

Project Voices: Women with Disabilities Resource

Health Trends:

In general, women are less likely than men to suffer disabling injuries and are more likely to live with chronic health conditions such as arthritis and multiple sclerosis. For some women, the disabilities with which they live represents their most conspicuous health concern. However, for many women, the experience of disability does not negatively impact their overall well-being. Nonetheless, there are several noteworthy issues related to the health of women living with disabilities.

The incidence of domestic violence and social victimization is relatively high among women living with disabilities. In fact, depending on the degree of their disability, these women may be 1.5 to 10 times more likely to be abused or to experience violence than non-disabled women. A national survey reveals that 53% of Canadian women living with disabilities have experienced physical or sexual abuse; many enduring multiple abuse at the hands of care givers, family members, or both. Unfortunately, disabled women often face insurmountable barriers to reporting abuse and leaving abusive situations.

The mental health concerns most prevalent among women living with disabilities originate from low self-esteem and internalization of the sexism and ableism of Canadian society. Although the incidence of alcohol use among disabled women is

The sexual and reproductive health of disabled women is jeopardized by negative and presumptive attitudes concerning their capacity and right to reproduce and raise children. In part, as a result of pervasive ignorance regarding sexuality within the

comparable to that of non-disabled women, the precursors of alcohol and substance abuse are frequently related to health issues and family problems as well as to social stigma and constraints.

Women living with disabilities often face unique challenges with respect to their sexual and reproductive health. For many, sexually transmitted infections go untreated as a result of health care professionals' erroneous assumptions about disabled women's sexual activity. In addition, many methods of contraception currently prescribed by physicians, pose some degree of threat to disabled women's reproductive health and freedom.

Health Determinants:

Socioeconomic disadvantage is one of the most influential determinants of the health of women living with disabilities. As a group, these women are systematically excluded from labour markets and social supports. It is therefore, not surprising to discover that many disabled women live well below the poverty line. Social and economic marginality are also a result of the discrimination disabled women face in terms of access to education and health care. Moreover, disabled women are less likely to be married than their male counterparts and are more likely to be single-parents. It is important to note that the poorest sub-group within this population are women of visible minority, who often face triple disadvantage with respect to their gender, ethnicity and ability.

disabled community, many women encounter barriers to accessing essential women's health services. Upon availing themselves of these services, disabled women must also contend with patronizing

“medical risk” discourse regarding procreation and childbirth.

In addition to pejorative and dismissive perceptions as well as social isolation, disabled women encounter a number of logistical obstacles related to accessing health services. These barriers include, but are not limited to, insufficient wheel chair ramps and accessible washrooms, mammography machines that require women to stand, as well as a lack of appropriate communication devices related to sight and hearing.

During the past two decades, health researchers have discovered that the determinants of gender and ethnicity are frequently associated with the incidence of disabling conditions. An excellent example can be found in the US, where the highest rates of disability are among women in the Aboriginal community; followed by Black, white and Hispanic women, respectively. Unfortunately, sex-related differences in disabling conditions have influenced the development and organization of programs and created barriers for women and minorities to accessing education, rehabilitation and social services.

Research:

The bulk of literature concerning the health of women living with disabilities consists of research focused primarily on disabled women’s relationship with health care professionals as well as their experiences within the health care system. Most clinical and epidemiological studies examine the specifics of individual disability, while ignoring the

context within which disabilities are experienced. Finally, studies pertaining to sexual and reproductive health typically highlight the diagnosis and treatment of sexual dysfunction in disabled men, while disregarding the issues facing disabled women.

Current literature reveals that, by and large, researchers have failed to conduct social, economic and political analyzes regarding the feminization of poverty among women living with disabilities. Moreover, the women’s movement has not adequately addressed the health issues most salient to disabled women. Even within the community of persons living with disabilities, there exists a general lack of awareness regarding issues of gender and health. An unfortunate consequence of systematic exclusion from research and policy agendas is the further marginality and disempowerment of disabled women.

Disability research typically begins by situating “subjects” within the framework of disability statistics and the health care system. Consequently, disabled women’s experiences are examined from the perspective of risk, impairment, cost and cure. Without gender focused research, disabled women have no voice in defining their own health issues and no role in developing interventions that may enhance their overall well-being and quality of life. Finally, a critical review of the literature exposes a substantial gap with respect to research that explores the health consequences of overlapping discrimination related to gender, ethnicity and disabilities.