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The Italian case at the intersection of gender and disability. Women, disability and social participation

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Abstract

This paper arises from the need to research the topic of women with disabilities from a sociological point of view regarding in particular their opportunities, feelings and attitudes towards social interactions and relationships, access to culture and other identified leisure activities. The European Horizon 2020 RISEWISE - *RISE Women in Social Engagement* project offered the chance to enlarge and deepen this investigation at European level. With this quantitative review, data will demonstrate that the quality of life of women with disabilities is slightly lower than the quality of life of men with disabilities and than men and women collectively in general and thus influencing the entire life course, also affecting health, sociality, education, economic conditions and other aspects.

Keywords: gender, women, disability, inclusion, accessibility.

1. Introduction

This paper arises from the need to research the topic of women with disabilities from a sociological point of view regarding in particular their feelings and attitudes towards social interactions and relationships, access to culture and other identified leisure activities. The European Horizon 2020 *RISEWISE - RISE Women in Social Engagement* project offered the chance to enlarge and deepen the investigation at international and European level, with particular attention to the countries involved in the partnership of the project: Spain, Sweden, Italy, Slovenia, Turkey, and Portugal. In fact, European research and cooperation projects are a driving force for social, cultural and economic growth throughout the European Union, and in this case gave the opportunity to investigate and provide voices and visibility to women and to women with disabilities in particular.

The present work is one of the results of the above mentioned project. With this quantitative review on the Italian case, data will demonstrate that the quality of life of women with disabilities is slightly lower than the quality of life of men with disabilities and than men and women collectively in general and thus influencing the entire life course, also affecting health, sociality, education, economic conditions and other aspects.

In fact, in Italy the complete inclusion of persons with disabilities is still an open issue and a measurement of the level of participation and satisfaction would help understand just how wide the divide really is, even in the present context, where efforts are made to fight general discrimination against women:

> Even if it is true that the forms of discriminations against girls and women are decreasing […], many of these continue to hold them in a condition of deprivation of fundamental rights and opportunities (Alaimo *et al.* 11).

Women with disabilities are a consistent minority. According to official reports (ISTAT 2009 and 2013 and http://dati.disabilitaincifre.it), today the population with recognised disabilities in Italy accounts for around 7.5-8% of the total population, i.e. approximately 4.5 million people. More than a third live alone and around 55% are women

(around 2,475,000 women), very often elderly. As the population ages and the disability becomes more severe, the prevalence of the female sex grows.

The basic hypothesis on which the investigation is hinged is that women with disabilities are more subject to discrimination than men with disabilities and women without disabilities. Through an analysis of the Italian statistical framework, the aim is to take a close look at the forms of discrimination that still exist, as well as to identify gaps that emphasise their effects and determine the fact that Italy is still a non-fully inclusive society.

2. Data collection and source

During my activity as a researcher in the domain of women and disability, I performed a quantitative analysis of the domain women and disability in Italy, with the intent to have a measured framework of analysis. Therefore I collected available data about disability and women with disabilities in Italy arising particularly from public reliable sources such as:

- Italian National Statistics Institute;
- National Observatory on Health in the Italian Regions;
- Ministry of Welfare;
- Ministry of Education;
- Ministry of Economy.

Data analysed were generally from the last 10 years and responding to the keywords of: disability, women with disabilities, disabled, chronicle illness, deficit, and correlated ones corresponding to the three selected environments to be investigated: work, education, welfare. I scrutinised only recent data for several reasons:

1) to trace the latest and a contemporary framework of analysis;
2) since last decade, data have been uniformed and are more accessible;
3) before last decade there were different gaps in the time-frame.

In some cases, as for example concerning students with disabilities I used also less recent data because they are reliable and stable and could offer a larger horizon of investigation.

A short introduction is given here, to the history of the single Italian central bureau for statistics, the principal source for data related to the topic. The Italian National Statistics Institute (ISTAT) was established in 1926 as the central national hub for collection of data regarding Italy. It was meant as an indispensable instrument of knowledge of the social and economic reality of the country, with centralised data collection, aiming to satisfy cognitive needs and objectives.

Since the very beginning, the focus of its activity was the census of the population and only during the years of the economic boom, the 1950s, ISTAT began to observe other factors too, more linked to economic development, such as national income and workforce. Over the following decades, the major social changes impacting the Italian population led ISTAT to focus its attention also on social aspects and circumstances and attempt to engage with a wider audience. The advent of technology then allowed it to make the leap towards the general public, in the eighties, when ISTAT then sought to be closer to citizens and offer a non-merely or non-exclusively scientific observation of the Italian population, for example with studies on sociological or social aspects. As a matter of fact, still today quantitative studies of social and economic phenomena represent the most important chance to better understand social changes and attitudes in general.

As regards disability, the first important official ISTAT statistical collection report appeared in 2009, also containing selected earlier data. Statistical data on the social inclusion of persons with severe functional limitations, invalidities or chronic problems is now, instead, collected more frequently. Recent data is constantly available on the website http://dati.disabilitaincifre.it, where also raw data are offered, made available by ISTAT and the Ministry of Employment and Welfare, which only includes data about persons with disabilities not living in institutions.

In this work, I concentrated the collection of data made available by ISTAT and further processed by myself, in the areas of interest, in order to offer an in-depth analysis of the topic under review. In some isolated cases, I also used data from other equally reliable official sources, such as government data from different ministries, as listed above, and

from the National Observatory on Health in the Italian Regions (Osservatorio Nazionale sulla Salute nelle Regioni Italiane).

The Observatory was established in Italy approximately 20 years ago, thanks to the Catholic University of Sacro Cuore of Milan; it collaborates with many other Italian universities, regions and local entities and public and private research institutions, on a multidisciplinary basis, having as its own scientific interests the improvement of individual and collective health conditions.

Collecting comparable regional data coming from diverse sources and organising it into publicly available annual reports since 2003, this entity has different sources to ISTAT and it can, therefore, at times appear to be inconsistent with ISTAT results, but nevertheless this Observatory is the most listened to in Italy as concerns health and linked social/policy instances, also due to its permanent links with the European Observatory of the Health Care system. Furthermore, it should be stressed that the director of this institution is a professor who led the action of the Italian government in the fight against coronavirus during the emergency months of 2020 and is the country's top reference person for the World Health Organisation (WHO).

As a matter of fact, data origin, extrapolation and, where possible, websites presented in the present paper are indicated at each table or figure.

As concerns the approach to the concept of disability, I would like to introduce a terminology clarification here.

The 2009 ISTAT report, which – as mentioned – broke the silence that had been kept for a long time about disability, starts out by declaring that:

> Disability is a term used to refer to the negative aspects of interaction between an individual with a specific health condition and the environmental and cultural contexts where he/she lives (ISTAT 2009, 11).

Clearly, disability is presented as being linked to a negative impact of a lack of health and social interaction.

A little further on, this same report reminds the reader of the definition conversely provided by the WHO in 2001, which defines in its official site "disability" as:

> Disabilities is an umbrella term, covering impairments, activity limitations, and participation restrictions. An impairment is a problem in body function or structure; an activity limitation is a difficulty encountered by an individual in executing a task or action; while a participation restriction is a problem experienced by an individual in involvement in life situations.
> Thus disability is a complex phenomenon, reflecting the interaction between features of a person's body and features of the society in which he or she lives (http://origin.searo.who.int/topics/disabilities/en/ retrieved 18 February 2020).

The WHO offers an all-round definition of disability, not reducing the matter to a merely medical or health issue, but rather mentioning personal conditions and social factors that are all part of the consideration of the disability. It is not a mere deficit or impairment or individual health issue, but rather the entire substrate and social context, together with the surrounding conditions, thus inserting the conceptualisation of disability in a larger and holistic approach which takes into consideration social elements/dynamics and vulnerability as decisive factors.

Over the decades, many scholars have tried to underline just how important the definition of disability as a theoretical concept really is (Degener 2016; Shakespeare 2006; Barnes 1997) going beyond its objectivisation and the inherited association of disability-disease (Traina 2014). Indeed, the delineation of disability still represents an open question impossible to inscribe to one or more definitions (Bernardini 2016). It stems from the point that disability is both a concept and a condition which cannot be extrapolated from society (Oliver 1990), therefore not only related to the individual person, as also clearly fixed in the Convention on the Rights of Persons with Disabilities (CRPD) ratified by the United Nations in 2006, in its preamble.

> Disability is an evolving concept and […] results from the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others (United Nations 2006, 1).

The conceptualisation of a personal condition from a philosophical and existential point of view is neither simple nor precise, but sometimes trying to conceptualise can help avoid generalisation or simplifications.

> *Disability*, a term that has heretofore been so clear-cut to the public, is becoming increasingly polymorphous in the light of a new politics and scholarship. It can suggest a set of practices, kinds of embodiment, interactions with the built environment, an almost limitless array of literary types, frames of mind, and form of relationships. Gone are the days of a simple and dominant psychological or medical definition of disability. Instead, people have come to see an art of disability – poetry, music, song, literature – and a politics of disability that has accomplished path-breaking legislation and effected social change. […] This multifaceted cultural and social phenomenon, operating from the statehouse, industry, the academy, and everyday life, has traced a new axis of attention, enriching thought and human action (Smith and Hutchison 2004, 1).

Nevertheless, the Italian data centre ISTAT demonstrates how great the cultural influence is, from which it ensues:

> The main source for studying the problem of disability in Italy is the ISTAT survey on "Health conditions and use of the health services". In the survey carried out amongst families, information is recorded on health, use of the main health services, some health risk factors and preventive behaviour (ISTAT 2009, 16).

If even a slight reference is made to the social or bio-psycho-social approach to disability, it is immediately clarified that in Italy, disability is equal to or intended as access to health services and mention is made of prevention and risk factors, all merely traceable at most to a medical environment.

In a later report, ISTAT specified that use of the above survey serves to "estimate to what extent and in which areas of life, interaction between health problems and environmental factors translates into restrictions to social participation" (ISTAT 2013, 2).

One of the open issues is the fact that the data reports from ISTAT and offered on its website disabilitaincifre.it are limited only to persons with disabilities living in the family, thereby further limiting the survey sample to include solely those who have not been institutionalised.

> The scarcity of data on the topic of disability represents a serious and long-standing problem for our country. Indeed, this condition reveals a scarce awareness of the importance of the empirical analysis for the understanding of phenomena and for the evaluation of policies by side of the responsible institutions (Agovino *et al.* 2014, XIX).

Moreover, during recent decades, ISTAT has sought to bridge the gap about the collection of data towards disability and disability and gender, but to date, systemic data on disability is collected at intervals spanning several years and has only been broken down by gender – where possible – for the last couple of years, whereas previously, it was only split in some cases.

Notwithstanding the limitations and the concerns in respect of the scarcity of data, with this quantitative review, I will demonstrate with data that the quality of life of women with disabilities is slightly lower than the quality of life of men with disabilities and than men and women collectively in general and thus influencing the entire life course, also affecting health, sociality, education, economic conditions and other aspects.

3. Data analysis in selected domains

Women with disabilities constitute the majority of all those with disabilities. Indeed, they account for approximately 55-60% of all persons with some form of limitation. As per the other tables extracted from the ISTAT/Ministry of Welfare website http://dati.disabilitaincifre.it – and therefore I will not add this information in all the tables – the considered sample does not include persons living in institutions. We know that the latter tend to be elderly and often with a disability and thus we can conclude that, if observed in its totality,

the panorama would offer very different figures, in particular for those concerning all limitations (severe and non-severe).

Difficulties in routine everyday life activities are shown in the following table.

	Men	*Women*	*Total*
Severe limitations	4.3	6	5.2
Non-severe limitations	14.2	17.7	16
Without limitations	76.1	70.9	73.5
Not specified	5.4	5.4	5.4
Total	100	100	100

Table 1. Persons per severity of limitations in the routinely activities
Source: http://dati.disabilitaincifre.it/ (retrieved 20 February 2020)

Women with disabilities account for 23.7% of the total female population in Italy, where those with severe limitations constitute the 6%, those with non-severe limitations the 17.7%. This sum of 23.7% is to be compared to the sum of parallel classes for men with disabilities corresponding to 18.5%. The difference between women and men is around 5 percentage points. Moreover, unsurprisingly, the percentage of women with disabilities is also higher than the total national percentage, recorded as 21.2%.

Several reports issued by ISTAT jointly with others from ministries and contributions by scholars bear witness, including in numbers, as to how far the lack of social opportunities generates additional isolation (i.e. Bruzzone 2017; Dyck 1995; Ferrucci 2004; Fernandez, Tiraboschi 2017). And it is proven that isolation leads more easily to the worsening of medical pathologies, diseases or other psychological disorders (Coyle *et al.* 2000; Ganz *et al.* 1993). As a matter of fact, as mentioned, disability very often means isolation: the less contact there is with the outside world, the more the disability increases isolation: amongst others, scholars have spoken of an accumulation of disadvantages because of the disability (Maroto and Pettinicchio 2019), while others of an intersection of disadvantages (Jacob *et al.* 2010).

Isolation is also proven by the large number of persons with disabilities living alone: below is data on just how many people with disabilities live on their own, in single-member families, based on a sample population specifically answering the question related to

the familiar typology in the years 2016-2017 (the percentage is an average calculation of data for the two years considered).

	Severe limitation	*Non-severe limitation*	*Without limitations*
Male	16.5	13.9	11.3
Female	33.9	26.6	11.1

Table 2. Persons with disabilities living on their own
Source: http://dati.disabilitaincifre.it/ (retrieved 20 February 2020)

Due to their greater longevity and the fact that they represent the majority, the percentage of the female population living alone is more than or around double that of men living alone in cases of severe or non-severe disability respectively. Moreover, we can note that the percentage of persons with disabilities living as a sole familiar unit is much higher than those living alone without a disability. In the case of women with a serious limitation, three times as many live alone as do without an impairment. In the case of women with non-severe impairment, the factor is around 2.5 times than those without limitations. In the case of men, the percentage of those with a severe and with a non-severe impairment is very similar or slightly higher than men without an impairment.

In addition to what can be deduced from the above table, where we observed just how many persons with disabilities are actually alone, in the figure below – where there is no male/female split – we can see that one quarter lives with a partner and with no children. Among the elderly (aged of 65 years old or more) the portion of those living alone reaches 42.4%. The data comes from the National Observatory on Health in the Italian Regions.

Family typology	*6-44*	*45-64*	*>64*	*Total*
Single	5.6	14.7	42.4	36.1
Pair no children	1.7	21.7	28.3	25.3
Pair with children	71.8	36.9	7.0	16.1
Single parent	14.8	15.6	8.3	9.7
Other	6.1	11.1	13.9	12.9
Total	100	100	100	100

Table 3. Persons with disabilities by age class and family typology
Source: Osservatorio Nazionale sulla Salute nelle Regioni Italiane, 2017. Year 2013 (retrieved 20 February 2020). My processing

In addition, the majority of those who have severe limitations currently live in the south of the country, as shown by following table, splitting the persons receiving a pension related to a disability on the basis of the age and macro area of Italy (North, Centre, and South), with data related to 2015.

	<20	*20-34*	*35-49*	*50-64*	*65+*	*Unknown*	*Total*
North	54,358	28,193	82,635	172,846	541,869	37	1,558,463
Centre	52,449	25,657	76,386	183,206	580,748	65	918,511
South	73,585	46,571	128,981	303,575	722,477	102	1,883,506
Total Italy	254,220	143,073	410,382	934,167	2,618,349	289	4,360,480

Table 4. Geographical distribution of persons with disabilities
Source: Osservatorio Nazionale sulla Salute nelle Regioni Italiane, 2017. My processing

As we can see, the majority of persons with disabilities live in the south of Italy (43.20%) while in the north the percentage is 35.74% and the smallest number is in the centre (21.06%). Compared to the population of the three macro areas, it is immediately evident just how high the incidence of disability is in the south.

	Total	*% pers.w.dis.**	*Tot population*	*% population*
North	1,558,463	35.74	27,746,113	46.00
Centre	918,511	21.06	12,016,009	19.90
South	1,883,506	43.20	20,597,424	34.10
Total Italy	4,360,480	100	60,359,546	100

Table 5. Disability and population comparison in the three Italian macro areas
Source: Osservatorio Nazionale sulla Salute nelle Regioni Italiane, 2017 and http://dati.istat.it/
*Persons with disabilities (retrieved 1 March 2020). My processing

46% of the total Italian population live in the north of Italy, and 35.74% of persons with disabilities.

In the centre, in the face of 19.90% of the total population, we have 21.06% of those who have a disability.

Finally, 34.10% of all Italians live in the south and 43.20% of persons with disabilities, which means that there is a greater threat of isolation and segregation than in other regions in Italy, due to the well-known long-standing lack of public services, means of transport, domestic care and assistance, the low level of economic development and public expenditure for health, as also proven by statistics (Osservatorio Nazionale sulla Salute nelle Regioni Italiane 2017 and www.osservatoriosullasalute.it and http://dati.istat.it/).

In relationships with familiar members, even amidst a fairly positive context, we can note that the more severe the disability, the lesser the degree of satisfaction, where once again, as a general observation, we can affirm that women are less satisfied, even in the case of little disability.

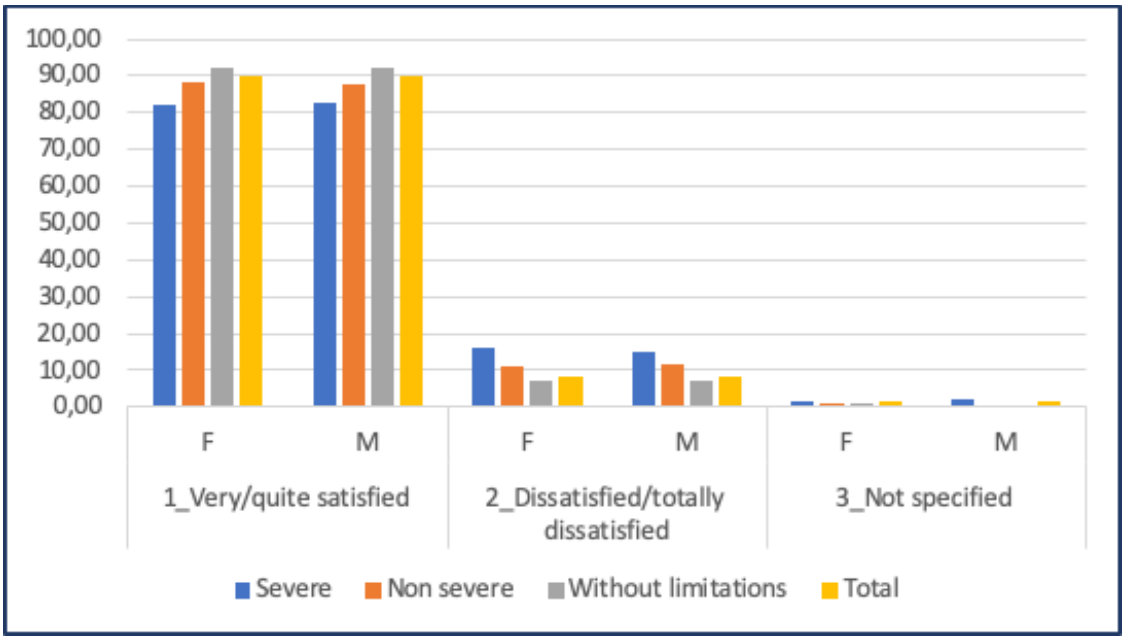


Fig. 1. Satisfaction in the familiar relationships
Source: http://dati.disabilitaincifre.it/ (retrieved 20 February 2020). My processing

More negative values can be found if we observe relationships with friends. Persons with disabilities in Italy suffer from isolation and staying closed in at home, without meeting relatives and friends and without going outside. In this area, we can note that, as a matter of fact, if we use a gendered point of view the different degree of social relationship and social participation is much more visible and one can evince how the female social isolation is still active in general terms, with or without disability.

	Severe limitation		*Non severe limitation*		*Without limitations*		*Total*	
	Male	*Female*	*Male*	*Female*	*Male*	*Female*	*Male*	*Female*
Yes	13.1	5.8	25	17.2	29	22.5	27.1	20.1
No, never	85	92.6	74.5	82.3	70.4	76.9	71.7	78.7
Not specified	1.9	1.6	0.5	0.5	0.5	0.6	1.2	1.3
Total	100	100	100	100	100	100	100	100

Table 6. Persons with disabilities and social participation
Source: http://dati.disabilitaincifre.it/ (retrieved 20 February 2020). My processing

Data reported here refers to persons aged at least 14 years old, in the years 2016 and 2017 and is expressed as a percentage. Respondents were asked to refer if they had taken

part in at least one social activity during the last 12 months, that is to say an activity which is not strictly inherent to health or family everyday life. Considered activities by the survey were participating in: meetings of associations (type: cultural, leisure time, environment friendly, civil rights, peace), unions, professionals, political parties; free activities for a political party; sports club.

If we can notice a general non-vibrant participation in any category/group/gender, the results for the female portion are always disadvantaged and lower than the male figures. For women with a major impairment, dissatisfaction is almost total (around 93%) and for women in general it is around 4/5 (ca. 79%), which is very high nonetheless. This table returns an image of a low level of socialisation for those who have a disability and for women with disabilities especially, but also a general low level of participation to the considered activities in Italy in general.

Participation in cultural events or visiting cultural places returns a similar situation of little participation as well, as shown by following table, with data in percentage.

	Severe limitation		*Non severe Limitation*		*Without limitations*		*Total*	
	Male	*Female*	*Male*	*Female*	*Male*	*Female*	*Male*	*Female*
Yes	11.4	7.9	21.5	21.9	29	32.6	26.4	28.5
No, never	87.7	91.4	78.2	77.9	70.7	67	72.5	70.6
Not specified	0.9	0.7	0.3	0.1	0.3	0.3	1	0.9
Total	100	100	100	100	100	100	100	100

Table 7. Persons with disabilities and cultural participation
Source: http://dati.disabilitaincifre.it/ . Last access 20 February 2020. My processing

Respondents aged at least 14 years old were asked about cultural activities experienced during last 12 months, meaning such as going to the cinema at least four times, or at least once respectively to theatres, museums and/or exhibitions, archaeological sites, monuments, music concerts, or having read one newspaper at least three times a week or at least four books in a year.

As a general observation, we can immediately note that in this case, women are more active in the cultural domain in general and this is one of the only fields in which women surpass men in some positive cases (women with non-severe limitations and without limitations). We can therefore declare that in these cases, they are the most thriving part of the society and this is proven by the above data. Besides, it should be noted that, once again, the more severe the impairment, the higher the isolation and greater the lack of participation in cultural activities as observed for all other considered social interactions: 7.9% of women with severe disabilities compared to 21.9% non-severe and 32.6% without limitations.

Moreover, there is an open issue concerning the mobility of persons with disabilities. In fact, regarding the opportunity of going outside and enjoying leisure time activities, this is without doubt hindered by the difficulty in accessing public means of transport. The image of their usage backs up what we have affirmed concerning isolation: in Italy persons with disabilities aged 14 or more use urban public means of transport very seldom, as shown in following table, with data in percentage.

	Severe limitation		*Non severe Limitation*		*Without limitations*		*Total*	
	Male	*Female*	*Male*	*Female*	*Male*	*Female*	*Male*	*Female*
Yes	68,5	70,8	60,4	58,4	61,3	55,4	61,1	56,6
No, never	13,6	12,8	22,5	25,1	21,8	28,4	21,3	26,5
Not specified	1,2	1,3	1	0,8	0,8	0,8	1,6	1,5
No service in place	16,7	15,1	16,1	15,8	16,2	15,4	16	15,4
Total	100	100	100	100	100	100	100	100

Table 8. Persons with disabilities and usage of urban public means of transport
Source: http://dati.disabilitaincifre.it/ (retrieved 20 February 2020). My processing

The table returns a picture of low use of public means to travel within the town and is consistent with the above presented image of persons with disabilities having little participation in social and cultural and leisure time activities. Women confirm their under-

participation in general, even with some slight differentiations. One peculiarity to underline is the fact that there is also a large number of persons living in places where there is no public service available, for example in small or remote villages or in the countryside.

As a matter of fact, behind the difficulties related to mobility, important factors impeding enjoying free time activities are mostly not related to the boundary – environmental conditions. Indeed, economic restrictions and family or work impediments are often at the basis of exclusion. In general, the image of persons with disabilities in Italy returns a context of poverty and economic restrictions as proven for example, in the discourse about pensions and the reduction in public spending on health and social sectors during recent decades.

One example of a reaction to the constraints relating to the impossibility of movement is represented by ISTAT data on credit card use by persons with disabilities, which is proof of not only economic coverage but also an advancement in access to technology, the digital market and the internet. Before presenting data about disability, we should first clarify that Italy is a backward country when we speak of instant payments, cards and payment by POS. Traditionally, it is more usual to pay by cash than with a card, at least for the generation born well before the turn of the millennium and, therefore, the credit card use is limited in general, but even lower for persons with disabilities.

	Severe Limitation		*Non severe Limitation*		*Without limitations*		*Total*	
	Male	*Female*	*Male*	*Female*	*Male*	*Female*	*Male*	*Female*
Yes	78,1	89,5	67	79,7	61	72,7	62,5	74,8
No, never	19,6	8	31,2	18,3	37,6	25,6	35,2	22,6
Not specified	2,3	2,5	1,7	2	1,4	1,7	2,3	2,6
Total	100	100	100	100	100	100	100	100

Table 9. Persons with disabilities and credit card
Source: http://dati.disabilitaincifre.it/ (retrieved 20 February 2020). My processing

The table reports the response given by persons aged 14 or over to the question: "Do you have a credit card?" As a sort of exception, in this table we note that women with

disabilities and women in general use credit cards more than men. As a matter of fact, 74.8% of women have a credit card as compared with 62.5% of men, making for a very meaningful difference between the two sexes.

One important item of information represented by Table 9 is that the credit card represents a sort of "exit strategy" for those who are more confined at home, as is the case of women with major impediments, where we see the highest percentage of credit card possession.

Regarding internet use, it should be noted that disability is closely linked to a need for access to technology (ENTELIS 2016; Gomiz Pascual 2014; Global Initiative for Inclusive Information and Communication Technologies 2012).

	Severe Limitation		*Non severe limitation*		*Without limitations*		*Total*	
	Male	*Female*	*Male*	*Female*	*Male*	*Female*	*Male*	*Female*
Yes	32.9	20	51.3	40.3	74.8	69.4	68.5	60.2
No, never	63.4	77.5	44.7	56.7	21.5	27.6	27	36.2
Not specified	3.7	2.6	4	3	3.7	3	4.5	3.6
Total	100	100	100	100	100	100	100	100

Table 10. Persons with disabilities and usage of the internet
Source: http://dati.disabilitaincifre.it/ (retrieved 20 February 2020). My processing

The greater the impact of the impairment, the lesser the use of the internet, even regardless the age range. Indeed, persons with severe functional limitations show difficulties in using the internet for a percentage ranging between 36.3 and 37.4 in the two age groups: one could expect a greater level of difficulty amongst the elderly (those who are 65 or older) compared to the age range 15-64, but the difference between the two groups, in percentage terms, is less than 1. In this case, disability is very impartial, recording an important degree of inaccessibility to the internet world in an egalitarian manner experienced by more than one third of the population with a serious deficit.

As was to be expected, the average value linked to the access to the internet in the general Italian population is slightly higher than among persons with disabilities, even if Italy registers one of the lowest percentages of internet use among western countries[1]. For women with severe limitation the percentage is the lowest: 20%; that is to say that only one in five women aged over 6 years old uses the internet, as shown by the following table, reporting data in percentage.

Another important factor influencing access to technology in general and to the internet in particular is related to education. The higher the level of education, the greater the use of the internet and, by contrast, the lower the level of education the lesser the access to technology and consequently the lesser the social interaction with the outside world[2]. Because use of the internet is linked to social media and to a form of indirect socialisation.

In general, education and the impact of education in the disability domain are fundamental aspects to be investigated for the topic of interest of this paper and therefore a specific insight is offered in the following paragraph.

4. Disability and education

It is a well-known and already investigated fact that the link between disability and education is a fundamental factor of analysis when observing persons with disabilities from a sociological point of view (Goodley *et al.* 2018; Cologon 2013; Blair *et al.* 1995).

The table below evidences the correlation between difficulties in social interactions and education in Italy for persons aged over 24, with data from 2013.

Among persons with a severe functional limitation or a chronic disease, we can see that those with greater difficulties are those with a shorter path of education. For example, restrictions related to meeting relatives and friends suffered by those who have completed a higher level of education are significantly lower than those suffered by persons who have only completed primary school or indeed not even that. The statistic reads 9.1%

[1] Internet@Italia. 2018. Domanda e offerta di servizi online e scenari di digitalizzazione (Supply and demand of on-line services and digitalisation scenarios) - https://www.istat.it/it/files/2018/06/Internet@Italia-2018.pdf (retrieved 8 September 2019).
[2] https://www.istat.it/it/files/2018/06/Internet@Italia-2018.pdf (retrieved 8 September 2019).

versus 23.7%: almost one third. We can observe that the difficulties decrease with education, going from 23.7% to 12.6% in those who completed middle school and reaching 9.1%, as already mentioned, for those who have completed secondary school.

Age Range	*Secondary school and beyond*	*Middle school*	*Primary school or none*	*Total*
		Restrictions in meeting friends and/or relatives		
25-44	5.8	9.8	39.0	9.6
45-64	6.4	8.1	11.6	8.3
65-74	8.3	10.8	13.6	11.9
>74	20.7	26.7	30.9	29.2
TOTAL	9.1	12.6	23.7	17.3
		Restrictions in pursuing free-time activities		
25-44	9.3	16.7	47.6	15.0
45-64	10.2	11.5	17.3	12.4
65-74	11.5	14.3	17.7	15.7
>74	27.7	31.4	37.5	35.6
TOTAL	13.3	16.8	29.5	22.3
		Restrictions in using the Internet		
25-44	2.5	8.3	40.5	7.4
45-64	2.6	3.8	8.8	4.6
65-74	5.4	4.1	7.4	6.2
>74	14.1	15.2	22.0	20.2
TOTAL	5.2	6.7	16.5	11.2

Table 11. Persons with severe disabilities with difficulty meeting friends and/or relatives; pursuing free time activities or using the internet - By level of education
Source: Ministero del Lavoro e delle Politiche Sociali and ISTAT 2015

What is very remarkable is the percentage in the age range 25-44, where the level of education impacts restrictions: a person with disability in the lowest educational grouping experiences almost seven times the difficulty of a person in the highest level: 39.0% versus 5.8%.

The youngest age group here presented represents a paradigm of how education is key to social life and social interactions. In fact, if we consider also other typologies of restrictions observed here (concerning free-time activities and use of the internet) the difference is, in some cases, simply huge.

In fact, for free time activities, persons with disabilities in the age range 25-44 with primary school education encounter five times more restrictions than the persons with a higher education path: 47.6% versus 9.3%.

For use of the internet, the restrictions encountered by persons with a low level of education in the same age group is sixteen times greater: 40.5% versus 2.5%.

As already pointed out, several scientific and statistical studies draw a direct correlation between education and socialisation (Goodley *et al.* 2018), where a higher level of education results in lesser isolation in women with disabilities and people with disabilities in general.

The recently issued report *Italian atlas of mortality inequalities by education level* (Petrelli and Frova 2019) crosses for the first time a wide range of data concerning geographical distribution, gender, education, age, economic conditions and other important factor with mortality and health conditions. This report, for example, says that, in equal conditions, regardless of region, a man with a lower level of education has three years less life expectancy in comparison with a man with a higher level. For women, the difference is 1.5 years. In general, in the south of Italy and islands have a life expectancy that is one year less than those who live in the centre or in the north: Campania is the region with the lowest life expectancy and Trentino Alto-Adige has the highest.

As explained in the specified report, education always influences the appearance of chronic diseases and the probability of mortality. According to the study, for example, mortality is strongly influenced by education and social inequalities and one of the conclusions is that 25% of the deaths could be avoided through a higher level of education.

It is worth remembering that the European Commission also issued a report in 2009, inviting Member States to implement concrete and specific actions to foster solidarity in the health system aiming at avoiding inequalities and fighting against “the large gaps in health which exist between and within EU Member States” (European Commission 2009, 1). This important document affirms that

> The combination of poverty with other vulnerabilities such as childhood or old age, disability or minority background further increases health risks (European Commission 2009, 3).

There it is also said that, even if in general women live longer than men, women are more likely to experience poor health conditions than men and that "further attention should be placed on health inequalities within the context of promoting equal opportunity between men and women" (European Commission 2009, 20).

There is plenty of data on disability and education at the various levels of schooling, but less so with regard to university education, perhaps because the number of students with disabilities decreases at a certain point as the level of education rises, as confirmed by data from Ministry of Education (Ministero dell'Istruzione, dell'Università e della Ricerca 2019) and here discussed and analysed in Fig. 2 below, or perhaps because the declaration of disability is not obligatory and many university students decide not to declare it[3]. It may also be because the system of collecting statistical data in Italy has historically focused more on schools and less on universities.

According to data collected by the Italian Ministry of Education, Universities and Research, MIUR, through its department DGCASIS, the Information and Statistics Management Office, their report dedicated exclusively to data from schools concerning students with disabilities contains an extremely interesting table summarising the figures for the 2017/2018 academic year, divided by gender and type of school. The table is shown in the figure below[4]:

[3] This is the case of University of Genoa, for example, where not all students with disabilities declare their condition at the time of enrolling.
[4] In Figure 2, 3 and 4 the numbering is reported in Italian style. Please interpret the dot with a comma and vice versa.

Level and gender	Students with disabilities	Total number of students	% of students with disabilities
KINDERGARTEN	31.724	1.491.290	2,1
Male	23.429	776.133	3,0
Female	8.295	715.157	1,2
PRIMARY SCHOOLS	95.081	2.754.057	3,5
Male	69.228	1.420.649	4,9
Female	25.853	1.333.408	1,9
MIDDLE SCHOOLS	71.065	1.731.272	4,1
Male	48.618	899.175	5,4
Female	22.447	832.097	2,7
SECONDARY SCHOOLS	70.376	2.687.748	2,6
Male	46.916	1.382.315	3,4
Female	23.460	1.305.433	1,8
TOTAL	268.246	8.664.367	3,1
Male	188.191	4.478.272	4,2
Female	80.055	4.186.095	1,9

Fig. 2. Students with disabilities and total number of students
Source: Ministry of Education, Universities and Research. Report 2019

The percentages shown indicate a higher number of boys than girls at all levels. Understanding this difference, which is huge in certain aspects, could be the subject of a follow-up study to this paper, but I currently have no already discussed or fixed explanations or interpretations to put forward here. As already affirmed, what is certain is that the number of women with disabilities is much higher than the number of men with disabilities and we know for a fact that women live longer than men. Above all, over the age of 65, women with disabilities make up the overwhelming majority of the total population with disabilities (see below). However, neither I have the means here to carry out a specific investigation of the students' population divided by gender, nor does the report from which I obtained the data provide any theory on this.

However, it is useful to know that the total student population up to secondary school level is around 270,000 and is increasing, as seen above.

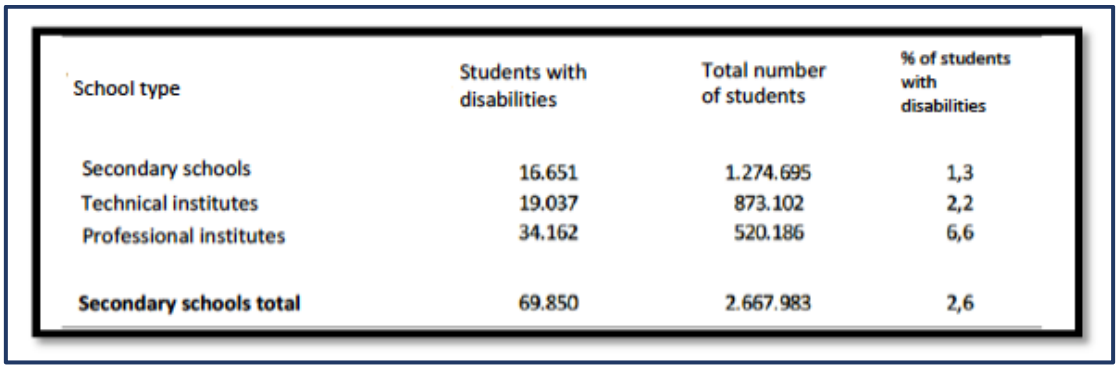
I also would like to show here the statistics on the percentage division of students with disabilities by school type for the 2017/2018 academic year:

Year	Students with disabilities	Total number of students	% of students with disabilities
KINDERGARTEN			
I	14.138	531.670	*2,7*
II	16.743	545.566	*3,1*
III	19.554	554.812	*3,5*
IV	21.565	559.983	*3,9*
V	22.540	562.026	*4,0*
MIDDLE SCHOOLS			
I	22.284	583.782	*3,8*
II	23.439	571.634	*4,1*
III	24.997	575.856	*4,3*
SECONDARY SCHOOLS			
I	17.235	611.603	*2,8*
II	15.284	541.351	*2,8*
III	14.083	533.156	*2,6*
IV	12.238	507.433	*2,4*
V	11.010	494.205	*2,2*

Fig. 3. Students with disabilities and school type
Source: Ministry of Education, Universities and Research, 2019

Fig. 3 shows that the number of students with disabilities increases up to a certain year, peaks in middle school up to the start of secondary school, and then drops off drastically on the move to secondary school. When compulsory education ends (16 years of age in Italy, generally coinciding with the 2nd year of the secondary school), the percentage of students with disabilities decreases constantly, up to the point where the percentage in the last year of secondary school is almost half the percentage of the last year of middle school.

Partly due to its sociological impact, it is interesting to note that the large majority of students with disabilities who enrol at secondary school choose professional training institutes, as the figure below shows, reporting data from school year 2017/2018.



School type	Students with disabilities	Total number of students	% of students with disabilities
Secondary schools	16.651	1.274.695	1,3
Technical institutes	19.037	873.102	2,2
Professional institutes	34.162	520.186	6,6
Secondary schools total	69.850	2.667.983	2,6

Fig. 4. Students with disabilities and total number of students
Source: Ministry of Education, Universities and Research Report 2019

This confirms the increasing dropout rate of students with disabilities (male and female) and also confirms the disaffection towards education and its consequent abandonment. The following table offers an image of the education level of the current population with and without disabilities in Italy, aged over 24 years old:

	Severe limitation		*Non severe limitation*		*Without limitations*		*Total*	
	Male	*Female*	*Male*	*Female*	*Male*	*Female*	*Male*	*Female*
No educational qualification	9.9	17.3	4.1	8.2	1.4	2.3	2.4	4.7
Primary education	60.9	63.6	57.2	57.1	42.2	40.6	46.3	46.1
Secondary education or more	29.2	19.1	38.8	34.6	56.3	57.1	51.3	49.1
Total	100	100	100	100	100	100	100	100

Table 12. Education level of persons with disabilities
Source: http://dati.disabilitaincifre.it/ (retrieved 20 February 2020). My processing

This table outlines an ominous picture of education in Italy. In general, women still study less than men and less than the EU average (for example, see the report *She Figures* emitted by European Commission 2019). Women with disabilities fall well below the average, in particular if the impairment is severe, with 17.3% not studying at all, while approximately 64% only complete primary education (with the term here used to mean

first school and middle school in Italy. i.e. the first 8 years of schooling). Less than one in five have completed secondary school title or university, in comparison with those who do not have a disability, for whom almost three times as many achieved this goal (ca. 57%). The disadvantaged condition is therefore all too clear here. It is a well-known fact (and has been examined here, above) that a lack of education is a factor of isolation. The lower the level of education, the greater the likelihood of experiencing difficulty in social relations, financial problems, unemployment and isolation. This applies to all social categories, but particularly to people with disabilities.

5. Conclusions

All the presented features return a general framework of minimal involvement and social inclusion of persons with disabilities and particularly on the female side. And, as mentioned, besides being a cause of social isolation, a lack of social relationships is now a recognised element (Coyle *et al.* 2000; Nosek *et al.* 2006; Osservatorio Nazionale sulla Salute nelle Regioni Italiane 2017) of a worsening of health conditions. Loneliness and segregation do not help the healing or improvement of all those disability conditions which could be helped, on the contrary, by social interactions and their psychological impacts.

It has to be said, over the decades, the Italian government has responded with a series of rules aimed at including and protecting persons with disabilities and facilitating their social inclusion, encouraging them to remain in the educational system and to enter the world of work. The key issue is not only to increase monetary support, for example, or to emit another law for the inclusion of every member of society, but rather to build a more inclusive world, where people with disabilities, and women first and foremost, can get outside, go for a walk, do the shopping and so on, without specific support, by affirming their rights to an independent everyday life (Griffo 2014 and 2017; Pečarič 2002 and 2006).

One of the criticisms faced during the collection of data regarding women and disability is the fact that still today disability in Italy is associated with the health sphere and

rarely with the social environment or other important issues such as rights and independent living (Degener 2014). And gender mainstreaming in the social analysis and in the investigation of social instances such as those briefly exposed here, is poor.

Data is important to assess the social aspect or social situation. Numbers should help analyse and make more effective improvements where they are needed. It is for this reason that counting on a gendered basis is now of the utmost importance. If we register a constant attempt by ISTAT and other ministries to bridge in the gap linked to disability and disability issues over the last few decades, we must stress that there is a great deal of work yet to be done. For example, several aspects should be implemented when performing statistical assessments: the indication of the correct sample used for evaluation of social impact of disability; the consideration and inclusion of persons living in institutions; the splitting of male/female where lacking, i.e. in particular among students.

Another aspect worthy of note is that, in general, in Italy, women with disabilities participate less in leisure time activities and have less access to technology. This must be a wake-up call when discussing in general gender participation and enhancement, where Italy is still a backword-looking country (cf *She Figures*, European Commission 2019) and a similar situation in respect of women with disabilities is mirrored in women without disabilities.

In conclusion, the result that emerges all too clearly is a situation of discrimination and disadvantage, which continues to be the everyday experience of persons with disabilities and women in particular. This confirms what was hypothesised at the start of this paper.

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