international alert

Intersection of disabilities and violence against women and girls in Tajikistan

Research summary

Funded by:

SWEDEN

Peace is within our power

About International Alert

International Alert works with people directly affected by conflict to build lasting peace. Together, we believe peace is within our power. We focus on solving the root causes of conflict, bringing together people from across divides. From the grassroots to policy level, we come together to build everyday peace. Peace is just as much about communities living together, side by side, and resolving their differences without resorting to violence, as it is about people signing a treaty or laying down their arms. That is why we believe that we all have a role to play in building a more peaceful future.

www.international-alert.org

Layout: D.R. ink
Front cover image: © What Works to Prevent Violence Against Women and Girls Global Programme

international alert

Intersection of disabilities and violence against women and girls in Tajikistan

Research summary

Subhiya Mastonshoeva

February 2020

Introduction

International Alert's in-depth research into violence against women and girls in Tajikistan suggests that over 60% of ever-married women aged 15-49 (among the beneficiaries of the Zindagii Shoista project) have experienced different forms of spousal violence during their lifetime, including physical, sexual, or emotional violence. Official figures place this figure at 31%, but it has been acknowledged that this figure is on the rise. The prevalence of spousal violence has increased by 7% from 2012-2017.[1] In this context, the vulnerability of women living with disabilities and of women parenting children with disabilities increases significantly due to their dependence on caregivers.

This report summarises the main findings of a study commissioned by International Alert with support from the Swedish International Development Cooperation Agency. The research focused on the links between disabilities and violence against women and girls (VAWG), the gendered dimensions of disability-related violence, and its consequences on the lives of women in Tajikistan.

Existing stigma and ableism associated with different forms of disabilities (associations with illness, anomaly, ugliness, incapacity to have fulfilling life, and/or punishment for sins) exacerbate the situation of women and girls with disabilities and women parenting children with disabilities in Tajikistan. Women with disabilities are thought to be physically unable to fulfil their gender roles and considered unattractive to their husbands. Participants reported low education levels, informal employment or unemployment, and physical impairments that restricted individual mobility. Mothers of children with disabilities face abuse, isolation, and loneliness due to restricted mobility associated with caregiving responsibilities and financial dependency on spouses and in-laws. They face associative disability discrimination and stigma. Disability increases the likelihood of abuse against married women and significantly increases the probability of divorce, separation or abandonment. This forces women to either tolerate violence or become second wives to financially sustain themselves and their children.

The study was conducted in three cities: Dushanbe, Bokhtar, and Khorog, targeting women and men living with disabilities or parenting children with disabilities. Field data were collected through 12 focus group discussions (FGD) (four in each location) divided by age and gender, with men and women living with disabilities or parenting children with disabilities. 30 repeat in-depth interviews were conducted with women and men with disabilities among different age groups, as well as women with children with disabilities.

Alert worked with its local NGO partners[2] to identify and invite FGD and interview participants. Criteria for selection included individuals who were at least 18 years of age and reported mild-to-moderate or severe functioning difficulty on one or more items listed in WHO's *Disability Assessment Schedule*[3] or who had children with different degrees of disabilities classified in the WHO schedule.

Main findings

Intersection of disability and violence

Many research participants lived in contexts of economic difficulty and poor infrastructure. Generally, participants reported low education levels, informal employment, or unemployment. Most participants reported physical impairments that restricted individual mobility and dexterity.

The research revealed an alarming tendency of disability-related violence against women and girls perpetrated by men and women family members, husbands, in-laws, and other men in the target communities. Research respondents across all groups were especially concerned about the vulnerability of mentally disabled girls and women to sexual violence. Parents of disabled girls expressed strong fears about the future of their daughters and the threats of sexual violence.

> *"I am very afraid for my daughter; she is in bed and can't move without support. I don't leave her alone even with the men in my family, I have this dreadful fear for her. I will never forgive myself if something happens to her. I have this dreadful fear, what will happen to her?!"*
>
> **FGD participant among older women parenting children with disabilities, city A[4]**

In general, married women with disabilities facing domestic abuse do not seek help outside of close family circles. Due to their increased vulnerability and dependence on family members, they are more likely to tolerate violence and abuse. In order to conform to accepted social norms on marriage and deference to in-laws, women with disabilities try to take over all the responsibilities usually assigned to (non-disabled) women, even if it affects their health negatively. While, in some rare cases, women with disabilities marry men without disability, the majority are victimised within the family. Men, including men living with disabilities, conform to gender roles and stereotypes of controlling and punishing women which puts these women at risk. Fearing additional stigmatisation

if divorced, being dependent financially on husbands and other family members and lacking any possible support system outside marriage force women and girls to tolerate abuse and humiliation.

Disability-related stigma

Stigmatisation of women is often linked to the societal expectation of women's roles in the family and the focus on physical attraction, especially for girls and unmarried young women. People with disabilities are viewed as helpless, dependent, and different from the rest of society. Disability-related stigmatisation removes other multiple identities from disabled people, denying them agency and associating them only with their disability. In the longer term, this leads to more extreme forms of ableism,[5] for example denying disabled men and women's rights to education, employment, personal life choices, marriage, childbirth, and parenting. Among the research participants, different forms of stigma and discrimination had been internalised frequently. Societal stigmatisation often translates into stigmatisation within the family and/or results in associative stigma.

> *"Some people do not even use my name, when they talk about me, they will say 'that disabled girl' or 'that sick girl'. After all, disability is not the only thing I have. I also have a name."*
>
> **FGD participant among young women living with disabilities, city C**

According to the respondents, women living with disabilities have fewer chances of getting married than men with disabilities; the chances of marrying men without disabilities are minimal. Men with disabilities, however, often marry women without a disability; in fact, parents of men with disabilities may well demand that a daughter-in-law does not have disabilities. This is linked to the traditional caregiving roles of women in Tajik society, where women are fully responsible for the household in terms of cleaning, cooking, and serving the husband and his family.

Men with disabilities are often stigmatised as a result of hegemonic masculinity norms. In Tajikistan, these norms dictate the primary responsibility of a man – to provide for

their families and protect them from any outside threat. Many disabled men internalise societal stigma associated with their disability and struggle with depression and anxiety as a result.

Isolation, loneliness, and access to services

Female research participants living with disabilities or parenting children with disabilities expressed feelings of loneliness and social isolation. The factors for this isolation included restrictions in physical mobility due to inadequate infrastructure and transportation, the need to be accompanied (which becomes a burden for family members), the need to take care of a disabled child (for parenting mothers), social neglect from family members and those on whom they are dependent, stigma, gender norms, gendered spaces restricting women's socialisation, and mobility and forceful confinement at home (by family members).

Mothers of children with disabilities also face isolation and loneliness due to the restricted mobility associated with full-time caregiving responsibilities; it also depends on the family situation and the type of impairment with which the children are living. In all three cities, some mothers have organised themselves into associations and groups where they can learn and share with their peers about the conditions of their disabled children and ways to support them. However, it is not always possible to participate in such groups as a result of mothers' heavy household responsibilities or husbands' (and other relatives') controlling behaviours (over their movement).

Research participants mentioned several barriers to accessing basic services. Due to the current regulations on eligibility for the provision of social benefits to people living with disabilities, official registration of disability through medical examination and provision of written medical statements is necessary. Services include monthly small allowances, free routine medical checkups, reduced utility payments, quotas for young men and women living with disabilities to acquire higher education, and others. While the registration process is problematic for many people with disabilities, even those who possess the necessary documentation face other challenges specific to their conditions.

"I have visual impairments and I always need someone to accompany me. I can't even go and receive my monthly allowances because the terminal (automated teller machine) does not have a Braille system. I am forced to ask someone to bring me my money, I am forced to give them the pin code from my card."

FGD participant among older women living with disabilities, city A

Mothers parenting children with disabilities

Women who give birth to children with disabilities face specific vulnerabilities in Tajik society throughout their parenting experience. The experience of parenting disabled children, especially girls, adds to the existing vulnerabilities of Tajik women; therefore, the likelihood of different forms of violence to be committed against them increases. In a context in which women are seen as vessels for progeny, the 'inability' to perform this singular function puts them at considerable risk of abandonment and violence. Mothers of disabled children experience different forms of associated stigma and share, to a certain extent, the different forms of disablism against their children.[6] According to the research respondents, women are primarily blamed for having disabled children and are solely responsible for taking care of them.

"I was married off to my cousin and both of my children were born with sight impairments and both cannot walk… My in-laws [then] forced me out of the house. My mother has mental disabilities, I faced a lot of difficulties in my parents' house as well. I had no other choice but becoming a second wife to a man who pays the rent of my apartment and helps me financially to take care of my children. I am always depressed when I see other children in the street. My children are trapped in the house the whole day, I cannot even take them out onto the street."

Interview respondent among young women parenting children with disabilities, city B

The parenting experience of mothers of disabled children in Tajikistan is made more problematic due to the lack of inclusive service provision for people with disabilities. Frequently, mothers with disabled children are not able to financially sustain themselves.

They have to spend most of their time taking care of their children and are desperately looking for treatment options, schooling opportunities, and other ways to integrate them into society and socialise with their peers.

Comparison across geographical locations

The research sites were selected to allow for the collection of diverse experiences of people living with disabilities and women parenting children with disabilities. Overall, despite the comparative differences in access to services and other socio-economic indicators, gender-differentiated, disability-related violence against women and girls came out strongly in all three cities.

In **Dushanbe** research participants living with disabilities and/or parenting children with disabilities had relatively higher awareness of their rights, the existing state-funded services available to them, interventions funded through donors and international organisations, and the norms of legislation and policy governing issues related to disability. They also enjoyed better economic perspectives in relative terms, including access to higher education and formal employment due to the better economic situation in the city in general. Developments in infrastructure in Dushanbe in recent years mean that people living with disabilities have better access to transportation than in Bokhtar and Khorog which increases their physical mobility and sense of belonging. However, despite relatively better opportunities, disability-related stigma and violence remain persistent in Dushanbe.

Khorog, and the Gorno-Badakhshan Autonomous Province (GBAO) in general, are geographically more isolated, with considerably less coverage by VAWG-prevention interventions funded by international donors. Due to this geographical isolation and difficult political access to the region, GBAO has been least researched in terms of domestic violence (DV) and sexual and gender-based violence (SGBV) and other cross-cutting topics. There is a misconception among both national and international stakeholders that DV/SGBV is not as much of a problem in GBAO when compared with other regions in Tajikistan due to more 'liberal' attitudes among the population. Despite

higher financial independence and access to education of women and girls in GBAO, patriarchal gender norms and roles remain strong in the region. At the communal level, masculinity is linked to toughness and male honour. In comparison to the other research sites, research participants in Khorog were the most reluctant to disclose experiences of violence and discuss disability-related stigma due to fear of societal pressure and risk of being identified. The difficult experience of women and girls living with disabilities and women parenting children with disabilities in Khorog is more acute due to the lack of adequate health, transport, and infrastructure services, and high levels of unemployment. In Khorog, women and girls with disabilities and women parenting children with disabilities received higher levels of financial, mental and emotional support from their family members; stigma around women returning to their parents' house if divorced or separated is not as strong as in Bokhtar and Dushanbe. Unlike in Bokhtar and Dushanbe, all the interviewed women parenting children with disabilities remained in marriage, but this marital status did not necessarily translate into securing assistance and support from spouses in terms of caregiving for children living with disabilities; the caregiving role, as in other parts of Tajikistan, continues to be strongly associated with women's gender roles. Unlike other research sites, especially Bokhtar and, to a lesser degree, Dushanbe, sustaining families financially is not considered the responsibility of men alone. As such, in addition to caregiving roles and household chores, there are also expectations that women contribute financially to the family budget in Khorog.

Levels of disability-related violence against women and girls in **Bokhtar** are higher and more severe than in Dushanbe and Khorog. The highest percentage of ever-married women who have ever experienced physical, sexual, or emotional violence by spouse is in Khatlon region.[7] Female interview participants in Bokhtar reported experiences of violence that led to divorce either due to their own disabilities or the disabilities of their children. Two of the four interviewed women had been forced to become second wives for their own and their children's financial security, and for shelter and protection from violence committed by the wide community, including sexual violence.

For men, the stigma and stress associated with the lack of possibilities to fulfil their roles as family breadwinners was universal. Unlike in Khorog, the FGD and interview

participants among men and women of all ages underlined the strict division of responsibilities between men and women appropriated and condoned by society, with men being fully responsible for the financial wellbeing of the family. Thus, men living with severe disabilities must sustain their families, including through begging in the market and streets, even if their spouses can earn income.

Access to services is not adequate for men and women living with disabilities, and the lack of transportation and relevant infrastructure creates serious barriers for the mobility and inclusion of people living with disabilities. There are, comparably, more VAWG-prevention interventions funded through international donors available for women and girls in Bokhtar and nearby areas than in Khorog. As such, more reports and data are available on the dynamics and experiences of DV/SGBV in Bokhtar.

Conclusion

The research demonstrated a strong link between disability and violence against women and girls living with disabilities and women parenting children with disabilities. To conform with accepted social norms on marriage and deference (and indeed servitude) to in-laws, women with disabilities try to take over all the responsibilities usually assigned to women without disabilities, even if affects their health negatively. Young women with disabilities face significantly lower chances of marriage as a result of strictly enforced patriarchal gender norms and expectations. Social isolation of women with disabilities and women with children with disabilities is common in all areas. The resulting isolation restricts the education, potential employment, and personal lives of young women living with disabilities, and leaves them feeling lonely, worthless, and hopeless.

Mothers of disabled children experience anxiety, depression and hopelessness when faced with the daily challenges and discrimination of providing their children with adequate education and care.

The focus of the research was VAWG; however, during interviews with men, several issues related to the intersection of masculinities and disability, stigma, and discrimination emerged. Disabled men have internalised the social stigma associated with their disability and struggle with depression and anxiety as a result. Men living with disabilities and parenting disabled children were not very comfortable sharing personal histories of stigma and discrimination; Tajik constructs of masculinity dictate that men are expected to deal with stigma and discrimination silently and on their own.

Recommendations include making VAWG-prevention approaches more nuanced to geographical and cultural context; deepening research into intersectionality, violence against women and girls, disability, and masculinity to provide an evidence base for policy and programming; to take into account the needs of mothers parenting children with disabilities more holistically in VAWG-prevention interventions, such as provision of childcare or specialist transport to allow them the opportunity to participate.

Endnotes

1 Statistical Agency under the President of the Republic of Tajikistan, Ministry of Health Tajikistan and ICF, Tajikistan demographic and health survey 2017, Dushanbe and Maryland, 2018, https://www.dhsprogram.com/pubs/pdf/FR341/FR341.pdf

2 PO 'Ghamkhori' in Bokhtar, PO 'Ruzbeh' in Khorog, and PO 'Nerubakhsh' in Dushanbe.

3 WHO disability assessment schedule 2.0 (WHODAS 2.0), http://www.who.int/classifications/icf/whodasii/en/, accessed 11 July 2019

4 To protect the identity of respondents, particularly those from small communities, the locations of quotes have been kept anonymous.

5 Discrimination in favour of able-bodied people.

6 S. Ryan and K. Runswick-Cole, Repositioning mothers: Mothers, disabled children and disability studies, Disability and Society 23(3), 2008, pp.199–210, https://doi.org/10.1080/09687590801953937

7 Statistical Agency under the President of the Republic of Tajikistan, Ministry of Health Tajikistan and ICF, Tajikistan demographic and health survey 2017, Dushanbe and Maryland, 2018, https://www.dhsprogram.com/pubs/pdf/FR341/FR341.pdf

International Alert
346 Clapham Road, London, SW9 9AP, United Kingdom
Tel +44 (0)20 7627 6800 **Fax** +44 (0)20 7627 6900
info@international-alert.org
www.international-alert.org

Registered charity no. 327553