

Disability: a viewpoint from Social Work seen through the perspective of gender

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Biographical sketch

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Abstract

The matter of gender permeates everything and old age is also affected by this differentiation. Here in broad terms we see the statistical situation in this respect, along with thoughts on what social work still needs to do, in practical and theoretical terms.



66 million people are involved with disabilities worldwide and it is expected that this number will increase with the coming years.

The ideas expressed in this article are meant to provoke thought from the teaching point of view, as this is a space for constant critical exchanges of knowledge. To this end, we present bases carried out by Pierre Bourdieu beginning with the research process in going over and collecting data up to an approach to the subjects and objects of this study. These opinions mean to show practices from the viewpoint of Social Work in the teaching-research field and the ties to the subjects of the study. The intention is to provide key elements when approaching a topic from a critical viewpoint, for professional work, from one of the many forms of doing research, Social Work.

For Bourdieu:

- a) All investigative processes require critical thinking.
- b) Critical thinking must be present during the stages of designing research.
- c) Critical thinking must be present in the role played by the researcher and his/her discipline.

Social research encourages the transformation of diverse and different ways of thinking, the advancement of perceiving from dissimilar focal points and angles and a rupture with preconceived ideas.

In order to obtain this Bourdieu (1995) tells us, social science must break away from common sense and dominant speech. For this epistemological rupture is fundamental, and epistemological ruptures are often social ruptures, ruptures with the fundamental beliefs of a group, and at times with the basic beliefs of professionals

in a field, with the acquisition of shared beliefs. The proposal is to generate and rethink in critical terms within the framework of social uncertainties and social changes in the globalized world and restate concepts, categories and understanding from the profession itself, with the understanding that these professions are also social constructs.

Within the framework of these perspectives, documentation of differences in treatment depending on gender are accumulated capital which are produced and reproduced within the field of disabilities and which deserve closer study in order to call the attention of those who plan, design, carry out and operate public policies in the field of Healthcare in the various fields involved in institutions which determine the norms and rules to be followed and place social agents (people with disabilities) in predetermined positions, establishing relations among them; points of intersection of inequality in the access to healthcare services for men and women, among different age groups, between economically different economic sectors, among groups of citizens with access to services and those with no access, among people of Indian origin who speak native languages...

These scenes of disadvantage are manifested in activities that are assigned to one and another, regardless of their sex, and are part of the *habitus* of their gender, of social made into body, as well as social valuation of the same internalized social structures which still persist in the rigid generic structures of family and social groups, who make a sexual division of labor and an open distinction of distribution of power and social recognition, assigning women a marginal role in decision making and in

sharing in existing goods, all of these motives for configurations of social inequality.

According to the World Health Organization, disability is a general term which covers deficiencies, limitations in activity and restrictions in participation. Deficiencies are problems which affect the body structure or functions. Limitations in activity are difficulties to carry out actions or jobs, and restrictions of participation are problems participating in vital situations.

Accordingly, disabilities are a complex phenomenon which reflect interaction between the characteristics of the human organism and the characteristics of the society in which one lives.¹

In Latin America there are about 85 million people with disabilities,² Something we think is noteworthy is that there are at least three million people with disabilities in the Central American Isthmus and their condition is affected by conditions such as extreme poverty, unemployment, limited and unequal access to educational services, scarce or nonexistent medical attention and access to housing and problems of transportation and territorial mobility.

Other factors about this sector of the population of the region of the Central American Isthmus are that, according to Vásquez (2009), about 50% of the population (2,250,000 and 2,956,000) with disabili-

ties are in the age range for reproduction, an advantageous situation in the face of the conditions of social disadvantages due to exclusion because of people's conditions of disability. This exclusion is echoed in political, social and economic infrastructure with exclusion also based on gender, race, ethnicity, economic class and age.

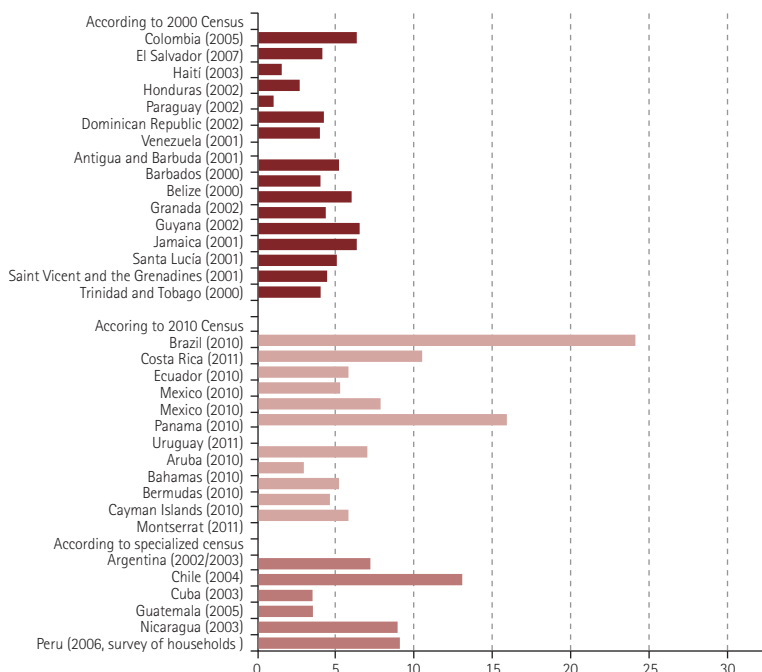
Within the following framework we tell of the condition of people with disabilities in 33 countries of Latin America, based on data from CEPAL, which necessarily emphasizes the importance and meaningfulness of this article from the standpoint of Social Work in the face of the present phenomenon. The data from the general censuses of 2000 and 2010 along with surveys specialized in the subject of disabilities clearly show the relevance of the subject. It is important to point out that there are various methods for measuring such information and these references, as CEPAL mentions, are approximations of reality. With respect to the prevalence of persons with disabilities we find a wide variation from 5.1% in Mexico to 23% in Brazil, while the Caribbean countries report 23.9%, which proves the need for reconciling measuring processes in Latin America in order to geo-reference, put into context and diagnosis the various social realities.

According to what is observable, in Chart 1, we can estimate that 12% of the population has some sort of disability, involving 66 million people, a figure which, with longer life expectancy and changes in lifestyles is certain to increase.

¹ Report of WHO and the World Bank Group published on June 9, 2011.

² Armando Vásquez (2009). *La discapacidad en América Latina*. En Línea www.who.int/features/factfiles/disability/es/. Consulted on October 30, 2013.

Graph 1 Latin America and the Caribbean (33 countries), the prevalence of people with disabilities in the total population (percentiles)

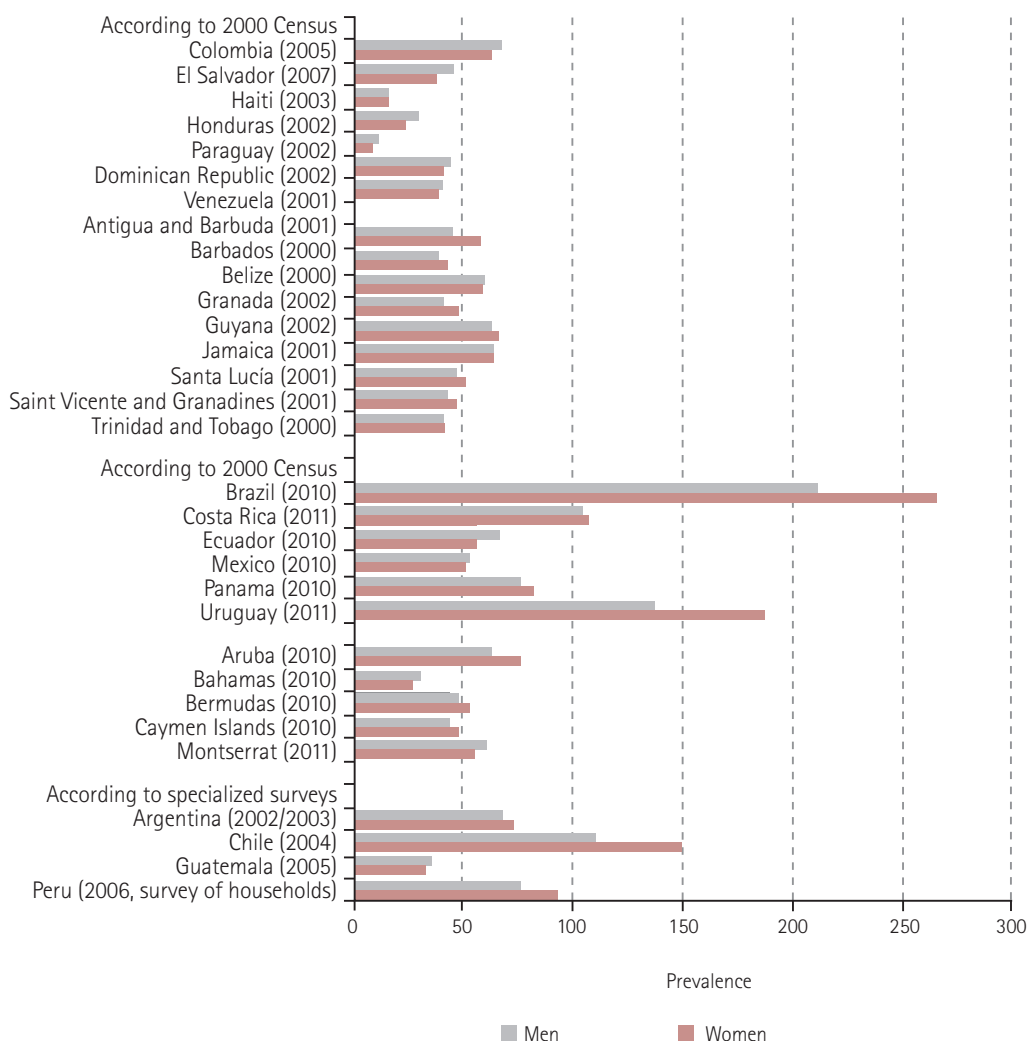


Source: Argentina: Encuesta Nacional de Personas con Discapacidad (National Survey of Persons with Disabilities) (ENDI) 2002/2003; Brasil: Censo de po-blación (Population Census), 2010; Chile: Estudio Nacional de la Discapacidad en Chile (National Study on Disabilities in Chile) (ENDISC), 2004; Colombia: Censo General (General Census) 2005; Costa Rica: Censo de población y vivienda (Census of Population and Housing) 2011; Cuba: Estudio psicopedagógico, social y clínico–genéti–co de personas con discapacidades, (Psychopedagogical, social, clínico–genetic Study of Persons with Disabilities) 2003; Ecuador: Censo de Población y Vivienda 2010; El Salvador: VI Censo de Población y V de Vivienda (Fourth Population Census and Fifth Census on Housing) 2007; Guatemala: Encuesta Nacional de Discapacidad (National Census on Disabilities) (ENDIS) 2005; Haití: Censo general de población y vivienda,(General Census on Population and Housing) 2003; Honduras: XI Censo Nacional de Población y VI de Habitación (XI National Census on Population and VI Census on Housing) 2002; México: Censo de Población y Vivienda (Census on Population and Housing) 2010, según cuestionario ampliado por muestreo (according to extended questionnaire by teachers); Nicaragua: Encuesta Nacional para Personas con Discapacidad(National Survey on Persons with Disabilities) (ENDIS), 2003; Panamá: Censo de Población (Population Census) 2010; Paraguay: Censo Nacional de Población y Viviendas (National Census of Population and Housing) 2002; Perú: Encuesta Nacional Continua(Continuous National Survey) (ENCO) 2006; República Dominicana–Dominican Republic: VIII Censo Nacional de Población y Vivienda (VIII National Census on Population and Housing) 2002; Uruguay: Censo de Población y Vivienda (Census of Population and Housing) 2011; Venezue–la (República Bolivariana de): Censo de Población y Vivienda (Census of Population and Housing) 2001; and for the Caribbean: Censos de población y vivienda de Antigua and Barbuda (Census of Populaitona dn Housing of Antigua and Barbuda), 2001; Aruba, 2010; Bahamas, 2010; Barbados, 2000; Belice, 2000; Bermudas, 2010; Caymen Islands, 2010; Granada, 2001; Guyana, 2002; Jamaica, 2001; Montserrat, 2011; Santa Lucía, 2001; Saint Vicent and the Granadines, 2001 y Trinidad and Tabago, 2000.



Graph 2 Latin America and the Caribbean (31 countries): prevalence of disabilities by sex

(per every 1,000 persons)



Source: Argentina: Encuesta Nacional de Personas con Discapacidad (National Survey of Persons with Disabilities) (ENDI) 2002/2003; Brasil: Censo de población (Population Census), 2010; Chile: Estudio Nacional de la Discapacidad en Chile (National Study on Disabilities in Chile) (ENDISC), 2004; Colombia: Censo General (General Census) 2005; Costa Rica: Censo de población y vivienda (Census of Population and Housing) 2011; Cuba: Estudio psicopedagógico, social y clínico-genético de personas con discapacidades, (Psychopedagogical, social, clinical-genetic Study of Persons with Disabilities) 2003; Ecuador: Censo de Población y Vivienda 2010; El Salvador: VI Censo de Población y V de Vivienda (Fourth Population Census and Fifth Census on Housing) 2007; Guatemala: Encuesta Nacional de Discapacidad (National Census on Disabilities) (ENDIS) 2005; Haití: Censo general de población y vivienda, (General Census on Population and Housing) 2003; Honduras: XI Censo Nacional de Población y VI de Habitación (XI National Census on Population and VI Census on Housing) 2002; México: Censo de Población y Vivienda (Census on Population and Housing) 2010, según cuestionario ampliado por muestreo (according to extended questionnaire by teachers); Nicaragua: Encuesta Nacional para Personas con Discapacidad (National Survey on Persons with Disabilities) (ENDIS), 2003; Panamá: Censo de Población (Population Census) 2010; Paraguay: Censo Nacional de Población y Viviendas (National Census of Population and Housing) 2002; Perú: Encuesta Nacional Continua (Continuous National Survey) (ENCO) 2006; República Dominicana–Dominican Republic: VIII Censo Nacional de Población y Vivienda (VIII National Census on Population and Housing) 2002; Uruguay: Censo de Población y Vivienda (Census of Population and Housing) 2011; Venezuela–la (República Bolivariana de): Censo de Población y Vivienda (Census of Population and Housing) 2001; and for the Caribbean: Censos de población y vivienda de Antigua and Barbuda (Census of Population and Housing of Antigua and Barbuda), 2001; Aruba, 2010; Bahamas, 2010; Barbados, 2000; Belice, 2000; Bermudas, 2010; Caymen Islands, 2010; Granada, 2001; Guyana, 2002; Jamaica, 2001; Montserrat, 2011; Santa Lucía, 2001; Saint Vicente and the Granadines, 2001 y Trinidad and Tabago, 2000.

In the following chart, according to CEPAL, we see 31 Latin American countries showing disabilities broken down by sex which does not consider these differences from the standpoint of gender. The perspective of gender taken as a methodological strategy for the analysis, observation, diagnosis, individual, group of community intervention used from the perspective of contemporary Social Work,³ with emphasis on the location of subjects within various contexts and realities, placing importance on relating the various social weavings of men and women, and the relationship between them. From the social construct of gender in each territory and of the differences in the condition of those with disabilities. By using this focal point we can assure we are aware of the reality of people with disabilities by using this synchronic strategy to generate knowledge.⁴

³ Guadalupe Niño. (2011). Contemporary Social Work, conceived as knowledge with various aspects of social science in which the fundamental interest is to present theoretical and methodological courses which contribute to transforming reality and deconstructing what is traditional, taking into account, understanding and analyzing the dimensions of men's and women's realities within a context, with rights and responsibilities. That is, to think of, conceive social subjects in their various and distinct dimensions: childhood, adolescence, youth, women, men, the elderly, within their relational spaces, public and private, group, community, cultural, sectorial, regional spaces and the multiple diversities of the contemporary social structure and the complex relationships among these and their spheres of social interaction; in order to promote exercising citizenship in the interest of resolving problems in human relations and strengthen the target population in order to boost human development.

⁴ Haraway, DJ. (1995) *Ciencia, Cyborgs y mujeres. La invención de la Naturaleza*, Madrid, Cátedra. Chapter, *Conocimientos situados: la cuestión científica en el feminismo y el privilegio de la perspectiva parcial*.

Disabilities in the context of the aging process

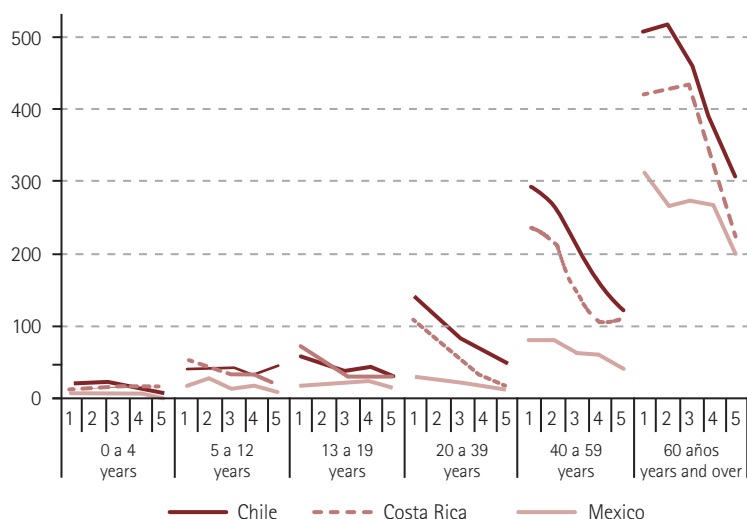
Situated within the framework of interactions between biological bodies and social bodies, disabilities are a complex phenomenon. The following graph shows how, through life cycles in three countries (Chile, Costa Rica and Mexico) the presence of this condition is growing.

This condition is growing and uncertain according to Bauman (2007) and his description of liquid modernity and the sector of the population with disabilities is in a social wrappe⁵ in which social forms, structural barriers and transformation in social relations do not maintain their forms in answer to the needs of this sector of the population. Plans, programs, projects, activities are diluted, melt in the face of social dynamics and mobility. This means that when the conditions of disabilities in the elderly becomes apparent, seen through documentation of cases and diagnosis, hope for change in the structures of attention do not reach the social dynamic. That is, when a situation/condition is detected in the sector, the strategies of attention, as solid phases, once again following Bauman, are transformed into liquid states without institutional contentions.

Life expectancy for women in Mexico is greater than for men. This is proven true with demographic data from INEGI (National Institute of Statistics and Geography) (2012) and also a situation which is not necessarily equivalent to better health is indicated. Empirical data indicates that women may live longer but that this difference is not a reflection of better living conditions.

⁵ Term used by Mdi Alma (2013).

Chart 3 Latina America (3 countries). People with disabilities, based on income quintiles and age groups, around 2010
(number of people per thousand)



Source: Chile: Encuesta de Caracterización Socioeconómica Nacional (Survey on National Socio-Economic Characteristics)(CASEN), 2009; Costa Rica: Encuesta Nacional de Hogares (National Survey of Households) (ENAH), 2010; México: Encuesta Nacional de Ingresos y Gastos de los Hogares(National Survey of Income and Expenses in Households) (ENIGH), 2010.

From the perspective of gender, morbidity and mortality affect elderly men and women differently depending on where they live and their living conditions. The main health problems for both groups in Mexico are heart diseases, diabetes, malignant tumors and cerebro-vascular diseases. Existing gender inequality and cultural barriers which women in Mexico face, make it difficult for women to have access to preventive and early detection medical services, as well as to specific treatments depending on their personal needs. For elderly women with disabilities it is more complicated as they must depend on other people to take them and speak up for them with those who work with institutional healthcare services. These social

inequalities between men and women are translated into concrete forms of discrimination and disadvantages for women which are clearly visible in access to resources, information and high quality medical services. Unequal distribution of household activities and family relationships prove that elderly women with disabilities are twice as vulnerable at this stage of the life cycle as men.

In Mexico, over 5,000,000 people have some kind of disability. We will now present the figures given by WHO in relation to the International Day of People with Disabilities, 2012, pointing out beforehand that since the numbers are not broken down by gender, references to gender become invisible.

10 points on Disabilities in Mexico and the World⁶

1. Over 5,000,000 people have some type of disability in Mexico.
2. 39 out of every 100 disabilities are the result of some illness.
3. 30 out of 100 people with disabilities work over 48 hours/week.
4. 58% of minors show physical and mental deficiencies due to poor nutrition.
5. 15 out of every 100 disabilities are due to accidents.
6. 1,000,000,000 people in the world have some kind of disability.
7. 200 million people find it difficult to coexist in society.
8. The prevalence of disabilities has increased 15% in the world.
9. There are more cases because of longer life expectancy.
10. 92,000,000 people have severe problems of mobility and functionality. .

All of these factors limit their healthcare.

Writing Quo.
Source UN.

The National Institute of Statistics and Geography states that according to the International Classification of Functioning, Disability and Health (2001), people with disabilities are "those people who have one

or more physical, mental, intellectual or sensorial deficiencies and which within their social sphere may prevent them from participating fully and equally with others.⁷



In 2010 there were **5 million 739 thousand 270** people with disabilities, which is **5.1%** of the total population.

Source: INEGI. Population and Housing Census 2010, extended questionnaire. United States of Mexico/People with disabilities/People with limitations in their activities and their percentile distribution based on the cause of the disability, divided by size of town and kind of limitation.

Of every 100 people with disabilities:

- 39 are a result of a disease.
- 23 are an effect of old age.
- 16 are inherited, during the mother's pregnancy or at the moment of birth.
- 15 are the result of an accident.
- 8 are due to other causes.

The National Institute of Geriatrics (2012), in their statistics on ageing, show that in the population of 60 years and older there are 2,078,549 people with disabilities (20.7%); 1,435,296 (almost 70%) acknowledge having difficulties walking or moving, while other types of disabilities shown were:

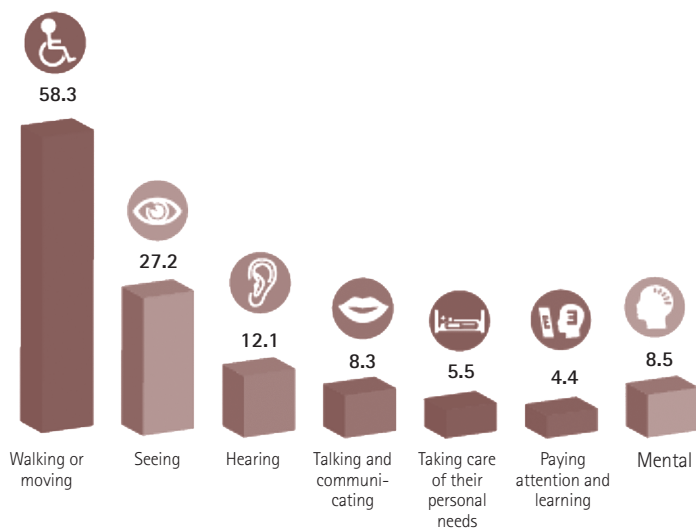
- a) Seeing, even with glasses
- b) Talking, communicating and conversing
- c) Hearing, even with hearing aids

⁶ WHO

⁷ National Institute of Statistics and Geography (INEGI) www.inegi.org.mx/. Consulted on November 2, 2013.

Graph 4

With reference to data from INEGI (2010) the types of disabilities in the population 60 years and older are the following:



Source: INEGI. Population and Housing Census 2010, extended questionnaire. United States of Mexico/People with disabilities/People with limitations in their activities and their percentile distribution based on the cause of the disability, divided by size of town and kind of limitation.

- d) Getting dressed, bathing and eating
- e) Paying attention and learning simple things
- f) Some mental limitation

These are all reasons for marked dependence on others and a clear lack of preparation for the aging process, biologically, socially and culturally, marking co-responsibilities in relation to the matter of care and caregivers, the use of time and the right to live with dignity in space and treatment. Within this observable data, we once again refer to the absence of data broken down by sex which pushes us towards a deeper analysis of the matter of women with disabilities in the ageing process.

An approach to the International Norm on Disabilities

The United Nations Convention on the Rights of Persons with Disabilities was adopted by the General Assembly of the United Nations on December 13, 2006 and opened for signature on March 30, 2007, taking effect on May 3, 2008. Mexico signed on March 30, 2007 and ratified it on December 17, 2007. This convention has 50 articles. We will refer to Article 6 in relation to the content of this article.

Article 6: Women with disabilities⁸

Women with disabilities:

States Parties recognize that women and girls with disabilities are subject to multiple discrimination, and in this regard shall take measures to ensure the full and equal enjoyment by them of all human rights and fundamental freedoms.

States Parties shall take all appropriate measures to ensure the full development, advancement and empowerment of women, for the purpose of guaranteeing them the exercise and enjoyment of the human rights and fundamental freedoms set out in the present Convention.

In Mexico public strategies and policies to promote and protect the human rights and fundamental freedom of women draws on various legal norms such as the Federal Law for the Prevention and Eradication of Discrimination, The General Law of Equality

for Men and Women, The General Law for the Access of Women to a Life Free of Violence and the Rule and Law for Preventing and Punishing Human Trafficking, among others. Above all support comes from international instruments ratified by the Mexican State such as the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and the Inter American Convention for the Prevention, Punishment and Eradication of Violence against Women "Convention of Belem Do Para" as well as recommendations coming from mechanisms of follow up to these instruments.

Contemporary Social Work, studied from the standpoint of gender, among other views, endeavors to promote awareness of gender inequality in social interactions in the sectors of the population who, due to their conditions, are in disadvantageous situations because of various disabilities. They also wish to call the attention of institutional structures and designers and decision makers, urging them to make the necessary changes in attention to citizens in these conditions in our country within the framework of the human rights to live, develop and stand out in all capacities, acquired or not, and in harmony with modern societies, in the field of human rights.

The proposal to intervene with this viewpoint of Social Work begins with the first approach to the topic. That is to say, it intervenes from the first glance of indignation towards the subjects, on one hand, in the search for statistical data there is proof of the absence in the bias of hard facts, and thus, in the implication of the numbers in the invisibility of data which permits deeper study of specifics of feminine gender.

⁸ Mexico has punctually complied with the reports of the Committee for the Elimination of Discrimination against Women. The initial report of Mexico is found in document CEDAW/C/5/Add.2 and was examined by the Committee during their second period of sessions. The second periodic report is found in document CEDAW/C/13/Add.10 and was examined at the ninth period of sessions. The third and fourth periodic reports combined are found in documents CEDAW/C/MEX/3-4 and Add.1 and were examined during the 18th period of sessions. The fifth periodic report can be found in document CEDAW/C/MEX/5 and was examined during the extraordinary period of sessions of CEDAW. The sixth periodic report is found in document CEDAW/C/MEX/6 and was examined during the 36th period of sessions. The seventh and eighth periodic combined reports were handed in to the Committee in 2010.



Data on female ageing, an unresolved institutional issue.

It is important to point out that this method brings about rapprochement between normative frameworks in the field of international and local instruments with the idea of reconciling the global aspect of legal instrumentation with the global matter of territories, in which social issues are part of the collectivity in stories of lives represented by bodies in disadvantageous circumstances of disabilities. Those who are visible, in relation to opportunities for labor development, economic access to own property, are seen differently within the various social contexts of the country (poverty, added to these living conditions), make the reality of those living in these conditions even more complex, which the construction of strategies from the field of Social Work should, in my opinion, become a part of qualitative research, referenced in

quantitative issues which show the situations, conditions and positions of social agents upon talking about, attending to providing the transformation of their realities within the private and public scopes, fields placed upon them by their family living process, their social relations, if there are any and the generation of the same as a human right to a life with dignity.

This is a logically unfinished matter, talked about in the rapprochement or designing strategies of solid intervention which would show the inter-generational reality of people with disabilities in Mexico and perhaps specifically by territories, in obedience and submission, which promotes the generation of situated and situational knowledge within the framework of social uncertainties.

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