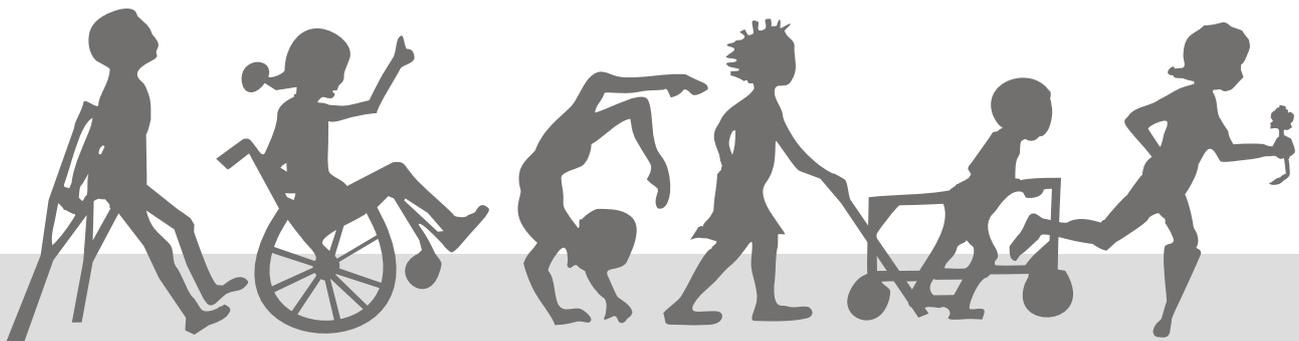


# Behinderung und internationale Entwicklung

## Disability and International Development



Barrierefreiheit in den Bereichen Information und  
Kommunikation/Information and Communication  
without Barriers





# Barriers Perceived by Women with Disabilities in Gaza, Palestine

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This article presents the findings of an emancipatory disability research project in Gaza, Palestine. Among other topics, the project investigates the barriers faced by women with disabilities regarding the access to health services. The article shows that the participants face numerous barriers that are also common to persons with disabilities and more specifically to women with disabilities in other parts of the world. In addition, the authors highlight the specific political situation of Gaza strip, which creates additional barriers and challenges especially for women with disabilities – such as access to specialised health services and livelihood opportunities.

## Introduction

Societies have different ways of looking at persons with disabilities. For large parts of human history, in different cultures all over of the world, disabilities were often seen as a divine punishment for wrong behaviour or sins. Even today, such ideas can continue to influence the behaviour and attitudes of many communities and families. For example, different eastern religions share beliefs in reincarnation and influence of deeds in the past lives on the present lives.

Over the last few centuries, with the spread of industrialisation, disability was viewed as a *defect* or *mal-functioning* of individuals who need to be *normalised* through rehabilitation. This way of looking at persons with disabilities has been strengthened by technological advances, which create expectations that sophisticated interventions can normalise most, if not all, disabilities.

Social values and cultural norms influence how disabilities are perceived. All over the world, communities are composed of different groups, each with their own values and norms. Despite this richness of difference, prevailing values and cultural norms derive from and mainly benefit a particular dominant male group. These values are universalised and upheld as shared societal values; to the extent that if one is different from the dominant group, be it on the basis of gender, ethnicity, race, age, sexual preference or ability, one is devalued and marginalised. This devaluation serves to maintain the social order (Home 2000).

Traditional ideas about the *causes* of disability and locating the disability as a problem of the person along with the dominant social values and cultural norms lead to the building of barriers around persons with disabilities that

block their equal participation and inclusion in different life activities. Over the last fifty years, persons with disabilities joining together in organisations (disabled people's organisations or DPOs) have started to question these views on disability by pointing to the disabling role of barriers. This understanding has led to the articulation of a *social model of disability* that locates disability in the society and in the disabling barriers (Oliver 1990). The barriers include isolation, neglect, abuse and violence as well as lack of access to social, health, education and livelihood opportunities. Most persons face the first barriers in their own families (Deepak/Kumar/et al. 2013).

The International Convention on the Rights of the Persons with Disabilities (CRPD 2006) and the International Classification of Functioning, Disability and Health (ICF 2001) both highlight the environmental factors that restrict participation in different life activities. The first World Report on Disability (WHO/WB 2011, pp. 263-264) documented widespread evidence of disabling barriers including inadequate policies and standards, negative attitudes, lack of provision of services, problems with service delivery, lack of accessibility, and lack of consultation and involvement.

## Palestine and Persons with Disabilities

At present, Palestine is divided into two territories – West Bank bordering Jordan and the Dead Sea; and the Gaza Strip in the south, bordering Egypt. Gaza is a narrow strip of land facing the Mediterranean Sea with an area of about 360 sq. km. It has a total population of about 1.8 million persons (UNRWA 2010, p. 3). Palestine has been part of a conflict with Israel spanning different decades (Smith 2009). Since the beginning of the second Intifada and even more with the elections in 2006, the borders



between Israel and the Gaza Strip have been closed with limited movements of people, goods and services (Li 2006).

The World Report on Disability estimates that 15% of the world's population has a disability. On the other hand, different surveys carried out in Palestine over the past decade have calculated that persons with disabilities constitute between 2 to 6 per cent of the total population (EMRO-WHO 2013; Jarar 2009).

### **Emancipatory Research Project in Gaza**

An emancipatory disability research project (EDR) was planned in the Gaza Strip as part of a European Union co-funded project INCLUDE - Socio-Economic Empowerment of Women with Disabilities in the Gaza Strip cofunded by European Commission (DCI-Gender 2012 pp. 301-155) and focusing on improving the livelihoods of women with disabilities. It is managed by two Italian non-governmental organisations: EducAid/Italy with support from AIFO/Italy.

This emancipatory research activity will be carried out in three regions of Gaza (North Gaza, Gaza City and South Gaza) during 2014. EDR will implement research on three issues - understanding the attitudes of parents of children with disabilities, learning from experiences of persons with disabilities who have successful income generation activities, and understanding the barriers faced by women with disabilities for accessing the health services. EDR is controlled and carried out by people with disabilities in ways that promote their empowerment. It uses a human rights approach that informs them about their legal and moral entitlements. It helps them to understand how different barriers prevent the participation and inclusion of people with disabilities in their communities. It also identifies strategies for overcoming those barriers (Deepak 2012, p. 4).

Preparation for implementing EDR in the Gaza Strip included identification and training of 30 community researchers among women with disabilities to conduct research through participatory methods. After the training, these community researchers will carry out research on three specific themes that they themselves have identified. The training of the researchers for EDR included discussions on barriers faced by women with disabilities in their daily lives. This article is based on those discussions.

### **Method**

#### **Sample**

30 women with disabilities, who were selected to be the researchers, took part in an exercise

focusing on barriers faced by them in their daily lives during the training course on EDR. These women were identified by local Palestinian community organisations working with persons with disabilities in three regions of the Gaza Strip – North Gaza, Gaza City and South Gaza. From each region ten women, including persons of different ages, with different disabilities and from different educational and socio-economic levels, were selected. An analysis of general information about the sample participants is presented in results. Thus, it was a purposive non-random sample of women with disabilities who took part in the discussions on barriers.

#### **Method**

During the training on *Implementing Emancipatory Disability Research*, barriers faced by women with disabilities were discussed in two separate exercises:

1. In the beginning of the training course, a five-day long exercise (including two days of group discussions and three days of self-guided reflections) on *identification of barriers in the daily lives* was organised to introduce the concept of the social model of disability. The exercise started with a one-day seminar, during which there were group discussions on barriers faced by persons with disabilities. Participants were asked to share experiences and then collectively decide the different kinds of barriers.

Then for three days, each participant was asked to become aware about and write down in a note book all the barriers she encountered in her daily life.

A second one-day seminar was organised, during which the women shared their experiences of becoming aware about the barriers and their feelings provoked by this exercise. They also discussed ways of overcoming those barriers.

2. A second one-day exercise on barriers was organised at the end of the training course in which the participants discussed the health care needs of different groups of persons with disabilities during different phases of their lives and shared experiences regarding barriers linked to health services and technical appliances.

This paper presents a summary of the opinions and experiences shared by the women with disabilities during the two exercises mentioned above.



## Results

### General Information About the Women with Disabilities

General information was available for 29 out of 30 women, one woman did not participate in the first meeting when general information was collected.

**Age:** The average age of women was 26.6 years, median age was 24 years and the age range was 19 to 41 years. Six persons (20.7%) did not answer the question regarding age.

**Education:** Three women (10.3%) were illiterate, seven women (24.1%) had high school level education or less, and 19 women (65.6%) had pre-university or university level education.

**Kind of disabilities:** 17 persons reported difficulties in terms of multiple areas of functioning (90% of the persons with less than high school education and 42% of the persons with university level education), while 12 persons reported difficulties in a single area of functioning (10% of the persons with less than high school education and 58% of persons with university level education).

A numerical score was given to each area of functioning according to the degree of the difficulty in that area – 1 for no difficulty, 2 for little difficulty, 3 for lot of difficulty and 4 for complete inability to function. Thus, higher score indicated greater difficulties and difficulties in more areas of functioning. The average score of persons with university level education was 3.1 while for the persons with less than high school education it was 5.7.

Seven women (24.1%) reported difficulties in vision, eight (27.6%) had difficulties in hearing, nine (31%) had difficulties in speech, 11 (37.9%) had difficulties related to movement and mobility, 13 (44.8%) had psychosocial difficulties, one (3.4%) had difficulties related to convulsions, nine (31%) had learning difficulties and one woman (3.4%) had other difficulties.

**Technical appliances:** Ten women (34.5%) were using some kind of technical appliance – two persons (20%) among those with less than high school level education and eight persons (42.1%) among those with university level education. The appliances included artificial limbs, eyeglasses, visual aids (audio books and special computer software) and a hearing aid.

**Job and income:** Among the persons with less than high school education, one woman (10%) had some regular income from work, while among those with university level education, four women (21.1%) reported regular income from work. No women reported a full time paid job.

**Marriage:** Four women (13.8%) were married, all of them to non-disabled persons.

**Participation in disabled people's organisations (DPOs) and in Self-help Groups (SHGs):** 14 women (48.3%) were members of a DPO while seven women (24.1%) were members of a SHG.

### Barriers Faced By Women with Disabilities in Gaza

The participants were asked to think about the barriers they were facing in their daily lives. During their discussions, the women divided their ideas and experiences in three main groups – external barriers, internal barriers and economic barriers.

#### External Barriers

The following issues were raised by the participants in their discussions:

- **Negative perception of society:** This was the most common barrier expressed by the participants and also one of the most difficult to overcome. Many participants felt that women with disabilities face more negative perceptions in the society compared to men with disabilities. For example, they explained that it is harder for women with disabilities to get married compared to men. A participant said, "So much has been done to create awareness about persons with disabilities, but why did it not have any effect? Is it because the awareness activities are insufficient or they are not done properly?"
- **Inaccessibility of roads:** The roads are not good and in many places there are just dirt tracks. This creates difficulties for different groups of persons with disabilities. Participants said that they often decide not to go out of the house because going out is so difficult.
- **Electricity blackouts:** Gaza has frequent power breakdowns leading to electricity blackouts. This was seen as a problem for all the citizens but it had worse effects on the persons with disabilities. One person with hearing disability said that during blackout she cannot communicate with others because they can't see her sign language. Another person with mobility problems said that during electricity blackouts, lifts do not work, so she is stuck and cannot go out.
- **Unavailability of accessible transportation:** Public transport in Gaza is extremely limited and accessible transport is not available. The only way to travel for many persons with disabilities is to get a taxi, but taxi services cost a lot and they do not have money to pay for this service.



- Discrimination against persons with disabilities in the families: This was seen as a barrier by a few women with disabilities. A woman with hearing disability said, "My father treats me very badly and he does not love me. For him I am a burden and a disgrace to the family. It pains me very much. Outside the house, community has a negative perception and they say bad things when I go out. I feel very sad when I think about it."
- Non-existing cooperation of decision makers: Many persons felt that the Government and other decision makers do not see disability issues and the problems faced by persons with disabilities as a priority for the country. In addition, there are different non-governmental organisations and disabled people's organisations, all of which do their own activities and do not cooperate and coordinate with each other. So there are projects for persons with disabilities, but there is no continuity and sustainability of activities.
- Unavailability of technical appliances: Many persons felt that not having proper technical appliances such as hearing aids is a big barrier to their participation in daily lives.

#### *Internal Barriers*

All participants felt that internal barriers related to their feelings and emotions are equally important, and often these barriers block their participation in diverse life activities and relationships. These barriers express themselves through different emotions such as lack of self-confidence, a feeling of shame, depression, hesitation, anxiety, psychological repression, shyness, anger and frustration. For example, a 34-year-old woman with movement disability said, "It is so tiring to fight all the time with the negative things that people say. Sometimes they do not say anything, but their looks can communicate what they think about me. As if I have no right to live, or to go out. First I have to fight with my own fears and my sense of shame. Then I have to fight with the world. I wish I could become invisible."

#### *Economic Barriers*

All participants agreed that the economic barrier of not having a regular income and not having any financial independence is one of the biggest barriers that they face. They agreed that finding a job in Gaza is difficult for all persons, but it is even more difficult for women, while for women with disabilities it is almost impossible. On the other hand, different factors linked to the political situation with the block-

age of frontiers, lack of trade, lack of petrol and electricity, all create uncertainty and risks for self-employment and micro-entrepreneur initiatives.

#### *Overcoming the Barriers*

The participants felt that initiatives linked with advocacy and lobbying to put pressure on the Palestinian Government are difficult because of the political situation in the Gaza Strip and the fact that the Palestinian state has limited means to answer the needs of its citizens. Keeping this in mind, the solutions suggested for overcoming the barriers were grouped in three kinds of activities:

- 1) Promoting wider changes in the people, in the communities and in the State through activities such as advocacy and lobbying for rights, promoting social awareness, and promoting CRPD.
- 2) Individual efforts to overcome barriers by networking among persons with disabilities, sharing life stories and experiences for motivating each other, organising common initiatives for leisure and sport for women with disabilities, and working with families to stop discrimination.
- 3) Specific solutions for problems such as carrying a flash-light in backpacks to deal with frequent electric blackouts. A number of participants also suggested that crying, cooking and walking to relieve stress may be good strategies when nothing else works to overcome frustration and depression.

#### **Barriers Related to the Health Services and Technical Appliances**

The participants discussed that all women with disabilities require support from health services for general health care needs. In addition, some of them require regular or periodic support from health services for specific needs related to their disabilities. The health care needs can be different depending upon gender, age and kind of disabilities. Some women shared personal experiences of barriers encountered at the health services:

A 26-year-old woman with movement disability said, "Getting health care is like an obstacle course, every step is difficult. Having the money to pay and then to find a transport to the health centre is difficult. When I reach there, I need to go up all the stairs. Once I am inside, they make me wait, because I am disabled so the doctor thinks that I can wait but there is no place to sit. They don't treat non-disabled persons in this way."

A 22-year-old woman with movement dis-



ability said, "My brother has weak bones, he gets bone fractures very easily. Doctors in Gaza don't know what to do with him and how to help him. Perhaps he can get some help outside Gaza but going out of Gaza is so difficult!"

A 31-year-old woman with multiple disabilities said, "My spine is not straight and since I had the baby, I get back pain. I went to the doctor many times but he never even touched me, never explained anything, he just wrote me some medicines to take. In the end, I searched for information on the Internet and read about back pain. I learned some exercises for back pain and do them regularly, so now I am better. We can't wait for doctors to help, we need to find information through the Internet and take care of our bodies."

A 28-year-old deaf woman explained, "When I was married, I did not know anything and soon became pregnant. In the hospital, I went for one check up but I could not communicate with them, so I did not go back for check ups. I went there only for the child birth, but my mother was with me and she explained everything to the doctors and nurses. Without my mother, I don't know how I can get help in the hospital."

A 21-year-old woman with low vision and movement disability said, "I had to get the medical report from the hospital. The first doctor, he refused and sent me to another doctor, so I had to wait for another two hours. Then when he gave me the certificate, I had to get it stamped in five different places and go up and down to different departments. It took me three days to get that report. They do not realise that I suffer when I have to climb stairs. The waiting halls are full and you cannot sit down and rest. It was a nightmare."

### **Impact of Reflecting on and Discussing Barriers**

The participants were asked to give their feedback about the impact of the exercise on reflecting, writing down and discussing barriers. The opinions were almost equally divided between two positions – some persons felt that thinking about barriers had increased their feelings of frustrations and sadness, while others felt that it was liberating to talk openly about the different barriers, and to express their feelings of anger and frustration when faced with discrimination in different aspects of life.

For example, one participant with a mobility disability said, "Thinking about internal and external barriers, I felt an internal revolution. At the same time, I had very disturbed feelings of

sadness and sorrow about myself and I had feelings of anger towards the society."

Another participant with hearing disability said, "I found it very strange to write about the barriers and wondered what the reason is to write about these? Is this exercise just to remind me of my sufferings that I must live every day? I still feel a little weird about it, though I understand that it helped me to share with others about what gives me more pain and suffering."

Finally one person with a visual disability said, "I liked this exercise. Usually I feel that my difficulties are because I am disabled. This exercise made me think that so many of my difficulties are because others discriminate against us and do not think of us. It made me feel more optimistic."

### **Discussion**

Like persons with disabilities from different parts of the world, women with disabilities in Palestine report daily encounters with disabling barriers. The attitudinal barriers faced in early childhood within their own families, friends and communities are internalised and accompany the women throughout their lives, provoking feelings of fear, shame, lack of self-confidence, frustration and depression. Often there are limited opportunities to share these feelings with others and thus crying is seen as a legitimate way to express these feelings. The internal barriers are compounded by external barriers related to physical inaccessibility, attitudes of others, lack of opportunities for participation and economic resources, and lack of accessible services.

The specific political situation of Palestine with the prolonged conflict and restrictions of movements has resulted in the worsening of infrastructures and basic services such as electricity and roads. These create difficulties for the whole Palestinian population, but are even more disabling for women with disabilities. And due to these, all the initiatives including those for advocacy and lobbying in change of laws and access to services and opportunities, as well as processes of empowerment, have limited impact on their lives.

In conclusion, women with disabilities in the Gaza Strip face numerous barriers that are common to persons with disabilities and more specifically to women with disabilities in other parts of the world. In addition, the specific political situation of Gaza strip creates additional barriers and renders more difficult individual and institutional dismantling of those barriers. Main entry and exit of persons and goods from



Gaza Strip, including through the sea, are controlled by Israel. Thus the implementation of different national policies and strategies is heavily influenced by the embargo. This negatively affects access to specialised health services and livelihood opportunities for all the population of Gaza Strip, including those of women with disabilities. The barriers affect the women's daily lives. Specific services such as health care are associated with additional barriers.

### Limitations

The exercise on barriers encountered in daily lives focused mainly on home, family and health care. It did not touch on other specific areas of life such as access to educational institutions, livelihood opportunities, and sports and leisure activities. Thus, the barriers identified during the exercise do not represent all the barriers that women with disabilities in Palestine encounter in their lives.

The exercise on barriers was conducted as part of the capacity building process for carrying out emancipatory disability research. Thus, many of the women with disabilities who participated in the exercise were meeting for the first time. At the same time they did not know the persons conducting the exercise, some of whom were men. This could have limited the discussions about some cultural barriers, such as those related to family hierarchies and gender issues.

### Conflict of Interests

Dr Sunil Deepak coordinated the training of women with disabilities from Gaza as researchers for the emancipatory research project. Ms. Isra'a Juma'a Ahmed Abu Leahya was one of the participants in the course. Ms. Walaa Nemer Mdoukh works for Social Development Forum, one of the organisations involved in implementing the emancipatory research in Gaza City and North Gaza region. Finally, Mr. Adriano Lostia works for EducAid/Italy, the non-governmental organisation managing the European Union co-funded project INCLUDE in the Gaza Strip.

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**Zusammenfassung:** In diesem Beitrag werden die Ergebnisse eines emanzipatorischen Forschungsprojekts mit Menschen mit Behinderung im Gaza-Streifen in Palästina vorgestellt. Unter anderem werden in dem Projekt die Barrieren untersucht, mit denen sich Frauen mit Behinderung im Hinblick auf den Zugang zum Gesundheitssystem konfrontiert sehen. Dieser Beitrag zeigt, dass die Teilnehmerinnen vor zahlreichen Barrieren stehen, von denen auch Menschen mit Behinderung allgemein und insbesondere Frauen mit Behinderung in anderen Teilen der Welt betroffen sind. Zusätzlich heben die Autoren die spezifische politische Situation im Gaza-Streifen hervor, die zusätzliche Barrieren und Herausforderungen, insbesondere für Frauen mit Behinderungen, schafft – wie beispielsweise den Zugang zu spezialisierten Gesundheitsdiensten und zu Möglichkeiten der Existenzsicherung.

**Résumé:** Cet article présente les résultats d'un projet d'étude innovant sur le handicap à Gaza, Palestine. Entre autre, ce projet enquête sur les barrières rencontrées dans l'accès aux services de santé par les femmes en situation de handicap. L'article démontre que les participantes sont confrontées tant à de nombreuses barrières communes à toute personne handicapée, qu'à des barrières spécifiques aux femmes handicapées, spécificité rencontrée également dans d'autres parties du monde. De plus, les auteurs soulignent la situation politique particulière à Gaza qui crée des barrières et défis supplémentaires, et plus particulièrement pour les femmes handicapées – comme par exemple l'accès aux services de santé spécialisés et les possibilités d'obtenir des moyens de subsistance.

**Resumen:** Este artículo presenta los resultados de un proyecto de investigación emancipadora sobre la discapacidad en Gaza, Palestina. Entre otros temas, el proyecto examina las barreras que tienen las mujeres con discapacidad en el acceso a servicios de salud. El artículo muestra que los participantes se enfrentan con los mismos obstáculos que encuentran personas con discapacidad y especialmente mujeres con discapacidad en otras partes del mundo. Por otra parte, los autores subrayan la situación política específica de la Franja de Gaza lo que crea obstáculos y desafíos adicionales, especialmente para las mujeres con discapacidad, como el acceso a servicios de salud especializados y las oportunidades de subsistencia.

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