

**IMPACT OF DISASTER ON  
DISABLED WOMEN SPECIAL  
REFERENCE TO  
JAGATSINGHPUR DISTRICT**

Report Prepared

*By*  
Reena Mohanty

SHANTA MEMORIAL REHABILITATION CENTRE  
BHUBANESWAR  
IN COLLABORATION WITH  
SCHOOL OF WOMEN'S STUDIES  
UTKAL UNIVERSITY  
2005

## **PREFACE**

Being a woman with a disability it can be a paradoxical experience for all. In the past, women with disabilities knew their place in society—out of sight and out of mind. As society has progressed and disability advocates have made strides, women with disabilities are no longer automatically locked away in institutions or legally denied the typical joys of life, such as marriage or child bearing.

The passage of laws with Disabilities Act decisions have advanced the possibilities for us to live in the community and do what our non-disabled counterparts do. Yet, these freedoms bring unique challenges to women with disabilities have not benefited because of their ignorance about it.

Women sexuality as controlled by the men therefore the community living was totally denied to the disabled women. It was assumed that disabled women cannot perform the day to day chores of a normal women which has been proved later on totally baseless.

Women with disabilities from their isolation to claim their position in the societal main stream. However, the situation is in

developing countries is quite different but there is a constant effort on the part of the disabled women with the help of the various civil society organizations to overcome the shortcomings.

In a men's dominated society like in India women's sexuality is totally controlled by patriarchy as well as the state and therefore the situation of women in general is not good so it can be easily understood that, the situation of disabled women is very vulnerable. In disaster situation the condition have been worsen.

In this particular study it is seen that, no special preference is given to a disabled women. They have to struggle for getting relief or help for their existence during disaster. No one comes forward to help them except their family or friends which is very few. But side by side it was also seen that, some disabled women after disaster have become head of families a one step further to the empowerment of the women. Some women become self reliant with the help of government as well as NGOs after disaster which is also enhanced their position in the family as well as in the society.

But all these piecemeal achievements are not enough. There still exist a barrier between the normal women and the disabled women which can be broken by join together. Disabled women should be aware of their abilities, keep confident. They should

not be dependent or indifferent. Raise awareness among themselves and take their parts (as much as they can) in advocacy their role in developing their abilities, their needs, rights and duties in the families and society.

# LIST OF MAPS

- 1 District Map of Orissa
- 2 Map of Jagatsinghpur

## **LIST OF GRAPHS**

1. Disabled Population in India
2. Disabled Population per Lakh Population in India & Orissa
3. Census 2001
4. District Disabled Population - Jagatsinghpur (Census 2001)
5. Total Persons with Disabilities in Jagatsinghpur
6. Age Distribution Of Respondent
7. Respondents distributed across type of disabilities
8. Causes Of Disability
9. Marital Status Of The Disabled Women
10. Educational Status Of Disabled
11. Self Income Distribution
12. Disabled Women Who Possess BPL Card
13. Aware Of The PWD Act 1995
14. Aids & Appliances Received
15. Disability Pension
16. Housing Condition
17. Human Condition due to cyclone
18. Compensation Receipt
19. Details Of Loan Taken
20. Information of Cyclone
21. Source Of Relief

## LIST OF TABLES

- 1 District Communication Profile
- 2 General District Demography Profile
- 3 District Industry Profile
- 4 District Infrastructure Profile
- 5 Distribution Of The Disabled Women In Different Type Of Disability In The District
- 6 Distribution Of The Disabled Women Of Different Category In Literacy Group
- 7 Distribution Of The Disabled Women According To Economic Status
- 8 Age Distribution Of Respondent
- 9 Types Of Disabilities
- 10 Disabled Distributed Across Age Group
- 11 Causes Of Disability
- 12 How Do They Cope With Disability At Home
- 13 Marital Status Of The Disabled Women
- 14 Age At Marriage
- 15 Number Of Children
- 16 Educational Status Of Disabled
- 17 Religion They Belonged
- 18 Type Of Family
- 19 Head Of The Family
- 20 Individual Occupation Of The Disabled
- 21 Annual Income Of Self
- 22 Annual Income Of The Disabled Women 'S Family
- 23 Property Owned By The Disabled Women
- 24 Land Holding Status Of The Disabled Women Family
- 25 Disabled Women Who Possess BPL Card
- 26 Aware Of The PWD Act 1995
- 27 Did They Receive Any Psychological Support
- 28 Who Provided The Psychological Support
- 29 Employment Assurance Scheme
- 30 Swarnajayanti Gramswarozgar Yojana (SGSY)
- 31 Swarnajayanti Sahari Rozgar Yojana (SJSRY)
- 32 Indira Awas Yojana (IAY)
- 33 Food For Work
- 34 Prime Minister Rozgar Yojana (PMRY)

35	National Handicapped Financial Development Corporation (NHFDC)
36	Aids & Appliances
37	Differential Rate Of Interest (DRI)
38	Disability Pension
39	Travel Concession
40	Detail Of Self Help Groups
41	Disability Certificate And Percentage
42	Problems Faced By The Disabled During Disaster
43	Shelter Home In Area
44	Who Protected You During Disaster
45	Where Did You Take Shelter Immediately
46	Infrastructure Facilities Of Houses The Disable Women Had
47	Details Of Loan Taken
48	When Did The Disabled Women Receive The Relief
49	Source Of Relief
50	Distance Covered
51	Demands From Relief And Rehabilitation

# CONTENT

Chapter 1	Introduction
1.1	Background
1.1.1	Why women are more vulnerable in case of disaster
1.1.2	What do we mean by Disabled Women
1.1.3	Status of Disabled Women
1.2	Relevance of Study
1.3	Selection of study area
1.4	Objectives
1.5	Methodology
1.6	Problems faced during the study
1.7	Limitation of the study
Chapter 2	Conceptual Frame Work of the Study
2.1	Gender
2.2	Disaster
2.2.1	Whom do disaster affect most
2.2.2	Type of Disaster
2.3	Looking at Disaster from a Gender prospective
2.4	Disasters in India
2.5	Disasters in Orissa
2.6	What is Disability
2.7	Introduction to Disabilities
2.8	Types of Disabilities
2.9	Causes of Disabilities
2.10	Status of Disabled in the World
2.11	Status of Disabled in India
2.12	Status of Disabled in Orissa
2.13	Disability, Vulnerability and Disaster in Jagatsinghpur district
2.14	Challenges Facing in a disaster by disabled women
2.15	Problems normally the disabled women faced
Chapter 3	Review of Literature
Chapter 4	Profile of the Study Area
Chapter 5	Data Analysis
5.1	Part A - Profile of the sample respondents
5.2	Part B – Study findings
5.3	Part C – Focused Group Discussion outcomes
5.4	Part D – Case Study outcomes
Chapter 6	Conclusion and Recommendation
Chapter 7	Bibliography
Annexure 1	Focused Group Discussion and Case Study
Annexure 2	Questionnaire

# CHAPTER 1

## INTRODUCTION

### 1.1 Back ground

We live in a patriarchal society. Since ancient age the men become the powerful one and control all the power and position in the society and women become the slave only. According to the Marxist point of view women become the slave of the slaves. Various concepts like the evolution of property and the family system confined women in the homes and thus control their sexuality by imposing various prohibitions either through religion, culture or by various taboos, traditions and even by the enforcement of law. In every culture, every society the gender bias is obvious down the age.

Women constitute about  $\frac{1}{2}$  of the total population, remain neglected over a pretty long period in our social system. Women's contribution to the country's economic development is praise worthy. Most of the National economic activities are carried out by women and she works from dawn to dusk. <sup>(1)</sup> Still then women remained dependent on men for subsistence and security since time immemorial. They did not have voice in decision making in the family. Till recently they were denied social existence and voting rights all over the world. <sup>(2)</sup>

India, with a population of 989 million, is the world's second most populous country. Of that number, 120 million are women who live in poverty. India has 16 percent of the world's population, but only 2.4 percent of its land, resulting in great pressures on its natural resources. Over 70 percent of India's population currently derives their livelihood from land resources, which includes 84 percent of the economically active

women. India is one of the few countries where males significantly outnumber females, and this imbalance has increased overtime. India's maternal mortality rates in rural areas are among the world's highest. From global perspective, Indian accounts for 19 percent of all live births and 27 percent of all maternal deaths. <sup>(3)</sup>

A study of women in the Swayam Shikshan Prayog (SSP), based in 20 villages in four districts in Maharashtra state was introduced in this way: The primary issue all women in the SSP were struggling with was that of everyday survival. Insufficient incomes and the lack of employment were reported to be their most pressing concerns. Survival is a constant preoccupation and at its most basic, survival means food (Chambers 1983). The most common problems were the lack of basic amenities such as food, water, fuel, fodder and health facilities. In addition, the deterioration of the natural environment and the fact that many of their traditional occupations were no longer viable were conditions that were making it increasingly hard for women to continue sustaining their families, as they had done in the past <sup>(4)</sup>, in disaster situation for women is worse.

Disastrous events in India through the ages and its consequences on women have forced to introduce gender perspective in the context of disaster. Constituting 50% of the population, it is necessary to consider women's experiences and role in different sectors but the gender discrimination in all the spheres of life is a hindrance in women's development. Women are disproportionately affected by natural disasters as a result of prevailing gender difference in the society though the fact is that women play a vital part in disaster mitigation and response efforts. In spite of all the added workload and stress that the women undergo, the public portrayal of women affected by disasters is that of a helpless and weak victim. There is extremely poor understanding and acknowledgement of the difficult roles they play. This results in the women

continuing to be neglected in the public space and being banished to the background as usual.

Natural disaster is sudden disruption to normal life involving more people and more area by natural forces. Cyclone is one such natural disaster that continues to inflict grievous miseries in large part of the globe in terms of loss of human and bovine lives and damages to property causing a serious threat to livelihood.

The differential impact of disaster on women is being considered now days due to growing awareness in the international community. Full development can only be achieved when women and the resources that they represent are fully integrated in development process and when women are empowered to improve the economic, social and political conditions of developing countries within a framework of sustainable development. It is also due to an understanding that men and women reveal vulnerabilities peculiar to their sex when confronted by disaster situation. In the face of this reality, it is essential to keep a clear gender focus so as to be able to support women who are facing a disaster and to reinforce their natural capacity to overcome these situations.

The process of women's empowerment will be carried forward if the disabled women in disasters are suitably, properly, meaningfully addressed and their participation in decision-making during relief and rehabilitation is fostered. No society can develop unless women play their significant role.

### 1.1.1. Why women are more vulnerable in case of disaster

Women are made more vulnerable to disasters through their socially constructed roles. As Elaine Enarson states “gender shapes the social worlds within which natural events occur”.<sup>(5)</sup>

Women have less access to resources that are essential in disaster preparedness, mitigation and rehabilitation. These are as follows :

- social networks and influence,
- transportation,
- information,
- skills (including literacy),
- control over land
- other economic resources,
- personal mobility,
- secure housing and employment,
- freedom from violence
- control over decision making

Women are victims of the gender division of labour. They are over represented in the agriculture, industry, self-employment and the informal economy in under paid jobs within little security and no benefits such as healthcare or union representation. The informal and agricultural sectors are usually the most impacted by natural disasters, thus women become over – represented among the unemployed following a disaster.

Because women are primary responsible for the domestic duties such as child care and care for the elderly or disabled, they do not have the liberty of migrating to look for work following a disaster. Men often do migrate, leaving behind very high number of female-headed households. The

failure to recognize this reality and women's double burden of productive and reproductive labour means that women's visibility in society remains low, and attentions to their needs is woefully inadequate. Housing is often destroyed in the disaster many families are forced to relocate to shelters. Inadequate facility for simple daily tasks such as cooking means that women's domestic burden increases at the same time as her economic burden, giving her less freedom and mobility to look for alternative sources of income.

When women's economic resources are taken away, their bargaining position in the household is adversely affected. Disasters themselves can serve to increase women's vulnerability. Aside from the female-headed households and the fact that the majority of shelter resident women, numerous studies have shown an increase in the levels of domestic and sexual violence following disasters.<sup>(6)</sup>

As one of the primary aspects of women's health in particular, reproductive and sexual health are beginning to be recognized as key components of disaster relief efforts, however attention to them remains inadequate and women's health suffers disproportionately as a result.

Women are generally discriminated due to gender bias but disabled women face compound discrimination by being both women and disabled. Isolation and confinement based on culture and traditions, attitudes and prejudices often affect disabled women more than men. Some societies go so far as to assign fault to a mother who gives birth to a disabled child, especially so if the mother is a disabled woman. Disabled women and men can experience different kinds of attitudes based on gender discrimination. While men are still seen as the major breadwinners and leaders of society, a disabled man, considered "less of a man", won't conform to that stereotype. Similarly, a disabled woman won't conform to

the feminine stereotype of wife, partner or mother and some lose the right to keep their children.

In these cases women in general are more vulnerable and marginalized in any crisis, they are double cursed if disabled.

### 1.1.2 What do we mean by "Disabled Women"?

Disabled women are women who have one or more impairments and experience barriers in society. We include disabled girls and women of all ages, in rural and urban areas, regardless of the severity of the impairment, regardless of sexual preference and regardless of cultural background, or whether they live in the community or an institution.

### 1.1.3 Status of disabled women

“My main objective is to be effectively contributing members of the community at large and thus contribute to the development of my country. The problem is the negative attitude in society towards the active participation of disabled people in community development. \*\*\* This problem is compounded by the fact that, I am a woman. Being a disabled women is a double disadvantage in my community.” Gloria (UK) <sup>(7)</sup>

The social status of disabled women varies according to individual circumstances and to the country in which they live. Disabled women in poor countries usually experience a particular disadvantage. Here, it is not just difficult but often impossible for a disabled woman to get an education or find a job. She easily becomes marginalized and has no place in the society. She does not meet the requirements the society places on a woman, as she cannot be a "good wife", or a "good mother", according to common wisdom. She cannot earn her living because of barriers of

access and attitude. Disabled women are involved in the struggle for social change at every level.

Despite their significant numbers, women and girls with disabilities, especially in the India remain hidden and silent, their concerns unknown and their rights overlooked. Throughout the region, in urban and rural communities alike, they have to face the major problem of triple discrimination by society in general not only because of their disabilities, but also because they are female and poor. Prejudice prevails even within each of the three categories. Among women, the woman with a disability is seen as inferior, and even among other people with disabilities she is not their equal. In fact, women with disabilities find themselves in a "Catch 22" situation, in which they are forced into being among the most isolated and marginalized. Thus they become the poorest of people, leaving them at increased risk of ill health.

Women in poorer communities, and particularly those in the developing countries, appear to be more vulnerable to disability. It is seen that disabled women between 15 and 44 age group suffer more from ill-health caused by too many pregnancies, inadequate post-natal health and medical care, and poor nutrition, all of which put them at greater risk of disability. That there are fewer women than men with disabilities, despite the fact that women generally live longer than men, may indicate that girls and women with disabilities simply receive less care and support than men, leading to earlier death. Disabled women face discrimination from birth. It is not unknown for children born with congenital disabilities to be killed or left to die. This is far more likely to happen in the case of a girl-child. If allowed to survive, the girl-child is likely to continue to face discrimination within the family, receive less care and food, and be left out of family interactions and activities. She will have less access to health care and rehabilitation services, fewer education and employment

opportunities, and little hope of marriage. She will also be more vulnerable to physical and mental abuse.

Disability creates and exacerbates poverty, because of economic strain and isolation, not just among individual men or women but also for the disabled person's entire family. However, because far fewer opportunities for productive work or gainful employment exist for the disabled woman than for the disabled man, she is perceived as posing a greater burden for the family. The problems that confront women with disabilities are even more severe in rural areas. The inadequate or total lack of access to information, health care and rehabilitation services is further compounded by much higher illiteracy rates, longer distances to services and facilities, if they exist at all, and more severe conditions of poverty than in the urban areas. In addition, traditions and prejudices that force women into a low status are likely to be widely practiced in the rural areas.

It is important to understand that this number is growing daily, not only because of the rising population but also because of the growing number of elderly persons and the rapid rate of urbanization which the region is experiencing. Evidence suggests that there are now more disabled people in urban areas, caused in part by the greater risk of injuries resulting from road and industrial accidents.

Across the world, women with disability are the poorest of poor, even in the most wealthy countries. They are doubly discriminated due to disability & gender.

Women with disability have minimum access to education, employment, health care, mobility aids and transport.

They live in isolation; experience neglect and encounter violence. <sup>(8)</sup>

- 51% of disabled are women around the globe.
- Only 1% women with disability are literate
- 72% of women with disability are single with no social security
- Less than 25% are in paid employment.
- 70% of employed women with disability earn less than Rs.500/- per month.
- Out of 100 women with disability, there are 46 women in urban areas and 54 in rural areas.
- Access to communication and information especially for those with visual, hearing or learning impairments is limited.

There is fortunately, another side of the story - of women with disability who are emerging from the shadows today. They are looked at as women first rather than women with disability. Mainstreaming the challenged women is a challenge in itself, but there are organizations who have succeeded in discovering women achievers.

Many disabled people, especially elderly disabled women, lead isolated lives –unable to go out of their own homes or even move around adequately inside them. In most countries, at least two-thirds of disabled people are unemployed. Disabled women find it four times harder than disabled men to get work. Access to communication and information, especially for those with visual, hearing or learning impairments, is limited.

## **1.2 Relevance of Study**

Plethora of research and documents is available on Disaster, few on Women and Disaster but non in Disabled Women and Disaster. Because disability is till now not considered as an important handicap for the women who are already triply marginalized in their life.

There is not much studies done on this subject. People have done studies and surveys in general but no specific study has been done on the topic. There is a need of study on the said subject due to following reasons :

- Disaster increases the vulnerability of the general people; it is more intense for the disabled and still more for the disabled women. Thus to study the vulnerability and assess this specific category in specific situation is more relevant in this research.
- In reviewing the policy documents of the Government there is not much written on prioritization of disabled and not also for the disabled women. The present study may find out the issues, which will sensitize the pressure groups for inclusion in the planning process of disaster.
- Finally, the present study is relevant for the planners and policy makers to formulate appropriate policy, researchers and academicians to find out left out issues and administrators to implement the plans for the disabled women during disaster.

### **1.3 Selection of the Study Area**

The study is being done in the Jagatsinghpur district, as it is the worst affected by Super Cyclone among all the 14 districts of Orissa. (Detail District Profile in a separate chapter)

## **1.4 Objectives**

### *Broad Objective -*

To assess the current status of the disabled women in a disaster affected region and to know the impact of disaster on them.

### *Specific Objectives –*

- To Trace the Psychological, Social and Economic conditions and how it affects the disabled women's life
- To assess the awareness of accessibility to the Government schemes.
- To fathom the problems faced by the disabled women during the disaster relating to housing, human causality, livelihood, occupation, compensation, loan, food and nutrition and health and sanitation.
- To study the perception of the disabled women about relief and rehabilitation.

## **1.5 Methodology**

Methodology, in research, enjoys an important position and normally refers to the steps followed to develop research design, execution of the project and drawing conclusions. It is a scientific and systematic method. A proper methodology leads towards drawing valid and logical conclusions.

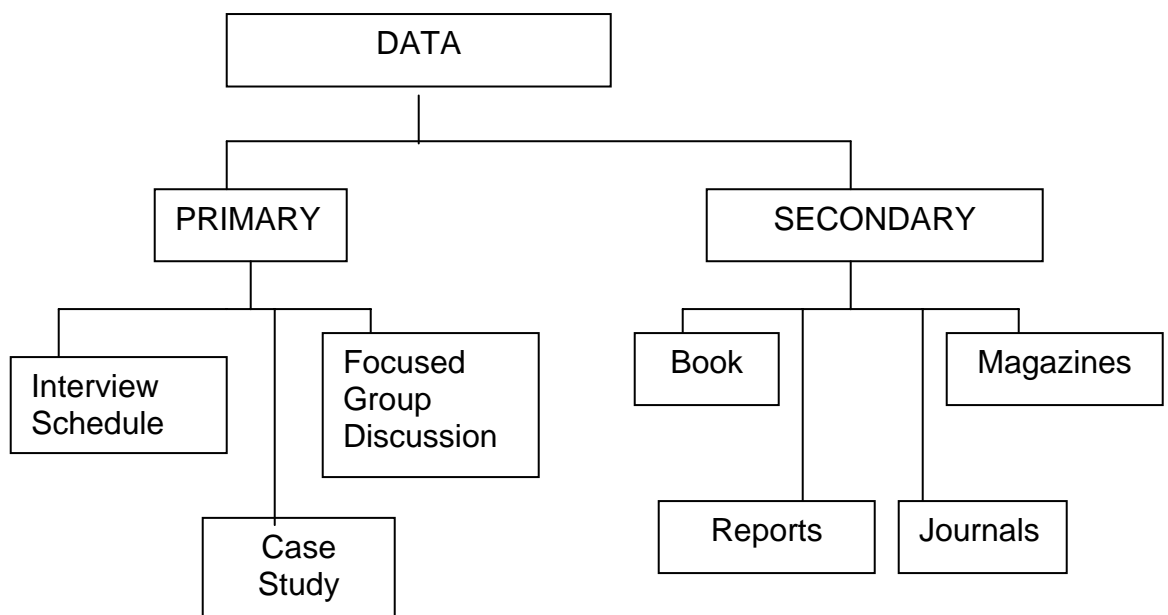
Methodology is a planning procedural study. It shows the better understanding as well as the way of conducting the research. It involves the formulation and analysis of research design in such a way that the parity of data collection and interpretation establish with the objectives of the study.

The district is frequently experienced with natural disasters flood, cyclone and earthquake. Super cyclone 1999 brought the district into the focus of the disaster world. The vulnerability and marginalisation of the people of the district is widely felt by different national and international development agencies.

Primary data collected from respondents through structured questionnaires. Apart from this Secondary data were collected from various published and unpublished sources. Information from websites were collected on the relevant topic. Focused group discussions were conducted with the disabled women and other community members of the study area to analyze the group dynamics of the said topic. Along with these selected case studies were incorporated in the study.

The sample was randomly selected from the government data as recorded in the census. The sample size of disabled people in each block is selected in such a manner that, all categories of disability is covered i.e. Visually Impaired, Speech And Hearing Impaired, Locomotor Impaired, Mentally Challenged And Those With Multiple Disabilities. In case equal number of each category is not found, then more of the existing disabilities is covered.

This study consists of sample size of 100 disabled women randomly selected and distributed in all the 8 blocks of the district.



Collected data has been coded and analyzed and presented through tables and diagrams wherever necessary.

### 1.6 Problems faced during the study

- It was difficult to select the respondent, as getting data from the Government office was very difficult.
- The disabled women were not open to answer all questions.

- The women wanted their husband to answer for them.
- Correct answer was not received, as they were not telling the correct facts, some were hiding a lot of things.
- Their family elders did not want them to answer as they were only miss guiding them when they were responding.
- Communication to all areas was not easy.
- The weather was an obstacle.
- The opinion received through Focus Group discussion and Case Study are totally subjective and depends upon the views of the respondents, so the reliability of the facts completely depends on them.

### **1.7 Limitation of the Study**

- It is a micro study with random sampling
- Time is limited
- Financial constraints
- Area is also very vast so a particular part was chosen for the convenience for communication

## Reference

1. Paper on Women & Health by Dr.P.Yashodhara
2. Role of Women in History of Modern Orissa – 1900 – 1947 by Dr. (Mrs) Sasmita Tripathy (Sarangi) Published by M/S Jagannath Rath Cuttack 1998
3. Census 2001
4. Chronic Hunger and the Status of Women in India, Carol S.Coonrod, June 1998
5. Enarson E.Gender and Natural Disaster. IPCRR Working paper No 1 International Labour Organization (September 2000).
6. Equity to Women with disabilities in India by Indumathi Rao (A strategy paper prepared for the National Commission for Women, India)
7. Women with Disability : Emerging from the Shadows by Dr. Uma Tuli, Amar Jyoti Charitable Trust, Karkardooma, Vikas Marg, Delhi-110 092
8. Boylan E. Women and Disability, London : Zed Books, 1991

# CHAPTER 2

## CONCEPTUAL FRAMEWORK OF THE STUDY

### 2.1 Gender

Gender refers to socio-cultural definition of men and women; the way societies distinguish men and women and assign them social roles. Gender is used, as an analytical tool to understand social realities with regard to women and men. The word gender connotes gender relations and gender related stereotypes, which are prevalent in a society. Each society slowly transforms a male and female into a man and woman, into masculine and feminine, with different qualities, behavioral pattern, roles, responsibilities and expectations. Gender has some other connotations too for example gender provides a basis for identity and is used to explain the inequality in society.

The women are always marginalized and more so if she is disabled then she is triple marginalized and is considered as a burden on the family or the society.

### 2.2 Disaster

Disaster can be defined as unexpected events, sudden or slow and a serious a serious disruption of functioning of a society, causing wide spread human, material and environmental losses, which exceeds the ability of affected society to cope, using its own resources.

The United Nations defines disaster as “ the occurrence of major misfortune which disrupts the normal functioning of a society or community”.<sup>(1)</sup>

Disaster is an event or a series of events which gives rise to casualties and or damage or loss of properties, infrastructures, essential services or means of livelihood on a scale that is that is beyond the normal capacity of the affected communities to cope with unaided.

C.E.Fritz defines disaster as “ An event, concentrated in time and space in which a society (or a community) undergoes severe danger and incurs such losses to its members and physical appurtenances that the social structure is disrupted and the fulfillment of all or some of the essential functions of the society is prevented”<sup>(2)</sup>

Disaster is some times also used to describe a catastrophic situation in which normal patterns of life or eco-system have been disrupted and extraordinary emergency interventions are required to save and preserve human lives and environment.

### **2.2.1 Whom Do Disasters Affect Most**

Disasters affect the most vulnerable of groups in the community amongst them the women, children, elderly and the disabled. In disasters the special needs of communities are often isolated from services and this needs to be prevented. These groups are particularly vulnerable by virtue of their lower economic, social and political status and obstructed mobility, hearing, speech, vision and intellectual level The vulnerability itself has economic and social manifestations as disasters leave behind diseases, disabilities and vulnerable group's inability to cope.

Disasters also result in large number of productive people becoming disabled. In cyclones, fire, flood and earthquakes, trauma and psychosocial disorders are the most common disabilities.

### **2.2.2 Type of Disaster**

Disasters can be categorized as Man-made Disaster and Natural Disaster. War and armed conflict come under the first category while natural disaster is of following three types.

#### **- Sudden Impact Disaster**

Floods, Earthquakes, tidal waves, Cyclones, Volcanic irruptions and landslides come under this type.

#### **- Slow-onset Disaster**

Draught, famine, environmental degradation, deforestation, pest infection and desertification etc. come under this type.

#### **-Epidemic Disaster**

Cholera, measles, SARS and HIV are known as Epidemic Disaster

Any hazard can turn into a disaster when people living in danger zone are vulnerable and are not able to absorb the shock. So a natural disaster can best be understood as a combination of a natural hazard and the vulnerable condition of people.

### **2.3 Looking at natural disasters from a gender prospective**

Immediately following a disaster, “ tyranny of the urgency” prevails and gender concerns are overlooked or dismissed as irrelevant. The unique opportunity to change traditional gender roles that a disaster situation awards is wasted if women do not take advantage of it, or if decision makers ignore it. Organizations by women at national levels are essential if recovery measures are to respond to women’s needs and concerns. <sup>(3,4)</sup>

A narrow view of the consequences of the disaster leads to a focus on the purely physical, the social realities are ignored and again gender concerns are marginalized. Women will continue to be disproportionately affected by natural disasters unless disaster workers and officials acknowledge their vulnerable status.

The majority of the relief efforts are intended for the entire population of disaster affected area, however they rely on existing structures of recourse distribution that reflects the patriarchal structure of society, women are marginalized in their access to relief resources. A lack of harmony between disaster response measures and long-term development plans means that disaster preparedness is sacrificed in the face of disaster efforts.

Advocates have asserted that what is necessary to bring a gender perspective to the study of natural disaster is reached and analysis of data disaggregated by sex, pilot projects during the reconstruction phase, an open dialogue within the communities and between communities and the national government and capacity building for women before, during and after disasters have occurred.

Finally an absence of institutional capacity in gender analysis is reflected in relief efforts, which do not have a gender perspective in their norms and procedures. Again this means that women's particular needs, concerns and their potential for contribution are overlooked during disaster preparedness, response and reconstruction. This also serves to highlight the necessity for an organized, gendered approach to the study of natural disasters and their consequences. <sup>(1)</sup>

An effective development process must include both the needs and the potential contributions of women as well as men. A community – based disaster preparedness and response plan that take women's physical, psychological, social and economic vulnerabilities into account will help to reduce women's vulnerability to disaster overall. A plan that goes even further to recognize women's abilities and include them in disaster relief efforts will help to change gendered beliefs about women.

Disasters can occur because of climatic changes, deforestation or unsustainable methods of practices. So, despite achievements in public health, education, women's rights and literacy disasters are having an ever-deeper impact on those least equipped to deal with them - taking away any gains made - as well as impinging on the lives of those who might have felt themselves somehow safe.

#### **2.4 Disasters In India**

India is the worst affected theatre of disaster in the South Asian region. Drought, floods, earthquakes and cyclones devastate the country with grim regularity. In recent years there have been major disasters such as the earthquake that destroyed Latur in Gujarat, the Super Cyclone that, wiped out dozens of villages in the districts of Orissa. Besides this, every

year various parts of the country face floods. Big dams such as Koyna in Maharashtra burst killing 100's of people. Land degradation, Natural grasslands, mangrove forests are disappearing because of overgrazing, water logging, salinisation, over fertilization and further, mining are degrading huge tracts of land.

Deforestation, mining and the decline of traditional irrigation and agricultural systems have caused land degradation on a large scale, leading to one of the worst drought conditions in the country. The 1987 drought, was one of the worst of the 20th century. In 2001, more than eight states suffered the impact of severe drought.

The states most exposed to cyclone-related hazards, including strong winds, floods and storm surges, are West Bengal, Orissa, Andhra Pradesh and Tamil Nadu along the Bay of Bengal. Along the Arabian Sea on the wet coast, the Gujarat and Maharashtra coasts are most vulnerable. Natural calamities have a more devastating impact in India than most countries because of inadequate policies relating to disaster preparedness and management and no institutional support systems.

To cope with these calamities, under the Indian Constitution, disaster management is the responsibility of state governments. However, there is a National Crisis Management Group headed by the cabinet secretary to assess the impact of major disasters. This Group consists of various nodal ministries makes the recommendation for assistance from the National Fund for Calamity Reduction and the Prime Minister's Relief Fund. At the same time the policy implementation is weak as there is no standardized disaster policy in India. Therefore more people die, more property is damaged and vulnerable communities become more vulnerable. Some states have rehabilitation policies most do not.

## **2.5 Disasters In Orissa**

Orissa is one of the world's most disasters prone as well as the most poverty stricken region. Famine prone Kalahandi, water scarce Bolangir, cyclone and flood prone Jagatsinghpur districts have become bywords in the vocabulary of underdevelopment. In these state there is a close correlation between poverty and disasters.

Orissa is prone to many natural hazards like cyclone, earthquake and floods. Mahanadi, one of the major rivers flowing in peninsular India and its tributaries has the potential to cause major floods. In the past cyclones and associated storms surges have destroyed vast areas of land along coastal area. Higher extents of land in the districts of Cuttack, Puri and Dhenkanal are earthquake prone and 70% of the total cultivable land in the state is draught prone. Orissa has been experiencing natural disasters like cyclones, draughts and floods almost every year since 1965. It has experienced floods for 17 years, draught for 19 years and cyclone for 7 years since then.

These natural calamities have not only have become a problem for the state but also has become a threat to the sustainable development due to frequent occurrences.

The disasters being indexed are: <sup>(5)</sup>

**Flood:** The Mahanadi causes regular floods in the state. In 1999, the super cyclone was followed by torrential rains leading to severe floods in the Baitarani, Budhabalanga and Salandi basins, which severely affected the districts of Jajpur, Bhadrak, Balasore and Mayurbhanj. After hitting the Paradeep coast, cyclonic storms with tidal waves 5 to 7 metres in height ravaged the coastal districts of Jagatsinghpur, Kendrapara, Puri , Khurda and Cuttack. This

was followed by flood where 24 districts and 18,790 villages were affected. 99 lives were lost and 96.78 lakh people affected.

**Cyclone:** The entire east coast of Orissa is vulnerable to cyclones of varying frequency and intensity. A super cyclonic storm of great intensity hit Orissa in October 1964. In 1971, a cyclone killed 10,000 people in Kendrapara.

**Super Cyclone 1999:** On 16th October 1999, five districts of the state of Orissa were hit by a cyclone, the brunt of it borne by the Ganjam District. On 29th and 30th October, another exceptional "super cyclone" devastated a vast region of the state. On early hours of 29th October wind blew at an unbelievable speed of 250 to 300 K.M. per hour. Such was the ravages of nature that nothing except concrete structures could survive. This super cyclone wrecked havoc in 14 of the 30 districts of Orissa. It is estimated that the super cyclone has affected up to 15 million people (more than 2 million households)

The super cyclone on October 29 and 30, 1999 left the state paralyzed, with its communication system and infrastructure totally wrecked. The super cyclone had a wind velocity between 270-300 kmph. It severely affected 97 blocks. 9, 885 people were killed as per official reports.

**Drought:** In Orissa, almost each year more than 10 million people reel under drought. 11,914 villages in various districts of the state have been declared drought-affected. The 1996 drought affected 26 districts and 293.48 lakh people. Orissa has faced drought several times in the past few decades but the drought in 2000 was the worst in current times. Bargarh, Nuapada and Bolangir were the worst-affected districts. The recurrent annual droughts are caused by erratic rainfall and improper water harvesting systems.

**Earthquake:** The districts of Cuttack, Dhenkanal and Sambalpur lie in Zone III. Significant earthquakes were reported in 1963, 1964, 1988, 1996, with strong tremors in the districts of Dhenkanal, Puri, Sambalpur and Rourkela.

**Tsunamis :** Tsunami, also called seismic sea waves generated by large, violent earthquakes occur in the ocean. The world's most powerful earthquake in 40 years in 2004 triggered massive tidal waves that slammed into villages and resorts across southern and southern east Asia killed 1,57,663 people in 12 countries including India. The Orissa coast received shock during the 2004 Tsunami disaster. This time no such dreadful effect was felt in the state. As the state is lying on the

Coastal region future disasters cannot be ruled out.

Fire : Fire is a common phenomenon all over Orissa. With thatched houses and bamboo supported structures whole villages get wiped out. In most of the cases fire is due to ignorance and negligence of the people living in the rural areas.

The Jagatsinghpur district is not left with occurrence of fire. During the year 2004 the district has lost 4 human lives and property of Rs 44,10,700/- in 278 fire cases.

## **2.6 What is Disability**

Owing to improved health services disabled people are living longer, their presence in society is becoming more visible and their numbers are growing. Defining disability is difficult because there are dozens of definitions each with a purpose to it. These range from the very narrow to the very broad, from the medical to the social, from the cultural to the local, from the one intended to integrate them in society to the one for exclusion and segregation. People are labeled as disabled or handicapped because they look different from the rest of the society on account of their appearance, behavior or capacity to learn. <sup>(6)</sup>

The WHO Manual gives the following definition : A disability is any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for a human being. The ILO defines a disabled person as an individual whose prospects of securing, retaining and advancing in suitable employment are substantially reduced as a result of a duly recognized physical or mental impairment. <sup>(7)</sup>

According to the Standard rules on the Equalization of Opportunities for persons with disabilities, United Nation 1994 the term 'disability' summarizes a great number of different functional limitations occurring in

any population in any country of the world. People may be disabled by physical intellectual or sensory impairment, medical conditions or mental illness.

In the definition given by the Planning Commission of India, a disabled person means a person who is :

- Blind
- Deaf
- Having orthopaedic disability or
- Having neurological disorder
- Mentally retarded

The definition included any person who is unable to ensure himself / herself wholly or partly the necessities of a normal individual or social life including work, as a result of deficiency in his / her physical or mental capability. In 1986, the Ministry of Welfare, Government of India issued orders prescribing a standard set of definition along with standard tests for the purposes of certification of disability. These definitions (whose suitability in the light of new legal safeguards must be carefully examined) were adopted and used. For major categories of disability the definitions are as follows :

The Person With Disabilities (Equal opportunities, protection of rights and full participation) Act. 1995 defines disability in the specific context of person suffering from not less than 40% of any disability as certified by a medical authority. <sup>(8)</sup>

The term 'handicap' is sometimes used in the place of disability means the loss or limitation of opportunities to take part in the life of the community on an equal level with others. It describes the encounter between the persons with a disability and the environment. The purpose of this term is to emphasize the focus on the shortcomings in the environment and in many organized activities in society, eg information

communication and education which prevent persons with disabilities from participating on equal terms.

The Persons with Disabilities (Equal opportunities, protection of rights and full participation) Act. 1995 identifies the following seven categories of disability which will now be used in India.

Blindness  
Low Vision  
Leprosy cured  
Locomotor handicapped  
Hearing impairment  
Mental retardation  
Mental Illness

## **2.7 Introduction To Disabilities**

Abilities : Humans beings have many abilities that are present to lesser degree or not at all present in animals. For example the ability to speak which is present in Human beings is not present in the animals. But the animals can send signals about the presence of danger to other animals in many other ways, for example by making some special sounds etc.

Similarly walking upright on two legs is an ability that is seen only in human beings. This ability of walking functionally enables us to move from place to place. The function is present in different ways in animals. They too have the ability to move from one place to another but they do it either on four legs as cows or dogs or by crawling as snakes or by flying as the birds. These more advance abilities that are present in human beings result because of the more developed brain and other organs or systems that are present in human beings.

Some other abilities and the organs or systems in our body which are responsible for these abilities are given below :

The Brain: is responsible for giving human beings the ability to think, judge, decide, calculate, remember, behave properly depending on any situation etc.

The Eyes and the Brain: together are responsible for giving the ability to see objects in bright light as well as in the evening when the light is lesser, the ability to see colour + shapes, the ability to see two different objects one behind the other the ability to see two different objects one wide away from the other etc.

The Ears and the Brain: enables us to hear, besides giving us the ability to differentiate a female or a male voice. the ability to hear whispering sound as well as loud sound and the ability to locate the direction from which a sound is coming even in the dark.

The voice box in the throat and the Brain: together enables us to speak in whispering sounds or in a louder sound if necessary.

Muscles, bones, joints in between two bones, nerves, the spinal cord and the Brain . jointly called the locomotor system gives us the ability to reach out for objects, grasp and pick up objects, the ability to sit, bend down the ability to walk, run, climb steps or jump etc.

From the above abilities, we see that the brain is responsible for coordinating almost all of the abilities present in human beings. Though we see with our eyes, the meaning of what we see, whether it is the book, boy or girl, it is given by the brain. Similarly, though we hear with our ears, the meaning to what we hear is given by the brain. Similarly though all the

movements in our body are made by the upper limb, lower limb or the back bone muscles, the coordination of these movements for achieving a purpose, is done by the Brain and the Spinal Cord, which is a large connection of nerves which connects the brain to the various parts of the upper and lower limbs.

**Disabilities** are the opposite of abilities. If a person or a child is not able to perform any one of the above abilities then that person or a child is said to be disabled or he/she is a person with a Disability (PWD)

### **2.8 Types of Disabilities**

As explained earlier there are various types of disabilities. But these can be grouped namely into physical Disabilities or Mental disabilities.

Physical Disabilities are those that involve our bodily structure or function (physique means body) They are as follows :

**Locomotor Disability** : Locomotor means movement. Locomotor disabilities may involve the movement of upper limbs resulting the inability to move properly our arms, hands and fingers (upper limbs). It may involve our lower limbs resulting in inability to move our hips, knees or legs or it may involve our spine resulting in inability to bend or straighten our back bone. These locomotor disabilities may either be because of a damage to a particular area of the brain which controls and coordinates all movements of our body. Or, it may be because of damage to the bones, joints or muscles which move our hands and legs. Or it may be due to the damage to the spinal cord or the nerves that connect the brain to these muscles. By definition, as per the PWD Act "Locomotor Disability" means disability of the bones, joints or muscles leading to substantial restriction of movements of the limbs or any form of cerebral palsy".

**Speech and Hearing Disability** means that the person or child is unable to speak or hear totally or has difficulties in speaking or hearing. Here again, the problem may be in the hearing mechanism found in our ears or the speaking mechanism found in the voice box in our throat. Or, it may be the an area of the brain were the meaning of what we hear is understood or another area of the brain were the meaning of what we here is understood or another area of the brain where the speech is the definition of Hearing Impairment by the PWD Act "Hearing Impairment means loss of sixty decibels or more in the better ear in the conversational range of frequencies".

**Visual Disability** means that the person or child is unable to see properly or totally. Vision means sight. Here again the problem may be in the mechanism within the eyes or it may be in one particular area of the brain where the meaning of what we see is given, whether it is a boy, bird or a girl that we see. By the "PWD Act" Blindness refers to a condition where a person suffers from any one of the following conditions :

Total absence of sight or Visual acuity not exceeding 6/60 or 20/200 (snellen) in the better eye with correcting lenses or Limitation in the field of vision subtending an angle of 20 degrees or worse.

As per the PWD Act a "person with low Vision" means a person with impairment of visual functioning even after treatment or standard refracture correction but who uses or is potentially capable of using vision for the planning or execution of a task with appropriate assistive device.

**Mental Disabilities** are those that involve our mind.

The two types of mental disabilities are

**Mental Retardation** refers to sub average intellectual development along with maladaptive behaviors seen during the developmental period.

**Mental Illness** refers to a heterogeneous groups of conditions which goes by different names like psychoses, Neuroses, depression, Mania etc. where in the person loses touch with reality and may suffer from hallucinations of sound, smell, taste etc. sometimes resulting in harm to others as well as to himself. In a mentally ill person, the intelligence is normal and so he may be educated. Mental illness usually happens after the developmental period is over.

**Multiple Disabilities** means that the person has more than one of the above disabilities. For eg. the child who may have a brain damage sometimes has difficulties in speaking, seeing and moving difficulties or the child or person may have seeing and hearing disabilities without any brain damage

"**Cerebral Palsy** means a group of non - progressive conditions of a person characterized by abnormal Motor control and posture resulting from brain insult or injuries occurring in the prenatal per - natal or infant period of development" that usually results on Multiple Disabilities in that child.

## **2.9 Cause Of Disability**

Disability is caused by various factors e.g. before the child is born During child birth, after the birth.

Before Birth – genetic factor, marriage in close relative pregnancy at very late age, x - ray exposure during pregnancy.

During birth – prolonged labour, child not crying in time, injury due to forcep or caesarean operation.

After birth – accidents, infections virus disease

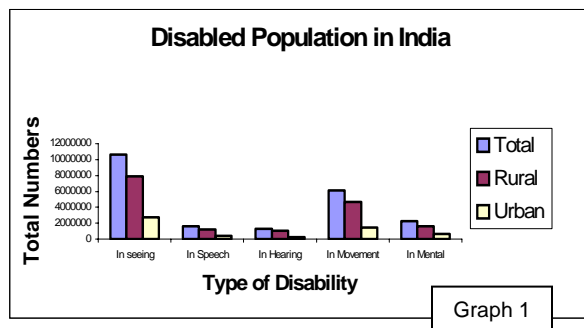
This is not a complete list but just to give you an idea about the common causes. Disabled child born in the family is a disturbing news. <sup>(6)</sup>

## **2.10 Status of Disabled in the World**

Unfortunately data is lacking on many aspects of disability. According to estimates of the United Nations, about 10% of the world's population are disabled. Looking only at developing countries, the numbers are expected to be much higher. Difficult conceptual issue as well as social and cultural differences have inhibited the collection of the data needed to properly estimate the prevalence of disability in the world. Fortunately, international efforts are now underway to improve the quality and availability of data.

## **2.11 Status of Disabled in India**

Unlike the UN estimates, according to one of the WHO estimates, there are 5% of people with disabilities in developing countries and accordingly it is estimated that there will be five crore

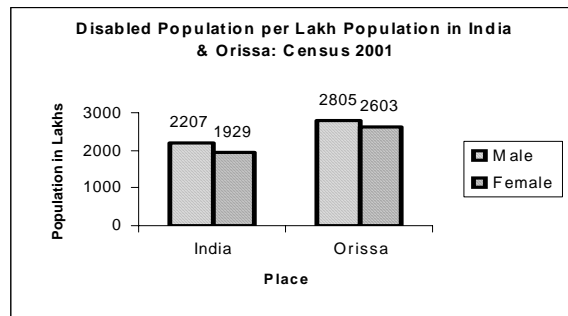


Graph 1

disabled people in our country. According to the census on India 2001 total persons with disabilities is 21906769 (Male : 12605635 and Female : 9301134) which is 2% of the total India's population.

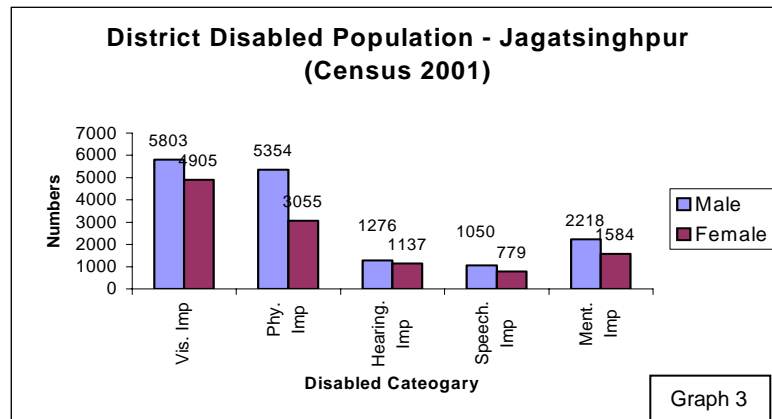
## 2.12 Status of Disabled in Orissa

Moreover the WHO report also says that 10% of a nation's population



Graph 2

constitutes disabled people which in turn would make Orissa in India have at least a four million population of disabled. Keeping in mind the impact of natural calamities on people, the number would keep increasing. Orissa has disabled population of 1021335 (Male: 568914 and Female: 452421) and the Jagatsinghpur district has total population of 27161 (Male : 15701 and Female: 11460).<sup>(9)</sup>



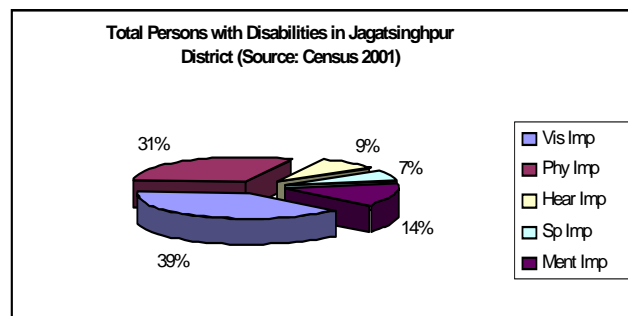
Graph 3

Three to five per cent of India's population suffers from various degrees of mental retardation. The majority of these

are children (Building Abilities a handbook to work with people with disability, 2001 page 20). The NSSO sample survey of 1991 says that in India over 90 million people are physically, mentally or sensory challenged.

Orissa was the region where survey was done and provided the basis of the manual. The Census 2001 shows that the total number of disabled person per lakh population in Orissa is 2775 (2805 males and 2603 females). The specific area of research was Jagtsinghpur; a district of Orissa where all have disasters either taken place such as cyclone, flood and fire or fall in the area of disaster. <sup>(9)</sup>

If we take a look at the Census 2001 data on the break up of the various types of disabilities in Jagatsinghpur district, it would be evident that the highest number of persons with disabilities in Jagatsinghpur district are visually impaired - 10708 (5803 males and 4905 females), followed by the physically challenged - 8409 (males - 5354 and females - 3055), then the mentally challenged – 3802 (2218 - males and 1584 - females), hearing impaired - 2413 (males -1276 and females -1137), and finally the speech impaired - 1829 (males -1050 and females -779).



Graph 4

### **2.13 Disability, Vulnerability And Disaster In Jagatsinghpur District <sup>(9)</sup>**

Jagatsinghpur is one of the few districts, which is ravaged by all the above disasters. While cyclones, Floods and fire are common disasters; the district falls under zone III of earthquakes and was shook by the tsunami/earthquake of 2004.

The district was ravaged by the super cyclone of 1999 followed by floods, what it left behind was a trail of cadavers and carcasses. Along with it remained a group of people shrouded in a mesh of poverty, vulnerability and disability. A survey done by SMRC highlighted the fact that the disabled had lost their voice and rights to a dignified living. Disability needs encompasses those of all the vulnerable groups- women, children, the aged and the disabled themselves. Thus by addressing the needs of the disabled one is actually addressing the needs of the entire vulnerable group too. Women with disabilities are among the poorest of all people, the most marginalized and the most abused- physically, mentally and socially (Baquer and Sharma 1997). They have been subject to deliberate neglect, verbal abuse, physical assault and sexual harassment (Action Aid Disability News, Vol. 10).

### **Natural Calamities and Disasters Create**

- Physical, visual, mental and psychological disabilities
- The inability to cope
- Disability among previously productive and active members of the society
- Trauma and psycho-socio disorders and Post Traumatic Stress Disorders
- Need of alternate livelihood support
- Vulnerability

### **Disaster/Disabled Persons during Natural Calamities**

- Warning and dissemination of information is not disabled friendly.
- Requires specific technique of rescue and evacuation of disabled, which is not known to them as well as general people.

- Immediate medical care and first aid is not available for the disaster affected disabled.
- Proper infrastructure and support for limiting extent of disability
- Limited options of livelihood become even more limited and nullified
- Limited access to information, institutions, entitlement become even more limited and nullified in the wake of calamities
- Decision making, access to social networks and dignity is blocked
- Vulnerability to social stigmas, insecurity, exploitation, verbal abuse and violence is increased

**Vulnerability of Normal People to Disability at times of Natural Calamities:**

- Individuals might become disabled
- Spinal, head injuries and trauma and post traumatic stress disorders are common
- Pregnant women, new born and unborn children are at risk
- Old people are vulnerable to fractures
- Disability coping and managing capacity is extremely taxing

**2.14 Challenges Facing In A Disaster By Disabled Women**

The disabled women like all others lose their family members, neighbors, homes and belongings family disabled in a disaster. Like children what matters most are loss of careers and employers with whom they might have a good working relationship. Sometimes even the loss of local business owners who gives credit or send the goods home affects their quality of life.

The visually challenged may find it difficult to adjust to new terrains. With disasters leaving behind fallen trees, debris and even water they usually suffer severe injury.

In most disabled psychological disorders may set in early reminding them of the crisis situation when they became disabled and had to be hospitalized. This reliving experience of perhaps difficulty sleeping, flashbacks exposes the disabled to severe post-traumatic stress disorder (PTSD). Two months after the cyclone of 1999 in Orissa, NIMHANS found that the prevalence of PTSD and depression among adults in was twice the national average. And six months after the attacks, more than one-fourth of school children exhibited mental health problems severe enough to impair their normal functioning.

Access to medicines required by the disabled are not easily available. It is not possible to repair broken wheelchairs, as shops are closed. This further restraints the mobility of disabled and their access to relief.

## **2.15 Problems Of Disabled Women**

### **Attitudes: Isolation and Invisibility**

Stereotyped and negative attitudes towards disabled women devalue us. Much of the discrimination experienced by disabled women is based on an implicit notion that we are not the same as other women and so cannot be expected to share the same rights and aspirations. <sup>(10)</sup>

Women are generally discriminated due to gender bias but disabled women face compound discrimination by being both women and disabled. Isolation and confinement based on culture and traditions, attitudes and prejudices often affect disabled women more than men. Some societies

go so far as to assign fault to a mother who gives birth to a disabled child, especially so if the mother is a disabled woman. A disabled woman won't conform to the feminine stereotype of wife, partner or mother and some lose the right to keep their children.

The isolation and exclusion of disabled women even extends to mainstream women and women's movements, which deny us our rights and identity. Disabled women are seldom seen in ordinary roles as worker or mother.

#### Lack of Information and access:

Lack of access to information has serious effects on disabled women's health, welfare, safety, opportunities and the exercise of their rights. For many disabled women, lack of confidentiality and invasion of privacy, along with prejudice and access difficulties, make control over personal finance impossible. Information about sex and sexuality is often limited for disabled women. Relatives whose traditional role is to share this knowledge often ignore disabled girls, as they are not seen as marriageable. As well as being a denial of our rights, this can lead to unplanned pregnancy, abuse and disease. There is a lack of access for disabled women to women-only services, such as refuges, rape crisis centres, health centers, family planning clinics, dress shops, hairdressers, etc. - which underlines the assumption that we are not really women, not interested in our appearance or in control of our own sexuality and health.

(11)

#### Sexually

Disabled women are not encouraged to explore their sexuality. If they have sexual relationships, it is assumed that they are lucky for whatever

they can get and certainly shouldn't make any further demands or complain if they are mistreated. Disabled women are also often not seen as capable of intimate relationships or equal partnerships. If they begin a partnership with a non-disabled man or woman, they are judged to be the weaker partner - an emotional and financial burden and an inadequate sexual partner. If they form a partnership with a disabled man or woman, the attitude may be that no one else would have them; that it wasn't a genuine choice.

### Marriage, Family Life and Parenthood

In cultures where marriages are arranged, disabled women are not considered suitable at all. In all countries, a woman's physical image determines her value and her chances of getting married or forming a sexual partnership. Whether she can bear children, in particular non-disabled children, and be judged a capable parent also determines her value as a woman. Research shows that pressure is put on disabled women to abort pregnancies and to be sterilized.

Statistics indicate that disabled women are more likely to be sexually abused than non-disabled women. Sometimes the abuser tries to convince the disabled woman, or others, that he is doing her a favour since few men will have sex with disabled women. It is very likely that cases against abusers of disabled people will not come to court. Because of the strong emphasis on physical appearance in every society, disabled women are made to feel less worthy than non-disabled women. This negative self-image, along with the silencing or non-belief of victims and the lack of prosecutions of alleged abusers, increases the risk of sexual abuse. <sup>(11)</sup>

Disabled people are much less likely than non-disabled people to get married. Disabled women are less likely to marry than disabled men. They also tend to have a higher divorce rate. It is necessary to lift the veil on certain aspects considered taboo or unacceptable for disabled women. Childbearing has long been considered impossible for a disabled woman. Disabled women are more than what they look like and more than machines for bearing children. Whether they can or cannot have children makes disabled women no less human, no less female, no less capable of experiencing our sexuality.

In addition, disabled people can make good or bad parents - just like anyone else. In many cases, the experience of oppression can make them emotionally stronger, more tolerant, patient and understanding - all ideal qualifications for becoming a parent! Contrary to commonly held beliefs, although some disabled women may face extra challenges in pregnancy, child rearing and housework, countless disabled women have proved that they can handle them all - using the organizational powers and emotional strength developed by managing their impairments and living in an inaccessible world!

In our society a woman marries into the husband's family. She is expected to work for the family, i.e. physical work. Disabled women are not prime candidates for marriage. The most difficult part of a disabled woman's life is their adolescence. Many parents did not want a disabled as their daughter-in-law. Some men consider a disabled woman an object of embarrassment and they could never think of marrying her. Other men believe that a disabled woman cannot assume full responsibility for the household and for bringing up children.

## Household

When it comes to household tasks, women with disabilities may face difficulties in carrying out the responsibilities of all the domestic chores that are normally expected of a woman in traditional societies, or may take longer to perform the tasks, or may require some assistance in doing so. Because of their disability and restricted mobility, society considers them as ill suited to perform the role of homemaker.

## Health Care and Rehabilitation

It has been estimated that services are reaching no more than 2 per cent of those in need in poorer countries. Rehabilitation is almost totally inaccessible to those living in rural areas. Many countries have policies to abort fetuses that may become disabled people. Some argue that euthanasia should be performed on severely impaired infants. Maternal health care is often denied disabled women, either because it is not considered right for them to bear children, or because the available services do not consider their particular needs. Lack of access to information has serious effects on disabled women's health, welfare, safety, opportunities and the exercise of their rights. For many disabled women, lack of confidentiality and invasion of privacy, along with prejudice and access difficulties make control over personal finance impossible. A lack of information on HIV and breast and cervical cancer threatens the health of disabled women. Information is not targeted at or produced in formats accessible to many women (such as Braille, tape or simple language).

## Education and Training

Many disabled people have been prevented from developing their skills because of discrimination in education and training. As with non-disabled women, the situation for disabled women is compounded by the idea that education for women is an unnecessary waste of time and money. So, if education is inaccessible, it doesn't really matter if the child is female.

A disabled woman should be guaranteed some sort of training to enable her to earn a living because she needs to be more or less self-reliant. I must point out that, the education I received was of paramount importance in my life. It is the foundation for what I am today. A proper education is necessary to put a disabled child on an equal level with non-disabled children. A disabled woman must acquire a solid education, no matter what the cost. This provides access to intellectual pleasures, which are her rightful claim.

## Employment

Employment is a critical component in enabling disabled women to support themselves financially and to achieve self-esteem and social recognition. Women who are born with impairments are particularly disadvantaged. Even where disabled women do sometimes find work, it will be low-paid, low-status and in poor working conditions.

The waste of human potential that unemployment ensures cannot be justified on the grounds that disabled people are not capable of working or are often absent from work the opposite is true. High unemployment and limited opportunities are caused by ignorance, prejudice, a reluctance to make even minor changes to support disabled people and discrimination in education and training which means disabled people are less qualified

than their peers. Even when disabled people find work, discrimination continues in the lack of promotion and training opportunities.

### Environment

Environmental barriers create disability, limit opportunities and deprive people of their human rights. Lack of environmental adjustments and the absence of accessible buildings hinder disabled women from enjoying freedom of movement around and between different countries and different parts of the built and natural environment.

There is a lack of access for disabled women to women-only services, such as refuges, rape crisis centers, health centers, family planning clinics, dress shops, hairdressers, etc. - which underlines the assumption that we are not really women, not interested in our appearance or in control of our own sexuality and health.

### Transport and Free Movement

Transport for all disabled people is an important key to the exercise of citizenship and participation in society. Women in general, and disabled women in particular, are less mobile than men - less likely to have access to a car; more confined to the home due to social and cultural patterns and to the actual or perceived threat of danger, especially after dark.

In most places; most disabled people cannot use public transport. Public transport is often inaccessible, uncomfortable and dangerous for women traveling alone. Personal transport is often owned and used only by male members of a household. Being diagnosed as HIV positive prevents many people from traveling between countries. No access to transport has

serious effects on disabled people's integration and economic activity. It prevents them forming self-help groups or taking control of their lives.

### Abuse and violence

Disabled people experience high levels of abuse of all kinds - physical, emotional and sexual. Abuse of disabled people is often carried out by women - on whom the person is more likely to be dependent.

Women with disabilities tend to be more vulnerable to exploitation of various kinds, such as sexual harassment, domestic violence and exploitation in the workplace. According to the 1995 UNDP Human Development Report, women with disabilities are twice as prone to divorce, separation, and violence as able-bodied women. Disabled women also tend to be relatively easy targets of sexual exploitation, particularly if they are mentally retarded. In general, disabled women tend to be in a state of physical, social and economic dependency. This can lead to increased vulnerability to exploitation and violence. Because of the relative isolation and anonymity in which women with disabilities live, the potential for physical and emotional abuse is high. It is estimated that having a disability doubles an individual's likelihood of being assaulted. At the same time, and because of their isolation, women with disabilities are likely to have less resource to turn to for help.

### Participation in Community Life

Women with disabilities tend to have less opportunities to participate in community life than disabled men, mainly due to cultural reasons. Restricted mobility and absence of access provisions in the surrounding environment can also be a hampering factor in the participation of women

with disabilities in community life, but this aspect is common to disabled men as well.

Families of disabled women in general tend to be over-protective about them, and prevent them from going out much; for fear that they may be exploited in some way because of their disability. Although well intentioned, these anxieties can be stifling to women with disabilities. There are superstitions in village communities about the presence of disabled women being inauspicious in community gatherings. It is also believed that their presence in a family can block the chances of marriages of their female siblings. As a result, many women with disabilities remain confined to their parental homes, without being able to play the roles traditionally expected of women in society. This can lead to feelings of isolation, loneliness and low self esteem in women with disabilities. Families in traditional societies are generally supportive in terms of physical assistance to their disabled women, but often fail in providing emotional support which is a more complex issue. Many families ignore the existence of feelings, emotions and the need for emotional support in women, especially if they are also disabled.

In recent years, many self help groups and associations of people with disabilities have been established in most countries in the sub-continent, but women with disabilities are under-represented in these groups. The leadership in disability groups at various levels tends to be dominated by disabled men. Likewise, women with disabilities are hardly represented in the women's movement that has grown in these countries over the last decade, because they are seen as 'different' or 'disabled', and not as 'women'. As a result, the concerns that are unique to women with disabilities have tended to remain neglected by both the disability movement and the women's movement.

## **Other Common Problems For Women Which The Disabled Are Not Free Off**

Malnutrition: India has exceptionally high rates of child malnutrition, because tradition in India requires that women eat last and least throughout their lives, even when pregnant and lactating. Malnourished women give birth to malnourished children, perpetuating the cycle.

Poor Health: Females receive less health care than males. Many women die in childbirth of easily prevented complications. Working conditions and environmental pollution further impairs women's health.

Lack of education: Families are far less likely to educate girls than boys, and far more likely to pull them out of school, either to help out at home or from fear of violence.

Overwork: Women work longer hours and their work is more arduous than men's, yet their work is unrecognized. Men report that "women, like children, eat and do nothing." Technological progress in agriculture has had a negative impact on women.

Unskilled: In women's primary employment sector - agriculture - extension services overlook women.

Mistreatment: In recent years, there has been an alarming rise in atrocities against women in India, in terms of rapes, assaults and dowry-related murders. Fear of violence suppresses the aspirations of all women. Female infanticide and sex-selective abortions are additional forms of violence that reflect the devaluing of females in Indian society.

Powerlessness: While women are guaranteed equality under the constitution, legal protection has little effect in the face of prevailing patriarchal traditions. Women lack power to decide who they will marry, and are often married off as children. Legal loopholes are used to deny women inheritance rights.

Bride Burning: There is also the problem of bride burning. Many married women commit suicide by burning themselves because they cannot not bear the tension and the strain that they and their parents are put through by their in-laws and sometimes by their husbands demanding dowry in the form of a flat, car or cash in return for marrying them. Sometimes the in-laws themselves proceeded to burn the woman. The incidence of rape also remains high. One hears frequent newspaper accounts of rape of a lower caste woman by upper caste men in some rural area. So disabled women are more prone to be raped

Eve – Teasing: There is also the problem of eve-teasing especially in big cities like Bombay, Delhi. Everyday thousands of women who go to work, colleges and to other areas have to contend with this problem. As someone who has firsthand experience of the problem, I know this can be most degrading and humiliating experience. This problem is not restricted to some women but transcends women of all ages and class. Even older married women have been subjected to this kind of treatment. <sup>(12)</sup>

## Reference

1. World Disaster Report 1998
2. Fretz C.E. Disasters in Contemporary Social problems – Merton & Nisabet (ed), Harcourt New York, USA 1961
3. Shrader, E and P Delaney, Gender and Post – Disaster Reconstruction: The Case of Hurrigan Mitch in Honduras and Nicaragua. World Bank draft Report (January 2000)
4. Enarson E. Gender and Natural Disaster. IPCRR Working paper No 1 International Labour Organization (September 2000)
5. Training Manual on Disaster Preparedness for the Disabled by Shanta Memorial Rehabilitation Centre 2005
6. Disabled Village Children by David Werner, Published by VAHI, New Delhi (Revised Version 1996)
7. Training Manual for Community Based Rehabilitation Workers, compiled by Shanta Memorial Rehabilitation, Bhubaneswar 2004
8. Gazette Act “The Persons With Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act 1995
9. Baseline Survey of Disability in the Disaster Region of Jagatsinghpur District by Shanta Memorial Rehabilitation Centre 2004
10. Equity to women with disabilities in India, (A strategy paper prepared for the National Commission for Women, India) by Indumathi Rao, Member – Advisor, Committee on Women With Disabilities, National Commission for Women
11. [disabilityworld.org](http://disabilityworld.org) - march 2000, vol 1 .
12. Disabled Women Disability Awareness in Action Resource Kit No. 6, Published by [Disability Awareness in Action](http://Disability Awareness in Action) © 1996, All rights reserved, 11 Belgrave Road, London SW1V 1RB, United Kingdom, ISBN 1 892037 35 3

# CHAPTER 3

## REVIEW OF LITERATURE

Literature review is to summarize the broad content of the research articles or study and also indicate clearly any linkages with other studies in the field.

There are many studies on Disaster Management but no specific focus have been made on Disabled Women. Though disaster affect all categories of people living in the area, it has multi effect on the women and more on the Disabled Women.

1. There is a need to priorities the disabled during disaster as suggested in the study *“Disaster Preparedness and Mitigation of the disabled of Jagatsinghpur District Pilot survey status report”* conducted by Shanta Memorial Rehabilitation Centre,. In this study the suggestion was also to formulize for disabled friendly warning system. But this study deals with only disabled people that includes the men, women, children etc. for which they have not specified or recommended any suggestion specifically meant for disabled women.
2. According to the study titled *“Gender and Disaster : Impact of Super Cyclone on Women and their Perception on Relief and Rehabilitation”* by Urvashi Mishra, the people’s capacity needs to

be build up through training and orientation of community volunteers to face disasters in the area but the study deals with limited respondents in a limited area has its own limitations in the context of such crisis which have global attention and dimension in its nature of severity. General women are covered in this study but there is no mention of disability women.

3. Orissa State Disaster Mitigation Agency suggested through a study *“Gender and Disaster – Identification of issues and training in the context of super cyclone in Orissa”* conducted by School of Women Studies, Utkal University to assess the need of women and bring them into mainstream of development process. It recommended that policies should develop practices that challenge gender stereotypes and promote gender equality in Disaster Mitigation and Management. But this was also for general women nothing for the disabled.
  
4. As per Lina Pane in her article *“Women – Moving Beyond The disability”* ([www.wwda.org.au/move.htm](http://www.wwda.org.au/move.htm)) has discussed four main themes : Inequality between men and women with disabilities in the sharing of power and decision making at all levels; Insufficient initiatives to promote the advancement of women with disabilities; Triple disadvantage - looking at women with disabilities from non-English speaking backgrounds; and the unmet health needs of women with disabilities. The paper argues that women and society, in general need to examine the experience of women as universal. This includes gender, age, culture, sexuality and disability. Whilst only women with disabilities can speak for women with disabilities, others with overlapping concerns such as non-disabled women and men with disabilities, are equally responsible in the task of working towards change.

5. Margaret Cooper examines the concept of 'empowerment' and what it means for women with disabilities. She illustrates the concept by providing examples from her own experience in her book "Empowerment and Women with Disabilities"
  
6. According to Maya Thomas & M.J. Thomas in her article titled "Addressing Concerns Of Women With Disabilities In CBR" has said women with disabilities worldwide are emerging from their isolation to take their places in societal mainstream. However, the situation of women in developing countries is often stated that these women face a triple handicap and discrimination due to their disability, gender and developing world status. Therefore, many of the issues that are faced by women in general in a male dominated society, also have an impact on women with disabilities. In addition, women with disabilities face certain unique disadvantages compared with disabled men.
  
7. Asha Hans & Annie Patri in their book titled "Women, Disability and Identity" Published by Sage India have collected articles from recent years feminist research who expanded its boundaries to include such categories as class, nationality and ethnicity and has thus succeeded in highlighting the issues affecting women in many spheres. However, despite this widening ambit there is as yet little on the premise that it is important for feminist research to define a space for women with disabilities in order to establish where they stand in the "public mass culture" The contributions maintain that women with disabilities face a triple challenge : as women, as disabled and as a women with disabilities. The volume highlights

not only the discriminations faced by disabled women but also the transitions made by them in their search for new worlds.

8. Disability Act..... bringing about exclusion or inclusion as per Dr. Pratibha Joshi, in the “Persons with Disabilities (Equal Opportunities, Protection of Right and full and Participation) Act, 1995” has come into force on February 7, 1996. This law is an important landmark and is a significant step in the direction of ensuring equal opportunities for people with disabilities and their full participation in the national building. The Act provides for both preventive and promotional aspects of rehabilitation like education, employment and vocational training, job reservation, research and manpower development, creation of barrier –free environment, rehabilitation of persons with disability, unemployment allowance for the disabled, specially insurance scheme for the disabled employees and establishment of homes and persons with server disability etc.
  
9. Discussed by Renu Addlakha in her paper titled “Stigma, Gender and Citizenship: Problems of Women with Disabilities in India” states disabled women’s experiences and concerns continue to be marginalised. They continue to suffer silently the multiple oppressions of gender and disability (and caste, class and religion as the case may be).
  
10. Across the world, women with disability are the poorest of poor, even in the most wealthy countries. They are doubly discriminated due to disability & gender. Women with disability have minimum access to education, employment, health care, mobility aids and

transport. They live in isolation; experience neglect and encounter violence. Access to communication and information especially for those with visual, hearing or learning impairments is limited as per Dr. Uma Tuli in her paper "Women with Disability : Emerging from the Shadows," Amar Jyoti Charitable Trust, Karkardooma, Vikas Marg, Delhi-110 092

11. According to Sandhya Limaye as stated in her paper "Social Exclusion and Women with disabilities" the concept of Social Exclusion is highly compelling because it speaks the language of oppression and enables the marginalized and the victimized to give voice and expressions to the way in which they experience globalization, market force, liberal democratic society. It is multidimensional, and is very much a lived experiences. Being women with disabilities, they experience social exclusion in a variety of ways and for a variety of reasons. They are not recognized as a full and equal participant in society, experience the denial of the civil, political social rights of citizenship. This attempts to discuss the experiences, contributing factors and processes generate social exclusion which leads impaired citizenship.

12. As per the experiences of Ashok Hans and Reena Mohanty mentioned in their paper titled "Disability in Disasters" that, in inclusion of disability in disasters shows that there are multiple spheres of exclusion which need to be challenged. Disability is usually excluded in Disaster policies, planning and implementation. Where included it always starts with the assumption that disabled people are recipients of assistance and not contributors. Disasters provide an opportunity for equality. The need for inclusion of

specific gender and girl child's needs. As pregnant women need special care during disasters, single women with disabilities are prone to be sexually abused, trafficked etc. Increased domestic violence also needs to be taken care of. There is the absence of an automatic inclusion of national, state and local agencies dealing with disabilities in the disaster management and mitigation bodies of most governments, which needs to be rectified. The best solution a community based approach is disability is not only a medical or survival problem but also social.

13. Women are made more vulnerable to disasters through their socially constructed roles. As Elaine Enarson states in her book "Gender and Disaster" gender shapes the social worlds within which natural events occur.

14. Women are most effective at mobilizing the community to respond to disasters. They form groups and networks of social actors who work to meet the most pressing needs of the community. This kind of community organizing has proven essential in disaster preparedness and mitigation from "The Role of Women in Disasters" Disaster Preparedness in the Americas 34 (Apr 1998). Pan-American Health Organization.

15. In response to increased levels of gender-based violence in Nicaragua following Hurricane Mitch, the NGO Puntos de Encuentro organized an information campaign that used various different media to transmit one simple message – "Violence against women is one disaster that men can prevent." The campaign proved very effective at changing men's attitudes towards violence

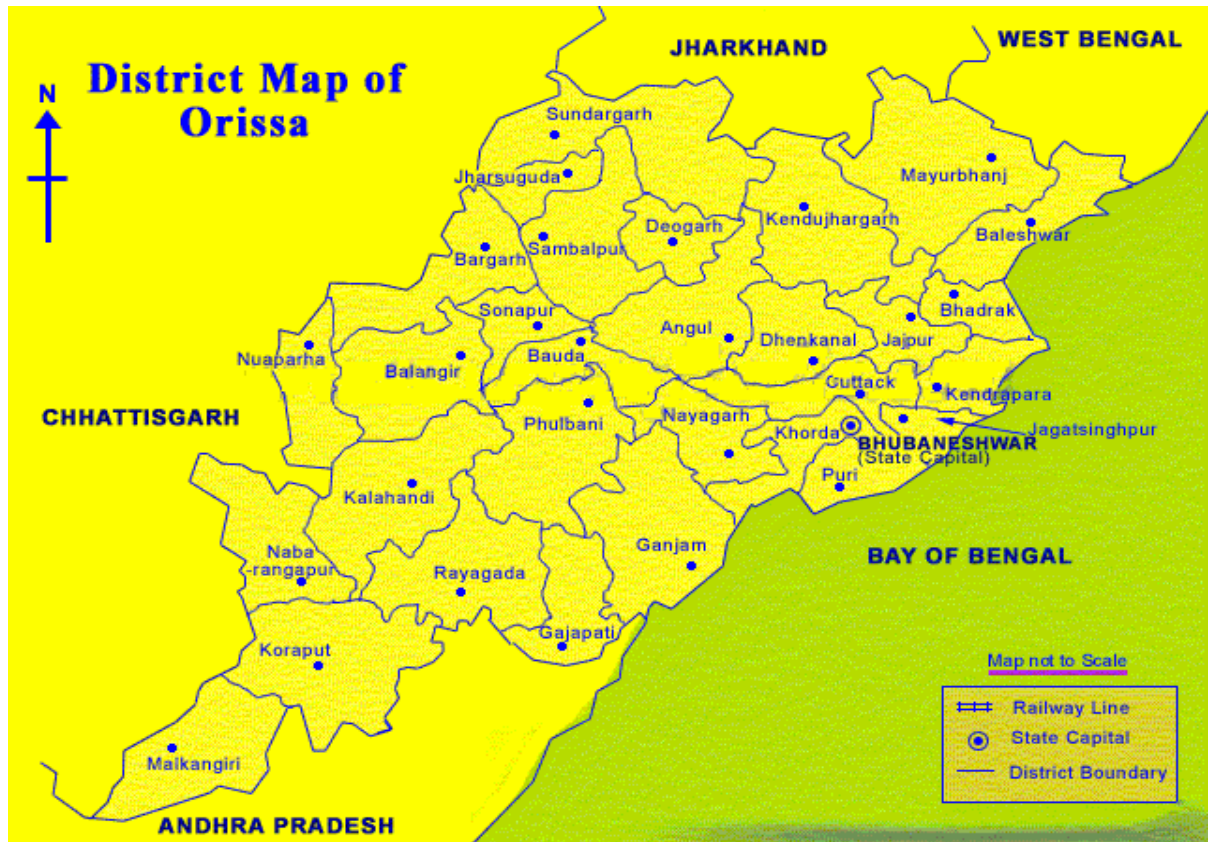
against women in the book “Evaluation of a Domestic Violence Mass-Media Campaign Targeted at Men” – Campaña Desastre, Nicaragua.

16. Disasters themselves can serve to increase women’s vulnerability. Aside from the increase in female-headed households and the fact that the majority of shelter residents are women, numerous studies have shown an increase in levels of domestic and sexual violence following disasters as per . Enarson, E. “Surviving Domestic Violence and Disasters.”
  
17. As per WHO January 2005 in connection with Tsunami disaster has suggested for consideration of gender in disaster assessment. More importantly they have told to assess the specific need of women as they are carer for children, elderly of the family.

# CHAPTER- 4

## PROFILE OF THE STUDY AREA

Orissa is a State which is situated on the Eastern Coast of Bay of Bengal. It is divided into 30 districts. It is bounded by Jharkhand, West Bengal, Chattisgarh and Andhra Pradesh. The present study is conducted in the Jagatsinghpur district of Orissa state. Jagatsinghpur is one of the 30 districts in Orissa and it is a part of the undivided Cuttack District. It is situated 60 KM from the Bhubaneswar the capital of Orissa.



Map 1

## **Administrative**

Jagatsinghpur, district is one of the six coastal districts of Orissa state emerged as a separate administrative unit in 1965 when it was named as the 5<sup>th</sup> Sub – division of Cuttack district. During the reorganization of districts of Orissa from 13 districts to 30 districts, it got the status of a separate district. With a geographical area of 1973 Sq. Km Jagatsinghpur district remains as one amongst the smaller district of Orissa. It is surrounded by Kendrapara district in North, Cuttack in West, Puri in South and Bay of Bengal in East. The district consist of one sub – division, four tahsils, eight blocks, two town, two NACs, seven police stations, 165 gram panchayats and 1391 villages.

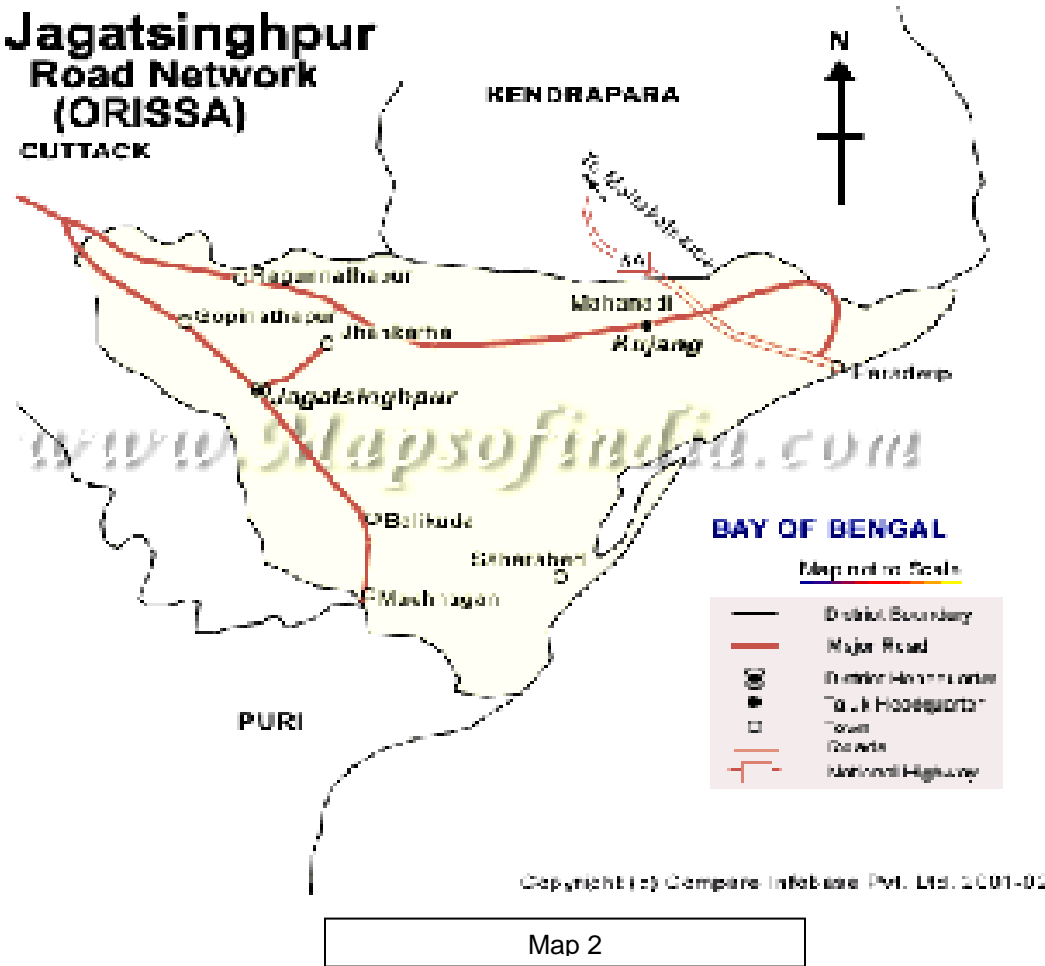
The blocks in this district are Biridi, Raghunathpur, Tritol, Kujang, Jagatsinghpur, Balikuda, Nuagaon, Ersama.

## **Physical**

The district lies in the middle part of the coastal plains of Orissa between 19° 58' to 22°22' North latitude and 86°1' to 86°46' East longitude. Apart from a strip of saline soil due to sea water intrusion the rest of the district is characterized by fertile alluvial soil. Being an area of low – lying plain coastal land, it is characterized by high drainage density. The river Mahanadi passes along the northern border of the district. The river Devi passes along the southern border of the district. As a result, most part of the district is prone to flood inundation and water logging.

**Climatic**

As the climate is a regional phenomenon, the climatic pattern of the district can be described with respect to that, of the whole state with special focus on coastal plains. The state on Eastern seaboard of India enjoys a tropical monsoon type of climate. The southwest monsoon normally sets in between 5<sup>th</sup> June and 10<sup>th</sup> June in the coastal plain and by the 1<sup>st</sup> July the whole of the state is under the full sway of the south – west monsoons. By 15<sup>th</sup> October, the southwest monsoon withdraws completely from Orissa. These are the normal dates, which also fluctuate from year to year.



In fact Orissa on the eastern coast of India, is not directly influenced by the south west monsoon branch from the Bay of Bengal like the west coast since it does not come on the direct path of the prevailing south west monsoon rather its situation is such that, it is almost parallel to it. But the annual cyclones from the Bay of Bengal influence it and bring copious rain with two seasonal peaks – July – August and October – November.

The cyclonic storms during monsoons which originate in the Bay of Bengal often cross the east coast between Paradeep and Chandbali (in Balesore district) and make a north westward journey. Very frequently these tropical storms attain severe intensity when the wind speed varies so far as the cyclonic between 48 to 63 knots. In the Orissa coast October appears to be the most critical month so far as the cyclonic disturbances are concerned. In the past devastating cyclones occurred in 1892, 1893, 1894, 1900, 1905, 1910, 1911, 1912, 1916 and some of the recent cyclones which took a heavy toll of life and property occurred in 1967, 1971 and 1999. In 1967 the cyclone crossed the Orissa coast between Puri and Paradeep.

The severe cyclonic storm that crossed Paradeep on 31<sup>st</sup> October 1971 was accompanied violent wind of 150 to 170 Km per hour speed. The height of the tidal waves rose up to 6 to 10 meters and the tidal water went inland up to 25 km. In the recent super cyclone in 1999 the peak wind speed was 259 K per hour. Normally all these cyclones have entered inland near Paradeep and affected the Jagatsinghpur district to its maximum extent. <sup>(1)</sup>

## Communication

Road type	Length in Kms
National Highway	10
State Highway	62
Major Dist. Road	88
Other Dist. Road	197
Classified Village Road	188
Village Road	374
Forest Road	-
Railway Route Length (in Kms)	67
No. of Railway Stations	8

Census 2001

Table 1

It is seen that, the district is well connected with roads which are linked with the National and State Highway. There is also rail connection going through the district.

## General District Demography

CATEGORY	Total	Rural	Urban
Total Population	1057629	953180	104449
Male	538881	480442	58439
Female	518748	472738	46010
Total Literate Person	737848	662105	75743
Male	419922	374096	45826
Female	317926	288009	29917
Total Illiterate Person	319781	291075	28706
Male	118959	106346	12613
Female	200822	184729	16093
Total Work Participant	329973	294078	35895
Male	270349	239006	31343
Female	59624	55072	4552

Census 2001

Table 2

It is seen from the data which has been collected from the Census 2001 that, majority of the population stayed in the rural area (90.12%) out of

which (49%) are female and remaining (51%) are male. This shows the district is rural dominated area.

The people of the area are mostly literate (70%). Female literacy in the district is less (43%) than the male literates (57%). There is also variation of literacy percentage in rural and urban area as it is seen from the table.

Total work participant in the district is 31% to the total population. It is also seen that, only 18% female are work participating. The economic dependency of female on male group is quite evident from the above table. In comparison to the urban female work participant it is found that, there is more proportion in rural areas this is due to involvement of women workers in agricultural sectors.

### Industry

Registered Reporting Factories (No.)	22
Total Employees (No.)	3020
Productive Capital (Rs. in lakh)	47534.00
Net Value added by manufacturer (Rs in lakh)	-3138.00

Census 2001

Table 3

It was also seen that there are around 22 factories registered in the district. So employment opportunities are also available.

### Infrastructure

No. of Post Offices (1997-98)	239
% of Villages Electrified (1996-97)	89.98
All Scheduled Commercial banks as on March '98	
No. of Offices	71
Deposit Rs. (in lakh)	37098
Credit Rs. (in lakh)	7809

Census 2001

Table 4

From the above table it is seen that, the area has post offices and it has electrification and commercial banks where the villagers have deposited money as well as they have taken loans for their development.

**Distribution of the disabled women in different type of Disability in the District**

State/District	Residence	Total	Seeing	Speech	Hearing	Movement	Mental
Orissa	Total	452421	239953	31048	38414	97774	45232
	Rural	392291	205024	27165	34953	86501	38648
	Urban	60130	34929	3883	3461	11273	6584
Jagatsinghpur	Total	11460	4905	779	1137	3055	1584
	Rural	10469	4307	733	1058	2886	1485
	Urban	991	598	46	79	169	99

Census 2001

Table 5

Above table shows that the district has 2.53% of the total disabled in the state. It is also evident from the table that the rural disability proportion in Jagatsinghpur is higher than the urban areas of the district (1.65%). Analysis according to different categories of disability it shows that the percentage of mental disabled of the district to the state is 3.5% of the total the category of mental disabled which is highest in comparison to the other categories of disability.

**Distribution of the disabled women of different category in Literacy Group**

State/District	Residence	Total	Seeing	Speech	Hearing	Movement	Mental
		Female	Female	Female	Female	Female	Female
ORISSA	Total	156633	92018	7280	10518	33378	13439
	Rural	123387	70702	5585	8909	27693	10498
	Urban	33246	21316	1695	1609	5685	2941
Jagatsinghapur	Total	5158	2473	247	436	1394	608
	Rural	4555	2077	224	400	1289	565
	Urban	603	396	23	36	105	43

Census 2001

Table 6

Above table provides an idea about the literacy status of the disabled women in the state and district of which shows that, of the total literates

79% are from rural background and 21% from urban area in the state of Orissa. The district Jagatsinghpur has 3% literate disabled women of the state of which 88% belong to rural and remaining 12% are from urban area.

#### Distribution of the disabled women according to Economic Status

Total Economic Status	Total	In seeing	In speech	In hearing	In movement	Mental
Total Workers (Main + Marginal)	907	460	61	98	202	86
Cultivators	129	67	6	9	31	16
Agricultural labourers	327	164	34	43	55	31
Household industry workers	65	31	2	11	12	9
Other workers	386	198	19	35	104	30
Non-Workers	10553	4445	718	1039	2853	1498
Rural Economic Status						
Total Workers (Main + Marginal)	818	398	58	89	188	85
Cultivators	129	67	6	9	31	16
Agricultural labourers	314	155	33	40	55	31
Household industry workers	64	30	2	11	12	9
Other workers	311	146	17	29	90	29
Non-Workers	9651	3909	675	969	2698	1400
Urban Economic Status						
Total Workers (Main + Marginal)	89	62	3	9	14	1
Cultivators	0	0	0	0	0	0
Agricultural labourers	13	9	1	3	0	0
Household industry workers	1	1	0	0	0	0
Other workers	75	52	2	6	14	1
Non-Workers	902	536	43	70	155	98

Census 2001

Table 7

The above table shows the disabled women's economic status in the district of Jagatsinghpur. The occupational distribution has been categories into Cultivation, Agricultural labour work, house hold industry worker and others and non workers.

#### Reference

1. Gender and Disaster – Identification of Issues and Training in the context of the Super Cyclone in Orissa by School of Women's Studies, Utkal University, 2004
2. Census 2001 CD's

# CHAPTER 5

## DATA ANALYSIS

After the data collected from the field it is coded and enter in Excel after which the analysis is made. The analysis is presented in this chapter. The findings are divided into four parts which are as follows :

### PART A

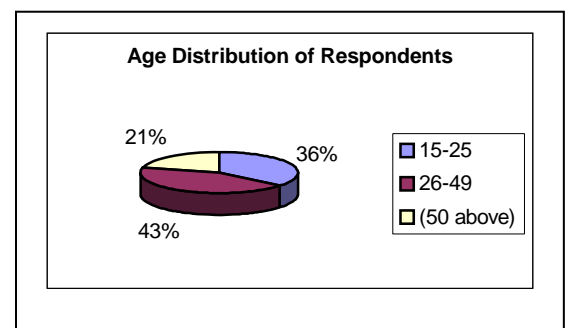
#### PROFILE OF THE SAMPLE RESPONDENT

For my study I choose 100 respondents (disabled women) from all the 8 blocks of Jagatsinghpur district who are from the age group from 15 – 50 yrs. and above.

**Table 8**

#### **AGE DISTRIBUTION OF RESPONDENT**

Age	Numbers	Percent
15-25	36	36.0
26-49	43	43.0
(50 above)	21	21.0
Total	100	100.0



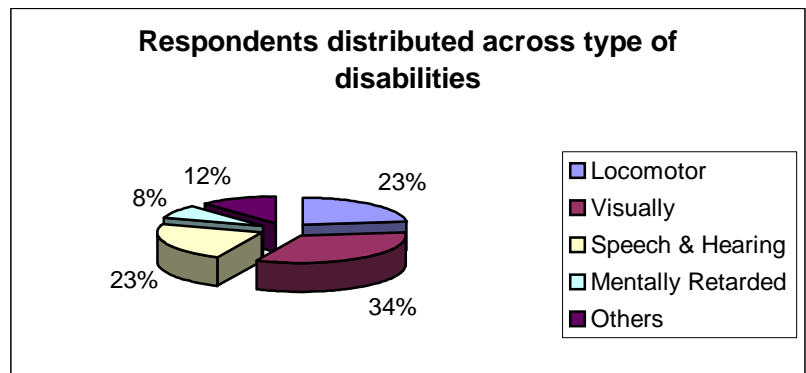
Graph 5

Majority of my respondent belonged to the age group of 26 – 49 yrs. ie a total of 43%, after it they belonged to 15 – 25 yrs. – 36% and above 50 yrs. only 21%.

Table 9

**TYPES OF DISABILITIES**

Categories	Numbers	Percent
Locomotor	23	23.0
Visually	34	34.0
Speech & Hearing	23	23.0
Mentally Retarded	8	8.0
Others	12	12.0
Total	100	100.0



**Graph 6**

**Table 10**

**DISABLED DISTRIBUTED ACROSS AGE GROUP**

Age	Locomotor	Visually	Speech & Hearing	Mentally Retarded	Others	Total
15-25	9	10	6	4	7	36
	39.1%	29.4%	26.1%	50.0%	58.3%	36.0%
26-49	7	16	14	1	5	43
	30.4%	47.1%	60.9%	12.5%	41.7%	43.0%
(50 above)	7	8	3	3		21
	30.4%	23.5%	13.0%	37.5%		21.0%
Total	23	34	23	8	12	100
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

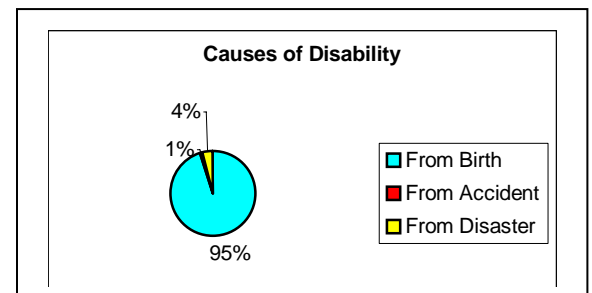
Table 10 explains the number of respondents who belonged to different age group from different categories of disabilities. It is seen that, majority

of them belonged to the category of visually impaired – 34 numbers followed by 23 each of Locomotor and speech and hearing impairment. Mentally retardation is only 8 in number and other is 12, they belong to multiple disability.

Table 11

**CAUSES OF DISABILITY**

Cause	Numbers	Percent
From Birth	95	95.0
From Accident	1	1.0
From Disaster	4	4.0
Total	100	100.0



7

It was found that, most of the cause of disability was from birth – 95%, only 1 case ie. 1% was due to accident and 4% was disabled due to the super cyclone.

Table 12

**HOW DO THEY COPE WITH DISABILITY AT HOME**

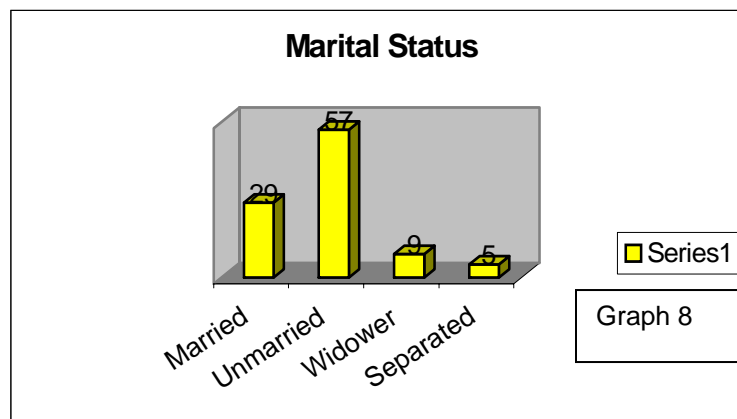
Variables	Numbers	Percent
Family Members	65	65.0
Own Efforts	14	14.0
From Friends	21	21.0
Total	100	100.0

It is seen that 65% of the disabled depend on their family members for the Activity of Daily Living. 14% do it on their own and 21% do with the help of friends.

Table 13

**MARITAL STATUS OF THE DISABLED WOMEN**

Status	Numbers	Percent
Married	29	29.0
Unmarried	57	57.0
Widower	9	9.0
Separated	5	5.0
Total	100	100.0



Graph 8 explains that, Most of the respondents are unmarried – 57% and married is only 43% out of which 9% are widow and

5% are separated from their husbands. The main reason of this is their disability. Those who got married was because they had less percentage of disability. Some of them married to men who were elder to them or it was their second marriage.

Table 14

**AGE AT MARRIAGE**

Age	Numbers	Percent
15-20	13	30.23
21-25	21	48.84
26-30	4	9.30
31-35	3	6.97
36-40	1	2.33
41-45	1	2.33
46-50	-	-
(50 above)	-	-
Total	43	100.0

During the survey it was found that, the community was aware that, the marriageable age is above 18 years. It was found that, majority of the respondents was between the age of 18 – 25 yrs. Only 2 numbers married at a very late age one at the age of 39 yrs. and another at the age of 43 yrs. This was due to their disability it was difficult for them to get a match.

Table 15

**NUMBER OF CHILDREN**

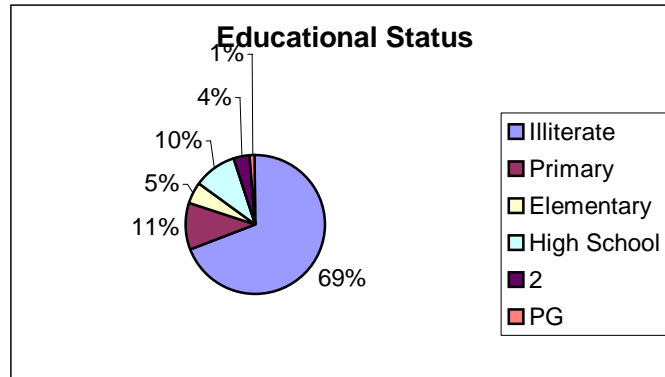
Number of Children	Number of families	Percent
6	1	2.33
5	4	9.30
4	3	6.97
3	8	18.60
2	9	20.93
1	7	16.28
Nil	11	25.59
Total	43	100.00

As per Table 15 it is seen that, the disabled women who were married had children some of their own and some belonging to their husbands first wife. Majority of them did not have children – 25.59%. It was also found that, they were aware of the family planning as it was seen that, only one family had a maximum number of children i.e. 6 numbers. Women who were second wife had one or two children of their own.

Table 16

**EDUCATIONAL STATUS OF DISABLED**

Status	Numbers	Percent
Illiterate	69	69.0
Primary	11	11.0
Elementary	5	5.0
High School	10	10.0
+2	4	4.0
PG	1	1.0
Total	100	100.0



Graph 9  
Very few disabled

women are educated in the rural areas. It was found that, only 1% had done her PG level education. Majority of them was illiterate – 69% as in rural areas women are not encouraged to education and especially when she is disabled it was difficult for them to go for education. 11% have undergone primary education and 5% have done elementary education and around 10% and 4% have completed their High School and +2 level education it is shown in Graph 9.

Table 17

RELIGION THEY BELONGED

Religion	Numbers	Percent
Hindu	97	97.0
Muslim	3	3.0
Total	100	100.0

It is seen that, most of the respondents are Hindu – 97% and only 3% were Muslim. It was also seen that, they spoke all Oriya language.

Table 18

**TYPE OF FAMILY**

Family	Numbers	Percent
Joint	32	32.0
Nuclear	68	68.0
Total	100	100.0

Normally in rural areas the joint family system is followed but in my study it is seen that there is more number of Nuclear family – 68 and Joint family of 32.

Table 19

**HEAD OF THE FAMILY**

<b>Head</b>	<b>Numbers</b>	<b>Percent</b>
Self	12	12.0
Husband	16	16.0
Father	51	51.0
Mother	6	6.0
Brother	9	9.0
Son	6	6.0
Total	100	100.0

As traditionally the head of the family is the Father it was seen that, 51% family was headed by the father. It was seen that 12 disabled themselves were head of the family which was a very good to see that disabled also had the confident to head their family.

Table 20

**INDIVIDUAL OCCUPATION OF THE DISABLED**

<b>Type</b>	<b>Numbers</b>	<b>Percent</b>
Waged	29	29.0
Service	9	9.0
Self Employed	11	11.0
Unemployed	51	51.0
Total	100	100.0

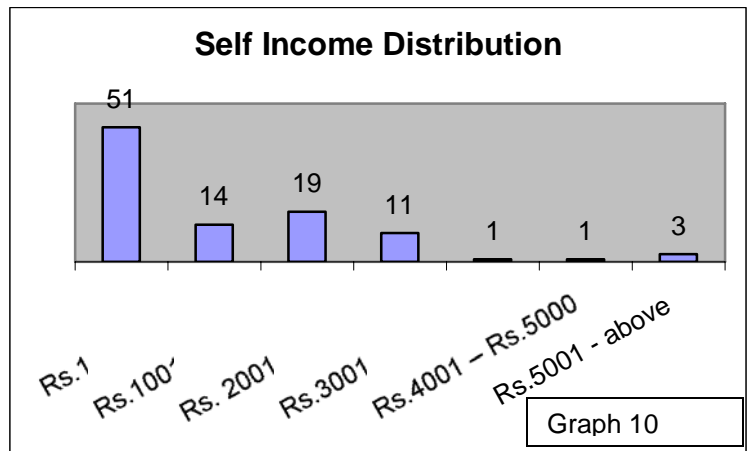
It is seen that, 29 numbers of the disabled women were working and earning on a daily wage. 9 are in service as teachers in the Primary School and Aganwadi and 11 are running betel cum tea shops, tailoring shop, vegetable shop etc. in their villages which they have done with the help of a NGO. Majority of them – 51 are unemployed depending on other family members. This is common as getting employment for a general person is difficult so it is more so difficult for a disabled women to get a job.

Table 21

ANNUAL INCOME OF SELF

	Numbers	Percent
Nil	51	51
Rs.1 – Rs.1000	14	14
Rs.1001 – Rs.2000	19	19
Rs. 2001 – Rs.3000	11	11
Rs.3001 – Rs.4000	1	1
Rs.4001 – Rs.5000	1	1
Rs.5001 - above	3	3
Total	100	100.0

Majority of the respondent are not earning and are dependent on the family members. It is seen that the disabled who are earning are earning a minimum wage. 3% are



earning more then Rs.5001/- and 19% are earning between Rs.1001/- Rs.2000. 11% are earning more then Rs.2000/- but less then Rs.3001/-.

## PART B

### **Study findings**

The findings of the study is divided into four sections such as economic, psychological, accessibility to Government schemes and problems in disaster. A separate part is also studied were it is seen what was the impact of super cyclone was on the disabled women and what was the perception of disabled women on relief and rehabilitation.

In the first section analysis has been made in the post disaster period, which reflects the vulnerability of the disabled during post disaster. In the second section of the findings we can have the knowledge on the accessibility to the government entitlements meant for the disabled women. In this section of analysis we can see how the disabled women are able to access the Government schemes. In the third section there is description on the psychological status of the disabled women during disaster period and in the last part of the analysis there have been discussion on the problems faced by the disabled women during disaster.

#### **Economic**

The economic status of the disabled women can be seen from the annual income of the family having disabled women in disaster area. It is found from the study that the families in the disaster area predominantly depend on the agriculture. Apart from that there are also families who depend on the wage labour work in the Agriculture and Non-agriculture sector.

Table 22

ANNUAL INCOME OF THE DISABLED WOMEN 's FAMILY

<b>Income</b>	<b>Numbers</b>	<b>Percent</b>
Rs.1 – Rs.10000	44	44.0
Rs.10001 – Rs.20000	17	17.0
Rs. 20001 – Rs.30000	11	11.0
Rs.30001 – Rs.40000	3	3.0
Rs.40001 – Rs.50000	2	2.0
Rs.50001 – Rs.60000	3	3.0
Rs.60001 – Rs.70000/-	3	3.0
Rs.70001 – Rs.80000/-	9	9.0
Rs.80001 – Rs.90000/-	5	5.0
Rs.90001 – Rs.100000/-	2	2.0
Rs.100001 - above	1	1.0
Total	100	100.0

It is seen that, the family income of the respondents was on an average good. But majority of them was below Rs.10000/- - 44%. 1% family was earning an amount of Rs.1 lakh and above. Most of the other family income was between Rs.10001/- to Rs.30000/-.

Table 23

PROPERTY OWNED BY THE DISABLED WOMEN

	<b>Total Disabled</b>	<b>Locomotor</b>	<b>Visually</b>	<b>Speech &amp; Hearing</b>	<b>Mentally Retarded</b>	<b>Others</b>
Yes	7	2 (8.7%)	3 (8.8%)	1 (4.3%)	- (0%)	1 (8.3%)
No	93	21 (91.3%)	31 (91.2%)	22 (95.7%)	8 (100%)	11 (91.7%)
Total	100	23	34	23	8	12

It was seen that among the 100 respondents 7 respondents was owner of property and they could say that, it belonged to themselves. Here also it is seen that, 8.6% of the total Locomotor disabled own property and 8.8% Visually Impaired persons. It is quite interesting to see that the Mentally Retarded persons as usual do not possess property.

Table 24

LAND HOLDING STATUS OF THE DISABLED WOMEN FAMILY

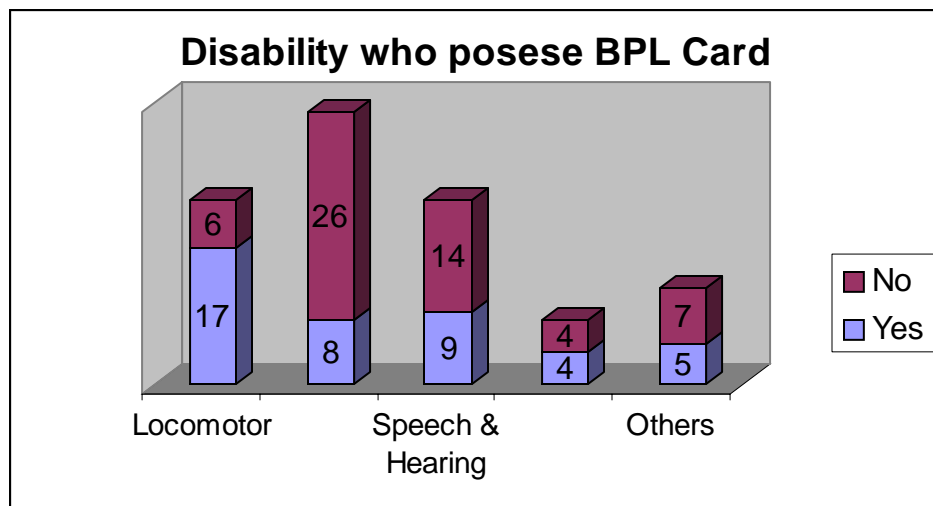
	<b>Number</b>	<b>Percent</b>
Land less	41	41.0
Below 1 Acre	33	33.0
1-2.5 Acre	3	3.0
Above 2.5 acre	23	23.0
Total	100	100.0

It is seen that, only most of the family have land of their own. 33% have land below 1 acre and 3% have land between 1 – 2.5 acre and 23% have land more then 2.5 acre.

**Table 25**

DISABLED WOMEN WHO POSSESS BPL CARD

	<b>Total Disabled</b>	<b>Locomotor</b>	<b>Visually</b>	<b>Speech &amp; Hearing</b>	<b>Mentally Retarded</b>	<b>Others</b>
Yes	43 (43%)	17 (73.9%)	8 (23.5%)	9 (39%)	4 (50%)	5 (41.6%)
No	57 (57%)	6 (26.1%)	26 (76.5%)	14 (61%)	4 (50%)	7 (58.4%)
Total	100	23	34	23	8	12



Graph

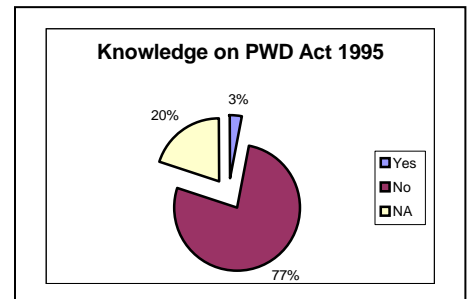
It is seen that, 43 families have BPL (Below Poverty Line) card, which they had got from the Government. This card helped them to received Rice, Oil etc. at a Fair Price. Though in my earlier table it was seen that BPL families constitute more the 50% of the sample but all of them have not received the BPL Card.

It is seen that the person with Locomotor Disability possess BPL Card (73.9%) which is highest then any other category of disability. It is so because their disability is visible to the government official so it is easy for them to access the facility.

Table 26

AWARE OF THE PWD ACT 1995

	Numbers	Percent
Yes	3	3.0
No	77	77.0
NA	20	20.0
Total	100	100.0



When it was asked to the disabled that, do you have any idea about the Persons with disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act 1995 it was seen that, only 3% was aware about it. These 3% who knew about the PWD Act belonged to the Locomotor Disability Category. During the survey the disabled were oriented about the PWD Act 1995.

**PSYCHOLOGICAL**

Apart from economic the disabled women also need psychological support so that they can live in better life even after devastation. Psychological counseling also needed to protect them from psychological trauma.

**Table 27**

**DID THEY RECEIVE ANY PSYCHOLOGICAL SUPPORT**

	<b>Total Disabled</b>	<b>Locomotor</b>	<b>Visually</b>	<b>Speech &amp; Hearing</b>	<b>Mentally Retarded</b>	<b>Others</b>
Yes	22	11 47.8%	3 8.8%	4 17.4%	3 37.5%	1 8.3%
No	25	3 13.0%	17 50%	4 17.4%	1 12.5%	- 0%
NA	53	9 39.2%	14 41.2%	15 65.2%	4 50%	11 91.7%
Total	100	23	34	23	8	12

It is seen that 22% of the disabled women said that they have received some type of psychological support in the post disaster period. Majority of them did not have any idea about it.

**Table 28**

**WHO PROVIDED THE PSYCHOLOGICAL SUPPORT**

	<b>Total Disabled</b>	<b>Locomotor</b>	<b>Visually</b>	<b>Speech &amp; Hearing</b>	<b>Mentally Retarded</b>	<b>Others</b>
Family and Relatives	15 68.18%	9 31.82%	2 66.67%	1 25%	3 100%	- 0%
Friends and neighbours	7 31.82%	2 18.18%	1 33.33%	3 75%	- 0%	1 100%
Total	22	11	3	4	3	1

As per the above table it is seen that, Family members and relatives have been a support to the disabled. Friend and neighbours have help but by a minimum of 31.82%.

**ACCESSIBILITY TO THE GOVERNMENT SCHEMES**

During the study it was seen that a number of Government programs are implemented in the study area. It was studied that how many of these schemes benefited the disabled as every scheme has 3% reservation for

the disabled. There are also other programmes formulated by the Govt. exclusively for the disabled.

**Table 29**

EMPLOYMENT ASSURANCE SCHEME

<u>Variables</u>	<b>Numbers</b>	<b>Percent</b>
No	51	51.0
NA	49	49.0
Total	100	100.0

Employment Assurance Scheme is a poverty alleviation program where a rural unemployed person is given a job or some type of self-employment with which he can earn his livelihood. It is seen that not a single respondent had received it. 49% did not know about it.

**Table 30**

**SWARNAJAYANTI GRAMSWAROZGAR YOJANA (SGSY)**

<b>Variables</b>	<b>Numbers</b>	<b>Percent</b>
No	51	51.0
NA	49	49.0
Total	100	100.0

Swarnajayanti Gram Swarozgar Yojana (SGSY) was introduced in 1.4.1999 is a credit cum subsidy program in which credit is critical component and subsidy is a minor segment aiming to bring people above poverty line in the rural areas. Women as well as disabled women are the focus group. This is also seen that 51% knew about such a program but have not benefited and 49% did not have any knowledge of such a program.

**Table 31**

**SWARNAJAYANTI SAHARI ROZGAR YOJANA (SJSRY)**

Variables	Numbers	Percent
Yes	5	5.0
No	46	46.0
NA	49	49.0
Total	100	100.0

Swarnajayanti Sahari Rozgar Yojana (SJSRY) started in 1.12.1997 was launched to provide income generation option such as setting up gainful self-employment venture, training & up gradation of entrepreneurial skill, to urban unemployed people, living under poverty line. It was seen that, 5% was benefited from this program. 46% had not succeeded to get it and 49% had no idea about such programs.

Among the disabled who have benefited from the program are from the Locomotor Disability (4) i.e. 17.39% had benefited. Only 1 person from the category of Speech & Hearing had received this (4.3%)

**Table 32**

### INDIRA AWAS YOJANA (IAY)

	Total Disabled	Locomotor	Visually	Speech & Hearing	Mentally Retarded	Others
Yes	33	8 34.7%	7 20.5%	6 26%	3 37.5%	9 75%
No	18	7 30.6%	6 17.6%	2 8.7%	1 12.5%	2 16.6%
NA	49	8 34.7%	21 61.9%	15 65.3%	4 50%	1 8.4%
Total	100	23	34	23	8	12

Indira Awas Yojana (IAY) is a scheme where a person is given Rs.22000/- to build his house. It was seen that, 49% have no idea about the scheme. 33% have benefited from it. 18% have not succeeded to get it.

Here it is seen that persons who are under the category of Mentally Retarded have received help under this scheme (37.5%).

**Table 33****FOOD FOR WORK**

	<b>Numbers</b>	<b>Percent</b>
Yes	3	3.0
No	48	48.0
NA	49	49.0
Total	100	100.0

Food for work is the scheme where the person is assured of 100 days job where they will be paid 50% labour charges and balance 50% they will be given in kind ie. Raw rice, kerosene, dal, sugar, oil etc. In the study it was seen that 3% had received this scheme. 49% were not aware of it. All who have received help under the scheme are from Locomotor Disabled category.

**Table 34****PRIME MINISTER ROZGAR YOJANA (PMRY)**

	<b>Numbers</b>	<b>Percent</b>
No	51	51.0
NA	49	49.0
Total	100	100.0

Prime Minister Rozgar Yojana (PMRY) channelise educated unemployed youth into self – employment activities, was redesigned as PMRY 1993. Individuals and groups within the individual admissibility may apply for loan. Here it is seen that disabled have not benefited from it.

**Table 35****NATIONAL HANDICAPPED FINANCIAL DEVELOPMENT CORPORATION (NHFDC)**

	<b>Numbers</b>	<b>Percent</b>
No	51	51.0
NA	49	49.0
Total	100	100.0

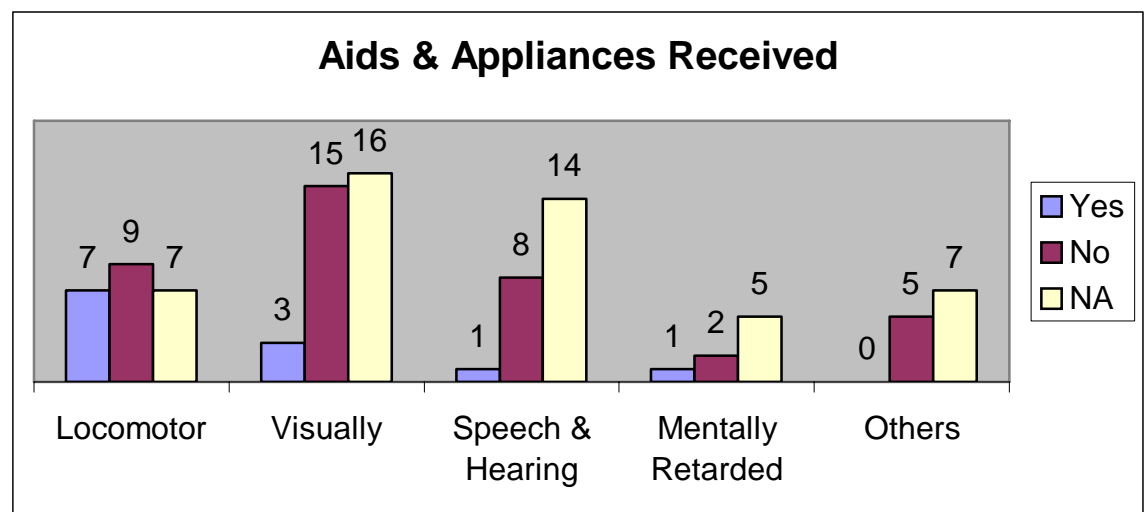
National Handicapped Financial Development Corporation (NHFDC) is a organization which give loan to disabled persons only at a very minimum

interest. 4% interest is charged for women. It was founded that, 51% had idea about the scheme but they have not received any loan and 49% had no idea about it.

**Table 36**

**AIDS & APPLIANCES**

	<b>Total Disabled</b>	<b>Locomotor</b>	<b>Visually</b>	<b>Speech &amp; Hearing</b>	<b>Mentally Retarded</b>	<b>Others</b>
Yes	12	7 30.4%	3 8.8%	1 4.3%	1 12.5%	- 0%
No	39	9 39.2%	15 44.1%	8 34.8%	2 25%	5 41.7%
NA	49	7 30.4%	16 47.1%	14 60.9%	5 62.5%	7 58.3%
Total	100	23	34	23	8	12



Graph 13

The disabled who need aids and appliance for their movement or communications it is given free of cost to them from the Government organization ie. ALIMCO, NIRTAR, District Rehabilitation Centre (DRC), District Social Welfare Officer (DSWO). It is seen that, only 12% received aid and appliance and 39% have not received any aids & appliance under the scheme. 49% do not have any idea.

Among the person who have received aids and appliances belong to the locomotor disability and they are the most who need Aids & Appliances for their movement. 30.4% have got aids and appliances like wheelchair, tricycle & Crutches. 8.8% visually impaired have got blind sticks to help them to move from one place to another. 4.3% speech and hearing impaired have received hearing aids.

**Table 37**

**DIFFERENTIAL RATE OF INTEREST (DRI)**

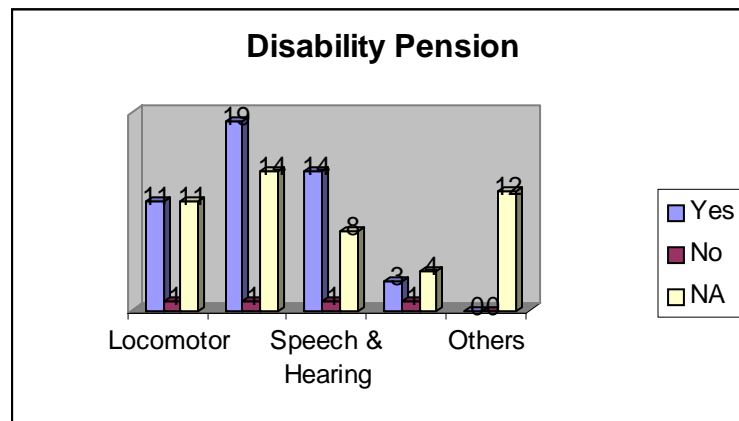
	<b>Number</b>	<b>Percent</b>
Yes	7	7.0
No	44	44.0
NA	49	49.0
Total	100	100.0

This is the differential rate of interest scheme where any Nationalized Bank can give loan upto Rs.6500/- at a interest of 4%. It is seen that, 7% have availed this scheme and 44% have not used the scheme but they know about it. But 49% have no idea about it. They all belong to the Visually Impaired category.

**Table 38**

DISABILITY PENSION

	<b>Total Disabled</b>	<b>Locomotor</b>	<b>Visually</b>	<b>Speech &amp; Hearing</b>	<b>Mentally Retarded</b>	<b>Others</b>
Yes	47	11 47.8%	19 55.9%	14 60.9%	3 37.5%	- 0%
No	4	1 4.4%	1 2.9%	1 4.4%	1 12.5%	- 0%
NA	49	11 47.8%	14 41.2%	8 34.7%	4 50%	12 100.0%
Total	100	23	34	23	8	12



Graph 14

The Government has made a scheme called Disabled Pension which is given from the Block Office of the District. The disabled person gets a pension of Rs.100/- per month. It is seen that, 12% are benefiting this scheme. 39% have not till date got the pension. 49% do not have any idea.

**Table 39**

TRAVEL CONCESSION

	<b>Number</b>	<b>Percent</b>
No	51	51.0
NA	49	49.0
Total	100	100.0

There is a Travel concession where the disabled can travel with a discount in the cost of ticket ie. 50% discount on Bus Ticket with an escort whose ticket is also charged 50% less. In train there is 75% discount on the ticket of the person and her escort. It is studied that no person has availed the benefit of this scheme as they do not need it. 49% have no idea about it.

**Table 40**

DETAIL OF SELF HELP GROUPS

	Number	Percent
Yes	1	1.0
No	1	1.0
Do not know	98	98.0
Total	100	100.0

It was seen that, they had no idea of the SHGs as only 1 person was a member of a group. 98 persons did not know anything about it. The person who benefited belongs to the Locomotor Disability and she just 40% disabled.

Table 41

DISABILITY CERTIFICATE

	Total Disabled	Locomotor	Visually	Speech & Hearing	Mentally Retarded	Others
Yes	65	21 91.3%	19 55.9%	13 56.6%	7 87.5%	5 41.7%
No	11	2 8.7%	4 11.8%	3 13.0%	1 12.5%	1 8.3%
NA	24	- 0%	11 32.3%	7 30.4%	- 0%	6 50%
Total	100	23	34	23	8	12

Disability Certificate is the main thing which can differentiate a person if he is a disabled or not. This is given by the Medical Board which is

appointed in the District Head Quarter Hospital. A person who has got a certificate mentioning her 40% and above and signed by the medical board then she is identified as a disabled and then only she will benefit all facilities available to the disabled. It is seen that 65 have received the Disability certificate. 91.3% are in the locomotor category, 55.9% from the Visual Category, 87.5% are speech and hearing and 41.7% who are mentally retarded have received this benefit and can call themselves as Disabled.

### **PROBLEMS IN DISASTER**

Disaster affected all the categories of people in the district irrespective of any class. But the intensity of the affect on the disabled is more than that for the general people. In this case the women are more vulnerable to access the post disaster relief and rehabilitation operations.

**Table 42**

#### PROBLEMS FACED BY THE DISABLED DURING DISASTER

<b>Types of Problem</b>	<b>Numbers</b>	<b>Percent</b>
Knowledge of location & accessibility	19	19.0
Lack of help from others in the locality in accessing the shelter	57	57.0
Essence of or difficulty in negotiation ramps and steps	4	4.0
Safety and security	14	14.0
Lack of cooking facility	3	3.0
Lack of toilets	3	3.0
Total	100	100.0

During disaster the women face a lot of difficulties or problems, on questioning them it was seen that, these are the problems, which the disabled faced the most. It is mentioned in the table above.

**Table 43**

**SHELTER HOME IN AREA**

	<b>Total Disabled</b>	<b>Locomotor</b>	<b>Visually</b>	<b>Speech &amp; Hearing</b>	<b>Mentally Retarded</b>	<b>Others</b>
Yes	35	13 56.5%	11 32.4%	4 17.4%	3 37.5%	4 33.3%
No	65	10 43.5%	23 67.6%	19 82.6%	5 62.5%	8 66.7%
	100	23	34	23	8	12

When they were asked if shelter home has been built in their area then 35% said Yes and 65% said No. So it is seen that, still now there is no Shelter built if also there is shelter these people are not aware about it.

**Table 44**

**WHO PROTECTED YOU DURING DISASTER**

	<b>Numbers</b>	<b>Percent</b>
Own efforts	19	19.0
With the help of family members	80	80.0
With help of Neighbor	1	1.0
Total	100	100.0

It is difficult for a disabled to move about in normal days and during disaster it is still more difficult for them so during my study it was seen that 19% protected themselves during the disaster. 80% protected themselves with the help of family members and only 1% was helped by her neighbour.

**Table 45**

**WHERE DID YOU TAKE SHELTER IMMEDIATELY**

	<b>Numbers</b>	<b>Percent</b>
Own house	67	67.0
Relatives or Neighbors house in the disaster area	27	27.0
With relatives or friends outside the disaster area	2	2.0
School or other govt. building	4	4.0
Total	100	100.0

After the Disaster it was seen that, 67% took shelter in their own house, 27% went to their neighbours house as their own house was completely destroyed. 2% went away from the disaster area to their friends house and 4% went into the school building for shelter.

### **Impact of Super cyclone on disabled women**

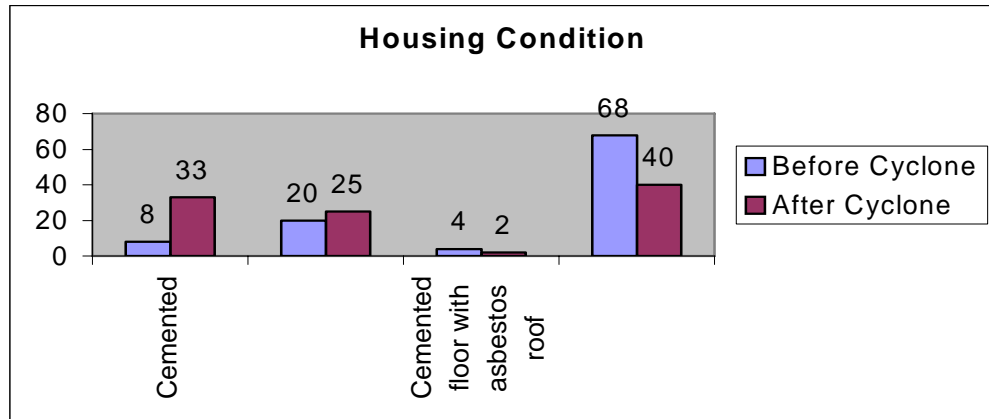
#### **Housing**

With most of the houses either collapsed or washed away by the cyclone, there was a severe housing problem. Most disabled women without roofs on their head were living in plastic shuts which provided no protection against the elements of weather. As most of the houses were washed away and lots of men were dead the women and children thus left destitute and orphaned. They were taken to the transit or short stay homes. While comparing the condition of houses between the pre cyclone and post cyclone period it has revealed that, housing condition has improved through the IAY and other house building programme. It shows that 33% of the sample respondents are residing in cemented home than 8% in the pre cyclone period whereas the number of respondents living in mud houses with thatched roof home reduced from 68% in the pre cyclone period to 40% in post cyclone period.

Table 46

#### INFRASTRUCTURE FACILITIES OF HOUSES THE DISABLE WOMEN HAD

Components	Variables	Before Cyclone	After Cyclone
House	Cemented	8	33
	Cemented floor with thatched roof	20	25
	Cemented floor with asbestos roof	4	2
	Mud floor with thatched roof	68	40
Light	Electricity	30	23
	Lantern	29	24
	Petromax	10	4
	Dibi	31	49

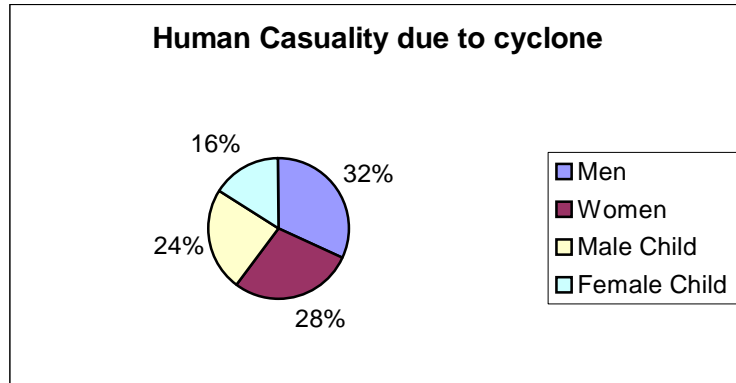


**Graph 15**

As the power supply was disrupted in the area and there was no other alternative the disabled women had to live in the darkness which compounded their sense of insecurity. They remained in the same situation for a couple of weeks till the power supply was restored in the area. Data collected from the sample respondents shows that, use of electricity as a source of light has reduced from 30% in the pre cyclone period to 23% in the post cyclone period.

### **Human Casualty :**

This was outcome after discussion with the community members and key informants. Loss of family members always makes a person more vulnerable in the psychological term. Women who lost their family members especially husband and children became traumatized and were in great need of counseling. Though it has been rendered by some of the local agencies or by family members etc. Even other women who have not suffered upto this extent think that, it is impossible for them to forget the death scene of their family members. Total 19% or one fifth of the total sample respondents have suffered in the form of human casualties in the sense that, some of their family members were dead.



**Graph 16**

Out of the sample respondents 11 have lost 35 of their family members. Out of these 35 human casualties numbers of men, women, male and female child are respectively eight, seven, four and six. Women who have lost their husbands said that, the cyclone was a night mare for them as it took away their husbands and left them alone.

### **Livelihood**

As critical and yet normally recognized is the plight of women faced with cyclone. The disabled women were the worst sufferers during the super cyclone. One of the consequences of the super cyclone is the reduction of their share of productive activities in the formal and informal sectors not only do they sustain production losses, but they also have relatively high opportunity loss. Loss of livelihood for the entire family results in the women facing substantial difficulties as they have to find alternative employment to meet household needs and to sustain their lives.

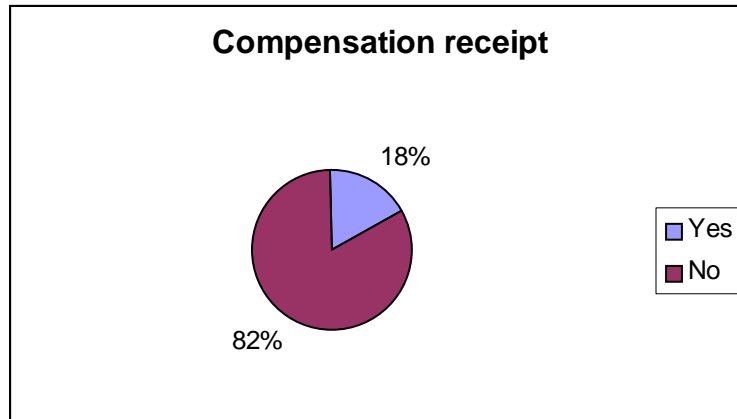
### **Occupation :**

Many households belong to small and marginal landholders in the sample area. It is seen that, the number of women in occupation has increased after the cyclone and now 62% of the sample respondents are in occupation that can be inhouse or outside.

### **Compensation :**

Most of the disabled women specially the widows could not avail the compensation due to lack of information, complicated procedures, corruption etc. total only 17.5% families of the disabled got compensation and only 2% of the disabled women got it in their name.

Most of the unmarried girl or women did not receive death compensation of their parents, as they did not know how to approach the officials for the same or cheated off their share. Compensation was given to the owner of the property. The existing patriachal structure of the society has given power of ownship to the men. Which in turns deprived women to get compensation. Compensation has given in the form of cash ranging from 2000 – 3500 depending upon the value of the property, but respondents said the valuation of the property was wrong. The disabled women are not satisfied with the compensation package as it was difficult for them to access it.



Graph 17

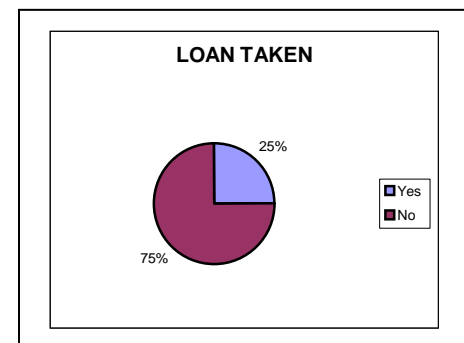
**Loan :**

The damage of property and loss of livestock has compelled some disabled women to take loan. 25% of the sample respondents have taken loan.

Table 47

DETAILS OF LOAN TAKEN

Components	Variable	Total	%
Taken		25	25%
Purpose of the loan	House	5	20%
	Land	4	16%
	Cattle	7	28%
	Household items	5	20%
	Others	4	16%
Agency	Bank	2	8%
	Cooperative bank	10	40%
	Money lenders	12	48%
	SHG	1	4%



Graph 18

The purpose of loan is different according to the necessity of the respondents in their family. 20%, 16%, 28% and 20% of the sample respondents have taken loan respectively for house, land, cattle and other household items. 16% have taken loan for other reasons such as marriage of daughter etc. Loan has been taken from different sources such as Banks, Cooperative banks, money lenders etc. The procedure of repayment of loan to the money lenders differ from village to village. The

rate of interest is also different. In one village some one is paying Rs.50/- - Rs.100/- per month as interest whereas in another village the rate is 11%. The procedure of repayment of the loan in Bank & Cooperative bank is according to their prescribed standards.

### **Food and Nutrition**

The water flow swamped away the food and other things leaving the affected people without food. Disabled women of the study area said that, they and their family did not have anything to eat upto 2 – 3 days till the first food relief was provided to them. The respondents said that, this food as not sufficient to feed the people so they sacrificed it for their family members. Almost all the respondents said that they did not have the minimum food to fill their empty stomach. The worst sufferers were the single disabled women and the pregnant disabled women as they could not avail the food.

### **Health and Sanitation**

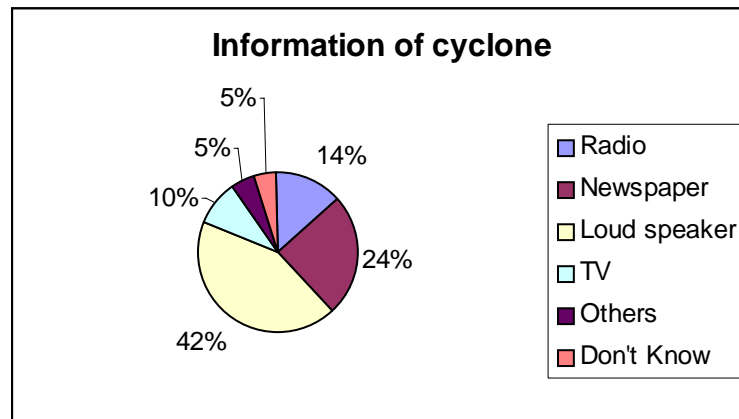
Most of the villages lacked proper medical facilities like hospital, doctors, health workers, Primary Health Centres. The disabled women had to walk down approx. 3 – 5 kms to reach the nearest health center which is located in the GP Headquarter or in the block headquarter. Even doctors were not available when needed. Medicines were also not available. After the cyclone human and children faced many health and psychological problems. Though the NGO's provided counseling and some medicines, those were not enough. They needed expert medical health. Problems like malnutrition, weakness, body ache, eating disorder and loosing consciousness. Most of the disabled respondents said that they had to

wear the same wet clothes for around 5 days which lead them to suffer from fever and some of them suffered by severe cough.

### **Perception of Disabled Women on Relief & Rehabilitation**

The super cyclone of 1999 left behind the disabled women with nothing to sustain their life, they were even deprived of the basic things which are necessary to lead the life. They did not have any other option rather than waiting for the immediate relief. The destruction was on such a scale that, they were not able to recover from it with out the rehabilitation programs.

Before the cyclone Government of Orissa warned the people to evacuate but many people did not take it seriously, most of the sample respondents agree that, they took it casually. 92% of the respondents said that they were warned. 50% said that they got the information by radio and 3% said that it was the TV through which they got the information.



Graph 19

### **IMMEDIATE RELIEF**

The cyclone disrupted all the communication facilities in the affected area so it took around 3 – 4 days to give the immediate relief in those areas. 12% of the respondents said that they received the first relief within 4

days. 38% said between 4 – 6 days, 35% said between 6 – 8 days whereas 7% said it took as long as 10 days.

**Table 48**

**WHEN DID THE DISABLED WOMEN RECEIVE THE RELIEF**

<b>Components</b>	<b>Variables</b>	<b>Numbers</b>
Days to get	Upto 4 days	12
	4 – 6 days	38
	6 – 8 days	35
	Above 8 days	7
	Did not receive any relief	8
In terms of	Food	53
	Cooked Food	30
	Clothes	67
	All the above	3
	Medicines	89

Feeding the hungry was the most important task in the immediate aftermath of the super cyclone relief was given in terms of dry food, cooked food, clothes and medicines. 53% of the respondents said they got dry food such as chuda, biscuits, corn etc. 30% said they received cooked food it was rice and dal, 3% of the respondents said they got first relief both dry and cooked food and clothes. Some of them said that they got old clothes and blankets which they did not like to use it. Most of the respondents said that they could avail medical facilities only after 15 days.

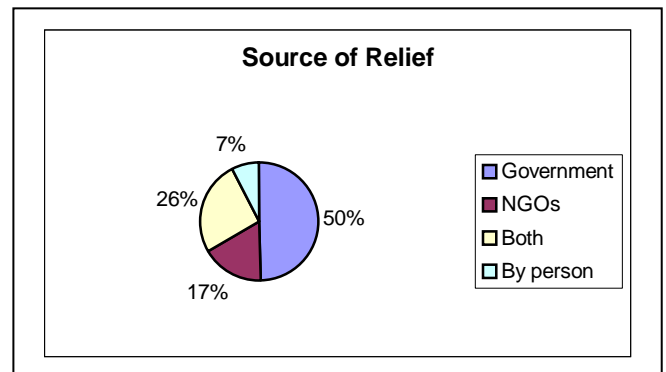
**Source of Relief**

Though many agencies have provided relief but still Government and NGO's were in the lead. 47% of the respondents said that, it was the government which provided them relief whereas 16% said they got relief by NGO's. 25% said that both the government as well as the NGO's took initiatives to provide them relief. 7% said that others such as some cooperate sectors and individual persons were also among the relief providers.

**Table 49**

**SOURCE OF RELIEF**

Source	Numbers
Government	47
NGOs	16
Both	25
By person	7



As the communication facility was damaged by the cyclone relief was dropped by helicopter. 37% of the respondents said that they got through air drop, 26% said they got through road and 12% said that they got through air and road.

**Distance Covered to get Relief**

People had to walk down to the relief distribution place. 20% of the respondents used to walk down 1 km to get relief, 23% walked around 2 km, 38% walked around 3 km and 14% around 4 km, 5% said that they had to walk around 5 km. They used to go with their family members. They said that though they were vnot discriminated in the distribution process but due to their disability they coul not rush or run to collect the relief.

**Table 50**

**DISTANCE COVERED**

<b>Distance to receive</b>	<b>Number</b>
1 km	20
2 km	23
3 km	38
4 km	14
5 km	5

**Duration of relief**

As the cyclone devastated all the things and belongings it was not enough to provide only the immediate relief, though some agencies have tried to provide at least short term relief, if not long term. 12% of the respondents said that, they got relief upto 15 days. 40% said that they got relief upto 1 month. 23% said that one and half month was the duration of relief, even 25% said they received relief till 2 months.

**Special Demands**

Though government and the NGO's both have provided relief and resettlement to the areas, most of the respondents are not satisfied by their efforts. They said that even if they have been provided relief and some kind of rehabilitation it was not upto their needs and they deserved more then what they actually got. 50% of the respondents have given priority to money. 5% respondents wanted house, 5% said that, household items should have been provided. Food I given preference by 18% of the respondents. 7% who are mainly the disabled girls think that they should have been provided with clothes and 15% who are dependent upon

cattles for their livilihood said that cattle should have been provided so that they could have been in a better condition.

**Table 51**

**DEMANDS FROM RELIEF AND REHABILITATION**

<b>Components</b>	<b>Numbers</b>
Money	50
House	5
Household items	5
Food	18
Clothing	7
Cattle	15

Most of the respondents said that they didn't get sufficient drinking water and fuel. They said that they did not face discrimination due to their disability by the relief and rehabilitation provided but were disappointed because they did not get proper amount of relief.

## **PART C**

### **FOCUSED GROUP DISCUSSION**

Focused Group Discussions (FGD) have been conducted to get the opinion and views of the disabled women on certain issues which is not possible to ask separately in such a short span of time. Major factors behind conducting the FGD was to cover more women. FGDs have been conducted in 4 blocks due to time constraints. Major issues covered by the FGD were medical facilities at the time of cyclone and later on accessibility to the relief, rehabilitation, training and preparedness program, Liquor consumption of male members and violence against the disabled women etc.

The outcome of the FGD was that, medical facilities is a must during any type of disaster but it is seen that, medical facilities is not available to the public among whom where the disabled women. It is seen that medical help reached them approximately 7 day after the cyclone but it was only in areas near the Head Quarter. The other areas got medical help after 10 – 15 days. It is also seen that the people did not get clean drinking water.

It is seen that the disabled women were not affected with any type of severe violence but small abuses were said to some disabled women.

Another important issue was the consumption of liquor. It was seen that, consumption of liquor had increased but the effect of violence on the disabled women had not increased.

**(Detailed FGD is in Annexure 1)**

## **PART D**

### **CASE STUDY**

Case study was randomly done from different disabled women. Each and every one gave a different story. But in general it was found that, some of their economic condition improved after the cyclone as they were able to start their own occupation with the help of NGO's mainly and government officials. This shows that, if disabled women are given the opportunity to do something then they can also do anything and lead a life as any ordinary women.

The parents of some of the respondents have a distant hope that, their children will be cured and will lead a normal life in future which may create much more psychological trauma in future.

Some of the respondents also mentioned that, they have not benefited from the government schemes. They have not yet got their Disability Certificate which is a must to become beneficiary of any other schemes.

These respondent are socially accepted in society as they have set up their own shops where general public go to do their purchase. The public brings things to be sold at their shops from wholesale market in Cuttack. Marriage proposals are coming for the disabled. They are joining competitions and winning medals at National level.

**(Detailed Case Study in Annexure 1)**

# CHAPTER 7

## CONCLUSION AND RECOMMENDATION

### Summary and Conclusion

Making a study of limited respondents in a limited time period has its own limitations in the context of such crisis which have global attention and dimension in its nature of severity. This study has been done in a specified region on a micro level. Disabled women covered in this study are very limited in comparison to the total disabled in the district. However a decent and sincere attempts has been made to get a glimpse of the disaster occurred 6 years earlier. The study provided a small platform for further study or research in this issue.

Disaster such as this one have been introduced as environmental events which often cause extensive loss and disruptions to the people living and working in hazardous environments, particularly in our country. As far as livelihood is concerned, cyclone made it very difficult for the entire sea of humanity. However, disabled women perspective to the problems of livelihood is required particularly in the third world countries.

As far impact on disabled women's livelihood in the study is concerned there are some worked and positive changes have been noticed in comparison to the pre – cyclone and immediate period after the cyclone. In the study area which is basically rural and poor and where nature of livelihoods for all purposes are normally uniform, the change in their perspective to livelihood is a welcome sign. Disabled women being at the receiving end of this type of crisis are the worst sufferers of apathy negligence and utterly patriarchal social system which normally make the

matter worse for the disabled women during these types of crisis. Governmental attitude to the disaster is normally not proactive. Moreover, the red tapism and the intrinsic nature of the governmental procedure consume a lot of time for the rescue relief and rehabilitation for them.

The disabled women's should know about the Government schemes as majority of them have no idea that such schemes exists. Social norms and barriers hinder the disabled women's mobility and hence access to good support system. Better coordination could have minimized the impact, the disabled women being the torch bearer of the family, should recognized as they are supposed to go for multiple roles during disaster.

The disabled women should be given help to receive aids and appliances, loans and other helps under the reservation quota and they should be given separately and not in the same crowd as the general.

#### **Researcher's Comments :**

- Generally it was found that, the family income is under BPL but individually the disabled women have become more involved in economic activities as more have gone for occupation.
- It is seen that disabled women they are not much aware about the government schemes which indicates the slackness of the Government awareness programs.

- It is found that the disabled women need more psychological counseling as any strong wind comes they become tense and are scared that another cyclone will come.
- It is seen that, disabled women faced a lot of problems in sanitation, health care, nutrition etc during the cyclone.
- It is seen that, in the study 18% of respondent are head of family among whom 12% are disabled themselves, which is a good sigh.
- 7% of disabled women own property which reflects the pitiable condition of women regarding the property rights.

This study in conclusion attempts to identify the needs of the disabled women to face disaster in future as well as preparedness. The need to give benefits to the disabled women is strongly recommended.

### **Suggestions and Recommendation**

Since time immemorial we are struggling to control nature and environment and striving to cope with disastrous effects arising out of imbalance in the system, Despite technical advances in the field of structural and non – structural measures to combat natural calamities, the quantum of loss of life and damage to material assets is increasing. It may not be possible to prevent the occurrence of these natural phenomena but the disastrous effects they generate can be avoided or at least reduced. In

order to face the disaster like cyclone and to lessen the severity of its disastrous effects there is a necessity of adopting a well planned strategy at a household level and community level as well as block district and state level. An attempt has been made in this section to suggest some recommendations based on observations made during the study.

1. To deal with problems, the awareness camps should be organized periodically in vulnerable zones in order to impart proper awareness to disabled women regarding pre and post disaster management.
2. The entire rehabilitation and reconstruction efforts should be centered on the disabled women related to their locality.
3. The disabled women should be provided training to improve their skills and aptitude in the field of rescue, first aid and relief operation. Special care should be taken to involve the disabled women in community based disaster preparedness.
4. Disabled specific training and manual should be provided. Disabled women should be trained to defend themselves during such events.
5. Some volunteers should be identified in each villages assigning specific tasks during the calamity.
6. NGOs and women self - help groups should be encouraged to create employment opportunities for the disabled women members in the disaster affected areas.

7. Relief rehabilitation and restoration should be of Right based approach rather than welfare approach.
  
8. At the National level strategy planning a separate portion for the disabled women should be included.

# CHAPTER 8

## BIBLIOGRAPHY

### A. BOOKS

1. Boylan, Esther, "*Women and Disability*", Zed Books Ltd. London & New Jersey 1991
2. Enarson E. "*Gender and Natural Disaster*" IPCRR Working paper No 1 International Labour Organization (September 2000).
3. Hans Asha & Patri Annie "*Women, Disability and Identity*" Sage Publications, New Delhi, 2003
4. Tripathy (Sarangi), Dr. (Mrs) Sasmita, "*Role of Women in History of Modern Orissa – 1900 – 1947*" M/S Jagannath Rath Cuttack, 1998
5. Werner, David, "*Village Disabled Children*" VAHI, New Delhi 1991

### B. ARTICLES

1. Coonrod, Carol S, Chronic Hunger and the Status of Women in India, June 1998
2. Greer, Germaine, Progress and Problems of Women in India
3. Thomas Maya & M.J. Thomas Addressing Concerns Of Women With Disabilities In Cbr, Asia Pacific Journal, Vol 2.
4. Tuli Dr. Uma, Women with Disability : Emerging from the Shadows, Amar Jyoti Charitable Trust, Karkardooma, Vikas Marg, Delhi-110 092
5. World Disaster Report - 1998
6. Yashodhara, Dr.P Women and Health

### C GAZATTED ACT

1. The People with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act 1995

#### **D. REPORTS**

1. Disabled Women Disability Awareness in Action Resource Kit No. 6, Published by [Disability Awareness in Action](#) © 1996, All rights reserved, 11 Belgrave Road, London SW1V 1RB, United Kingdom, ISBN 1 892037 35 3
2. Mishra, Urvashi, *Gender and Disaster: Impact of Super Cyclone on Women and their Perception on Relief and Rehabilitation* 2004
3. Shanta Memorial Rehabilitation Centre, *Manual for Community Based Rehabilitation Workers*, Bhubaneswar 2004
4. Shanta Memorial Rehabilitation Centre, *Disaster Preparedness and Mitigation of the Disabled of Jagatsinghpur District – Pilot survey Status Report*, Bhubaneswar, 2005
5. Shanta Memorial Rehabilitation Centre, *Baseline Survey of Disability in the Disaster Region of Jagatsinghpur District*, Bhubaneswar, 2004
6. School of Women's Studies *Gender and Disaster – Identification of Issues and Training in the Context of the Super Cyclone in Orissa – A field Study Report* Utkal University 2004
7. Shrader, E and P Delaney, "Gender and Post – Disaster Reconstruction: The Case of Hurricane Mitch in Honduras and Nicaragua." World Bank draft Report (January 2000))

#### **E. WEBSITES**

1. Enarson, E. "Surviving Domestic Violence and Disasters." Freda Centre for Research on Violence against Women and Children (Jan 1998)  
<http://www.harbour.sfu.ca/freda/reports/dviol.htm>
2. [disabilityworld.org - march 2000, vol 1](#) .
3. Disabled Women Disability Awareness in Action, Resource Kit No. 6  
Published by [Disability Awareness in Action](#) © 1996,

11 Belgrave Road, London SW1V 1RB, United Kingdom  
ISBN 1 892037 35 3

This publication is available in English, French and Spanish, in ordinary and large print, on audio-tape, in ASCII on computer disk, and in English braille

[Download the "Disabled Women Kit" as a PDF file](#) (120 KB)  
([www.independentliving.org / docs2/daa-about .htm](http://www.independentliving.org/docs2/daa-about.htm))

4. Empowerment and Women with Disabilities – By Margaret Cooper (1995)
5. Enarson, E. "Gender and Natural Disasters" IPCRR Working Paper no.1. International Labour Organization (Sept 2000).  
[http://www.ilo.org/public/english/employment/recon/crisis/publ/index .htm](http://www.ilo.org/public/english/employment/recon/crisis/publ/index.htm)
6. Hate Crimes Against People with Disabilities – by Mark Sherry (2000)  
([www.wwda.org.au/hate.htm](http://www.wwda.org.au/hate.htm))
7. McCarrher, D.R and P.E. Bailey. "Evaluation of a Domestic Violence Mass-Media Campaign Targeted at Men – Campaña Desastre, Nicaragua."
8. Family Health International (Jun 2000).
9. "The Role of Women in Disasters" Disaster Preparedness in the Americas 34 (Apr 1998). Pan-American Health Organization. Available through the Virtual Disaster Library at <http://www.vdl-bvd.desastres.net>
10. What is the impact of disability on gender ? – by Karin Swift (1998)
11. Women and Disability – An Issue – A Collection of writings by women with disabilities. Produced by the Melbourne based Women with disabilities Feminist Collective (undated)  
([http // www.wwda.org.au/womdis.htm](http://www.wwda.org.au/womdis.htm))
12. Women, Gender and Disability – Historical and Contemporary Intersections of Otherness – by Della Perry and Ruth Keszia Whiteside (1995 & 2000)  
([www.wwda.org.au/whites.htm](http://www.wwda.org.au/whites.htm))
- 13 Women – Moving Beyond The disability – by Lina Pane (1995)  
([www.wwda.org.au/move.htm](http://www.wwda.org.au/move.htm))

## **F. Paper Presentations**

1. Abuse and Activity Limitation: Domestic Violence Against Disabled Women In Orissa & India by Sruti Mohapatra
2. Beyond Enumeration: Reflections on the National Data on Disability in India by Upali Chakravarti, Institutional affiliation: Ph. D student, Centre for Social Medicine & Community Health, Jawaharlal Nehru University, New Delhi.; Address for correspondence: A1/4 Maurice Nagar, Delhi University, Delhi- 110007.
3. Citizenship and the links between the different models of disability' by Malini Chib, National Resource Centre for Inclusion, Spastics Society of India, K.C.Marg, Bandra Reclamation, Bandra (W), Mumbai 400050.
4. Disability Act..... bringing about exclusion or inclusion? By Dr. Pratibha Joshi, Visiting Faculty – Dept. of Social Works, University of Lucknow, Social Assessment Specialist, and Consultant-Community Mobilizer with FAO, UN
5. DISABLED WOMEN: AN EXCLUDED AREA OF INDIAN FEMINISM  
By ANITA GHAI, Reader Jesus and Mary College, Chanakyapuri, New Delhi.
6. Disabled Women and Double Exclusion by Kamayani Bali Mahabal, Senior Research Officer, CEHAT ,Mumbai Sai Ashray, Aaram Society Road, Vakola, Santacruz (East), Mumbai –55
7. Understanding Issues Related To Married Disabled Women In India, A Concept Paper, To Get Deeper Insights Using An Action Learning Approach, By Ali Baquer, Ranjana Subberwal & Savita Lokur
8. Disability in Disasters by Ashok Hans and Reena Mohanty, Shanta memorial Rehabilitation Centre, Bhaubneswar-751023
9. Equity to women with disabilities in India, (A strategy paper prepared for the National Commission for Women, India) by Indumathi Rao, Member – Advisor, Committee on Women With Disabilities, National Commission for Women
10. Human Rights Of Disabled Women--An Excluded Agenda, Rukmini Sen, Faculty, Sociology and Disability Law, NUJS, Kolkata :

11. Mainstreaming the Women with disabilities – Inclusion of disabled women in the women's movement by Kuhu Das, Director, Association for Women with disabilities, Village: Subhi, (S) 24 pgs, West Bengal, India
12. Stigma, Gender and Citizenship: Problems of Women with Disabilities in India by Renu Adlakha
13. Social Exclusion and Women with disabilities by Sandhya Limaye. TISS
14. Women With Disability; Struggle In The Non-Entity Land by Sneha Mishra, Secretary, aaina, N6/365, Jaydev Vihar, Bhubaneswar – 751015

# ANNEXURE 1

## FOCUSED GROUP DISCUSSION AND CASE STUDY

### **Focused Group Discussion (FGD)**

FGDs have been conducted to get the opinion and views of the disabled women on certain issues which were not possible to ask separately in a short span of time as provided by the respondents. Major factors behind conducting the FGD was to cover more women. FGDs have been conducted in 4 blocks. Major issues covered by the FGD were medical facilities at the time of cyclone and later on accessibility to the relief, rehabilitation, training and preparedness program, Liquor consumption of male members and violence against the disabled women etc.

In Tritol block FGD was conducted in a place under a tree near the school building. Only 25 participants were there. They said that, medical facilities was not available at the time of cyclone and it took around 15 days to get this facilities. Through discussions we got to know that liquor consumption by the male members of the family has not increased after the cyclone and disabled women did not face any kind of violence by their male members at the time of cyclone. Participants informed us that no awareness and preparedness program was conducted in the block.

In Biridi Block the FGD was conducted in a open small field, only 18 participants were present to attend the FGD. They discussed that no medicine and drinking water was there upto 15 days. They discussed that liquor consumption of the male members have increased but in a very slow rate after the cyclone, though it did not lead to severe violence but faced some verbal abuses which the disabled women think as normal.

They further discussed that no such incidence of violence by the community has been observed against the disabled at the time of cyclone. A preparedness program was conducted in their block by an NGO and they had participated in it. During this program they were suggested to take shelter in the cyclone shelter or in any pucca building. There was no incidents of disabled women being sold etc.

In Ersama Block FGD was conducted in a school verandah. Around 25 disabled women and young girls participated. They discussed that they got medicines by the Maharashtra Government after 10 days of the cyclone but said that no drinking water facility was available upto 12 days and they had to drink the dirty water. They discussed OXFAM and BGVS have conducted preparedness programs, male and female along with the disabled participated in it. They have been prepared for evacuation and rescue at the time of disasters.

In Jagatsinghpur block the FGD was conducted on the compound of a



temple and around 30 disabled women participated in the FGD. As it is the block headquarter they could get medicine and drinking water within 7 days after the cyclone. Through the discussion we got to know that, no such

instances of violence against disabled women or girl had taken place in their area. They have participated in training programs where they have learned to do Mapping of their village. They have also been told to form groups within their individual villages. Some booklets on preparedness have also been distributed to them.

Most of the disabled women argued that the cattle's given to them after the cyclone are of no use. They informed that they have been provided with jersey cow or mixed bred ones which are not able to give milks due to saline water. No special programs for the disabled women has been conducted. Agencies have come and promised to get them aids and appliances but till date they have not received it.

### **Case Study - I**

#### **GITANJALI BEHERA A COURAGEOUS WOMEN**

Gitanjali Behera, D/O - Baban Behera, aged about 23 years, maintains her livelihood through a betel shop located at Balia store, 18 km from the district head quarter Jagasinghpur. Before this she was only helping her mother in household work. She was a healthy and young enough to undertake physical work with her mother / father. In fact, she was underemployed being a matriculate. In 1999 (Pre-cyclone), she injured her spinal cord due to falling of her house wall on her back. After that she could not help her mother nor father. Thus she was unable to move around. She was brought to Shanta Memorial Rehabilitation Center, Bhubaneswar a NGO where she was rehabilitated to lead a life on wheelchair.

After her recovery she was assisted by receiving Rs.6000/- from Shanta Memorial Rehabilitation Center and with this she started a beetle shop at Balia store of Jagatsinghpur district. Now she is able to earn Rs.1200/- p.m. from the shop. She cannot buy the products for her shop from the market but she gets some of the products from Cuttack, 50 km from her work place.. Her father and other friends help her for all such outdoor work like marketing, contacting for the products etc. Her father has 2 acres of land out of which he earns Rs.6,000/- per month. She uses a wheel chair

for indoor and outdoor movement Being a disabled she is quite satisfied because she is a self-employed person and does not depend on anybody for her livelihood sustenance.

She had not got any information regarding the cyclone. According to her priority should be given to the disabled people for all such purposes on information, Evacuation and relief. Regarding restoration, Reconstruction and Rehabilitation work her family has got Indira Awas Yojana (IAY). She is not aware about the rule and regulations of the govt. for which she cannot access all sorts of benefits from the govt. those are meant for the people of disabled.

### **Case Study – II**

## **PRAVATI SWAIN A CHALLENGED GIRL**

Pravati Swain, Daughter of Banchhanidhi Swain is mentally retarded by birth. At the infant stage she was not so acute as of now. She is surviving with her father, mother, brother and sister-in-law and two niece, two nephews. The family depends on the labour work and small agricultural income add little to the total family income amounting to approximately Rs.18,000/- per year. The family has less than 1 acre of land and it is becoming difficult to maintain the livelihood of the family. Head of the family is the father of Pravati Swain but her brother earns money and manages the family.

In 1984 when Pravati was 15 years old she was caught with fire by a kerosene lamp. Before this she was doing part of the household work and helps her sister-in-law in cooking and other home based work. After her accident part of her hand is disfigured. Now, she is not participating in any type of household work. After that her mental condition has deteriorated and from that day onward she is not able to lead a normal life. In 1998 her

brother approached the block officials to get a medical certificate for her but the block officials did not inform him about the progress of getting the certificate. As she has no certificate she is not getting the disability pension from the govt.

During the super cyclone she was not going feeling safe to go out of her house but, after a lot of persuasion her brother could be able to take her into the neighbor's house and thus her life was saved. She always makes friendship with children of the village and plays with them. When she was evacuated by her brother and took shelter in the neighbour's pucca house. Other villagers felt discomfort due to her abnormal behavior in daily activities. During that period no one looked after her though she was suffering from fever. Priority was not given to her at the time of relief distribution and other rehabilitation work in the village.

At present her brother has taken all the responsibility and it is becoming very hard to maintain the family as well as her. Now he is feeling that how his sister will be cured or can she go out of the village and be kept in a place where she can get the proper medical and counseling facility. After that she will be able to lead an independent life.

### **Case study – III**

## **TRAGEDY LIFE OF LAXMI MALLICK**

Laxmi Mallick, W/o Ashok Mallick, aged 25 years is not able to express any thing about herself because she is mentally retarded and also hearing and speech impaired by birth. She is not able to do her own work properly. Mr. Ashok Mallick, who is the husband of Laxmi, is not living with her. During post cyclone period that is in 1990 when relief operation was in progress one *Baba* from a religious charitable organisaion suggested her father to arrange marriage for Laxmi. Baba also suggested Ashok, who is

living in Bharanga, 2 km from Laxmi's village and in the same Ersama Block is the right candidate for Laxmi. Ashok is right in mental condition but is a speech and hearing impaired person. Narahari Mallick, father of Laxmi is a poor person and maintains the livelihood through farming and labour work in various agricultural and non-agricultural sector activities. *Baba* told that he would help to meet the financial requirement for the marriage expenditure. So her father gave Rs.1000/- for the marriage and rest amount was helped by the *Baba*. After the marriage the family members of her mother-in-laws house, tortured her.

Laxmi spend her life in her mother's house in very hard condition. As she is speech and hearing impaired person she was not able to express before anyone regarding her problems. In 2002 she was blessed with a son. No one was taking care for her and every one in the family was behaving with hatredness. Her father saw this and brought her daughter back to his home.

During the period of cyclone she was unmarried and her father took her to a school building. But it was difficult for him to manage her among the other villagers. Her father was not feeling safe because she may get into the water. At present her father is taking care of his daughter and grand son. It is not possible to make her life long dependent on him. Her father is confident enough that his daughter will be cured by proper medical and counseling support to her. So he is planning to give a patch of land to his daughter and will request son-in-law to accept his daughter so that they can lead an independent life.

#### **Case study-IV**

#### **RANI SETHI WHO SURVIVE LIFE**

Rani Sethi, a girl of 16 years old is mentally retarded and hearing handicapped. She is surviving with her father, mother and two sisters. Due to her mental retarded ness her family did not sent her to school for education. Her father is working in a shop at Kolkota and getting Rs.3000/- per month. Most of the time he remains absent from the family. Rani has been taking medicine for the last six months from Brahmananda acharya of Cuttack. But there is no development found in her mental condition. As the medicine is very costly and also those medicine affecting her body and she is becoming weak so she has stopped taking the medicines for the last one month.

During cyclone time the family did not prepare them selves so they were not evacuated to a safer place. There is a pucca house in the village. All the villagers took shelter in that house. Looking into this the family of Rani also shifted to their neighbour's house, which is 250 meters of distance from their house. Her mother lifted her and it was difficult for her to take her child in such a high-speed wind. They could not take care of Rani properly during the cyclone due to unhygienic living space Rani could not lead normal life in such a crowded situation. Due to lack of proper fooding and other medicines at the time of post disaster period the health of Rani deteriorated. No such extra facility was provided by the govt. Only general relief was provided which are not suitable to feed their children.

The child has not got any medical certificate from the govt. Even her mother is not aware about the benefits of getting the certificate.

### **Case Study – V**

#### **BANITA THE MOTHERLESS CHILD**

Cerebral Palsy is existing with Banita Swain by birth. Looking into Banita it can be observed that there is a continuous flow of saliva from her mouth

and she is only looking and laughing at strangers coming to their house. She is 17 years old girl living with her maternal uncles at their house. At the time of birth when her parents observed this type of abnormal behavior they sent her to her maternal grandmother. At present her grandmother is taking care of her. The economic condition of her grandmother's house is not good and they mainly depend on the wage labour work. Besides Banita there are other five family members including her grandmother. Two sons of her grandmother are married and they are maintaining their life through wage labour work. They have little land on which they cannot depend fully on its income.

They have not consulted with any doctors to cure their child due to lack of finance. They live in a mud house and that was fully damaged in the cyclone. During the cyclone period there was no one for their help. Her grandmother was much worried about the survival of her grandchild. It was very difficult for her to lift her from their own house to other house. However she could manage herself in lifting her grandchild to neighbours house.

As Banita is profoundly mentally retarded she moves through crawling for indoor works. She is not able to do her own work independently. All her work is done by her grandmother. When they shifted to their neighbour's house it was difficult for them to manage for her daily living activities. She needed a spacious area for movement, which was not available there. Other people look with hatredness due to saliva coming out of her mouth. They spend three days without food. Her grandmother thought that she would die. However they got the relief at the community center and thus helped for survival. Though she is profoundly mentally retarded she has not been able to get a certificate yet. In 1998 they had gone to block office for any sort of govt. assistance for her. The block officials have told them

that they will help them in getting the medical certificate. Till date she has not got any medical certificate.

## **Case Study-VI**

### **SASMITA SETHI's STORY**

Sasmita Sethi is locomotor handicapped in both of her limbs. She is 15 years old and studying in 7th standard. She is surviving with her father, mother, one elder brother and two elder sisters. Being youngest in the family every body loves her most. Everybody is much worried about her future life. Farming is the main source of dependence by the family. With this little source of income they have to bear the study expenses of two children. In 2000 one doctor from the local hospital told them to have an operation in two legs of Sasmita at Olatpur which is estimated to cost Rs.15, 000/- but due to lack of money they could not do that. The family is confident if that operation was done then she would be rectified. She is very much interested to have a higher study. But in future due to problem with his legs the mobility may be restricted. Her family is also in the fear that the marriage may be ion problem for her so that they desperately want to do operation work in her legs.

She is not getting disability pension, as she does not have the medical certificate. Though her father have contacted in the block office about the process of getting the certificate they did not cooperate him to get the certificate. During cyclone she was a child. She could not move independently and her mother had to lift to safer place. No extra facility was provided for her. As she was a child she could not eat the relief materials and her mother had to collect food from the neighbour's home for her child.

## **Case Study VII**

### **SANJUKTA's TRAGIC LIFE**

Memories of the killer super cyclone which struck the state nearly two years back might have faded, but for some, the trauma still lingers with no less fury. Amidst the trauma, there are stories of hope against all despair. Twenty five year old Sanjukta Sahoo's is one such rare story. If months ago, she was in a vegetative state, now she is all smiles.

When village after village was swept by the tidal waves in Jagatsinghpur district, Sanjukta was screaming for help from her house in the remote Ochinda village under Machhangoan grampanchyat.

A wall of the house fell on her and she was trapped for over 12 hours. Next day, her family reserved her; only to discover her paralyzed due to spinal fracture.

Her initial condition dried up all hopes of her family for a while, but things began to change when a group of social activists from the Mumbai based College of Social Works, Nirmala Niketan, landed up at Ochinda as part of their study on community based disaster preparedness to develop a curriculum for the students in the aftermath of the super cyclone.

Shanta George and Natty Lopes, two members of the institute till date continue to monitor Sanjukta's progress.

For about a year, Sanjukta had to lay on her stomach on the floor as she was unable to move due to spinal cord and hip bone injury. The tow social activists took up Sanjukta's as a case study and brought her to the Sriram Chandra Bhanja Medical College and Hospital, Cuttack, the premier

referral hospital in the State. But, doctors dismissed all possibilities of her recovery.

Later, she was brought to the Missionaries of Charity hospital where Shanta and Natty personally looked after Sanjukta, even removing worms from wounds and cleaning them regularly. "To create in her the confidence that one day she would regain the loss was more important," says Shanta.

When Sanjukta showed signs of improvement, she was shifted to the Shanta Memorial Rehabilitation Centre here for physiotherapy where with the assistance of Lutheran World Services (India), she was put under observation for a year.

Initial days proved to be testing times for physiotherapists as Sanjukta's body had swelled without proper blood circulation. It took six months to regain the slightest movement of her hands though she is paralytic from waist downwards.

Only about six months back, Sanjukta was seen at the SMRC breaking down while undergoing physiotherapy. The pain was so acute that she used to fear every one and looked at others with suspicion.

But now, she manages to stitch with a hand-sewing machine and does embroidery too earning Rs. 15 to Rs. 20 a day.

Moreover, she has opened a bank account with a monthly deposit of Rs.1000 since last two years.

Her father Arjuna Sahoo is a daily wage earner. What she now needs is more support to enable her parents to provide her with better treatment.

You all will be surprise to read that, she won Silver Medal at the Abilympic Competition at New Delhi.

## ANNEXURE 2

### Disaster Preparedness Questionnaire Part A – General

#### Section I – Personal Information

1. Name –
2. Age –
3. Sex – Male ..... Female
4. Location – Village ..... Block  
.....GP.....
5. Marital status - Married/ widow/ widower/ divorced/ separated/  
unmarried
6. At what Age did you marry ?
7. If you are married then how many children do you have ?
8. Education of self – Illiterate/ Primary/ Elementary/ High School/ + 2/  
Graduation/PG / Any other ( specify )
9. Religion.....Caste
10. Language spoken at home
11. Family type – Joint/Nuclear
12. Head of the Household - Self/ Husband/ Wife/ Father/ Father in  
law/ Mother/ Mother in law/ Brother in law/ Brother/ Son/ daughter/  
Any other
13. Occupation of self – Waged/ Service/ Self employed/ Unemployed/  
Any other
14. Annual income of self
15. Annual income of the family
16. Details of any property owned by self
17. Land holding of the family



28. If yes, what is the extent of disability ( in % )

29. Are you able to physically access the following infrastructure – If no, why?

Govt. offices – Block office/ SEO

Hospital

Market

Schools

### Part C

30. What type of natural or manmade disaster have you faced? Flood/ Earthquake/ Cyclone/ Fire/ Heat wave/ Vehicular Accident/ any other accident/ other (pl. specify)

31. Location of the disaster and when

32. Was there any prior warning of the impending disaster?

- If yes was it taken seriously by you or other affected persons.
- Was it taken seriously by the appropriate agencies like the Civil administration/ Police/ NGOs/ CBOs etc?
- Did any one make any special efforts to face the coming disaster?
- Do you know any disabled who died during the disaster?
- If so what were the actions taken by the following
  - a. Govt.
  - b. NGOs
  - c. CBOs

33. Was your disability a direct result of the disaster or was it pre existing.

- In case it was pre existing did it get worse consequent to the disaster?

34. How did you protect yourself during the disaster?

- Own efforts
- With the help of family members
- With the help of neighbours and other villagers
- Govt. or Non-Govt. Organisations.
- Other – please specify

35. What would have helped you in facing the disaster in a better manner?

- Presence of more RCC buildings - either own or of neighbours
- Cyclone Shelters as now built by the government

- Vehicles or other transport to move to safer places
- Any other - please specify

36. Where did you shelter immediately after the disaster?

- Own house
- Relatives' or Neighbour's house in the disaster area
- With relatives or friends outside the disaster area
- School or other government building
- Temple/ Masjid/ other places of worship
- High Ground like River Embankment in the open

37. What problems did you face there?

- Knowledge of location & accessibility
- Lack of help from others in the locality in accessing the shelter
- Absence of or difficulty in negotiating ramps and steps
- Safety and security
- Lack of cooking facility
- Lack of toilets
- Shortage of food
- Shortage of drinking water
- Over crowding
- Any other – Please specify

38. Is there a disaster shelter home in your area now?

- When was it built
- What is its distance from your house- ½ Kms./1 Kms./2Kms./More
- Can you access the shelter?
- Were you consulted before the construction of the shelter home

39. What kind of aid did you receive immediately after the disaster from Government/NGOs/CBOs?

- Food stuff – Ready to eat/ needing cooking
- Drinking water
- Clothing
- Candles, matchboxes, other utility items
- Medicines
- Kerosene
- Polythene sheets or other good to build shelters
- Aids and appliances
- Counseling
- Any other – Please specify

40. Where did you receive the aid – within the village/ away from the village

41. What did you want or need at that time but did not receive from anyone?

- Food stuff – Ready to eat/ needing cooking
- Drinking water
- Clothing
- Candles, matchboxes, other utility items
- Medicines
- Kerosene
- Polythene sheets or other good to build shelters
- Aids and appliances
- Counseling
- Any other - Please specify

42. Did you face the 1999 super cyclone?

- How did you save yourself at that time?
  
- Did anyone help you and how?

43. Did you get any aid subsequent to the cyclone?

- What problems did you face in getting the aid?

44. Have you received any compensation subsequent to the cyclone?  
Yes / No

45. How do you cope with your disability in everyday life?

- At home
- At work

46. Did you receive any kind of Psychological support after developing your disability?

- From whom?

47. Have you become dependent on other people after developing your disability?

- What do you think will help in enabling you to become more independent

48. Dwellers

	Before cyclone	After cyclone
--	----------------	---------------

Type of house 1. cemented 2. cement floor with thatched roof 3. cement floor with asbestos roof 4. mud floor with thatched roof		
No of rooms in the house		
Source of light 1. electricity, 2. lantern, 3. petromax, 4. dibi		
Source of drinking water 1. tap, 2. tube well, 3. open well 4. pond, 5. canal		
Latrine Yes / no		
Garbage disposal 1. near the house, 2. little away, 3. far away		
Immunization status of the child		

49. Have you taken any loan                      Yes                      No

50. If yes what was the purpose ?

51. Agency from which the loan has been taken

- Bank
- Co operative Bank
- Money Lender
- SHG
- Others

52. Procedure of repayment of loan (%)

53. After how many days you got the first relief?

54. It was in terms of food cooked food clothes medicine others

55. Source of this relief was  
Govt.

NGO,  
by a person  
others

56. Relief was given by :

helicopter,  
In person ,  
by road  
any other.

57. What distance did you cover to get relief?

58. Have you faced any discrimination because of your disability

59. Amount of relief was insufficient/ up to some extent sufficient

60. Have you got the compensation yes or no

61. If Yes then who got it

You  
your husband  
both of you  
other family member

62. What was the form of compensation?

63. After the cyclone upto how many days you have received relief?