

Course Name: GENDER INCLUSIVE URBAN SPACES: ISSUES AND QUESTIONS

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Module 3.1 - Inclusive Cities and Disabled Women and Children

Hello, I am Shabari. I am a cis-heterosexual male with brown skin and black hair. I have glasses with a pink frame. I am wearing a dark blue shirt and blue jeans. I am a disabled individual with cerebral palsy.

I am a freelance digital artist, designer, and disability rights advocate. I am here as a representative of the community of India, which has layers of invisible oppression of caste, class, religion, gender, and access to knowledge. A community which always faces structured isolation and systematic, premeditated exclusion. Though I speak from an intersectional space to the best of my knowledge, I also understand my privileges, and this should not be considered the final word in the discourse on disability.

My words are part of the existing situation and a contribution to the ongoing discourse on the intersectional space of disability rights. I had a childhood where my parents were always worried about my future. I had an abusive father who tried to correct my disability with constant beatings. It was almost a routine.

There were many days where I cried all night, I didn't want this body, I hated myself for being born with a disability. My parents tried many ways to cure me anything from modern medicine to pouring pigeon blood on my knees. My father tried extreme ways where he put a heavy grinding stone on my knees so that my knees became straight and I could walk proper. I agreed to anything because I was ready to do anything to become a non-disabled person.

No miracles happened. There were always people around me to help me. They wanted some blessing from God by helping me. Many people had an underlying pity for me and my physical state. They wanted me to be thankful for their generous acts.

I became more introverted. I was tired. I was exhausted. Sometimes I wished to die. I know many people could relate to at least some of my experiences.

Later on, when I tried to understand the social and political aspects of disability, I realized that the attitude and expectations of the people were reflected in their choice of words. When I addressed myself as a disabled person, people came to correct me, and most of them suggested using the term 'differently abled.' The term was coined by the US Democratic National Committee in the early 1980s. as a more acceptable term than 'disabled.'

I asked them, 'What is my different ability?' Many of them said, 'You can draw; you are an amazing artist.' But there are non-disabled artists too. What makes me differently abled? I asked.

They had no answer. They said by using the word 'disabled,' I might develop an inferiority complex. It was funny how a word that confronted the discrimination of a community could disturb the status quo and peace of mind of the privileged. The word 'disability' addressed the oppression and discrimination of the system rather than portraying the disabled body as a problem. The system, in turn, tried to put the blame on the disabled plurality and attempted to shed the blame.

by popularizing the word, 'differently abled'. No one explained the role of privilege on this word like queer disabled rights advocate Charis Hill. In one of their tweets, they urged to try this formula elsewhere, such as saying, you're not gay, you're differently straight, or you're not poor, you're differently rich. You're not paid less as a woman, you're differently paid. The shift of burden from the society to the disabled individual becomes glaringly clear to us. The system is never ready to admit the discrimination but decided rather stay with the medical model of disability which finds the disabled body is problematic rather than the system which discriminates us. The world has moved far away from using such terminologies but not India. The Narendra Modi government has come up with a more discriminatory and even derogatory term, Divyangjan, which means people with divine limbs, to denote people with disabilities.

This was accepted by the government, ministries and various departments. Advocate M. Karpagam, the first female visually challenged advocate at the Madras High Court, filed a petition to remove the word from all kinds of official and legal usages. Unfortunately, the High Court quashed it, ignoring the Supreme Court of India's decision in the Vishak Kumar v. UPSC case of 2021, an important judgment where the Apex Court held up the provisions of the UN Convention of the Rights of Persons with Disabilities. Even after the UNCRPD called out the term as derogatory and directed the Indian government to remove all the discriminatory usages from any public platform or legal spaces, various government websites still bear the terms of discriminations such as Divyangjan, Physically Handicapped, mentally challenged and even retarded. Such an outlook is also reflected in India's urban policies. India is one of the most densely populated nations. The growth of urban areas, curiously enough, reflected the hierarchical discriminatory social reality. The urbanization reflected a pattern where the core of the urban part was encroached by the higher class or caste people and the outer margins of the city were distributed to the marginalized plurality.

The core is the epicenter of socio-economic activities and the margins are kept much away from it. Access to anything has multiple layers of segregation and discriminations of caste, class, gender and disability. I would like to call this exclusion by design. Because the layered exclusion has an ableist design and ableist purpose, it is almost an unconscious activity which results in reinstalling the able structure almost as if premeditated.

It may be said that this lecture is about this exclusion by design. Let me explain. Being a disabled person in India does mean living under involuntary confinement because public routes are not accessible to disabled people, hazardous to wheelchair users and almost impossible to people of blind community.

People like me who use crutches and wheelchair users are again let down by the ablest inaccessible structure. Public transport be it bus or train- almost any basic service from medical support to education and jobs exists past these barriers which in no way would be rebuilt in an inclusive manner anywhere in the near future. About 2.21% of people of India- 2.68 crore of the total population are disabled, in which 9.3 million are women, according to the census of 2011. In a hierarchical discriminatory system, being a disabled woman or a queer disabled person of marginalized community has layers of additional marginalization. The constant otherisation of disabled people is a psychological extension of the exclusion by design. The ableist prejudices of the society and the treatment of

various institutions, including family, peer group and other interpersonal relations, reinstall the inferiority complex, and the 'body is the burden' attitude in disabled plurality. The upper class or upper caste people may have accessibility to many resources including education and economic safety.

The safety net of the status allows them to explore more. The women among the disabled community are in constant conflict with the institutions in shaping themselves as to fit in the social construct of being a woman, as in the roles of daughter, a person of career, a wife and a mother and so on. Women with disabilities are often treated as their particular disability has affected all their other abilities. The social stigma projects that the disabled women are not capable of earning an income, let alone of living independently.

Women and genderqueer people are further othered as they are treated as if they have less bodily autonomy than cisgender heterosexual men. They are under the constant gaze of care and doubt, especially in romantic relationships, marriages, or when giving birth to a child. Overcoming these prejudices is like fighting an omnipresent enemy who never runs out of weapons. Designing public spaces without inclusivity, as well as increasing urbanization without inclusivity, widens the disparity and discrimination. to a whole other level.

This results in exclusion from social, political, economic, and knowledge production spheres. Almost an ableist apartheid. Changing governments and policymakers have always ignored or taken ineffective stances regarding disabled people. The exclusive nature of the public sphere is reflected in buildings, structures, routes, transport, and even services. Addressing all these levels as a whole has never happened, to the best of my knowledge.

Even in the 14th Urban Mobility India Conference 2021, the disability sector was given near-to-no importance by the Union Government. Just to give an example, under the RPWD Act 2016, the deadline for pan-India public transport accessibility was June 15, 2019. But the average floor height of a bus in Kerala or Tamil Nadu remains 3 to 4 feet, and most have at least three steps. Rajiv Rajan, a person with cerebral palsy and a wheelchair user, filed a Public Interest Litigation in the Madras High Court in 2005 to demand accessible public transit. for persons with disabilities.

The court ruled in 2006 that the Metropolitan Transport Corporation must take actions and to begin with at least provide 10 disabled-friendly buses. But almost 20 years later, though the state made the bus travel free for the disabled plurality and women, there are

not enough number of disabled friendly buses. Even the available disabled-friendly buses are not very frequent, which again makes them partly unreliable. The state of Kerala provides a concession and the travel is not free.

The low-floor bus services in Kerala are not as much developed as in the case of Tamil Nadu as far as I understand. If a disabled person wants to get in a bus of Kerala or Tamil Nadu and manages to come past the roads, either they have to get in a platform in order to get inside the bus, a platform which is 1 to 1.5 feet high. The platform may or may not have a ramp or there would be no platform at all, which makes the process of getting in more problematic in many routes. Most of the buses will not halt at the bus stop, but rather ahead or behind the halt point.

It remains an unwritten practice of the bus drivers. In the peak hours, we do not wonder if the buses are not even stopping for a disabled person to get in. The fellow passengers must let the disabled person navigate by themselves, which does not happen most of the times, especially in the case of blind or visually impaired people. Non-disabled people either ignore the presence of a disabled person or jump in to help which makes the process of navigating even more troublesome. It must also be said that many incidents of abuse toward disabled persons, especially women, happen in the name of helping them. Most of them go unreported. Some buses have a lift-like mechanism so that a person in a wheelchair can get in. Operating the mechanism is under the control of the conductor.

The whole operation of the mechanism is time-consuming. It takes approximately 3 to 4 minutes for a wheelchair user to get in. Most bus services consider this a waste of time, especially during peak hours. Even if a wheelchair user manages to get onto the mechanism, it poses a threat because it has no handrails or enough space for the footrest of the wheelchair, and they could easily roll back or fall off. Only if a disabled person is boarding the bus from the terminals can they get enough time.

All this comes to the same point. A disabled-friendly bus for intra-city use can only be a level-boarding, low-floor, and low-entry bus. What disabled people need is a 400 mm bus shelter platform to enable easy boarding of low-floor buses, unencroached, wheelchair-friendly pavements with curb cuts and tactile warnings, low-floor buses along with fold-away ramps, puffin crossings, General Transit Feed Specification or GTFS, a common format for public transportation schedules and associated geographic information. The case of trains is no different. Though many ramps have been installed at various stations, there are still many stations which lack them. Access to the platforms is limited to the

disabled plurality because of varied reasons from lack of sensible tactile paths to the people rushing to get in the train as if chaos broke out. If someone manages to get inside the station and move on to the platforms, the trains lack temporary ramps for the disabled people. The distance of specially allotted coach for disabled people from any point is a pressing issue as this is only one coach which is posited either at the beginning or at the end of the long chain of passenger coaches. Only one wheelchair space is reserved in every coach in the latest Vande Bharat Express trains.

If someone claims no public toilet facility in Kerala is inclusive in its proper sense, it won't be an exaggerated statement. An accessible toilet needs a raised height water closet, handrails, outward swinging door with an emergency release mechanism, toilet door signs for the disabled, drop-down hinged rail, a wash basin with boxed-in pipes and with lever handle, taps with activation sensors, a mirror to enable people to see themselves in standing or seated position, an alarm system, sanitary bins and incinerators for women. The state of public toilet facilities is appalling in the bus and train terminals.

Not only are most of them inaccessible, but they are also extremely unclean in many spaces. The corridors and routes are mostly obstructed by people, deliveries, animals, and more. Most of the doors are not wide enough for disabled individuals, especially wheelchair users. Many of the toilets are even found being used for storing cleaning equipment, deliveries, or other items. Many women and trans disabled people face gender discrimination along with the inaccessibility and ableist treatment in public toilets.

Many disabled women hesitate to use public toilet facilities for the same reason. However, the accessibility of many public toilet facilities remains in name only. For instance, the accessible toilet allotted at Mancheri municipality in October 2021 had an enormously steep ramp, and the toilets were not even accessible for wheelchair users. There were protests by disability rights collectives and the wheelchair users federation soon after the facility's inauguration. The facility was promised to be rebuilt and made accessible soon.

These are just a few facets of urban design. Most structures in Kerala, whether public or private buildings, do not have accessible routes, approaches, accessible parking, reserved parking near entrances, or ramps. They compensate by merely building an accessible entrance to the building—the ramp. Most interiors lack accessible reception areas, corridors, and tactile flooring. Accessible lifts with braille, auditory commands, staircases with durable handrails, accessible toilets, accessible drinking water provisions, or

auditory and visual signage are also missing in many facilities. Though the Accessible India Campaign of 2015 aims to make a considerable percentage of India's building systems, environment, transportation sector, and information and communication technology ecosystem fully accessible by June 2022.

Not many sectors are covered by access audits, though in some ways it ensures disabled plurality's participation in power structures and decision-making. Access audits are done to meet the targets by the June 2022 deadline. The completed audits and further measures are delayed or done improperly. The effort to build an accessible environment is reduced to just a name. The COVID-19 situation has worsened the condition of disabled women and children in India.

It put the economic stability and health of disabled women and children under distress. It affected the availability of medicines, essential products including menstrual care, clothes, and hygiene products. It denied them whatever limited access to education they had. Many women lost their careers. Many also had the relief of being able to work from home.

Social distancing prevented essential services from reaching the needy, including healthcare professionals, caregivers, personal assistants, and interpreters. The lack of accessible ICT facilities for vaccine registration denied them their right to live a healthy life. The mental and physical health of disabled women and children were at an all-time low during the pandemic. Deaths and attempted suicides were reported in the media. Extreme psychological situations were frequently reported in NGOs such as the Mental Health Action Trust, Kozhikode, Kerala.

Inclusivity from the government as well as NGOs in policymaking, legalization, and implementation is a very important step toward the future. The structures, both physical and social, are part of our cultural interests. When the disabled community is no longer treated under a downward gaze, inclusive measures will not be considered additional services. I insist that inclusive measures should be treated as basic measures rather than additional services. It is said that the design of anything reflects the social and cultural needs.

Redesigning the urban sphere to be more inclusive is the only way to shift society's attitude to be more inclusive. Design historian Bess Williamson says that greater agency and representation of disabled people will lead to a more accessible social space. We need to seek out disabled people themselves as architects, project planners, and occupants

of buildings to evolve into the best examples of accessible structures. Making accessibility a part of the fabric of popular normalcy is definitely a tedious task, but not an impossible one.

I would like to extend the data courtesy to the Disability Rights Alliance, DRA India, Mental Health Action Trust, Kozhikode, Kerala, various websites of the Government of India, Government of Kerala, and Tamil Nadu. I remember Mohammed Faisal, a beloved soul, wheelchair user, and a brother who fought for accessibility in Kerala's public transport system as much as he could. May his soul rest in peace. Warm love to the beloved disabled women, genderqueer people, and disabled children in India.

Thank you.