen women does not give them the credit they deserve within the family. The spouse is the owner of the woman. He has total control over her.

Women are typically the convenient and simple targets of men because of their economic and social dependence. This holds for both economically independent and illiterate working women as well as educated and uneducated ones. In our society, severe wife-beating incidents are common, and most of them are dowry-related. It is a technique for obtaining more money or property from the families of married women than has already been mentioned. The upshot of this is that occasionally victims are killed. The treatment of young girls as the property does not end here. A girl youngster who

attends school experiences sexual harassment. Even three-year-old children experience sexual assault.

Newspapers and social media currently cover sexual assaults committed by teachers, tutors, distant relatives, onlooker bus conductors, drivers, and other others. After being sexually assaulted or having been raped, girls can commit suicide. In extreme instances, girls and even married women are brutally murdered after being raped and then tossed bare-chested into a river or by the side of the road. By forsaking people who are dying, our civilized civilization betrays itself, and death follows. Due to social and religious norms, women with impairments have been excluded from political and educational opportunities. Stories of exploitation, subjugation, and humiliation abound throughout history. The personality of an Indian woman is complicated. The center of the universe revolves around her. She is a hard worker who is committed to her job.

The majority of her family's tasks and duties are shared by her. She has a significant impact on her kids' moral, social, and artistic growth. She is accountable for household duties, child-rearing, and helping in the agricultural and industrial sectors. They are, nevertheless, seen as second-class citizens by us. Women receive abuse, rape, humiliation, and disrespect in return for their oppression. Women are mistreated by us from birth to death. "When she is born, you feel depressed; when she stays at home, you label her insane; when she marries you, you burn her; but can you survive without her? Your mother, your daughter? Your sibling? Your spouse? (Dilip Kaur's Tiwana, 34)."

The time has come to look at why there are gender differences that disadvantage women. For women to emerge from a position of helplessness and exert their authority like males, efforts need to be taken to empower them. They should receive free and required education so they can fight for their rights. They should be well-educated enough to be able to weigh in on issues like marriage, family size, household upkeep, and working circumstances, as well as local, national, and worldwide discussions and debates. To keep a solid operational position and maintain control over their life, they must be given autonomy and power. They should be given the tools they need to take charge of their development, set their objectives, and address and improve their social disadvantage. They will then be freed from exploitation, inequality, and social injustice. Empowering women is not a spontaneous or natural process. It demands intentional and consistent efforts from all people, from all walks of life.

II

Second, the term 'disability' is broad and has many definitions, approaches, and perspectives. It can be interpreted in many different ways depending on the model being used, ranging from the medical to the social to the local, and from very limited to very broad borders. There is no unified definition or understanding of disability. The concept of disability is always evolving and differs widely not only from one nation to the next but even within each nation.

> The condition of women with disabilities is especially upsetting since, in addition to gender difficulties, they have a triple handicap and prejudice because of their impairment. Neglect, physical abuse, and even denying them the typical roles of marriage and parenthood are all forms of violence that can be used against women with disabilities. This article discusses the issue of sexual assault on women who are disabled in India while exposing some of the judicial system's shortcomings (Ranjita Dawn, 1768).

Different disabilities have varying levels of 'impairment.' Depending on the severity of their hearing and vision loss, some people with mobility impairments can commute in specific circumstances, while others cannot. Similar to physical retardation, mental retardation ranges from deep to moderate-so mild that certain deficits persist even after a person leaves school, while others worsen. Progressive disabilities include those caused by multiple sclerosis, muscular dystrophy, cystic fibrosis, visual and hearing loss, some cancers, and cardiac disorders. Some diseases are inherited, whereas others are acquired. For social science research in this field, each of these components-which varies in their origin, experiences, and effects of impairment-is essential.

The understanding of a person or group that views disability from the perspective of its integration and inclusion in society and another that, for various reasons, believes in its exclusion and elimination is therefore destined to disagree with one another. Since, there are so many different types and degrees of disabilities, ranging from physical to mental and developmental levels, not to mention the various kinds of invisible disabilities, some of which are not even seen and recognized as disabilities, there are differences in perception and approach among the disabled individuals and groups themselves.

Despite these discrepancies, it would be necessary to come to some consensus on some common terms, definitions, and an integrated understanding to conduct an analysis and discussion. Women with disabilities, in general, are people who have one or more physical, mental, or sensory impairments that prevent them from performing one or more basic daily functions, such as seeing, hearing, talking, walking, using their hands, understanding, learning, or communicating. The theoretical underpinnings of the discussions about the proper definition of disability can be found in the medical, structural, and minority models.

The minority model stresses the denial of equal rights to the disabled, while the structural model views environmental factors as the primary contributor to disability. The medical model defines disability as a functional impairment. People give meaning to things in the social world and then direct their behavior toward these things by the meanings that have been ascribed to them. This is a key underlying difference between the social and natural worlds. It is believed and accepted that disability is essentially a societal phenomenon. It is a society that disempowers persons with disabilities by failing to acknowledge and accept differences and by erecting institutional, environmental, and attitudinal barriers against them.

Therefore, disability results from a complicated relationship between medical disorders and the environment they are present. Disability, then, is a complicated phenomenon that represents an active relationship between a person's biological makeups, physical and mental abnormalities, and the attitudes and traits of the society in which they are raised and function. Disability is more frequently viewed as a tragedy, and those who are afflicted are treated as victims of chance, fate, and unfair sociocultural conditions and possibilities. In addition to permeating daily interactions, this victimization is also reflected in social and economic policies that aim to make up for the misfortunes that have befallen the victims.

Disabled people would be viewed as collective victims of an uncaring or unknowing society rather than as individual victims of circumstance if the disability were regarded as a social operation. Such a viewpoint would result in social measures that were more focused on reducing oppression than compensating individuals. However, the social view of disability, social interactions, and related policies currently seem to be dominated by the individual and tragic view of disability. Disability is

viewed from a social perspective, but this does not negate the physical and functional restrictions associated with living with disabilities.

It simply means that society's perspectives on different people and things need to be reorganized. People with invisible disabilities face discrimination since they are perceived as 'defective,' and because they appear to be normal, they are sometimes accused of being attention seekers. The convention aims to advance, safeguard, and assure the full enjoyment of all fundamental liberties and rights for all people with disabilities. It also encourages respect for their innate dignity and calls for the adoption of an immediate, suitable, and effective step to increase awareness.

It also suggests urging all media outlets to portray *People with Disabilities* (PWD) in a way that is compatible with the goals of the convention and promoting training and awareness campaigns for programs that pertain to the rights of the disabled. The convention's primary goals are full and effective participation and inclusion in society, which leads to the enshrinement of the right of people with disabilities to participate fully and equally in society's various spheres, including the community, education, politics, the Public Square, culture, leisure, and sports. The Convention also supports the ideas of being self-sufficient and actively engaging in social and cultural life.

III

Disabled people frequently reside in rural areas, which have an impact on their living situations and family structures. One-fourth of women who said they had a disability were widowed, separated, or divorced, with the majority of these likely being widows. They shared the same likelihood of being single parents as women who did not report a disability. Compared to women with disabilities, males with disabilities were significantly less likely to live alone. Discrimination occurs when non-relevant criteria are used in place of relevant ones. It can also occur when we ignore or reject the requests and viewpoints of those who have the requisite expertise to make judgments, particularly, if we are advancing an agenda rather than paying attention to their voices.

Making unique and tailored accommodations to take into account the reality of a physical or mental disability or impairment is therefore not discriminatory. Differentiation does not always imply discrimination. Although offering legally required wheelchair access to a place acknowledges the physical limitations on the wheelchair user's mobility, it does not discriminate against anyone. Accessibility to assistance for domestic and family violence may be hampered by several obstacles that women with disabilities regularly encounter. These elements may also increase their susceptibility to violence, particularly if assailants take advantage of their social reclusiveness.

The Government of India has enacted three legislations for persons with disabilities viz.

➢ Persons with Disability (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995, which provides for education, employment, creation of a barrier-free environment, social security, etc.

➢ National Trust for Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation, and Multiple Disability Act, 1999 has provisions for legal guardianship of the four categories and the creation of enabling environment for as much independent living as possible.

➢ Rehabilitation Council of India Act, 1992 deals with the development of manpower for providing rehabilitation services.

Women with disabilities who are unaware of their alternatives may not seek assistance for domestic and family abuse. Information regarding resources for victims of domestic and family abuse may be intentionally withheld from them or may not be available in the appropriate formats. It's also possible that women with disabilities are not aware of their rights or that domestic and family abuse is a crime due to inadequate or unsuitable education. The ability or willingness of women with disabilities to leave abusive situations may therefore be increased by providing them with accessible information about domestic and family violence, including what it is, why it is illegal, how they can seek help, and where accessible shelters or services are located.

Women with disabilities are generally not believed when they disclose their experiences of abuse and violence, even though they frequently face discrimination and violence throughout their whole lives. This can normalize their experiences of violence and oppression and makes them less likely to reveal it. Social stereotypes about disabled persons are widespread, which frequently causes incorrect reactions to revelation. For instance, some individuals can believe that those with disabilities are innocent, lack sexual desire, are unable to maintain relationships, and hence will never be victims of domestic or familial violence. On the other hand, others hold the opinion that people with disabilities are more likely to be 'hypersexual' or deviant, unable of self-control, which might cause people to accuse women with disabilities of sexual assault. As a result, myths usually assign blame for the abuse to the victim rather than the abuser. Discriminatory stereotypes provide the impression that women with disabilities are a burden on those who provide for them.

People, even members of the police or emergency services, may be reluctant to accept that these people may face violence from formal and informal supporters due to the thought of making a career sacrifice. In fact, in media representations of intimate partner violence, the woman's disability is frequently used as an excuse. Women with disabilities may also be hesitant to disclose instances of domestic and family abuse because they may be fearful of losing custody of their kids to an abusive boyfriend or relative. This worry is not unfounded because children are frequently taken away from the custody of women with disabilities.

Women with disabilities and support services like disability services or the police could think that crisis housing or refugees won't be able to give them enough individualized care. People could be reluctant to leave their abusive situations as a result because they are concerned about losing their access to care, money, or other support systems. Disability is an integral part of the human experience that is inextricably linked to the social environment in which it develops. On the periphery of societal structures, it cannot exist.

Disability is a social reality since it is the outcome of specific beliefs. This claims that cultural factors both cause and exacerbate impairment. Public opinion of disabled people is influenced by how impairment is perceived and identified on a societal level. In other words, the physical, mental, or sensory disability is a complex assemblage of circumstances, actions, and relationships rather than only a characteristic of an individual. In truth, the majority of these are outcomes of the social environment. From one place to another and from one person to another, perceptions of disabilities have changed. For decades, those who had physical abnormalities or flaws of any kind were referred to as 'crippled.'

The attitudes of educators, administrators, students, and even family members, for instance, might affect whether or not disabled children are included in regular classrooms. Employment opportunities are restricted by employer assumptions that people with disabilities are less productive than their non-disabled coworkers and by a lack of understanding about accessible work accommodations.

A person with a handicap is frequently deterred from looking for a job or prohibited from getting health care due to a lack of transportation. Low compliance is confirmed by reports from nations with accessibility laws that date back 20 to 40 years. There is a dearth of information in accessible formats, and disabled people frequently have their communication needs unmet. Compared to non-disabled persons, disabled people use information and communication technology at significantly lower rates, and in some cases, they may not even be able to access the most basic goods and services, such as telephones, televisions, and the Internet.

Many disabled people are not allowed to participate in decisions that directly affect their lives, such as how they are helped in their homes, where they have no choice and no control. Lack of thorough and comparable facts regarding his aptitude as well as evidence of successful programs may make comprehension and action challenging. It can be easier to eliminate barriers that prevent participation and to offer services that permit it by having a better understanding of the number of disabled people and their circumstances. To make it easier to identify environmentally beneficial treatments, better environmental measures, such as those that take into account their effects on different aspects of his abilities, must be developed.

Health is worse for those with impairments than it is for the public. Depending on the demographic and location, people with disabilities may be more susceptible to age-related illnesses, co-morbid ailments, and preventable secondary conditions. People who have disability are more likely to participate in risky habits including smoking, eating poorly, and not exercising. Disabled people are occasionally the targets of various forms of violence. Disabled people who have unmet rehabilitation needs (including those for assistive technology) may suffer from decreasing overall health, activity limitations, participation restrictions, and a lower quality of life.

Methodology

The information contained in this paper is based on research conducted at a library. Due to a large amount of qualitative research data on '*Disability and Gender Issues*.' The criteria for defining the scope of this study include both the particular needs demanded by the disabled people (Men and Women) and specially focuses on women with disabilities. Several examples offered in the document are based on the experiences of women with disabilities, and each section discusses exactly the choices made and selections made. The article examines the issues and societal roles of women with disabilities. They always strive in opposite ways because of their predicament. Women with disabilities, particularly in India, have struggled to obtain an education, a job, and awareness. They are completely marginalized. Based on these points I used to write this article on primary and secondary sources like some of the statical reports, Books and Articles, Magazines, and supporting WEB sources like WIKI, and PDF drive books.

Results and Discussion

India is the center of caste and class society, and the status of women is regularly encountered each and every second somewhere in the country. Their position and identity opportunities are still neglected due to gender, religious beliefs, culture, tradition, and disability. Women with disabilities, in particular, experience many forms of prejudice from society and their families. It is difficult for them to convey their opinions and issues. They have extremely few opportunities; thus, they are unable to take

advantage of favorable opportunities because of their condition. Just consider how women's struggles with issues like caste, poverty, and handicap affect their standing in public and private life as another aspect of their lives. Therefore, they face three forms of discrimination.

➢ Education
➢ Employment
➢ Good public policies for women with disabilities
➢ Establish skill development centers for women with disbilities

The above recommendations any government will implement for the welfare of women with disabilities, that day they are not be marginalized due to their disability.

Conclusion

The paper concludes with suggestions for how women with disabilities should retake their position in community-based rehabilitation. It promotes the development of a supportive environment for coming forward with allegations of sexual assault as well as responses characterized by respect for, and belief in, the victim. Programs for supported employment can aid some people with disabilities in developing their skills and fine job jobs, particularly those who face significant functional obstacles. It is crucial to encourage women with disabilities to work for themselves where the informal economy is dominant and to increase their access to microcredit through increased outreach, accessible information, and tailored credit terms.

Women with disabilities' abilities should be taken into consideration by traditional social assistance programs, which should facilitate their return to the workforce. Policy options include using time-limited benefits, separating the income support component from the one to cover the additional expenses incurred by disabled people, such as traveling to work and equipment expenditures, as well as making sure that working pays. To enable them to recognize when they have been sexually assaulted. Women with disabilities in India need to receive comprehensive sexuality education. Legislators must make sure that women with disabilities have easier access to mechanisms for filing complaints and getting their issues resolved. To bring the perpetrators of such crimes to justice, steps must be taken to improve the legal system and give any necessary legal help or assistance.

Still, in India, public policies are not reached to disabled people and women with disabilities. They have a voice and but they are voiceless due to their disability. Particularly, Women with disabilities need to be shielded from exploitation and maltreatment. To meet the unique requirements of disabled women, special programs will be created for their education, employment, and other rehabilitation services. Facilities for specialized education and job training will be established.

<u>Acknowledgment</u>

I am deeply indebted to a host of individuals who have made innumerable contributions to the completion of this book. First of all, I am expressing my deep sense of gratitude to my family members. Special thanks to my brother (Mr. Mutyam Singisala) for his unconditional financial support for my academic career.

I express my deep sense of gratitude to my supervisor, Dr. S. Latha, Professor of English, Kakatiya University for her guidance and constant encouragement throughout my academic journey. This work would not have been possible without her unconditional support.

I am profoundly grateful to Prof.K. Purushotham, Professor, Department of English, Kakatiya University, Telangana (State) for his constant guidance, generous support, and encouragement. Without his valuable academic and moral support, I would not be able to finish my book in time.

Special thanks to Dr. Upasana Saikia, Assistant Professor, Department of History, Mariani College, Jorhat, Assam for her great encouragement and moral support.

 I owe Kakatiya University for grooming and shaping me into what I am now as an academician.

References

Ahmed, Rumi, Dr. Rights of Persons with Disability in India. New Delhi: Sun Publications, 2015.Print.

Anantha Raman, Sita. *Women in India: A Social-cultural history, Volume-2.* ABC CLIO Publications, United Nations, 2009.Print.

Dawn, Ranjita. (2014). "Our lives, our identity": Women with disabilities in India". *National Library of Medicine: National centre for Bio-Technology and medicine*, 36(21):1768-73. Online.

DOI: 10.3109/09638288.2013.870237.

Heisel, M. 1988. "Older Women in Developing Countries." *Women and Health* 13(3/4):253-72.   1988. Print.

https://disabilityaffairs.gov.in/upload/uploadfiles/files/National%20Policy.pdf.   Accessed.   March   13, 2020.

https://en.wikipedia.org/wiki/Disability_in_India.Accesed. March 14, 2019.

https://en.wikipedia.org/wiki/Women_in_India#Education_and_economic_development. Accessed. March 14, 2019.

https://en.wikipedia.org/wiki/Women_in_India. Accessed. March 14, 2019.

https://en.wikipedia.org/wiki/World_report_on_disability. Accessed. March 13, 2019.

https://enabled.in/wp/types-disabilities-rpwds-bill-2016/

https://vikaspedia.in/education/parents-corner/guidelines-for-parents-of-children-with-disabilities/types-of-disabilities. Accessed. March 13, 2019.

https://www.google.com/search?client=firefox-b-d&q=disabiltiy+wiki. Accessed. March 13,   2019.

https://www.ncbi.nlm.nih.gov/pubmed/24369102. Accessed. March 12, 2019.

Neal Halfon et al. (2012). "The Changing Landscape of Disability in Childhood".   *Children with Disabilities,* Volume 22.1, p 18, ISSN: 1054-8289.Online.

World Bank. 1992. World Development Report. New York: Oxford University Press, 1992.Print.