



Livelihood Struggles And Challenges Of Disabled Women During Pandemic

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ABSTRACT

The COVID-19 global outbreak is a significant event of the 21st century as it has a worldwide impact on every aspect of life. While the pandemic threatens all members of society, persons with disabilities are disproportionately impacted due to attitudinal, environmental and institutional barriers that are reproduced in the COVID-19 response. Persons with disabilities face specific barriers in carrying out their daily lives in the community due to COVID-19. Many persons with disabilities who rely on others for daily living (through formal support by service providers or informal support by relatives/friends) find themselves without support due to movement restrictions and physical distancing measures which leave them at high risk without access to food, essential goods and medicine, and prevented from carrying out basic daily activities such as bathing, cooking, or eating. Research shows that women and girls with disabilities primarily due to their disability status were cut off from other needed health services, lost access to employment and education, lost access to disability-related support services, and faced significant barriers to affording and accessing food, clean water, housing, sanitation items, and other basic needs. Thus the present paper attempts to highlight the struggles and challenges of disabled women during pandemic based on secondary literature. The paper will also discuss some personal experiences of the livelihoods of disabled women in Jammu city.

KEYWORDS: Disability, Challenges, Exclusion, Covid 19

INTRODUCTION

In India, there are 11.8 million women with disabilities who experience considerable challenges, discrimination, isolation and marginalization. Reeling under the stigma and prejudices of a patriarchal and ableist society, women with disabilities are considered a burden, infantilized regularly, stripped of decision-making powers, not considered to be “woman enough” and routinely discriminated against or abused and harassed. They face barriers in access to health, education, employment, social protection, and safety. These barriers are heightened by the COVID-19 situation. Their access to information is reduced, and inclusion at homes is further impacted. Discrimination and isolation which existed before, has reached high levels impacting the mental health of women with disabilities. Domestic violence, which was difficult to document and report even before for disabled women, but which very much existed, has spiked, yet no formal records are available during pandemic. Access to helplines has also been a huge challenge for women with disabilities. Globally 1 in 5 women live with some form of a disability. Higher number of disabled women live in developing countries. They face multiple and intersecting discriminations, marginalization, and denial of rights. Women with disabilities have less access to education due to the intersecting discrimination on the basis of their gender and disability in both the education system as well as within their families. Many women with disabilities face barriers to access employment and are in more informal workspaces. They continue to face discrimination and other barriers in accessing livelihood and income support, participating in online forms of education, and seeking protection from violence. Particular groups of persons with also face lower pay than men with disabilities or other non-disabled women. Many persons with disabilities have pre-existing health conditions that make them more susceptible to contracting the virus, experiencing more severe symptoms upon infection, leading to elevated levels of death. During the COVID-19 crisis, persons with disabilities who are dependent on support for their daily living find themselves isolated and unable to survive during lockdown measures, while those living in institutions are particularly vulnerable, as evidenced by the

overwhelming numbers of deaths in residential care homes and psychiatric facilities. Barriers for persons with disabilities in accessing health services and information are intensified. Persons with disabilities, such as prisoners and those who are homeless or without adequate housing, face even greater risks. Women with disabilities are likely to face more job losses and unlikely to have higher savings to survive because of the financial costs of the discrimination they face in accessing services like public transport and healthcare. They face two to three times higher levels of violence, discrimination and abuse than their non-disabled counterparts. The lockdown has led to having to exclusively rely upon the immediate family which has in turn made it even more difficult to escape violent situations or reach out to their usual support systems outside of their homes.

OBJECTIVES

- To examine the struggles and challenges of disabled women during pandemic based on secondary literature.
- To analyze some personal experiences of the livelihoods of disabled women in Jammu city.

METHODOLOGY

When deciding on the data collection method to be used for the paper, the researcher has used two types of data, namely primary and secondary data. The sources in the paper covered both primary as well as secondary data. The secondary sources include books, articles, internet sources, magazines, journals, newspapers and other surveys and reports. The primary data was collected with the help of case studies of disabled women in Jammu city.

CHALLENGES OF DISABLED WOMEN

- **Economic & Livelihood Impacts-** Loss of Income and Work Opportunities for many disabled women worked in the informal sector (daily wages, home-based work, small enterprises), which shut down during lockdowns. Without social protections (unemployment benefits or savings), income loss was sudden and devastating. Employers often prioritized retaining non-disabled workers, deepening exclusion.
- **Barriers to Social Protection and Support-** Due to limited access to Government assistance many disabled women could not easily access cash transfers, food rations, or stimulus support, due to: Lack of information in accessible formats (e.g., braille, sign language, easy-read). Remote or inaccessible application processes (online portals not accessible for assistive tech).
- **Exclusion from Relief Distribution-** Relief often relied on community volunteers or central distribution points that lacked due to Accessible transport, Wheelchair ramps, Sign language interpreters. This made obtaining even basic food and supplies a challenge.
- **Health & Service Access Challenges-** Interruptions in Healthcare such as routine health services, rehabilitation, therapy, and assistive-device maintenance were delayed or stopped. Disabled women with chronic conditions faced higher risk of complications. Lack of accessible public health messaging increased vulnerability as no captions or sign interpreters in many briefings, no tactile or braille messaging for visually impaired which limited their ability to understand prevention and vaccine guidance.
- **Increased Care Burden-** Disabled women often experienced dual caregiving roles such as caring for children out of school, support for elderly family members, managing their own disabilities. Lockdowns meant less access to external support (paid caregivers, NGOs, community support), intensifying physical and emotional strain. Reduced Community Support in the form of pandemic restrictions cut off social networks that many relied on for emotional support, job information, Collaborative livelihoods. Higher Stress & Anxiety led to isolation, fear of infection, and economic uncertainty increased mental health struggles.
- **Safety & Gender-Based Violence -** The evidence shows that gender based violence Disabled women are at higher risk due to dependency on caregivers or family members. Reporting mechanisms and shelters were harder to access.

Many respondents had felt trapped and abandoned within their own homes, often without access to essential supplies such as food, medicines and other basic necessities. Information from official sources was often confusing and inaccessible, with some respondents left with no access to information at all. Many respondents shared that they had been denied access to healthcare during the pandemic, even in relation to treatment for COVID-19 itself, due to discriminatory healthcare procedures and attitudes. It was also highlighted the diverse needs and experiences of disabled people, with certain groups exposed to additional hardship and discrimination, including disabled women, children, homeless people, those from indigenous communities and those living in rural or remote areas. Persons with disabilities face specific barriers in carrying out their daily lives in the community due to COVID-19 response measures. In particular, stay at home restrictions that do not consider their needs create disruptions and new risks to their autonomy, health and lives. Many persons with disabilities who rely on others for daily living (through formal support by service providers or informal support by relatives/friends) find themselves without support due to movement restrictions and physical distancing measures. This leaves them at high risk without access to food, essential goods and medicine, and prevented from carrying out basic daily activities such as bathing, cooking, or

eating. thus some of the important challenges during pandemic include education, economic, healthcare, social support and psychological vulnerabilities of persons with disabilities.

In case of educational vulnerabilities Persons with disabilities are less likely to have an education compared to their counterparts without disabilities (World Health Organisation, 2011). Those who are in school struggle with physical, information and attitudinal barriers (Braun & Naami, 2019; WHO, 2011). The 'new normal' learning space which is virtual learning is a challenge for every student. This means students should have access to workable computers and stable internet. Besides, online learning materials should be accessible for students with visual impairment and those who are deaf. While in school, they might have access to equipment and services such as screen readers, magnifiers, close captioning and subtitles services to make learning materials accessible, which might not be the case when they are at home and could impact their learning experiences during the pandemic era.

In terms of economic vulnerabilities Persons with disabilities in both the formal and informal sectors are more likely to lose their jobs during the COVID pandemic. This further worsen their income, savings and their economic resilience in the COVID19 era. Social barriers remain the major challenge to the employment of persons with disabilities (WHO, 2011). Further, persons with disabilities are more likely to contract the disease because they manage several barriers daily, COVID-19 could, therefore, prevent some persons with disabilities from working because of the fear of contracting the disease. COVID-19 could worsen economic vulnerabilities for persons with disabilities who are self-employed especially those who are mostly as dressmakers, tailors, handweavers, hairdressers, and petty traders-selling mostly at home (smaller bags of basic needs items or cooked food) in front of their houses or on streets (Naami, 2015). COVID-19 could prevent this group of people from working because they may have difficulty restocking their goods because of restricted mobility.

CASE STUDY 1

A survivor of domestic violence, a 42 – year – old woman with a locomotor disability was forced to return to her marital home with her 5 - year - old daughter in the middle of the lockdown when her paternal family said they could no longer support her physically and financially. Separated from her husband and dependent on her brothers for physical assistance and financial support, She started living alone, is unable to pay the house rent and her daughter's school fee while she is trying to survive with the little money she has in her savings.

"I do not have enough money to take the car and drive to the doctor. My back is in pain... the doctor in our village has switched off his phone. If we visit them personally, then he does not check us. The government should make arrangements for some conveyance, because even the ambulance was not ready to take... They are only attending to Corona patients.

She also shared that "If online store people have dropped the groceries at my society gate, they don't offer to help. I am not able to pick up the 5 kgs and request them to carry this product. They refuse , I am forced to pick that grocery up from the gate to my home and then the whole night I spend in pain."

CASE STUDY 2

Kavita a 24 year old woman who has a locomotor disability and worked as a home-based tailor and part-time tutor. Her income supported both household needs and her medical expenses. When lockdown was declared, orders for tailoring vanished. Tutoring work also ended as students left for their hometowns. She face number of challenges such as loss of income with no savings, unable to access government relief due to digital barriers and mobility restrictions, suspension of public transport restricted access to ration shops, increased financial dependence on family members. She narrated that *"I felt like my hands were tied in more ways than one. I couldn't earn, couldn't go out, and I felt like a burden to my family."*

CASE STUDY 3

Suram a 35 year old woman has a visual impairment and worked as a domestic help in three households. Employers stopped hiring domestic workers, citing infection risks. Nilima lost all income overnight. She faced challenges differently like no contract or formal employment record, Ineligible for most cash transfer schemes due to lack of documentation, accumulated debt to buy food and medicine and experienced heightened anxiety and loss of self-efficacy. She narrated *"I borrowed money for food. Every morning I prayed that something would change, but it never did."*

For her Survival she started selling vegetables at a local market stall. Her earnings supported her two children, but market restrictions limited vendor operations to specific hours. Customer footfall dropped drastically.

CONCLUSION

Enabling women with disabilities to access income security will be key to their recovery from the pandemic. This should include recognizing that women with disabilities are often undertaking informal forms of self-employment and they should be supported to strengthen their businesses post COVID-19. This should include access to training and safely ensuring equitable access to capital. Women with disabilities should be

supported to establish businesses that will be sustainable and resilient to future economic changes or crises and provide opportunities beyond subsistence.

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