

56th Session of the United Nations Commission on the Status of Women, New York

PANEL – RURAL WOMEN & GIRLS WITH DISABILITIES: ECONOMIC EMPOWERMENT & POLITICAL PARTICIPATION

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I wish to acknowledge the prior owners of the land on which we meet today, the Native American people – the Lenape.

In addressing the topic of this session – economic empowerment and political participation of rural disabled girls and women – we need first to consider how we think about disability, gender and rurality. There are many types of disability, although often when we use the word 'disability' what immediately comes to mind are women who use wheelchairs for mobility or people who are blind or deaf. As we can see from the Universal Access symbol is “not just a symbol of access, but of disability itself” (Ben-Moshe and Powell 2007). Ironically, that this symbol is rarely seen in rural and remote areas, tells a story about rural planning and the lack of encouragement for disabled people in rural areas to participate in civic life.



Many other conditions can fall under the category of disability and they include sensory, cognitive, developmental, communication, mobility and mental health conditions. Not all of these are visible and many women have to live with the ignorance of the wider community.

Secondly, disabled women have many identities and are in various relationships, which change during the life cycle. Disabled girls have different issues to older disabled women. Disabled women may be single, married, divorced and in a heterosexual or same-sex relationship. They may identify as transgender or transsexual. They may be unemployed, partially employed or in full-time work. They may live in urban areas, regional, rural or remote areas. They may be able to trace their kinship and families back a long way in the place they live. They may be indigenous people, who have been forced off their country but still retain a strong connection with their land. They may be immigrants in a settler society, such as the USA, Canada or Australia, who suffer from racial discrimination as well as all the deprivations and disavowal that are ever present for a disabled woman.



Multicultural Disability Advocacy Association (MDAA), Sydney, Australia
<http://www.mdaa.org.au/gallery/index.html>

Importantly for my talk today, disabled women may live in the global South or the global North. Although not all countries in the global South are poor, I use North–South terminology as shorthand for a complex of inequalities that are embedded in historical relations of global power: colonization, invasion, war, land theft, dispossession and so on. Southern countries are, broadly, those historically conquered or controlled by modern imperial powers, leaving a continuing legacy of poverty, economic exploitation and dependence. The ‘North’ refers to the centres of the global economy in Western Europe and North America, notably England and the USA. As will become clear, it is important to make these distinctions to place disability in a historical context. Many people in the global South, including disabled women, who are often the poorest of the poor, still live without access to resources, clean water or adequate housing in rural and remote areas.



Nafisa, 16, on her wheelchair near the UNICEF-supported 'VIP' latrine adapted for children with disabilities at Bungudu Primary School, Nigeria.

http://www.unicef.org/infobycountry/nigeria_44770.html

Disability, rurality and gender come together in a set of social relations in which individuals and groups act. Sometimes disabled women's bodies are the sites of power struggles, dispossession and violence. Sometimes disabled women are agents in exerting power to fight back. Indeed, in this room today, we have evidence of the agency exercised by disabled women in shaping attitudes and institutions around the globe.

We need to situate rural women in the context of increasing globalization as well as acknowledge the significance of their relationship to the land and their communities. I have already referred to this complex relationship of rural women to the global in talking about the global South and the global North. One billion people in the world are disabled, which is 15% of the total population. But importantly, when we are discussing rural women, 80% of disabled people, or approximately 40% of disabled women, live in the global South, which has major implications for the recommendations and work of the United Nations Commission on the Status of Women.

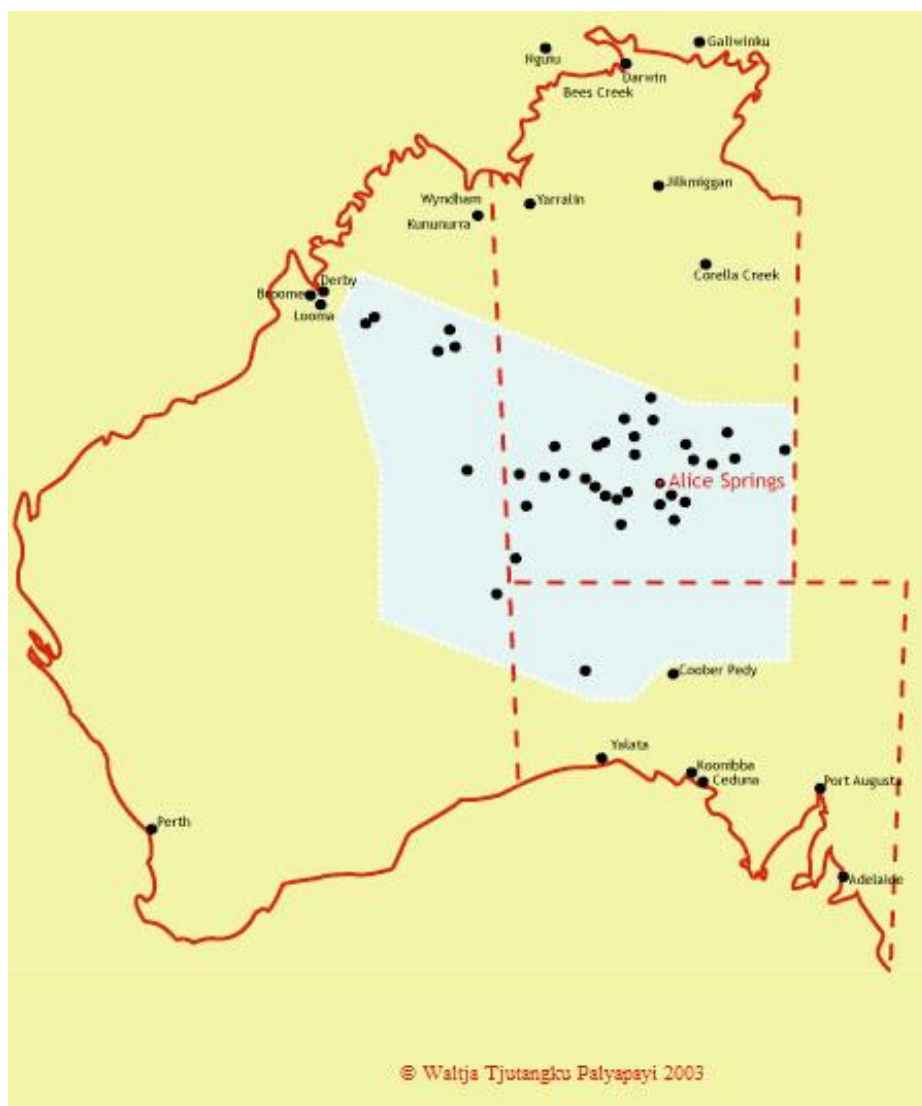
We know that disabled women are severely disadvantaged based on a range of socioeconomic indicators, such as employment, education and income. What happens if we add rural and remote living to the balance? Among other things, we uncover the tyranny of distance for disabled women.

I want to turn to disability in a remote context. In my own country, Australia, which is geographically in the global South, many Aboriginal people live in remote areas. It is estimated that 69% of Aboriginal and Torres Strait Islander people live in regional, rural and remote areas (Australian Bureau of Statistics 2007). The legacy of invasion, colonization and land theft can be

seen in the 50% of the indigenous population over the age of 15 who in 2008 had a disability or long-term health condition (ibid). Disability Studies has been criticized for its 'whiteness' (Stienstra 2011) and nowhere is this more apparent than for Aboriginal communities living in remote areas.

I want to focus on an example of a remote community organization operating in the centre of Australia, so that the excellent work carried out by the organization gets international recognition.

The following information is taken from the website of the Waltja Tjutangku Palyapayi Aboriginal Corporation at <http://www.waltja.org.au>.



Service Map: Waltja works with the communities represented by black dots.

Waltja Tjutangku Palyapayi, based in Alice Springs, is an Aboriginal women's organization working in central desert communities, covering an area of over 700,000 square kilometres and including

10 main language groups, with the workers travelling between three states. The map above gives some sense of the vastness of the country in which the workers travel to visit isolated communities. It shows only the western and central parts of Australia (the full map of Australia can encompass most of Europe!)

As stated on the website, “Waltja works to support people with a disability, living in remote communities, to be active members within their own community.....Waltja gets the opportunity to assist people with a disability and carers to address both current issues and personal aspirations.”

Through funding from the Northern Territory Government they can provide up to AUD\$500 a year for a person with a disability for items such as mattresses, blankets, clothing, walking aids, fuel or food (Nangala et al, 2004). The disabled women who live in this vast area also need housing, clean water and safe roads. Windbreaks are essential so that people with disabilities can sit outside.



In some communities served by the Waltja organization, up to 85% of children are deaf as a result of *otitis media* (a middle ear infection that is both preventable and treatable). There is no program to support teachers with profoundly deaf students. This results in shame and the children refusing to attend school.

Moving from remote Australia to rural Australia, I want to mention the findings of research¹ I undertook in December 2011 with disabled women in Tasmania, an island of 68,401 square kilometres which is separated from the south of Australia by the Bass Strait. It is a well-known staging post for Antarctic expeditions.



WWDA Members from Tasmania, Marrette & Patsy. Photo courtesy WWDA.

The research revealed a complexity of life for women with a disability living in rural and bush environments. All of the women I spoke to enjoyed living in a rural area and none wanted to return or move to the city. They often spoke of the peace and quiet, the sound of birdlife and the bush as therapeutic and comforting. I found remarkable resilience displayed by disabled women and girls in rural areas despite often having to live with a lack of understanding by the wider community, discrimination, abuse and loneliness.

The first and perhaps most important issue raised was mobility and access to services, due to – among other factors – either a complete lack of, or at best irregular, public transport. Access to services both public and private, such as health professionals, required a trip into the city and reliance on a friend or relative to drive. In some areas, community transport existed but it was necessary to be booked well in advance of the appointment. Many women with mobility impairments could not even leave their homes, as once outside, there were often no safe pavements; just gravel or grass strips running alongside the roads.

The experience of social exclusion from community life was common – a sense of not being welcomed at community events and fundraising functions or sporting activities. Alongside this exclusion was sometimes a sense of fear of having their disability disclosed. Women with mental health issues talked of ‘living with a secret’. For others, it was fear of welfare workers that were in a position to ‘take their children away’. Some girls and young women felt that they were the only

‘different’ ones in the community and that the lack of acknowledgement of diversity and difference by tightknit and conservative communities was detrimental to their wellbeing. For some young women, this changed dramatically when they moved to the city to study.

Domestic violence and abuse of disabled women is now acknowledged as a major problem. But for many disabled women living in rural areas who were interviewed, ‘suffering in silence’ was a typical response. Some felt there was no alternative and that they were ‘trapped’ in their houses with their partner. Physical abuse was not the only type of abuse. Emotional abuse was also evident. On several occasions women reported that their partners had cancelled or stopped their home care services on their behalf. One woman had been allocated time for a support person to work in her garden – a major love in her life – but this was stopped by her partner.

I believe there are many important projects for the UNCSW to undertake with rural and disabled women. However, in the first instance, there are some essential steps that need to be taken. Disabled women need to have their voices and stories heard. They need to be recognized and respected. Today we have taken one big step in that direction. In order to be economically empowered and able to participate in our political systems we may need accommodations. For example, we need physical access, we need interpreters, we need funding for support workers, we need presenters to be aware that blind people cannot read overheads and they need to be described orally! It is not just a matter of opening the doors, if the doors lead to a flight of steps.

For rural disabled women, economic empowerment often means leaving their country towns and villages and going for training in the city. In my research in Australia the women who had been able to access education and training were also able to advance economically. Those who had to stay in the rural areas had much less success. In many countries the rural areas are in decline – some women I spoke to talked of living in ‘ghost towns’. If these women are to attain economic self-sufficiency as well as exercise their democratic rights in civic life, we have to revitalize rural areas.

For the UNCSW, the first steps for involving disabled women in the work of the Commission are recognition of their particular lived experiences and respect of their personhood. This will only come about if we go into the rural and remote regions of our countries and meet with disabled

women in their own environment. For those of us who live in the city, this may be a tough call, but I leave you with this challenge.

I would like to thank you all for listening today.

Notes

1. Research funded with an Australian Research Council grant (2010–2013), DP110102719: ‘*Disability in Rural Australia*’, and conducted by Professor Barbara Pini, Dr Karen Soldatic, Associate Professor Helen Meekosha and Professor Carol Thomas.

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