

WOMAN SPEAK!

A QUARTERLY NEWSLETTER ABOUT CARIBBEAN WOMEN No. 15. JULY 1984



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WOMAN SPEAK!

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EDITORIAL

In this issue attention shall be focused on those people who live in an "Able-bodied" society, they being classified as "Disabled," but yet active, concerned about their jobs, their families, their communities, concerned about obtaining a good education, about discovering interesting ways to use their leisure time. Above all, they are different from each other, as any other group of people who have one characteristic in common. Particular emphasis will be on Disabled Women who (more so than their male counterparts) are often denied the opportunity to realize their full potential.

The World Programme for Action concerning the Disabled estimates that there are presently over 500 million Disabled persons in the world, most of whom reside in the developing countries where social and economic factors thwart their active involvement in the development of their societies. Barriers to social, cultural and economic development of the Disabled confront them in their efforts to be rehabilitated and their need for equal opportunities.

The United Nations, in its efforts to focus attention on the rights and opportunities of Disabled persons in order to ensure their full participation and integration in the society, declared 1981 as the International Year of the Disabled People (IYDP), and has subsequently proclaimed 1981-1991 the Decade of the Disabled. Many National Committees have been appointed in an effort to foster action related to the prevention of disability and the rehabilitation of the Disabled.

Disability can broadly be divided into five major groupings:-

- (a) Mental Retardation
- (b) Physical Handicap - loss of limbs, paralysis, etc.
- (c) Deafness
- (d) Blindness
- (e) Learning Disabilities - slow learning, dyslexia, etc.

The type of disability is as a result of varying causes. In addition, improved health standards in some countries have resulted in an increased life span. This means that there is a larger percentage of elderly people who become disabled as a result of the natural process of ageing. Additionally, there are also un-natural causes of human disability, for example, war. Thus, there is the need to emphasize man's collective responsibility to avert such causes.

Disability in itself is not a handicap but becomes a handicap when the Disabled cannot function in relationship to their environment, as a result of the physical, social and cultural barriers which humanity have erected and which prevent them from having access to the various amenities of the society that are available to other citizens. The problems of the Disabled thus have far reaching effects on any society, for the problems of disability are the problems of the society as a whole.

It is estimated that at least 25% of most societies are affected by disability and in some countries it is as high as 50%. Thus, one sees that the solution to the problems of the Disabled should be closely connected with the overall development at national level. Every member of the society is therefore called on to give the Disabled every possible assistance to lead useful and productive lives.

In the following pages you will read of some Disabled Women who, through determination and perseverance, have worked their way into the mainstream of their society, contributing to its total development. There are many, many others in the society who, if given the necessary assistance and the opportunity to participate, can make similar meaningful and worthwhile contributions. Like any other minority group in the society, the Disabled need your support as they strive to receive respect and human dignity.

They are our sisters.....they are our brothers.

*by Guest Editor
W. Aubrey Webson, Executive Director
Caribbean Council for the Blind*



A WORLD VIEW *by Valerie Ellien*

In 1977, Rehabilitation International identified the almost total lack of data available which defines prevalence and needs of disabled women in the world, suggesting an urgent need for research in both developed and developing countries. While the need for information remains largely unmet, the International Labour Organization has produced an educational kit on **Women and Disability** (1981) which globally defines some of the known facts and major issues. Summarized succinctly, disabled women "constitute by all accounts, the most severely disadvantaged group in today's world." (p.2).

More than 450 million people, or 10 per cent of the world's population are physically or mentally disabled. The major contributing factor to this enormous world problem is poverty, since at least 100 million people are disabled due to malnutrition. The link between poverty and disability is further underscored by the fact that an estimated 80 per cent of the world's disabled live in developing countries. Disability and poverty have been further identified as misproportionately problems of women: "Women constitute 50 per cent of the world's population and 28 per cent of its formal labour force but receive only 10 per cent of the world's income and possess less than 17 per cent of the world's wealth." (Harfoush, 1980).

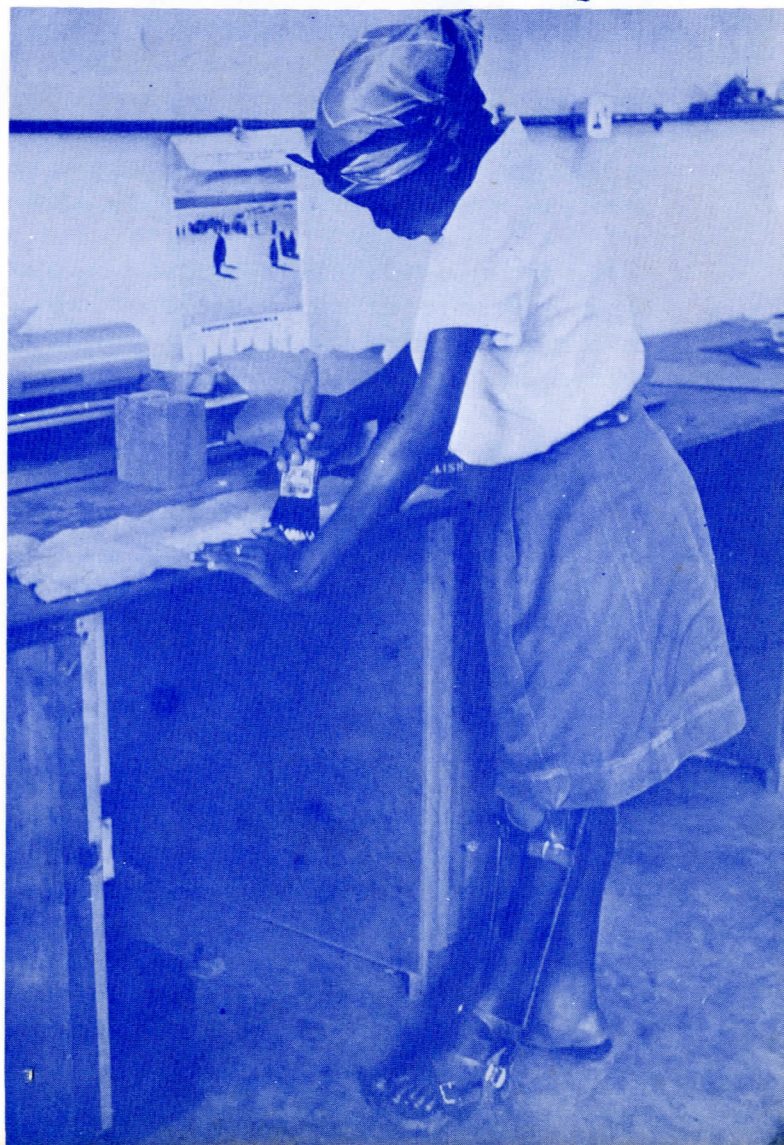
In addition to poverty, other factors related to disability impact especially on women. One of these is health risks involving pregnancy, especially pregnancies which are closely spaced, or those of very young or older women. Such risks involve both mother and children. Disability as it relates to old age also especially affects women. In most countries women have a higher life expectancy and, therefore, form a larger percentage of those vulnerable to old age-related disability. Cultural patterns, customs, and traditions are also a causal factor in disability among women, especially in Third World countries. Food scarcity and food taboos often prevent women and young girls from receiving adequate nutrition. The custom of female circumcision practised in Africa and Egypt (ILO, 1981) also is often disabling to young women and ultimately their children.

A major factor in the relationship among women, poverty, and disability is illiteracy. Approximately two out of every three illiterate people in the world are women. This is a major issue in many developing countries. For example, in Arab countries, approx-

imately 85 per cent of adult women are currently illiterate. In countries such as Yemen and Saudi Arabia, female illiteracy approaches 98 per cent (Harfoush, 1980). Thus, opportunities for improving the quality of life, such as better nutrition, family planning, and domestic hygiene become inaccessible to those most in need.

The issue of double discrimination as faced by disabled women has been identified as severe and pervasive in both developed and developing countries. In the U.S., it has been noted to limit access to education, training, employment, and health care (National Plan of Action National Women's Conference, 1977). In developed and developing nations alike, there is evidence that double discrimination affects all areas of life including economic status, marriage and family life, and rehabilitation (Safilios-Rothschild, 1976).

Photo: International Labour Organisation



In summary, while the needs of disabled women have been largely unidentified and unexplored, there is sufficient evidence to suggest that inequality in women's rights and opportunities to participate in economic, social, and political life is compounded by the inherent and imposed limitations which accompany most disabilities (Rehabilitation International, 1980).

In relation to the education of disabled women, two major issues can be identified. First, disabled women in general have lesser access to educational systems, than non-disabled or male counterparts. Secondly, when education is accessible, it perpetuates a traditionally narrow role for women.

In a preliminary effort to define the problem of limited educational access for disabled women in the U.S., O'Toole and Weeks (1978) describe the impact of restrictive environments, feelings of invisibility and isolation, and limited societal expectations on the achievement of disabled women. The absence of role models for disabled women is identified as a major barrier to educational achievement. In addition, school systems are described as inadequately supportive of the special needs of disabled women. For example, schools insufficiently foster independence and counter the over-protectiveness of family; often fail to distinguish among disabilities and level of severity; and often inadequately prepare teachers to work with disabled students. O'Toole and Weeks suggest that, in general, disabled women receive much less encouragement to continue their education.

Bergum, et al (1980) also suggest that disabled women suffer from discriminatory elements in guidance and counselling practice. They cite bias in achievement and interest tests in special education which perpetuates sex role stereotyping and narrowing of vocational choices. Research also indicates that sex role stereotyping is a biasing influence on the judgements of guidance counsellors and decision-making of students. (Worrell, 1980).

On a more global level, Tate (1981) has reported that women constitute a minority at all levels of education, with an actual decline in several countries in participation of young women at the secondary level since 1975. Factors related to this under-education of women generally include high rates of illiteracy among women, malnutrition impeding mental development, and lack of access due to cultural values and norms. For example, compulsory education for women was not implemented in Arab countries until the early 1950s.

Access to education of disabled women is further hindered by attitudes of parental over-protection, and traditional role perceptions. The stereotype of

the passive, dependent female role is more strongly reinforced by disability, often resulting in limited achievement motivation (Miller and Sawisch, 1979).

In the area of employment, **Jobs for the Disabled** by Levitan and Taggart (1977) is often cited as evidence of the double discrimination faced by disabled American women. These statistics indicate that at the time of this study, 60 per cent of disabled men had paid employment while only 29 per cent of disabled women were remuneratively employed. Further, one in 10 severely disabled women were engaged in gainful employment, while twice that proportion of severely disabled men were working. Average earnings reported in this study also indicate salary inequities related to sex and disability.

There is sufficient evidence to suggest that disabled women throughout the world have been restricted in their labour market participation. Campling (1979) suggests that in England disabled women face greater discrimination than either disabled men, or women in general, and are less likely to have access to job placement assistance. In Italy, the quota system for employment of disabled persons has not been especially effective for more severely disabled women (Serra, 1977). In identifying the problems faced by disabled women in France, Benassy (1975) suggests that negative employer attitudes towards the disabled, and high unemployment rates generally, adversely affect opportunities for disabled women. In a major study of physically disabled women in France (Tate, 1981) over 5,000 cases were studied. Major problems identified included low rates of college enrolment, (5.1 per cent), and low rates of labour market participation with approximately 26 per cent of the sample reporting any work activity. Those employed related problems with transportation, accessible facilities, and job adaptations.

For the most part, an accurate assessment of the participation of women in general, and disabled women in particular, in the work-force is difficult to obtain. This is due to difficulty in obtaining accurate numbers of self-employed, non-salaried workers and unpaid family workers, especially in Third World countries. Tate (1981) reports that in most Latin American countries there is a levelling off or decline of participation of women in the formal work-force. In Africa, South Asia, and much of Latin America, however, the informal labour market – that is, street vending, domestic services of women – is expanding.

The ILO (1981) reports that a major hindrance to the education and employment of disabled women is lack of rehabilitation services. This gap is apparent

in both industrialized and developing countries. One major factor is the reality that rehabilitation is a scarce resource. For example, it is estimated that merely five per cent of disabled children world-wide receive any special services or assistance. This is a major problem in Third World countries in which 80 per cent of the world's disabled live, and which have only 10 per cent of all rehabilitation resources. The ILO further points out that in developing and industrialized countries alike, women and girls have less access than males to rehabilitation facilities and services. This is attributed largely to the bias toward selection of recipients who are presumed to remain longer in the productive work-force.

Rehabilitation International (1977) points out that discrimination in health care and rehabilitation has a multiple impact since it may affect the type and extent of research and knowledge about disabled women, and access to disability-related benefits. Further, women with disabling conditions more prevalent among men receive less effective rehabilitation and health care because of a lack of research on these conditions on samples of women. For example, research into spinal cord injury and heart attacks has utilized predominantly male samples. As prevalence of such disabilities, especially heart attacks, increases among women, this lack of research data becomes critical.

Another issue concerning rehabilitation services is that international organizations have focused almost totally on women as mothers, providing treatment during pregnancy. Other treatment needs have been grossly ignored and, apart from maternal and child health programmes, few countries have programmes directed specifically towards women (Safilios-Rothschild, 1977).

A review of the literature leads to two conclusions. First, there have been only minimal and preliminary efforts to examine the special problems and needs of disabled women nationally and internationally. Secondly, there is evidence that the effects of double discrimination impact significantly on the education, vocational training, employment, and rehabilitation of disabled women both in the U.S. and abroad.

Significant areas for future research could be: identification of the nature and extent of sex role stereotyping of disabled women in guidance and counselling practice in education and rehabilitation service systems; identification of effective techniques and programmes which have addressed this problem; and examination of the career patterns of disabled women, with identification of needed types of services and points at which they can be introduced most effectively.

Further suggested areas are: study of the rehabili-

tation service system to identify problems of disabled women in accessing services; study of rehabilitation counselling practice in state agencies and facilities to determine effectiveness in addressing the special needs of disabled women; examination of rehabilitation counsellor education curriculum for its effectiveness in sensitizing counsellors to needs of disabled women, and related issues of sex role stereotyping and double discrimination.

Finally, research should also be carried out into the identification of effective methods of expanding career options of disabled women to minimize the problem of occupational segregation.

Dr. Ellien is Associate Professor and Training Co-ordinator, Employment Research and Training Center, New York University and Chairwoman of the Women's Task Force, National Rehabilitation Association for which this paper was prepared.

POEM

Who is Disabled?

by Tony Wong

If you fail to see
the person
but only the disability,
then, who is blind?

If you cannot hear
your brother's
cry for justice,
who is deaf?

If you do not communicate with
your sister
but separate her from you,
who is disabled?

If your heart and your mind
do not reach out to
your neighbour,
who has the mental handicap?

If you do not stand up
for the rights of all
persons,
who is the cripple?

Your attitude towards
persons
with disabilities
may be our biggest handicap,
And yours too.

*Mr. Wong is Executive Director of Combined Disabilities, Jamaica, and World Council member, Disabled Peoples' International. This poem appeared in **CHANGE**, The International Technology Paper, No. 1, 1984.*

A Physiotherapist who is Blind

"I do not approach my work as a blind physiotherapist, but rather as a physiotherapist who is blind."

In 1982 Nila Latty was voted "Physiotherapist of the Year" in her native Jamaica. Here she gives an account of her life and the achievements which led to the award

I cannot talk about my work without giving a background sketch of my childhood, as this played such an important role in my eventual choice of a profession (if "choice" is the word).

When my mother realized I had a visual problem soon after I was born, she left no stone unturned in her efforts to have the problem corrected; but, that was not to be. It must have been sheer ignorance on the doctors' part that she was never told of the Salvation Army School for the Blind in this country. So, she sent me to an ordinary primary school where I was totally frustrated in my search to assimilate knowledge and where my early education was a total failure. I could not cope in that environment and my teachers were at a loss as to what to do with me.

I am therefore eternally grateful to a friend of my mother's who casually mentioned that there was a school specially designed for blind children where they were taught to "read with their fingers." My mother, my brother (who is also visually impaired), and myself were intrigued and excited at the thought of people reading with their fingers, and we willingly went along to the school – I was accepted as a student of the Salvation Army School for the Blind in 1961. I was nine years old.

I worked hard to master the intricacies of braille and typing and soon proved myself to be an intelligent child with a thirst for knowledge which gave me the reputation of being "baffhanded," as I was always reading and showed little interest in needlework, craft work, and so on.

In 1965 I sat the first year Jamaica Local Examination and earned first place in the island which gave me automatic free entrance to a secondary school. Wolmer's High School for Girls opened its doors to us and in 1966 we commenced our secondary education at that institution (another girl also gained free entrance to Wolmer's and we were the first two blind girls in Jamaica to receive secondary education).

When the time came for me to choose an occupation, I realized that the choice was indeed very limited. Apart from audio typing and telephone switchboard operating, the only other avenue was physiotherapy.

With my General Certificate of Education (ordinary level) and a will to succeed, I journeyed to England in October 1971 to the Royal National Institute for the Blind's School of Physiotherapy where I pursued my studies, gaining a credit in my final examinations, and returned to Jamaica in early 1975.



Nila Latty

As I had been given a government scholarship, I had no difficulty in being employed by the Ministry of Health. My first place of work was the Kingston Public Hospital.

Keeping of records in this job was a major problem and one which I had to overcome, as records of patients' assessments and progress notes had to be kept. I approached my supervisor for a portable typewriter to do my recording, but she stated that government would not grant such a request therefore I would have to find another way. This was bitter news, as I thought at the time that this was the least the government could do, considering my disability.

I have a portable typewriter for my personal use, so I used to take my braille notes home and type them. But this was a poor solution to the problem as it meant that I was doing work in my spare time that should be done on the job, and if I fell ill the person covering for me would not have the notes.

I barely stayed a month at the hospital when my supervisor informed me that I should take up a post at the National Chest Hospital. I objected to the transfer because: I would lose my general skills by working in a specialist area as a new graduate; I would be the only therapist in the hospital and therefore would lack intellectual companionship; and, I was being paid a basic grade one salary and yet would be in charge of a specialist unit, working without supervision.

My complaints fell on deaf ears, and I found myself in a completely new and awe-inspiring situation as a new graduate. I became determined to make a success of my work at this hospital and to demonstrate to my supervisor that I could rise to the challenge.

The National Chest Hospital caters to cardiothoracic, medical and surgical conditions. The physiotherapist whose post I was assuming handed over 10 patients to me who were on physiotherapy treatment. I was amazed at the small list and soon realized that the doctors were not referring patients because they were not aware of the beneficial effects of physiotherapy in chest diseases.

I therefore made it my duty to attend ward rounds and to encourage referrals. I also prepared a leaflet on "Physiotherapy in chest disorders" which I distributed to the doctors and nurses. Within a few weeks I had over 50 patients on treatment and found that I could not cope with the volume of work.

I eventually designed a system where patients who were able to assist in their treatment did so and were personally seen by me two or three times weekly; patients who were acutely ill were seen daily; and those who had surgical intervention had to be seen two or three times daily for three to four days after surgery.

The system of typing notes at home was meanwhile proving more tiresome as the volume of work increased. And, just when I was getting desperate, a patient brought her personal typewriter and gave it to me in "gratitude" for my help. Another problem I encountered was that of writing in my attendance record, that is, making daily notes of all patients treated. This was not so difficult to overcome as I quickly made acquaintance with people I could call on to do it for me from time to time.

Shortly after I started working at the hospital, the Jamaica School of Physical Therapy started to send students on placement there. This was a new challenge, as I was expected to oversee the students. I enjoyed this aspect of my work as I found intellectual companionship with the students and had no choice but to keep reading physiotherapy material in order to supervise effectively. The discussion periods that I organized, and the practical demonstration of techniques of chest therapy went down well with the students and I learnt much from the experience.

One of my major concerns was that I was working at a grade one salary and doing the work of a grade three therapist. After speaking to the senior medical officer, the hospital administrator, and my supervisor on countless occasions, and writing letters to the Ministry of Health, I was promoted to a grade two post. I was not pleased, for I felt I deserved a grade three post as the job description for such a post clearly fitted my responsibilities.

Eventually, I was given an acting grade three post at the Mona Rehabilitation Centre in 1981. I was sad to leave the National Chest Hospital where

I had been able to demonstrate the importance of the physiotherapy profession and been able to become a vital member of the medical team.

The Mona Rehabilitation Centre is also a specialist unit where patients suffering from neurological disorders and spinal cord injuries are treated. My main problem here was to develop my skills in a new specialist area. With time this was mastered, for having been in charge at my previous work-place I had no difficulty in assuming my responsibilities at the Centre.

I acted for almost a year before the physiotherapist resumed his post and I was back in my old grade two post. However, I was asked to remain at the Centre, where I am presently working.

I have tried at all times to give of my best to my profession, as I strive to give good patient care and quality of treatment. The job satisfaction is excellent as I derive much pleasure from my work. However, the financial reward is woefully lacking and promotional opportunities are extremely limited. Opportunities for in-service and continuing education are also few, but when they are available I try to make full use of them.

As problems came to light I tried to solve them in my own way, and in a large measure I have been successful.

UN RESOLUTION ON THE DISABLED

The year 1981 was proclaimed, by a resolution of the UN General Assembly in 1976, as International Year of Disabled Persons, with the keynote theme: "full participation and equality."

The aim of the Year was to encourage the rehabilitation of the estimated 450 million people on earth who suffer from some form of physical or mental disability.

The five principal objectives for the Year, as set out in the General Assembly resolution, were:

- helping disabled persons in their physical and psychological adjustment to society;
- promoting national and international efforts to provide disabled persons with proper assistance, training, care and guidance, to make work available and ensure their integration into society;

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"Don't Drink For Two" – Women and a Social Disability

Alcoholism is a chronic, progressive, degenerative illness. Untreated its victims progressively worsen, eventually developing many physical complications that result in permanent disabilities or in death.

Yet, while this illness can be successfully treated, many alcoholics do not seek or obtain treatment because of social attitudes about the disease. For example, alcoholism in men may be tolerated but is found unacceptable in women. This attitude results in denial of the existence of alcoholism not only by the woman victim, but also by those around her. Denial is especially dangerous in relation to women of childbearing age.

You are going to have a baby. Your body is changing and you are thinking "Will my baby be healthy?" It is indeed important that you and your baby be healthy and happy, so add alcohol to your list of "don'ts" when you are pregnant. If you should drink too much of any alcoholic drink during pregnancy, your baby could be born with foetal alcohol syndrome (FAS).

FAS is a special set of problems which occur in babies whose mothers drank too much during pregnancy. Some babies may have more problems than others, such as: heads and faces that have not formed just right; bodies that are smaller and shorter than other children of the same age; trouble in hearing easy things; weak hearts; trouble bending or moving arms and legs; and, probably later behavioural disorders.

During the various stages of pregnancy, the

foetus' exposure to alcohol changes. Foetal water concentration is high in early pregnancy, making this the time of highest exposure to alcohol. Humans eliminate alcohol primarily by enzyme-facilitated oxidation which occurs in the liver. The foetus can metabolize alcohol only after its liver enzymes mature, and these do not mature until the last half of pregnancy.

A study carried out by the National Council on Alcoholism in St. Lucia found that more than half of the pregnant women who were heavy drinkers had babies that showed some FAS problems. Heavy drinking means six beers per day, or a bottle of wine, or five to six one and a half ounce drinks such as scotch, vodka, or other hard liquor every day. Alcohol is the main cause of FAS, but the other reasons which make it appear in some babies and not in others are not known.

If you want to be completely safe, the best advice is not to drink at all while you are pregnant, since it is unknown how much alcohol might be bad for your baby's health.

If you have a drinking problem and then find out that you are pregnant, you can still have a healthy baby. Women who are heavy drinkers and who stopped when they became pregnant have had healthy, normal babies.

Prepared by Mederick W. Alexander, Pharmacist, Ministry of Health, St. Lucia and President, National Council on Alcoholism, St. Lucia.

LEGAL DISABILITY?

Many countries have some kind of legal provision concerning the disabled that touch on such areas as education, employment, social security, health care, invalidity pensions, and so on. Few, however, make any special reference to disabled women.

It may be helpful to bear in mind the following:

- Easy access to adequate information about legal provisions concerning the disabled is essential. Traditionally, women tend more readily to ignore legal provisions relevant to their situation than men. Voluntary groups or organizations can be of great help in informing disabled women of their rights both at national and at local level. Since the existing situation is different from country to country with variations existing even within a given state, information about legal provisions concerning the disabled should be provided in simple, clearly understandable language.
- Legal provisions should benefit women and men equally and take into account the particular situation of disabled women. This caution is especially needed in the case of women who are not in the formal labour force and work on the family land, in family business, or in the home without remuneration.
- Existing legal provisions should be enforced. It is, for example, one thing to legislate that the disabled have to be employed, and another to ensure that employers follow suit.

- Existing legislation concerning the well-being of the disabled, and the disabled woman in particular, leaves much room for improvement. Awareness-raising, community action, and political pressure are necessary to change the situation. This task is especially hard in those countries where social security systems are very limited, but the disabled should receive attention as these systems are developed.

In recent years, increasing public attention has been drawn to the plight of women working in the home who find themselves unable to claim a social security invalidity pension, should they become permanently disabled as a result of illness or injury. Their unfortunate situation stems from the fact that: traditionally most social security invalidity pension programmes are social insurance schemes, which means that benefit entitlement is based directly or indirectly on length of covered employment or self-employment; persons claiming a social security invalidity pension must satisfy the system's criteria for invalidity.

Invalidity is normally defined and measured in relation to the disabled person's ability to work and earn a living in either his or her own occupation or in any suitable one. In the case of a home-maker, the degree of invalidity is defined according to her capacity to perform usual household duties. In practice, this means that the more the married woman tries to retain her physical independence in the home, the less she will qualify for invalidity benefits.

*From **Women and Disability** kit produced by the JUNIC/ NGO Sub-Group on Women and Development.*

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- encouraging research to ease the practical participation of disabled persons in daily life, for example, by improving access to public buildings and transportation;
- educating and informing the public of the rights of disabled persons to participate in and contribute to economic, social and political life;
- promoting effective measures to prevent disability and for the rehabilitation of disabled persons.

Another objective was to further the implementation of the 1971 Declaration on the Rights of Mentally Retarded Persons and the 1975 Declaration on the Rights of Disabled Persons, both adopted by the UN General Assembly.



Lola Marson

Confident and Capable by Lola Marson

Being the only blind child in a family of 11 can sometimes prove to be disadvantageous, but this was not the case in my situation. As I look back, I realize that I was treated as any other child would have been by my family and relatives. My early childhood was spent in rural Jamaica, climbing trees, scampering over hills, and paddling in streams – delights which were never denied me.

At the Salvation Army School for the Blind I spent my time trying to acquire whatever knowledge I could so as to enhance my progress in life. Towards the end of my school-days, I began thinking of the problems which I would face in the “outside world” – as I thought of it at the time. At times I would become really frustrated as there seemed to be no real prospects of becoming gainfully employed.

The management of the school, realizing my state of mind, called me to discuss my future welfare, resulting in my taking up a commercial course which comprised switchboard operating, filing, typing and English. I completed the course, gaining a distinction, and feeling equipped to face the world of work.

My next step was to register with the Services Commission, the employment agency of the Jamaican civil service, which organized for me to gain practical experience in an office.

My first day proved to be quite interesting, as I was ushered into the manager’s office expecting to be interviewed. Instead, there was silence for two or three minutes; this seemed puzzling at the time, but I later analysed it to be ignorance and confusion on his part as to how to cope with a blind person. At the end of it I was given permission to improve my skills in telephone operating.

The training period lasted for just under a year, at the end of which I was temporarily appointed to the post in the same office. During this time, a very cordial relationship developed between the manager and myself as, after his initial uncertainty, he soon realized that I was just another woman who happened to be blind.

Six months later I received my permanent ap-

pointment and continued to work at the Ministry of Health Annex. The years spent at this office were filled with important and interesting learning experiences which enabled me to become more positive in my outlook on life and in my relationship with others.

Let me cite two instances to bear out what I have been saying.

One morning a co-worker walked up to my desk, placed a piece of paper on it, and walked away. Not realizing what this signified, I continued to do my work. Half an hour later, I received a call accusing me of incompetence. The irate gentleman blurted out that the call he had asked me to place was most urgent, and that I had disturbed his schedule for the day because of my negligence. I was puzzled and I went to his office to thrash the matter out, which led to his realizing that I was visually impaired and could not cope with print.

Another instance involved a student who was on field placement at my office and who would wave to me whenever he was passing. Not realizing my disability, he naturally concluded that I was selfish and unfriendly. This continued for some time until he finally confronted me on the matter. Again, I had to explain.

The above situations bear out the point that visually impaired persons encounter additional problems moreso than the totally blind.

I was later transferred to several other offices in the Ministry of Health, eventually receiving promotion to a grade two post. I am now working in the Flamingo Complex of the same Ministry.

As a blind person who has worked in several government departments, my disability has not proven to be much of a problem – granted there is always an initial stage of uncertainty which generally accompanies a new job. This uncertainty is even more pronounced when it relates to one in my situation. I have found, however, that in my years of working, people have come to realize that I can work as efficiently as any other person.

Cont'd on page 16



A Woman Like Any Other

"I would like to get married, have a happy family, and be a mother like the others" is the wish of many disabled women. For some this desire becomes reality, but for others it remains a dream.

Exact global statistics are missing, but there are enough indications to conclude that disabled women have greater difficulties finding a spouse than non-disabled women or disabled men. An exception to this rule is to be found in the case of the mentally retarded. While men may be more ready to marry the mentally retarded woman – especially if she is beautiful – women are more likely to refuse marriage with a mentally retarded partner.

According to a poll carried out in France in 1975, 64 per cent of the 5,062 disabled women interviewed were single. Reports from developing countries also show that women with disabilities have great difficulties in getting married. This is partly because in these countries – except for the highest echelons of society – much physical work is expected from a wife. Another contributing factor is the widespread fear that the presence of a disabled person will bring misfortune. Furthermore, if a woman becomes disabled **after** marriage there is a strong likelihood that her husband will leave her.

There is no reason for a disabled woman not to have a healthy child. Few disabilities are hereditary. Decisions regarding pregnancy are, however, often taken on the basis of fear and not on the basis of well-founded information. Pregnancies of disabled women are in most cases not any more difficult than those of the non-disabled. It is essential, however, to be well informed and supervised.

A physical handicap is not necessarily a handicap to being a parent. Being a parent is not only a question of physical tasks; it involves the giving of security and love as well as guiding the child into responsible adulthood. Certainly, a severe limitation may hinder the mother in carrying out certain functions, such as sharing sport or play activities or carrying, bathing, or feeding the child in case of immobility of the arms. However, there appears to be no indication that children of disabled mothers have a higher accident rate than those of non-disabled mothers.

Among the positive aspects, one can list the possibility of an accelerated human growth in the child due to the feeling of being needed, the acquiring of early independence, a sense of responsibility, and a more mature partnership with the mother. Often, a disabled mother can give more attention to her children because of her immobility. She has more time to read to her children, to help them with homework or teach them music, arts or other subjects. Children usually adapt to new situations faster than adults. They can accept the disability of the mother more easily, although occasional feelings of frustration are natural and should be dealt with openly.

Unless there are extremely pressing reasons, children should not be separated from their disabled mothers. Rather, mothers should be offered help to perform as many functions of childcare as possible.

*Extracted from **Women and Disability** kit produced by the JUNIC/NGO Sub-Group on Women and Development.*

It's a Fact

In the Philippines, at least 50 per cent of the estimated 4.6 million disabled Filipinos are said to be women.

(Source: "Women: Disability Cannot Change Their Human Needs" by Julita C. Benedicto in **Rehabilitation World** Winter 1983-1984 Vol. 7, No. 4 — a publication of Rehabilitation International U.S.A.)

The consequences and deficiencies of disablement are particularly serious for women. There are a great many countries where women are subject to social, cultural and economic disadvantages which impede their access to, for example, health care, education, vocational training and employment. If, in addition, they are physically or mentally disabled their chances of overcoming their disablement are diminished, which makes it all the more difficult for them to take part in community life.

(Source: **World Programme of Action Concerning Disabled Persons**, United Nations Division for Economic and Social Information/DPI.)

In the developing countries, where 80 per cent of the world's disabled population lives, one of the major causes of disability is inadequate nutrition of mothers and children, especially girls.

Due to traditional role perceptions, disabled women are given less encouragement to continue their education, even in view of the fact that, more often than not, they will have to be self-supporting. Parental over-protectiveness can also stem from a fear that a disabled daughter is more vulnerable than others, with the result that she is discouraged from preparing for her own social and economic independence.

(Source: "Women and International Rehabilitation" by Denise G. Tate in **Women and Rehabilitation of Disabled Persons a Report of the Sixth Mary E. Switzer Memorial Seminar**, May 1982. National Rehabilitation Association, U.S.)

Much of what is written about disabled persons often comes from the nondisabled. Here, we depart from this norm with two disabled women — Sarah Newland and Kathleen Webb, both of Jamaica — giving their views on some of the issues concerning disabled women and disability in general. (These women are also profiled elsewhere in the newsletter.)

ON CONDITIONS FOR THE DISABLED

KATHLEEN: Educational facilities have grown. We have sign language on videotape, and more job opportunities. The hearing impaired are now secretaries, clerk-typists, timekeepers, bakers, and printers. Now that they have gone into society they face more problems, but I feel with counselling I can help them. The International Year of Disabled Persons in 1981 spread awareness of disabled persons. There is a new vocabulary — no longer are the hearing impaired referred to as "deaf and dumb." I am very happy about that.

SARAH: The disabled person is more visible and accepted. In the past they were often shut away at home through shame or embarrassment. The International Year of Disabled Persons helped. The Combined Disabilities Association in Jamaica came out of it. They have an evening radio programme; they had a conference called Building Accessible Communities. As a result, many business places and public buildings have parking places for the disabled with graded curbs, ramps for wheelchairs, stairs with railings. We want to have the building code amended. We have seen the Minister of Local Government about it. Without railings I can't enter a building. Sometimes I don't find out until I get there. It means I'm not independent.

KATHLEEN: In television I would like to see inserts and captions, as the hearing impaired can't understand what is going on. Government can help with training teachers for continuing education and skill training. I wish each business place would hire two disabled persons.

SARAH: In Jamaica, the disabled are about 10 per cent of the population, about 200,000 persons, yet the work population of the disabled is correspondingly low. Education would help the individual and the society. We need skill training. If government will make a start, others will help.

Conversation Piece

ON BEING A WOMAN:

KATHLEEN: In the past, women used to work hard. They used to work twice as hard as man, but things are changing now and women are no longer taking a man's place. They are becoming independent.

SARAH: It's a hard struggle for a woman, and even moreso for a disabled woman. We must try twice as hard. I can tell you it's tough out there to prove you are capable, people are always doubting you.

ON MEN AND MARRIAGE

KATHLEEN: My mother never pressured me to get married, but other people asked me "Why don't you get married?" and "What are you waiting for?" I ignored them. I would like to get married to an intelligent person like myself who has had experience of the hearing impaired, but I never found one.

SARAH: I would like to settle down and get married and have children. I've reached that point in my career when I want to stabilize myself, but whether it will happen or not I don't know. I'd like to share my life with someone. It's not a goal, but it crops up now and again, it's a thought on any woman's mind. I don't know if I'll ever get married, but then it's the men. Many men look at you as if you're not capable of functioning normally, instead of talking with you and getting to know you, and making you feel you are a woman. Anyway, I wouldn't want a man who would just take me for pity.

ON TALKING TO SOMEONE

KATHLEEN: I work with the Kingston Deaf Club for Adults. We talk about life and our problems, enjoy and share spirits, have discussions and speakers. We learn about national insurance, public health, communicable diseases.

SARAH: We have an Old Girls Association from the Mona Rehab.. I am the president now. We talk together. Our present concern is the younger ones. In my time we missed nothing in the society, but it's a hustling society now. People don't have time to talk to each other anymore. We hope to unite the younger ones through activities at the Mona Rehab. Sports Club.

ON OPPRESSION OF DISABLED MEN

KATHLEEN: It depends on the individual man, how he reacts to his disability.

SARAH: Being disabled puts a great strain on men. They can't live up to the stereotype of being strong and virile that this society projects. I've talked to some of them. It affects them psychologically, especially if a man was once able.

Compiled by Phoebe Chang. (Ms. Chang is a writer based in Jamaica.)

MARION'S STORY

as told to Aubrey Webson

The birth of a blind or visually handicapped child into a family creates doubt, despair and confusion in the mind of the parents and Marion Khan's parents were no exception.

The first child in a family of four children, Marion was born in Guyana in July 1962 – visually handicapped from birth. However, her mother, with some measure of determination and hope, resolved that her daughter's visual handicap would not have a negative influence on the development of her child.

Marion therefore received her early education at the David Rose School for the Handicapped in an atmosphere with other blind and visually handicapped children. From this early stage in her education she displayed enormous potential and, during her junior school life was integrated into the St. Rose's High School – a "normal school."

She showed keen interest in her lessons, particularly home economics, but her visual handicap posed a problem to her teachers who could not conceptualize a visually handicapped girl doing the practical aspect of the subject. Marion's mother therefore taught her how to cook and to use the stove, and within a few years she became an outstanding cook with enormous confidence and her own style of cuisine.

Although she was still not allowed to pursue her home economics course at school, and thus did not write the subject in her CXC (Caribbean Examina-

tions Council) exams, Marion graduated from St. Rose's at the age of 20 with passes in English language and history.

Her desire to earn a living through a "homework" project – baking and selling cakes, cookies, bread, etc. – led to the Guyana Society for the Blind requesting financial assistance for her from the Caribbean Council for the Blind. The latter in turn secured US \$1,110 from the Royal Commonwealth Society for the Blind through its Self Help Endowment Fund – a fund specially created to provide assistance to blind women.

As a result, in October 1982, Marion became the proud owner of a modern combination stove and oven, a stock of necessary ingredients, and some baking pans.

Today, Marion is making a significant contribution to her family and community. She runs a business from her home, making available to the villagers cakes, puddings, bread and Indian delicacies.

In addition, Marion's mother – an insurance saleswoman – successfully markets her daughter's products among her own clients. The young blind woman makes a profit of Guyana \$500 per month, and, with her mother, helps to school her three sisters and contribute to her family's upkeep.

Aubrey Webson is Executive Director, Caribbean Council of the Blind, Antigua.



Cont'd from page 12

While my job gave me some amount of satisfaction, I felt the need for additional occupation and fulfilment, and to be able to make a worthwhile contribution to the blind community. My desire came true when I was elected to the Executive Committee of the School for the Blind Old Students' Association at its first general meeting in 1977. In those early years there was much to learn and experience both from the point of view of the Association and myself. In 1979 I was elected assistant secretary, a post I held until 1981 when I became the vice-chairperson. The following years saw me in the post of chairperson which I presently hold.

I have observed that there is no discrimination by the Association against the full participation of women in its affairs. For most of us women who have been involved, we have benefitted much as our leadership skills have been improved, equipping us to be more confident and capable.



Blind mother bathes her toddler



A typical day on the job

WORKSHOP

A WOMEN'S AFFAIR *by Lena John*

The Workshop for the Blind in Dominica is the only one in the Caribbean where women only are employed, not because management has a "women only" policy but because only blind women are interested in the work being offered.

The women, ranging in ages from 28 - 57, work an eight-hour day under the supervision of a director and her assistant. They all contribute to the social security scheme.

The workshop was opened in 1964 at the old Dominica Infirmary on Elliott Avenue, Roseau. In 1977, the Lions Club of Dominica donated a new building on Federation Drive to the Government for use by the blind. The workshop, which comes under the Dominica Government Welfare Programme, started with six persons, four of whom were trained at the School for the Blind in Santa Cruz, Trinidad. There are still six persons, although not all are from the original group.

Most visitors are amazed and impressed by the high quality achieved by the workers. From rattan they produce articles such as baby cribs, desk dips, coasters, various types of baskets, and more. Recently they were trained to make pot scrubbers, school chalk and coat-hangers.

It is not to be imagined that the blind do not lead a normal social life. They are musically minded and contribute their talents to community activities. They have taken part in agricultural exhibitions, singing competitions, concerts and National Day programmes.

One of the blind women in the workshop is a leading pianist and concentrates her musical abilities in the church. Another is an active member of a youth group and of her church choir. They are also politically minded and take active part in the development of their country, through the different

committees of the disabled to which they belong.

One may ask: "What is a blind person doing with children? How could one make love to a blind person?" The three blind and unmarried mothers in the workshop answer these questions by stating that they see no reason why they should not have children, and pointing out that their children are a great source of help and happiness to them — indeed, they are their very eyes.

One of the women is 38 years old and responsible for her large household of 11; this comprises her mother, boyfriend, sister's three children and five of her own including one-year-old twin girls. With the help of her children's eyes she is doing a wonderful job of child rearing.

Another woman, 57 years old, is sole provider and caretaker for her 86-year-old mother with whom she lives. Our pianist is a mother of two who lives with her blind sister; and the other blind mother of two is the only provider for a household of five. All these children are fathered by sighted men, and the women in question see no reason why a man should find it difficult to love a blind woman whose only handicap is lack of sight.

Despite the capabilities of the blind, however, they are faced with a number of problems. The lack of mobility training hinders them greatly, as they are unable to move without the help of the sighted. They also resent the exclamations of pity so often bestowed upon them because of their blindness, and openly say: "Our problems are very much the same as other women's — we have the same needs, capabilities and desires. All we are asking is to be trained, so that life can become much easier."

Ms. John is assistant instructor at the Workshop for the Blind, Dominica.

NEWS BRIEFS

Her training will help others

Myrtle Bridgewater, President of the Disabled Persons Organisation in the Bahamas, is currently enrolled in a course in upholstery with Goodwill Industries of South Florida, U.S.

"The desired goal," says Mrs. Bridgewater, "is that having acquired the necessary skills, I'd return home, set up a small service business, and thus be in a position to employ some of the disabled of our land."

Meanwhile, the members of the Organisation have been making crafts and selling them from a booth in the Cable Beach Market, Nassau. The booth is staffed by two of the Organisation's members.

Encounter Caribbean

Representatives of organizations of disabled persons and organizations providing services to disabled persons in the Caribbean, Canada and the U.S. met at a "Caribbean Encounter" last year.

Coming out of that meeting, participants:

- affirmed the priority, need and inherent value of disabled and non-disabled persons working together to meet the challenge of economic and social development, including disability prevention, rehabilitation and the equalization of opportunities in the Caribbean;
- agreed to work together to identify needs, establish priorities, and plan programmes at the regional level that will directly benefit disabled persons and those who provide services to them in the countries of the region;
- and, committed themselves to actively promote the full participation of disabled persons in society in general and specifically in the governance, operation and evaluation of **all** organizations — public, private, local, national and international, at work in the Caribbean region.

The encounter which was organized by the Caribbean Association for Rehabilitation of the Disabled, took place at the UWI's Cave Hill Campus in Barbados.

NEWS BRIEFS

Blind Women Benefit From Scheme

In Jamaica, unemployed blind women have been involved in a number of projects through the assistance of the Revolving Loan Scheme for the Blind.

The Scheme is operated by the Old Students' Association of the Salvation Army School for the Blind.

Much of the assistance given to blind women by this Association has been through the Scheme, the most popular being the buying and selling of commodity items. More than two thirds of the women who have benefitted from the Scheme have been involved in this area.

The Scheme has also financed pig rearing and poultry farming projects for the blind women.

The Scheme was set up in June 1979 to provide loans or grants to blind persons who wished to start self-help projects.



PROFILE

Two Courageous Women *by Phoebe Chang*

"My life is beautiful. I have my own home, I am responsible for my mother who is 81."

Kathleen Webb was speaking with me at the office of the Jamaica Association of the Deaf. She has been a trained teacher of the deaf for 25 years – having her certificate from the University of the West Indies – and, for the past three years, a social worker for the deaf.

Pat White was our interpreter, sometimes using sign language; sometimes speaking very clearly; sometimes using both methods. Kathleen watched Pat's face attentively.

I asked Kathleen about her childhood.

"I was born in Kingston. At five years old I started to lose my hearing. My mother insisted that I use my voice and talk to keep my speech in action. My mother always encouraged me, she gave me most of her love.

"There wasn't a school for the deaf as yet. When I was nine I was put in the Salvation Army School for the Blind. About 1939 an English teacher who had come from a deaf family arrived in Jamaica. He set up a school for the deaf in Kingston and I was one of the first students at the school. It was an oral school – just speech, lip-reading, no sign language. I was 17 when I left.

"I joined a group of Americans in the Christian Deaf Fellowship and learned sign language from them. It changed my life, I began to understand more. I could communicate, read and understand, and socialize with the hearing and get more training."

I tried to enter the silent world of the deaf – Kathleen's world.

"I can't use the telephone, listen to the radio, watch television, or attend meetings. The greatest handicap for the hearing impaired is not knowing the language. When hearing impaired students leave school at 18, they are behind their peers. They are just beginning to understand what education is all about. They need continuing education.

"I can drive a car, but I can't get a license in Jamaica. The authorities say we couldn't hear a horn blow. But abroad, the hearing impaired can drive.

That is my greatest problem at the moment. If I had a car I could travel about the country where the situation is worse for the hearing impaired to advise and counsel them. We have talked with the Minister of Utilities and Transport. He said he was sympathetic and we must write a letter. We have written many times, and are still waiting.

"When I travel by airplane I need someone to tell me when the plane leaves and to direct me where to go."

Kathleen has visited Cayman, Washington D.C., and New York. She spent five weeks at the Golli-Deaf College in Washington in the continuing education programme and came first in her class.

Her disability is not apparent, and I wondered whether this fact presented problems for her.

"People don't see me as being hearing impaired, but when I speak they realize something is wrong because my speech is not clear. For example when hearing impaired persons go on the bus and show a concessionary pass, the conductress doesn't believe they are deaf. I don't use my pass, because I have a job and think I should pay the fare."

Kathleen walked me to the gate and handed me a booklet about sign language produced by the Kingston Deaf Club for Adults. Inside it read: "Hearing people don't have to speak loudly to hearing impaired people... The signs that are depicted are those used by most hearing impaired people in the Caribbean. Learn to communicate with the hearing impaired and help them to be happy so that they will feel that life is worthwhile." It continued: "This booklet is compiled by Kathleen Webb," and it named her assistants.

I asked Kathleen if there was anything she'd like to say to women.

"God didn't give everyone the same gifts, so whatever gifts we have we can make the best."

The next day I spoke with Sarah Newland at the Maxfield Park Home for Children. We talked and watched the children playing on the drought-dusty football field. Sometimes one would come up to us. Sarah called the child by name and said, "Come back later."

PROFILE

"I am the assistant manager/social worker here. I find it very challenging because we have 165 children and a complement of 105 workers. You have to think of them as individuals, not as a group of people stuck together. Each child and each worker has a specific need. Sometimes I find it very taxing. Strangely, my disability doesn't affect my work, only when I'm running to catch something or somebody."

I asked her about her childhood.

"Actually I grew up here as a child in Maxfield Park Home. I was disabled at birth. I have artificial limbs now, I walk with a forearm cane. But, I can drive a car."

She looked out at the children playing. "And all those years I never knew my parents. They abandoned me. It was like being alone in the world, not knowing what they looked like. I met them later on in life, it was a traumatic experience for me." She paused. "But I got over it."

"Sometimes I feel that in my situation if I grew up with my parents I might not have achieved so much. Some parents are over-protective. It shouldn't be that way, it should be loving and warm. I'd like to be friends with them. One of these days it may happen, I hope so. My parents feel guilty, for my birth, for not caring for me. They were young, and at that time there was no advice available or programmes. I don't blame them for what happened, I've tried to tell them all of this."

"When I was five or six, I had my legs removed at the University Hospital by Professor Golding. I was transferred to the Mona Rehabilitation Centre. I owe so much to so many: Professor Golding, Sammy Henriques, John and Vivienne Lopez, Matron Pringle, the nurses, doctors, physiotherapists, the teachers. This group of people worked with me and for me, helping me to set the pace in terms of my whole development, showing me how to cope with my disability. I can recall the days when I fell and could not get up, I had to be helped. I was encouraged to try to do it myself."

"I regard John and Vivienne Lopez as my godparents. It wasn't easy growing up, especially my teen-aged life. I would cry to them for guidance and help, they were never too busy to help. Every now and again I still phone them; they would say that what ever I have done is my achievement, and I would say 'You helped me.'"

"(They) were my swimming coaches. I started swimming in 1964. My first feat was the Cross Harbour Race... three and a half miles with 90 persons entering and 12 women. I was the only disabled person swimming. I finished within the one hour time limit, it was a world record. In 1965 I was given the Sportswoman of the Year Award. In 1971 I started competing in the Paraplegic and Pan American Games. I won gold medals and set world records, and for that I got the national award, the Order of Distinction."

"In 1978 I left Mona Rehabilitation Centre. I had often wondered how people would respond to my disability when I went out on my own as a young adult. Sometimes I was jeered and mocked because of the way I walk, but I learned to cope."

What are her plans for the future?

"I live alone. I enjoy my life. I am very involved – my church, the YMCA, Mona Rehab., my job and my counselling. I'd like to further my studies in psychology, especially pertaining to the child. I've studied here as much as I can at the Extra-Mural Centre. I want to go abroad. I'm ready for the exposure, it's just the financing."

Sarah's final words were for her sisters.

"To the disabled woman I'd say 'Don't get discouraged' and to anyone who has a disabled child: 'Consider the child.' The child won't be a child for the rest of its life, and parents won't always be there. Don't keep the child back in the home. The child must integrate in the wider society, talk and act with others, the able and the disabled."

Ms. Chang is a writer who lives in Jamaica.

Growing with David

by Shirley Ann Hussey



It has been found that women play a major role in efforts to deal with the anguish of disability. On an individual level, it is the woman who must cope with the disabled child or be companion to a disabled relative. At the community level, programmes aimed at increasing and recruiting family involvement for disability prevention and rehabilitation usually come to rely on women's involvement. This article is one woman's account of her personal experience of mothering a very special child – a disabled child.

Today David took a chair out to the yard, climbed on it, picked two green zabocas (avocados) and put them in a basket in the kitchen where we normally put fruit to ripen.

We are thrilled. This is a day for rejoicing. Five years ago David was like a wild animal: he drank water from the canals, grabbed food, ate cockroaches. He looked at no one, he trusted no one.

He did not cry. He did not laugh when we laughed, though he did give a strange shriek occasionally that may have indicated pleasure.

Now, he can gather food and put it away for future use. He has become fully human.

David is about 14 years old. We are not too sure, because I found him in 1973 suffering from kwashiorkor, worms, and gastroenteritis. He was hospitalized for the next two months. We realized that he had no useful speech, though it appeared that he could hear, but we were not sure if he could see since he shielded his eyes from the light. He gave no eye contact, and the external appearance of his eye was not normal; each eye was clouded, with a growth over the eyeball.

Some months later I left David in a public institution for the retarded and went abroad. Years later, on my return, I realized that David had suffered from institutionalization. He was heavily tranquilized, and had been savaged by a dog there. I

knew then that I must save his life again.

In 1979 I married Henri who then had eight children at his home. David and I made that family 11.

I began to recognize the classical signs of autism in David: sleeplessness; a fixation with balancing objects or breaking glass into minute particles; no communication of any kind; hyperactivity; and, inordinate fear.

I had read about four programmes for dealing with autistic children, and we set about putting them into practice, such as:

- strict diet: rich in protein, amino acids and vitamin B, Brewer's yeast everyday, no junk food – when we eat out, David drinks milk or a malt-based drink;

- we exercise our imagination aplenty, set goals, create teaching tools, take risks;

- physiotherapy: roll, creep, crawl, run, etc.;

- behaviour modification: some researchers have used electric shocks as deterrents and food as a reward, rather like training white rats, but David is a person. I would use the old-fashioned strap and numerous hugs and kisses.

We could not hurt this child anymore – the only road must be forward. As time went by, we could withdraw punishments.

In 1982, David participated with us in the Trinidad and Tobago Music Festival, family class. He did the bird calls as we sang of evening. We came second.

David made his first Communion recently; in December he will be confirmed.

Though he is not speaking, he writes his requests.

His progress is so spectacular, it has encouraged us to work with and for other children. Our family is a co-founder of the Families of the Disabled in Trinidad and Tobago.

The Families of the Disabled in Trinidad and Tobago was set up to:

- reach all families of the disabled in Trinidad and Tobago, so as to help them become better informed and prepared for their role as families of the disabled;
- provide mutual support groups for such families;
- provide activities and facilities for disabled people;
- recognize and show appreciation of the contribution of disabled people to the community;
- educate the public regarding disabled people;
- seek ways of integrating the disabled into the mainstream of society;
- co-operate and associate with other organizations working in the field of disability;
- seek social justice for all disabled persons.

The Overseas Education Fund – Working for all Third World Women

The Overseas Education Fund (OEF), founded by the League of Women Voters in the U.S., describes itself as the only private, non-profit organization which focuses its overseas programmes on improving the economic condition of Third World women.

The organization believes that strengthening women's economic roles is a key factor in enhancing family welfare and achieving national development goals. In the Caribbean, Latin America, Asia, Africa, the Middle East and with Third World refugees in the U.S., the OEF collaborates with local groups and host country governments on a variety of skill training programmes.

These programmes fall within five major

categories: small enterprise development, co-operativism, legal education, vocational training and job placement and institution building.

These categories are vital to the well-being of all women in developing nations. Disabled women, described by one OEF official as "the most disenfranchised," are reached both directly and indirectly by the organization.

The OEF's experience with disabled women in developing nations indicates the potential for leadership training in helping disabled women (and men) lead fuller, richer and more satisfying lives. For example, in Costa Rica, 26 hearing impaired women and men participated in a two-week OEF training programme which used sign language translated

from Spanish as the language of the course.

The Costa Rican group identified as important results of the leadership training their own "awareness of self worth" and the confidence that they gained in "personal skills and capabilities." They also researched and identified a source of funding for small businesses.

Upon completion of their training, the participants returned to their communities to train others to make better use of existing resources including themselves.

Throughout the world, OEF training programmes identify issues common to women in developing nations, wherever the nation may be located. These issues are: a source of income; better organization planning to gain credibility; financial management; and the importance of collaboration among themselves and within the community.

*Edited from 'Disabled Women in Developing Nations The Overseas Education Fund' by Robert H. Ruffner in **Rehabilitation World** Winter 1983-1984 Vol. 7 No. 4.*



Photo: International Labour Organisation

WHERE THERE'S A WILL... A Look at Goodwill Industries

Goodwill Industries of America, Inc. is a non-profit corporation dedicated to rehabilitating disabled people.

It provides leadership, management assistance, and support services to its members – the 177 individual Goodwill Industries corporations located in the U.S. and Canada.

Goodwill reinvests its net earnings into the construction, operation and maintenance of rehabilitation facilities, training sites, and industrial plants which provide training, education, employment and support to handicapped persons and others in the community with special needs.

The corporation collects, restores and retails do-

nated, used goods and clothing; wholesales salvage textiles; provides subcontracting services in sheltered workshops and on-site contract labour; and does limited manufacturing.

Goodwill also operates housing and food service facilities in communities where the need exists, primarily for the handicapped, the elderly and the needy.

Additionally, there are some 45 international members operating facilities in 32 countries outside the U.S.

These facilities provide disabled persons with vocational skills and jobs. Committed to the proposition that disabled people do not need charity, but

productive employment, these local, non-profit, private organizations are demonstrating effective and low-cost means to train and place in employment both physically and mentally disabled individuals.

In the Caribbean, Goodwill assists the Caribbean Association for Rehabilitation of the Disabled, a regional organization providing technical assistance and training to member organizations in 15 Carib-

bean countries. Goodwill assists the local organizations in establishing "mini" industries and workshops to provide jobs for disabled persons in such places as the Bahamas, Barbados, Jamaica and Trinidad.

Extracted from "A Growing Role in a Changing Society" 1982 Annual Report of Goodwill Industries of America, Inc.

News from WAND...

On the Trail of Women's History

Work is progressing on the project to identify, examine and document women's socio-economic contribution to their societies from a historical perspective.

WAND is administering the Caribbean end of this project which is part of a larger one being co-ordinated by the Institute of Social Studies in the Hague, Netherlands. Entitled "Women's Movements, Organizations and Strategies in a Historical Perspective, with Special Reference to Colonial and Contemporary Societies," the project involves women's institutions in the Caribbean, Mexico, Peru, India, Indonesia, Somalia and Sudan.

The Caribbean sub-project covers three countries: St. Vincent, Jamaica and Trinidad and Tobago.

In St. Vincent, the researcher, Wendy Rodney, has been carrying out interviews with various contact persons on the general historical and socio-economic background of St. Vincent, as well as with members of women's organizations. Oral history interviews of people within the community of Rose Hall have already begun.

Former WAND programme officer, Beryl Carasco, has been working with Wendy on the collection of folk songs, stories and music from Rose Hall.

In Jamaica, the SISTREN Theatre Collective have succeeded in understanding the situation of women in wage-work and the peasant economy in the period immediately after the abolition of slavery up to 1938.

Meanwhile, the research study on Trinidad and Tobago by Rhoda Reddock is expected to be completed this month.

Training the Trainers

The third in a series of three regional workshops for the training of trainers will be conducted by WAND from July 29 - August 4, 1984.

The overall objectives of the programme are to: identify and provide indepth training for a group of trainers within agencies which collaborate with WAND; provide opportunities for these trainers to extend their skills with community/extension workers at a national level; build the capacity and skills of regional and national participants so as to enable them to work more effectively with women's and community groups.

Areas explored by the workshops have included: participatory training methodology - concepts and practice; roles and responsibilities of the trainer/facilitator; development of trainer competence and self-confidence; dynamics of adult learning; design and implementation of training activities; understanding your context: population target groups and local resources available; women and development issues in the Caribbean context; and, evaluating and monitoring personal and group growth.

The workshop participants - women and men from eight Caribbean countries - were selected from organizations which work closely with WAND. Resource persons were Dr. Phyllis MacPherson-Russell of the Human Resources Development Unit, Jamaica and Ms. Audrey Roberts.

The third workshop is being co-ordinated by WAND programme officer, Pat Rodney, who was also responsible for the second. WAND's Acting programme co-ordinator, Norma Shorey-Bryan, co-ordinated the first workshop.

News from WAND...

Getting the Message across

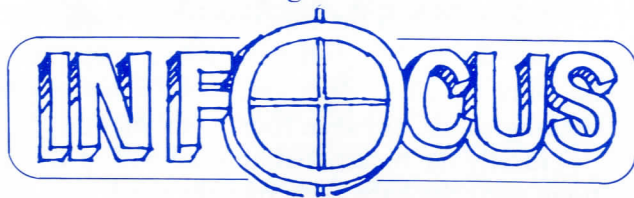
WAND was represented at a recent workshop in systematic message design, aimed at teaching participants how to communicate effectively.

The workshop, which ran from June 18 - 22, was held in Barbados and sponsored by the Caribbean Institute of Mass Communications.

Under the slogan "The community knows best," the workshop stressed the importance of involving a social researcher, a media specialist, and a communications specialist in planning any programme aimed at the community.

The sessions were conducted by Dr. Bella Mody, mass communications specialist at California State University, U.S. The 10 participants were selected by WAND from media houses and women's desks.

Funding for the workshop was provided by the Friedrich Ebert Stiftung Foundation.



Spotlight on East Indian Women

A panel discussion on East Indian women is to be included in the Third Conference of East Indians in the Caribbean, to take place from August 28 - September 5 at the St. Augustine campus of the UWI, Trinidad.

Papers to be presented at the conference on the theme "East Indian Women" are expected to cover the following areas: East Indian conceptions of sexuality; male-female relationships during and after East Indian indentureship; East Indian women and social production; East Indian women and the wider society; and, East Indian women and education.

Other themes of the conference include: History of East Indians; East Indian Public Figures; Indians

in Literature; Indians in Education, Ethnicity, Culture, and Society; Indians in Science and Technology; and, the Indian Diaspora.

Overall, the conference will focus on the uniqueness of the experience of East Indians and their relationship with the Caribbean social and physical environment. The conference organizers hope that scholarly universality will contribute to greater social cohesion in the Caribbean - a unity in diversity.

The conference programme consists of: presentation and discussion of scholarly papers; a week-long exhibition on the life and culture of East Indians in the Caribbean; public lectures; and cultural evenings.

Enquiries about the conference should be directed to Dr. Sahadeo Basdeo, Dept. of History, UWI, St. Augustine, Trinidad.

Sistren Reaches Out

The 1984 work programme of the SISTREN Theatre Collective in Jamaica is aimed at reaching out to the public at twice the rate of last year's programme.

The group is continuing its tours of rural Jamaica. For this year's tours in July and September SISTREN plan to incorporate two of their major productions, **QPH** and **Bellywoman Bangarang**, with two short pieces adapted from the real experiences of poor women living in town and country.

The group is also planning 42 workshops, some of which will be a continuation of work started in 1983. Workshops are already underway in rural and urban communities in West Kingston, Clarendon, and St. Andrew. Other workshops are included in the rural tours.

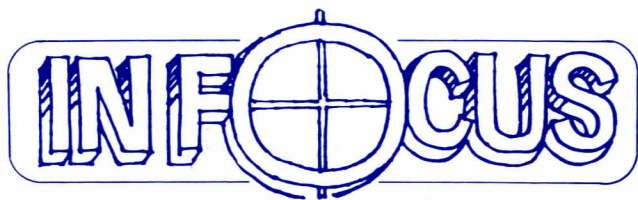
The workshops cover such topics as rape and teenage pregnancy.

Meanwhile, SISTREN Textiles - a project of the group - is printing new designs on their popular wall hangings, based on their productions **Bellywoman Bangarang** and **Nana Yah**.

The project is expanding into skirts, bags, adults' and children's dresses, and children's T-shirts later this year.

Enquiries about SISTREN's activities may be addressed to their headquarters at 100 Hope Road, Kingston 6, Jamaica.

*From SISTREN Newsletter Vol. 6 Issue 1
March 1984.*



Women's concerns **on population**

The second UN-sponsored International Conference on Population will be held in Mexico from August 6 - 13.

*In the light of this event, **WOMAN SPEAK!** thought it timely to highlight the resolution on family planning adopted by the World Conference of the UN Decade for women in July 1980.*

The Resolution Stated:

Whereas women constitute half the population of the world but remain victims of sex discrimination which is fundamentally unjust, an infringement of human rights and an offense against human dignity,

Whereas the International Conference on Human Rights held in Teheran in 1968 affirmed for men and women "the basic human right to decide freely and responsibly the number and spacing of their children,"

Whereas the World Population Conference held at Bucharest in 1974 expanded this right to include access to information, education and means for women to determine their own fertility,

Whereas the World Plan of Action adopted at Mexico City in 1975 reaffirmed this right because it has a decisive impact on the ability of women to take advantage of educational and employment opportunities and to participate fully in community life as responsible citizens, and because of the well-recognized effects of family planning and child spacing on maternal and child health,

Whereas, despite these exhortations, millions of women throughout the world are still in need of family planning services, and

Whereas inadequacies of Governments and societies to provide the family planning education and services desired by millions of women is one of the obstacles to the socio-economic development of their countries and the attainment of a better quality of life for their people,

Acknowledging that the International Conference of Parliamentarians on Population and Development held in Colombo in 1979 has recommended to achieve an annual target of one billion dollars in international assistance by 1984;

Therefore, the World Conference of the United Nations Decade for Women: Equality, Develop-

ment and Peace,

1. Calls upon Governments to: Take all appropriate measures including legislative ones within the framework of national policies, to provide information, education and means to enable women and men to freely exercise the right to determine their family size;

2. Recommends that contributing Governments should set aside an appropriate proportion of their resources for population programmes.

League pushes breast-feeding

The Breast is Best League in Belize is a mother-to-mother organization which promotes breast-feeding.

A non-governmental, non-profit group made up of mothers who have successfully breast-fed and want to help other mothers do the same, the League has adopted 10 concepts:

- mothering through breast-feeding is the most natural and effective way of understanding and satisfying the needs of the baby;

- mother and baby need to be together early and often to establish a satisfying relationship and an adequate milk supply;

- in the early years the baby has intense need to be near its mother which is as basic as its need for food;

- breast milk is the superior infant food;

- for the healthy full-term baby, breast milk is the only food necessary until baby shows signs of needing solids, between four to six months;

- ideally the breast-feeding relationship will continue until the baby outgrows the need;

- alert, active participation by the mother in childbirth is a help in getting breast-feeding off to a good start;

- good nutrition means eating a well-balanced and varied diet of foods in as close to their natural state as possible;

- from infancy on, children need loving guidance which reflects acceptance of their capabilities and sensitivity to their feelings;

- the father's role in the breast-feeding relationship is one of provider, protector, helpmate, and companion to the mother; by supporting her he thus enables her to mother the baby more completely.

The League was initiated in late 1981 by the Belize Women's Bureau which later turned the project over to a group of volunteers.

BOOK NOOK

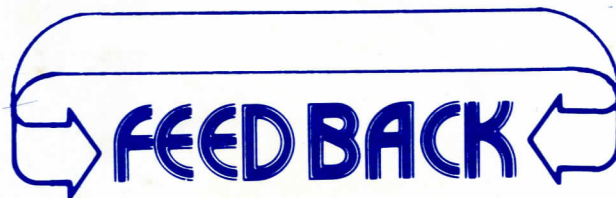


Women and Disability. Produced by the Joint U.N. Information Committee/NGO Sub-group on Women and Development. The first of a series of kits on the theme of women and development, it aims to increase awareness of disabled women's needs and their contribution to the socio-economic well-being of families and societies. It urges a rethink of present development concepts and exhorts an improvement in women's condition. The kit is intended to be used as "raw" educational material for groups at local, national and international levels. It can serve as: a basic guide to the principal needs and problems facing disabled women; a means of informing and sensitizing individuals, voluntary organizations and governmental agencies; a basis for discussion groups, conferences and seminars; and a guide and catalyst for action. Copies of the kit and further information may be obtained from: Development Education Centre, UNICEF Office for Europe, Palais des Nations, CH-1211 Geneva 10, Switzerland **OR** Krishna Patel, Editor "Women at Work," ILO, CH-1211 Geneva 22, Switzerland.

Better Lives for Disabled Women by Jo Campling. Recognizes that disabled women face specific problems both in being disabled and in being women. Discusses major aspects of these special problems with imagination and sensitivity. In addition, the author suggests practical solutions and provides names and addresses of organizations which may be able to help. Available from Virago Ltd., 5 Wardour Street, London W1V 3HE, England.

International Statements on Disability by Rehabilitation World. Brings together some of the main resolutions related to disability made by members of the United Nations and major non-governmental organizations in preparation for the U.N. World Conference of the Decade for Women. Although constructive policy positions have been adopted, the degree of success in translating such policies into action is found to be less than impressive. For example, several resolutions made to improve the situation of disabled women also prevent them from enjoying a decent life. From Rehabilitation International, 432 Park Ave. S., New York, N.Y. 10016, U.S.

"Women and Disability" Rehabilitation World Winter 1983-1984 Vol. 7, No. 4. This issue explores aspects of women and disability. Articles include: a review of the condition of disabled women from an international perspective; the situation in developing countries; a look at women working in the field of rehabilitation; and one woman's bout with mental illness from her daughter's view. Published by Rehabilitation International U.S.A., 1123 Broadway, New York, N.Y. 10010, U.S.A.



Thank you for **WOMAN SPEAK!** No. 11: "Women and Work." This report is most informative and has been very useful in our work.

Theodora C. Foster
EDPRA Consulting Inc.
Canada

We would like to subscribe to your publication,
WOMAN SPEAK!

Muriel Stanbrook
Executive Secretary
Organization for Cooperation in
Overseas Development
Canada

Your newsletter represents an important source
of information in our Library....

S. R. Neverson
Acting Regional Director
Commonwealth Youth Programme
Guyana

I wish to congratulate you on the great work that
your department continues to do to keep women in
the Caribbean well informed on matters of interest
to them.

Cora E. Bain
Women's Desk
Ministry of Youth, Sports
& Community Affairs
Bahamas



NEXT ISSUE

"Young Women" will be the theme of issue No. 16 of WOMAN SPEAK! It will look at the specific needs or problems of young women (ages 16 - 25); prevailing societal attitudes towards youth and young women in particular and how they are affected by such attitudes; and the feelings of young women on various issues concerning women. We will also try to focus on programmes set up for or by young women.