

Culture and poverty: a case study of a girl with special educational needs from a poor community in South India

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Girls with disabilities from lower economic homes are disadvantaged (in terms of gender, disability and poverty) in India, and are often regarded as useless by their communities. There is a need to improve and provide a chance for self-sufficiency among women with disabilities in India.

The purpose of this study was to examine the life-chances (i.e. the likelihood of living a self-sufficient life) of girls with disabilities in rural India and subsequently suggest ways through which one can improve these life chances. The study was a single-case study that used data from semi-structured interviews carried out in rural Bangalore.

It was found, based on the interviews and available literature on the issue, that women with disabilities are at a disadvantage, especially those in rural settings. The most significant factors that seem to affect the life chances of the subject in the study were parental hesitation, a lack of opportunities and low self-esteem and confidence. The study suggests awareness programmes, counselling and the implementation of home-based education services as some ways through which the life-chances of girls with disabilities are likely to improve.

Introduction

As a young woman who studied in a rural school in a remote part of India, I have experienced first-hand the ostracism that those with difficulties in the classroom can face in this situation. The lack of people with physical disabilities in prominent positions within the community, and the general perception that people with disabilities are useless and a burden that I encountered from the people in my community, motivated me to investigate the life-chances of girls and women with disabilities in rural India. Singal (2009, p. 7) suggested that ‘poverty and marginalization from mainstream social processes’ are characteristic of the lives of individuals with disability in India. This, and the fact that gender increases this marginalisation, has reinforced my belief that women with disabilities from a ‘low caste’ in rural India are the most marginalised in the country.

It has been established that a majority of people with disabilities in India live in poverty (Mitra, 2006; Mehrotra, 2008). However in urban India there is a movement to provide those with disabilities the opportunity to be a part of society through the provision of facilities including vocational training and special schools, which seek to equip those with disabilities with skills to live independently and generate an income (Mehrotra, 2008). In rural India, while there are attempts to work with those with disabilities and provide education (O’Keefe, 2007; Singal, 2009), isolation remains a problem, as disability ‘does not contribute to the formation of any socially recognized group’ (Mehrotra, 2008, p. 40).

This paper reports a study which investigated the factors that affect the life-chances of women with disabilities and examined possible solutions to these problems. While one could discuss the quality of life or career aspirations of women with disabilities, the writer wishes to discuss the ways in which women with disabilities may be able to care for themselves by meeting their basic needs – the focus of this study being self-sufficiency and not the degree of quality of life. The main question which I intend to address is: what are the factors that affect life-chances of women with disabilities in rural India? A secondary question asks: what sustainable solutions can be adopted to ensure that the life-chances of these women improve?

If a practical solution is constructed, one can minimise the factors that negatively affect the life-chances of women with disabilities and maximise the factors that positively affect their futures. These solutions must be sustainable and not inapplicable beyond a time period, or dependent on the formation of yet another temporary organisation. Answers to the above questions may assist in the formulation of solutions that can be implemented within existing structures and manpower, and may directly impact the status of the women with disabilities and their life-chances.

Understanding the issue

A review of the limited literature available on the lives of people with disabilities in India reveals the struggles that individuals face. However, the focus of this literature is largely on the correlation between disability and poverty, with little reference to gender (Menon *et al.*, 2012).

The prevalence of individuals with disabilities in rural India is higher than in urban communities (Elwan, 1999; O’Keefe, 2007). These authors found in their studies among rural populations that poverty and disability were interlinked, with poverty increasing the chances of disability due to poor nutrition, hygiene and medical support and disability resulting in poverty. As Addlakha (2007) indicates, not only do girls with disabilities in India have less access to education than boys, but also women with disabilities are seen as incapable of filling the ‘primary’ roles of women in India – that of wives and mothers. As a result, families of girls with disabilities in India isolate them from society and do not allow them to interact or be a part of their community.

Based on a study of women with disabilities, Agnihotri (2007) formulated a series of recommendations honed to improve their life chances. The study found that there are more females than males with disability living in poverty, and more rural women than urban women who have disabilities. The study, which examined the differences among rural and urban women with disabilities in three states in India, explored various modes through which life-chances can improve – these include not just changes in education and employment, but also providing safety from emotional and physical violence. Agnihotri’s work resonates with the research reported in this paper and is perhaps the most directly related literature found. However, the data presented and gathered through quantitative surveys focused on

the social and economic circumstances characteristic of women with disabilities, does not examine all the possible factors that affect life-chances.

The most reliable literature with regard to this population in rural India is that of Mehrotra (2006, 2008), conducted in rural Haryana. However, one must keep in mind the various cultural differences within states and communities across India, as a large part of the life-chances of girls with disabilities can be attributed to cultural norms (Abu-Habib, 1997; Kalyanpur, 2008a), and one needs to exercise caution when applying the interpretations of Mehrotra's study to the project reported here.

Provisions from the government of India

The Government of India recognises that persons with disabilities can have a better quality of life if they have equal opportunities and effective access to rehabilitation measures (Ministry of Social Justice and Empowerment, 2006). The National Policy for Persons with Disabilities has also acknowledged that women with disabilities are vulnerable to abuse and exploitation, and proposed a series of measures to ensure that they are given opportunities in terms of rehabilitation, employment and education. These measures clearly have potential for change and can provide improvements in the life-chances of women with disabilities.

Methodology

To investigate the research questions, I developed a single-case study to illustrate the factors affecting life chances of women with disabilities through data gathered by observation and through semi-structured interviews with six people who have an impact on the young woman in the study. Horner *et al.* (2005) suggest that the single-case study is effective in the field of special needs, as it focuses on the individual and can provide detailed data related to their life experiences. Maheshwari (2011) proposes that single-case studies are best used for unique cases or to test a hypothesis. In this case, however, the single-case study was used in a revelatory manner – that is, to bring to light the specific issues that affect the life of an individual. Data were gathered through semi-structured interviews with individuals involved in the life of Aarya (not her real name). In a study of the life-chances of an individual, the examination of causal factors is individualised, and the problems with impersonalisation and quantification of data that is

gathered can be analysed. Unlike other research methods, a single-case study allows for a detailed analysis of factors that affect life-chances of the individual. However, a concern that arises is that one cannot generalise findings to other individuals. One can only make ‘fuzzy generalisations’ (Bassey, 2000).

To develop illustrative case studies, Deibel (2011, p. 157) suggests using semi-structured interviews, as they provide a direction for data that is collected and yet at the same time can reveal ‘unanticipated’ data. I developed a series of interview schedules which had a number of core common questions, but also others that were specifically tailored to the role of the interviewee. To ensure triangulation, and thus increase the credibility of the research (Hoepfl, 1997), I also conducted observations of Aarya and her surroundings, and examined the findings from other research to substantiate the conclusions drawn. To ensure accuracy and effectiveness of data gathered, I interviewed multiple individuals related to the individual at the heart of the study (Rowley, 2002).

The case study subject

The subject of the case study, Aarya, is a 17-year old girl from a community 30 km from Bangalore, India, where the inhabitants are largely farmers and daily wage labourers, with most families falling in the ‘below poverty line’ category. The eldest daughter of a cleaner at a local hospital, Aarya lives with her grandmother, mother and two sisters. The family survives on the mother’s salary and Aarya is part of a sponsored programme run by an international NGO, HELP (name changed), that seeks to provide nutrition, educational opportunities, emotional support and a healthy, caring environment to children from families below the poverty line (BPL). Through HELP, she was able to get a psychological assessment that reported her as having ‘mild mental retardation’. However, contrary to assertions within this report, she is able to learn, make friends with others of a similar age and participate in activities organised by HELP. As part of a previous project, the author of this article worked on improving Aarya’s self-esteem through baking and selling baked goods. As a result of the project, she showed increased confidence and demonstrated an ability to work on tasks independently. However, after the project, Aarya returned home, and only attended general wellness classes once a day for 45 minutes. While her peers at the HELP centre are enrolled in other courses, she stays at home, a situation that has continued for the past two years. She went to the local government school and

stayed in school till tenth grade. After Aarya failed her tenth grade exams, her mother sent her to a local tailoring school, where, after a few weeks, they refused to teach her. While her mother has heard of various vocational training schools in the city, she does not want to send Aarya away from home.

The author's professional experience indicates the need to find ways of ensuring self-sufficiency among rural women with disabilities. A lack of opportunities results in a resolution to view women with disabilities as burdens who will always be dependent.

In addition to interviewing Aarya, I also interviewed individuals who have an impact on and an understanding of her life chances. These included her mother, a sibling, a project director and a social worker. Interviews for this project were held in informal settings at my residence or at the HELP building. I live within the community where HELP operates and was therefore familiar with the context.

Ethics

While there are organisations in India that have produced ethical guidelines for social science research in India, those with an education focus are limited. From these guidelines, possible concerns regarding the invasiveness of exploring personal aspects of the individuals' life and that of their families arise. As Feng and Jament (2008) highlight, concepts such as informed consent become a problem when individuals involved are illiterate and are suspicious of signing documents they do not understand. This is applicable to Aarya's family, who are not equipped with literacy skills. Also, as most individuals involved in this community are not used to being asked for consent – an issue that Feng and Jament (2008) also experienced – there is a danger that participants may perceive that I am in a position of authority and feel obliged to take part in the study.

By anticipating these issues, I took precautions such as a no-obligation talk, as suggested by Jesani and Barai (undated), and verbal consent was recorded from the participants. While Jesani and Barai stress the need to formulate an ethical code before conducting any research, they also acknowledge the 'conscience of researchers' as the most appropriate way to ensure ethical research. While aspects of international ethical guidelines such as signing an informed consent form, the freedom to withdraw and privacy may be compromised in a rural Indian setting,

other aspects, such as those concerning ‘vulnerable young adults’, ‘incentives’, and ‘openness and disclosure’, were followed (British Educational Research Association, 2011).

Findings and discussion

From the interviews conducted, one finds that there are common threads. Factors that involve Aarya’s ability, the lack of feasible opportunities, her family’s reservations, her community’s expectations and her self-esteem are seen as presenting the greatest challenges. A record of the finding of the interviews according to theme is represented in Table 1.

From the interviews conducted, little information was gained from Aarya’s grandmother, as she laid full responsibility for decisions with regard to Aarya on her mother. Aarya’s mother was wary and did not seem open to trying out possible solutions provided by professional organisations. The findings of the study show that this issue of parental hesitation is most significant in Aarya’s context and could be addressed through awareness, counselling and incentive-based programmes. Another significant factor – low self-esteem and confidence – may need a focus upon motivation, opportunities to be independent and a sensitisation programme within the community. The lack of viable opportunities was another significant factor, and this requires a range of safe, non-degrading, local and slow-paced formal and vocational training for girls and women with disabilities.

From the interviews and my observation, I found significant factors and solutions that stand out within Aarya’s context.

Parental hesitation

From Mehrotra (2006) and Azam and Kingdon’s (2013) studies, it is clear that parents play a vital role in the life chances of girls with disabilities. As is often the case, parents cannot afford the time and money needed for appropriate services. The alternative of marriage as a solution dulls the need to find an alternative among parents. This, true to Mehrotra’s sample in rural Haryana, reflects the situation in rural Bangalore. Aarya’s mother seemed to think that all available training suited to Aarya’s needs was located too far away, or would involve her in

Table 1. Interview findings

<i>Interviewees</i>	<i>What are the factors that affect life-chances of women with disabilities in rural India?</i>	<i>What sustainable solutions can be adopted to ensure that the life-chances of women with disabilities in rural India improve?</i>	<i>Other important issues</i>
Aarya	<p>Ability: She finds 'learning' difficult. Considers herself capable only of doing basic household chores.</p> <p>Family: Does not need to work anywhere or study as her mother will provide for her needs.</p> <p>Confidence/Self-esteem: She sees others studying well and would like to study well herself. Says she needs bravery to be able to go out and work on her own. Enjoys doing basic household chores – fetching water, sweeping, washing dishes – but only at home – does not want to do these things anywhere else.</p>	<p><i>Based on the interview with Aarya, one can conclude that:</i></p> <p>Formal training: She enjoyed going to school.</p> <p>Vocational training: Needs to be taught a skill that she feels comfortable and confident to work on.</p> <p>Confidence/Self-esteem: Constant and unceasing encouragement to take some responsibility for self. Using the tasks/small jobs she enjoys doing to begin the process of being self-sufficient. Begin to encourage her to be as independent as possible.</p>	<p>She keeps saying she enjoys doing small chores at home – perhaps made to feel safe only within the confines of her home.</p>
Sibling	<p>Ability: Sees A as capable of only doing housework.</p> <p>Opportunity: A's school provided her with tuition, which helped her learn to read a little. A was able to pass her exams as she was allowed to copy someone else's answers.</p> <p>Family: Sees A as dependent on her, and incapable of tasks outside the confines of her house independently.</p>	<p>Vocational training: Family to teach basic skills like how to talk properly; when she does not know something, to explain it to her.</p> <p>Simple jobs: Is capable of doing simple jobs such as make rice, fetch water, wash dishes at home. In order for her to be independent, she needs to be allowed to do tasks on her own and be given special training.</p>	

Mother	<p>Ability: Sees A as not having an intelligence problem but that she needs to exercise her brain. Sees A as incapable of doing anything beyond housework in her present condition. At school, teaching is too difficult; she failed all her subjects in tenth grade. At the available vocational training centre (tailoring), the teachers said she is not capable.</p> <p>Opportunity: Says she does not know how to read and write so cannot help her with that. Says A is too old to study. Specialized training to pass – too far, mother missed work, paid too much to travel, could not see immediate results.</p> <p>Family: Frightened about her travelling on her own, so does not want to send her to work (someone might trick her/ kidnap her) Feels it is degrading for her to do any kind of menial job. As they do not have money, says she cannot get A married. Worried that she will hurt herself at regular jobs (garment factory, tailoring, incense stick making) and so does not want her to take up a job like that. Recognizes need for her to be self-sufficient. Does not have money to provide for her more than she is doing. No support for her future.</p> <p>Community: The community thinks A is not intelligent.</p> <p>Self-confidence: A is not interested in studying.</p>	<p>Training: Whether formal or vocational, A needs training at her level and pace. And must be a skill that she can do independently. Mother will send her to be trained if there is a chance, given her economic state. For now, she must learn everything about housework, learn a little cooking, etc. so she can manage a house on her own.</p> <p>Work: Needs to find a job that allows her to be self-sufficient. Needs a job that is safe, and which A does not need to travel alone to get to.</p>
Grandmother	<p>Ability: She does not have intelligence. Wishes for her to become 'alright'.</p> <p>Opportunity: A needs a job, and must make progress.</p> <p>Family: Grandmother encourages her to do things (housework) slowly.</p>	

Table 1. Continued

Interviewees	What are the factors that affect life-chances of women with disabilities in rural India?	What sustainable solutions can be adopted to ensure that the life-chances of women with disabilities in rural India improve?	Other important issues
Project manager at HELP	<p>Ability: Difficulty with reading/ writing. Complaints from school saying A is not studying/ learning.</p> <p>Opportunity: Organization not equipped to provide skill training. Vocational courses that are available are not at A's pace/as per her capabilities.</p> <p>Family: Parent support lacking in improving life-chances (travel too risky, no permission to allow training) Parents often stubborn about not allowing children to take most opportunities. Think simple jobs are menial.</p>	<p>Vocational training: Teach her skills to be self-supportive (cooking, cleaning).</p> <p>Simple jobs: Domestic worker jobs, or anything simple that will keep her engaged.</p>	
Social worker at HELP	<p>Ability: Not good at academics.</p> <p>Opportunity: School initially unwilling to take her in. Distance of centres that provide vocational training for people with special needs. No money to survive independently.</p> <p>Family: After mother, no one to take care of A. A's family teach her to be dependent. Worry about sending a young woman out alone.</p> <p>Community Support/Motivation/Self-esteem: Peers assume she cannot do most things. No woman in community who has lived independently with any disability. Lack of/ low expectation. A lacks courage to go out and work on her own (travel, etc.)</p>	<p>Formal training Need for a school with other children like her – a special school. With other students who are at her pace, she will gain confidence.</p> <p>Vocational training: Simple skills like cleaning, vegetable cutting and 'arranging paper' have benefited A.</p> <p>Simple jobs: Take up a job that is secure and will keep her occupied – like a helper at a destitute home.</p> <p>Self-esteem/Community support: Requires training and constant motivation. Need to create awareness in community to improve their willingness to take her in.</p>	Families do not plan for the future when they live day to day.

SSA representative	<p>Opportunity: Rural parents are poor and do not have resources to support child. As a result of poverty, parents use the loans given to children for their own needs. Regardless of whether child comes to school regularly or not, they are given all the materials from school and are passed from grade to grade till the tenth.</p> <p>Family: Parents are the biggest challenge as they do not take initiative to support the child's education. Parents treat them like dirt. Community support/Motivation/Self-esteem: Most children with disabilities are made invisible in their communities. Neighbours also see the children with disabilities as 'covered with flies and dirt'.</p>	<p>Formal training: If children attend school they are given all the facilities provided by SSA. SSA staff visit children who cannot come to school twice a week and provide training. The people who bring children with disabilities to school are given monetary incentives.</p> <p>Functional skills: SSA provides basic grooming and hygiene kits and teaches children to take care of themselves. It is after this that parents start seeing their children as capable.</p> <p>Vocational training: Those who are capable of doing some work, are given a loan of 1–1.5 lakhs, out of which 30,000 is subsidized to learn and practice a skill. They get scholarships. Candle-making training, after which materials and pick-up of finished product is made. Making book covers, files, weaved chairs, sponge cutting – provided by another organisation.</p> <p>Self-esteem/Community support: SSA talks to parents about their children having life and how that life has value. Those who do not have disabilities must pay more attention to those with disabilities – the change in attitude will bring a change in their life-chances. Needs to be made independent so she can manage herself. Parent awareness programmes are being held.</p>
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dangerous activities. The alternative of transferring Aarya's dependency through marriage seems to be easier than that of finding a way for her to be independent. A large part of parental hesitation in educating their daughters with disabilities is based on the costs and lack of subsequent benefits (Hill and King, 1997). As was suggested by the social worker at HELP, Arya's mother doesn't see education as necessary for her child. This is perhaps because, in rural India, marriage is seen as the ultimate goal by the parents of girls.

At a time when there is public outrage over the lack of safety for women in India (Hossain, 2013; Nielsen and Waldrop, 2014), parents may be uncomfortable with sending girls with disabilities to schools. The concern expressed by Aarya's mother about the distance to training centres for people with disabilities, with regard to commuting and safety, is also considered in a report on women with disabilities in Asia and the Pacific (United Nations Economic and Social Commission for Asia and the Pacific, 1995). Thomas and Thomas (2002) seem to suggest that it is because women with disabilities are made dependent on others that they are more likely to be abused. Aarya's mother's fear for her daughter's safety is not unique; literature shows that many parents of girls with disabilities are over-protective and do not allow their daughters to travel and work on their own. As Thomas and Thomas highlight, although this is likely to stem from concern, it can be 'stifling'.

Opportunities

It is clear from the literature that women with disabilities in rural India do not have as much access to training services as those in urban India. According to Kalyanpur (2008b), there is a 'scarcity' of early intervention programmes and special needs services in rural India. This is the consensus of much of the literature (Mehrotra, 2006; Azam and Kingdon, 2013), and highlights the need for more viable educational opportunities. These, as is highlighted through the case study, must be safe, dignified and appropriate.

The lack of opportunities for women with disabilities, especially those who are also economically disadvantaged, results in a continuous cycle of 'dependency, isolation and poverty' (Abu-Habib, 1997, p. 74). Though Aarya had enrolled in vocational courses in her area, she was unable to cope with the speed of the training. The project manager at HELP arranged for Aarya to work as a helper at a home for the elderly and earn a nominal income. However, as the work involved

cleaning, Aarya's mother was not happy and did not want to send Aarya there. For Aarya's mother, this was a matter of dignity. The lack of literature available on this aspect of parental hesitation could suggest a factor that is unique to Aarya's case or, as this researcher supposes, the tendency to see women with disabilities as lucky to have any job that allows them to earn a salary.

Self-esteem and confidence

The self-esteem of women with disabilities seems to reflect on their life. Nosek *et al.* (2003) have found that self-esteem is not directly linked with disability, but people with disabilities often have low-esteem due to the lack of expectations and discrimination among their communities. People with disabilities who are encouraged to exercise their abilities were found to have good self-esteem. While Nosek's study was on participants in the United States, it is most likely applicable to the Indian context. As stated earlier, I have worked with Aarya in an effort to improve her self-esteem through baking. I found that as a result of this project, Aarya was able to do more than she thought herself capable of achieving. She was happier and took on more tasks at HELP. She was able to make tea at home, a task her mother never allowed her to take on previously. Aarya was also able to make cakes and sell them at an event that brought her praise and earned her money. It was clear that Aarya was capable of improving her self-sufficiency and ensuring its actualisation if she continued to believe in herself. As Aarya stated in her interview, she needs courage to stand on her own feet. The assumption of her incapability on the part of her family and community affects not only her chances of self-sufficiency but also her sense of worth.

In rural India, women's identities as mothers and care-givers are questioned and their prospects for marriage diminished because of their disabilities (Mehrotra, 2004). As Mehrotra suggests, this leads to them being married to anyone who offers. The subsequent chances of abuse then increase. For Aarya, because her mother says she cannot afford to pay a big dowry, her life of dependency and lack of self-esteem is likely to continue after marriage.

Solutions

While there is clearly progress in terms of the right to education and employment of girls with disabilities in rural India, there remains the need to create a sense of

equality among the communities of girls with disabilities. Karna (1999, p. 218) insists that people with disabilities need to be valued as individuals in Indian society and this can happen through awareness programmes, which communicate the advantages of providing girls with disabilities with education and help them and their community to understand disability better. Thus, awareness of parents and communities can help reassure hesitant parents and improve the self-esteem of girls with disabilities by assuming their equal place in society (Abu-Habib, 1997).

The presence of role-models may also be important as a solution that is likely to impact parental hesitation and the self-esteem of girls with disabilities within rural Indian societies. For this, a self-sufficient woman with disability living within the community can empower subsequent generations of women with disabilities (Thomas and Thomas, 2002). To achieve this, Thomas and Thomas suggest that opportunities for home-based education be made available to them. Home-based programmes seem most likely to fit Aarya's situation as she will not have to travel, education is free or affordable and Aarya's mother will not have to worry about her safety. Home-based education also provides opportunities for women with disabilities to begin the process of self-sufficiency as it ensures training for people with disabilities.

To improve Aarya's self-esteem and provide her with the courage she says she needs to be self-sufficient, motivation, as is highlighted by the project manager and social worker at HELP, is required. From an earlier project, this researcher found that Aarya seemed more willing to take on tasks that she previously considered herself incapable of when she was appreciated and saw the tangible results of her efforts. This is substantiated by studies conducted by Haley and McKay (2004) and Melton (1998). A representative of a local organisation suggests the solution of home-based training and financial assistance to provide women with disabilities with the skill of candle making and provide a market for the goods they make may be suitable for Aarya, as it does not require travel and is aimed at women with disabilities – it is safe and the pace of instruction is adjusted to the individual taught, thus eliminating many factors that lead to parental hesitation. Making candles also involves the production of tangible objects; this is likely to improve her self-esteem and, as there is already a market for these goods and loans available to start such projects, Aarya will be able to earn money and care for herself. This opportunity is one that seems to overcome the most significant factors affecting Aarya's life chances.

Ensuring that women with disabilities in rural India have access to formal and vocational training that is safe and modified to their needs is something that is stressed by Kohama (2012). This need is also highlighted by Aarya's mother, who sees Aarya's life-chances as minimal because of the lack of viable options. Apart from physical accommodations provided in schools for children with disabilities, Kohama stresses the greater need for a modified curriculum that accommodates all learners. A modified curriculum would have helped Aarya's life chances if provided from the start of her education. The availability of training options is also highlighted by O'Keefe (2007), who discusses government-funded, community-based rehabilitation and other initiatives that provide vocational training for people with disabilities. For Aarya, as she reaches adulthood, a vocational training course may be more appropriate to help her achieve self-sufficiency.

It is clear from the available literature that the life-chances of girls with disabilities also depend on the kind of disability the girl has. There seem to be more services that cater to the needs of girls with physical disabilities than to those with other needs. Elwan (1999) lists 'women' and those with 'mental handicaps' (*sic*) as most vulnerable among people with disabilities in India. Mehrotra's (2006) study also indicates that the life-chances of women vary with their disabilities.

Conclusion

Women with disabilities in rural India are marginalised and are, in most instances, not self-sufficient (Ghai, 2002; Mehrotra, 2006; O'Keefe, 2007). While there is literature available on people with disabilities in India, very little of this examines the lives of women with disabilities in rural India. The findings of this single case study show the presence of factors that have influenced the life chances of one woman with disability. The most significant factors found were parental hesitation, low self-esteem and a lack of appropriate opportunities. It is clear from the interviews conducted that these factors are interlinked, with each influencing the other. Of the most common solutions to Aarya's challenges put forward by the interviewees, parent and community awareness programmes, efforts to improve self-esteem and vocational training and job options that are safe, accessible and paced appropriately featured most highly. The research suggests that there are ways through which girls with disabilities in rural India can achieve self-sufficiency using already available resources, but these need to be better co-ordinated if success is to be achieved.

This study highlights the need for further research in the area of women with disabilities and the relationship between the availability of appropriate educational options and the applicability of these options in securing a self-sufficient life. While this study cannot be taken as reflective of the situation across rural communities in India, or even in Aarya's community, it highlights factors and subsequent solutions that could possibly impact other women with disabilities in this context. With regard to Aarya's specific case study, it is clear that she has reached an age where there are fewer opportunities to be included within the formal education system. For now, she is most likely to benefit from an Alternative Learning Systems model (Dutt, 2010) that teaches her basic functional skills and provides her with specific vocational training in her immediate locality.

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