



Disability Experiences and the Negotiation of Disabled Identity: Narratives of Physically Impaired Women in Pakistan

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This article results from a qualitative study of how disability is experienced among physically impaired women from Lahore city. It focuses on biographical narratives to explore how these women make sense of disability and negotiate their identities by developing strategies to deal with their disabled status. One of the conclusions that any analysis based on biographical narratives constructed around disability experiences would lead to is that the construction of disability is embedded in socio-cultural derogates that regard women as a burden and disability as an inability to function. The intricate intermingling of gender and disability, based on the social positioning of impaired women, makes disability experiences complex and perplexing. These are further exacerbated by un-supportive infrastructural and policy frameworks. The interlocutors, whose narratives this article focuses on, resist negative and generalising perceptions of persons with impairments and strive to negotiate for their educational and economic rights with their families. These women also resist the ascription of being disabled by describing themselves as functional enough to perform feminine roles. Their struggles to renegotiate their identities are, however, intrinsically conditioned by their unsupportive socio-cultural environments.



Two models, medical and social, largely inform the conceptual debates on disability (Parr & Butler 1999: 2; Michalko & Titchkosky 2009: 2). The individualistic approach, also known as the medical model, designates disability as an inherent flaw in human bodies that needs to be fixed in order to maintain the 'normal' order of doing things (Barnes 1991; Barnes & Mercer 1996; Oliver 1996; Garland-Thomson 1997; Michalko & Titchkosky 2009: 4). However, in recent years, disability theorists have debunked the biologically determined understanding of disability by introducing the social model of disability. The social model adds a critical dimension by redefining disability as an outcome of social arrangements and practices against people with impairments (Soder 1989; Oliver 1992; Barnes 1996; Barnes 1997; Wendell 1996; Hughes & Paterson 1997; Garland-Thomson 2001; Siebers 2001; Garland-Thomson 2002; Barnes & Mercer 2004; Jeffery 2008). The theoretical shift, which mainly originated in Europe and then in America, has been an outcome of emancipatory struggles undertaken by disabled persons. The new sociological tenets of disability initiated debates that underscored the systematic exclusion of persons with physical disabilities (Thomas 1999: 40) and the cultural discourses based on a hierarchy of bodily traits (Price & Shildrick 2002). Nevertheless, the social model of disability has been criticised for being heavily focused on the socio-structural barriers and downplaying experiential subjective realities (Thomas 1999: 24). These realities are embedded in the overarching categories of gender, age, ethnicity, race and class and could be helpful in delineating new dimensions in more universal perspectives on disability (Morris 1992; Thomas 1999; Lloyd 2001; Turmusani 2001; Ghai 2002; Hussain 2005; Garcia & Alvarez 2014; Rao & Kalyanpur 2015: 3).

In an attempt to fill the gaps, at the end of the twentieth century, feminism provided new insights in the field of disability studies by exploring the dimensions that lie at the intersection of gender, class, race, sexuality and impairment (Morris 1992; Begum 1992; Lloyd 1992; Lloyd 2001). In doing so, feminist studies have been successful in breaking the singularity of disabled experiences, centred on male subjectivities. The socially constructed hegemonic gender system and cultural practices undergirded in feminine aesthetic norms exacerbate disability oppression for impaired women (Wendell 1989; Wendell 1996: 91; Hanna & Rogovsly 1991; Gerschick 2000; Garland-Thomson 2001; Ghai 2002; Jeffery 2008 & Foley 2013 as cited by Garcia & Alvarez 2014). Besides gendered identity, impaired women's social positioning based on characteristics such as class, race, caste, religion and the area of living are significant in shaping disability experiences and making their life experiences complex and perplexing (Ghai 2002). Notwithstanding all new insights, feminist disability studies are still in the process of developing further



nuanced approaches. They are criticised for not incorporating the subjective experiences of women with disabilities who live in developing parts of the world, such as South Asia. How women with physical disabilities, living in countries with less support facilities, negotiate their self-identification and are accepted/or not accepted in society is rarely addressed in feminist as well as in disability discourses. Therefore, this research is an attempt to unravel the disability experiences of impaired women in Pakistan in order to expand the existing theoretical underpinnings concerning disabilities and feminist studies by exploring the intersectionality of gender and disability, how each phenomenon reciprocally influences, shapes and alters the experience of the other.

Delineating the disability scenario in Pakistan

According to the last census report of 1998, disabled people comprise 2.5 per cent out of the 176 million population of Pakistan. The prevalence of disability is under-reported in state statistics. It is defined as 'physical or organic handicap of a person due to natural deformity or deficient functioning of any limb resulting from accident, disease etc.' (Singal Bhatti & Malik 2011: 909). This is quite a narrow definition and it only focuses on severe forms of disability. Moreover, the percentage contradicts the percentages projected by internationally conducted surveys. According to the world report on disability¹ (2011), the disability prevalence rate in Pakistan is 13.4 per cent. As far as the reasons for disability are concerned, as in western countries, most of the disabilities are those, which are acquired through life course. Beside accidents and age-related chronic illnesses, endemic diseases play a crucial role in causing disabilities such as polio. There is no widely accepted definition of 'disability' or of 'persons with disabilities'. However, the medical model of disability, an approach which bases its definition on impairment, has been predominant in defining disability until the beginning of 2000s. Based on an individualist understanding of disability, a person with disabilities has mostly been defined in terms of her/his ability to earn material needs of subsistence. As evident in the first legislation for disabled persons, known as the Disabled Person (employment and rehabilitation) Ordinance 1981, a disabled person is defined 'a person who, on account of injury, disease or congenital deformity, is handicapped for undertaking any gainful profession or employment in order to earn his livelihood and includes a person who is blind, deaf, physically handicapped or mentally retarded'².

A shift towards the social model of disability applied by the United Nations can be observed in the recent National Policy for Persons with Disabilities (2002: 14³) in Pakistan. In this policy, disability is now defined as 'the lack of ability to perform an



activity in a manner that is considered to be normal'. However, a disabled person is still defined in relation to the person's ability to gain a source of income to maintain a livelihood. In spite of being a signatory of several national and international commitments such as United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), there is a general lack of awareness regarding the international models of disability that view disability as a consequence of social inequalities based on bodily differences. Therefore, medical and theological explanations are mostly utilised to explain disability in the country (Bryant et al. 2011).

Notwithstanding the narrow legislative and policy approaches to disability, as in other South Asian countries, the complete lack of public planning in Pakistan reflects state insensitivity towards the needs of disabled people. This consequently restricts their mobility and limits them to their homes. Moreover, the altruistic paradigm of helping disabled people with money, food and medical assistance, is based on religious interpretations of considering disabled persons as needy rather than developing a sense of commitment towards the issue of disability. In addition, theological explanations of disability as a test of God, curse or retribution for the sins of one's parents, produce further stigmatisation. Disabled persons are therein pushed away from the public sphere and not allowed to participate in social activities in order to mitigate their stigmatisation (Thomas & Thomas 2002; Husain Atkin & Ahmad 2002; Ghai, 2002; Singal Bhatti & Malik 2011).

The disabled existence of a woman in Pakistan

The stigmatisation of disability is exacerbated by the intersection of gender and disability. It acquires different dimensions based on markers such as education, familial background, the area of living, and financial and marital status. The realities/experiences of impaired women are foregrounded in the socio-cultural derogative which profiles women as a socio-economic 'burden' (Habib 1995; Ghai 2002) and is based on preconceived notions of considering disability as an 'inability' that diminishes human capabilities (Ghai 2002). In Pakistan, gender roles are generally gauged through the litmus test of one's ability to fulfil/perform socially ascribed roles. If a man is valued for his ability to provide the means of subsistence, the recognition of a woman lies in her ability to procreate and look after the household (Quddus 1995: 73; Thomas & Thomas 2002). In this situation, women with impairment are considered less-appropriate for marriage and of fulfilling culturally expected feminine roles. A daughter's marriage also holds great significance in this context. It is not only regarded an important measure of status



for women but also for her parents (Dhungana 2006). However, impairment reduces the chances for women to get married and consequently is seen as bringing some degree of disgrace or embarrassment for the family. Consequently, the 'un-marriageability' of disabled women is interpreted as a lifelong burden for the parents given that usually unmarried daughters are expected to be taken care of by them.

Arends-Kuenning and Amin (2001) have shown that in rural Bangladesh parents specifically focus on their disabled daughters' education in order to enhance their capabilities by increasing their earning potential and making them more desirable for marriage. Moreover, the paramount role of mothers in the academic career of their disabled daughters and enhancing their capabilities has been highlighted (Hammad & Singal 2015). Their research indicates that education significantly enhances disabled women's self-confidence and self-awareness within the household and in society and leads to the expansion of other capabilities, therein increasing their agency in economic (through employment possibilities), social (increased social networking) and political (enhanced status in household and participation in civic activities) spheres. Their aspirations, however, are nonetheless largely bound by societal prejudices (ibid.).

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Apart from cultural stigmatisation, unavailability of official data makes it difficult to figure out the social, economic and political participation of disabled women in Pakistan. Less empirical and ethnographic research has been conducted to probe into the experiences and struggles of these women in making themselves visible in largely un-supportive societal structures. Nonetheless, existing gender disparities in terms of the distribution of resources and the participation of women in socio-economic and political spheres can help us get an idea about the marginalisation of women with disabilities in mainstream activities. According to the Economic Survey of Pakistan⁴ (2017), literacy is largely prevalent among males. Out of the total literacy rate, 70 per cent are males as compared to 48 per cent females. Out of the 46 per cent labour force participation rate, 69 per cent are males and 22 per cent are women. The situation is better in terms of political participation as 171 women contested as general and independent candidates in the 2018 elections though there was no representation of women with disabilities (Ali 2018⁵).

How do prejudices and discrimination impact physically disabled women's self-identification? How do they re-present themselves and resist their social and cultural stereotyping? This paper explores the experiences of 20 disabled women in the city of Lahore in order to contribute to feminist scholarship in the area of disability studies.



Conceptual framework for understanding the intermingling of gender and disability

Impairment and disability are often treated as a single category and are considered to be a problem in the human body, which is rooted in biomedical and theological explanations. Based on such understandings, a disabled person is designated as an incomplete entity and often carries a sense of shame for being unable to make civic contributions due to the anomaly. Disability thus is a social construct, a social representation and cultural interpretation of a physical transformation or configuration, and a comparison of bodies that structures unequal social relations and institutions. Impairment and disability are fluid and complex. It is difficult to make a sharp demarcation between them as impairment can also result from socio-cultural dynamics embedded in social inequalities, particularly those related to race, class, gender, financial status and place (Ghai 2002; Dalal 2010).

The notion of 'ableism' is grounded in the idea of keeping social institutions and structures running and working in order to maintain social, economic and political order and relational hierarchy. In the locus of 'ableism', certain forms of perfected materialities are preferred for being considered as able to maintain the normal social order (Campbell 2008). Such projections embedded in corporeal standards produce exclusionary matrices for people who are seen as lacking ability or being outside the frame of or 'ableness'. Furthermore, the intermingling of impairment and gender exacerbate oppression due to cultural meanings associated with the impaired female, seen largely as being incapable of performing the role of motherhood and femininity. Impairment and gender are bound together. Impairment shapes gender and gender shapes impairment and both play a significant role in the construction of disability and transforming disability into a gendered phenomenon.

The policy and legal framework in Pakistan defines disability in a narrow sense. It considers the corporeal condition as the only reason that restricts a person, especially a man, to pursue a profession and therein even constructs disability. These physiologically defined projections of normalcy and disability provide little space for disabled people to do things in an unconventional way, therein marking them as unproductive.

Biographical narratives as sources

Life narratives of 20 physically disabled women from Lahore city (located in the Punjab province) were collected for this article by using a biographical interview technique. The women are aged between 18-42 years. The women's impairments



vary from physical to sensory; most of them acquired their impairment in the early years of their lives as a result of polio. They hold different social positions depending on their education, socio-economic background, employment and marital status. Their life trajectories are used to understand the narrators' subjective perspective.

Individual experiences inform us about particular micro-environments in which individuals live out their lives as well as elaborate the macro environments that shape the broader social context of these lives (Thomas 1999: 84; Irwin 2001: 16). Disability here is a social category of analysis, which is constructed in diverse ways, depending on the nature of relationships between non-disabled and disabled people within a particular social, cultural and historical context where such relationships emerge. Nevertheless, in certain contexts, it goes beyond the established relationships between non-disabled and disabled individuals and becomes a gendered category of analysis depending upon the hierarchy and nature of gendered power relations in the given context. Therefore, the biographical interview technique was used to illustrate the diverse ways in which women with disabilities narrate their everyday experiences and attempt to resist their stigmatisation in a socio-cultural context such as that of Lahore City.

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Punjab is the second largest province of Pakistan with the highest number of disabled people (almost 2 million - 1,826,623) out of a total of approximately 3.28 million disabled people in Pakistan. 1.37 million, or about 45 per cent, out of these persons are females (Census Report 1998). This high number of disabled persons in the Punjab province is the reason why this province was selected for the study. Participants were approached through welfare organisations working for the rehabilitation of disabled persons and Public Sector Universities where disabled students are enrolled under the 2 per cent quota allocated to them by the government. Women were approached through welfare organisations and universities in order to ensure that a variety of cases could be traced based on the womens' education levels and their family backgrounds.

The interviews shed light on what disability means for impaired women, how they negotiate with their disabled status (by themselves and/or with the help of support from family and friends) and finally, in how far they have been successful (or not) in constructing a positive sense of self and in exercising their agency.

Trajectories of "women" with "disabilities" in Lahore

The narratives of the interviewed women provide deep insights on how the category of women with disabilities is construed in Lahore more generally. As emphasised by



the women, the nuances of this social construct and its projection are rooted in the socio-cultural meanings associated with 'women and disability'. The intermingling of gender and impairment provides newer dimensions to the gendered nature of disability. In a cultural context where son preference is largely predominant, the birth of daughter/s is generally not valued as much. Such attitudes become graphic in the highly prevalent cultural practices like the dowry⁶ system that often labels women as a socio-economic burden and a liability for the parents.

Seeing women as a burden is also rooted in the significance given to sons and their ascribed role as the providers of subsistence for parents, especially in their old age (Winkvist & Akhtar 2000). Daughters are expected to leave the family after marriage, which includes the payment of a dowry and is mostly arranged by the parents. Such unwelcoming attitudes towards the girl child can often become the reason for acquiring impairment. The life narrative of Humaira Ahmad (pseudonym), who is 22 years old, single, a student and polio-affected with rural background supports this argument.

My father told me that everyone was crying on your birth. I am the sixth daughter and my parents*⁷ were expecting a son. So much so, my aunt said to my mother, why do you cry, winters are coming, so we will leave her out unattended on a cold foggy night. She will get pneumonia and finally get die (sic). (...) I was an unwanted child so; my family* did not bother about my vaccination*. That is how; I got polio when I was 9 months old. (Interview 11)

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The given narrative eliminates the demarcation between impairment and disability by revealing the socio-cultural underpinnings of the same. In this way, it provides a new dimension to the existing internationally informed perspective that often delineates impairment as a purely medical condition. Moreover, in societies and cultures where having a daughter is unwelcome, having an impaired daughter is considered even worse. The birth of a daughter with congenital impairment is mostly regarded a retribution of the parents' misdeeds by the family or closer relatives (Ghai 2002) and often supported/legitimised on theological grounds. Such cultural tenets of disability not only affect the experiences of the person concerned but also stigmatise those associated with them. Thus, it is not only the daughter, rather the entire immediate family that navigates through the socio-cultural repercussions of disability. As Rameen Rehman (pseudonym), twenty-five years old, single, masters' student with an orthopedic disorder from a village mentioned:

I belong* to a village area*. The people of our area, including my relatives, labelled my birth as a punishment of my parents' or our elders' sins. Some of them regarded my birth as a result of black magic, cast by someone, over my



parents. (-) They often used to say: "what will my parents* get from me?" They should better kill me by ripping my throat out. (-) She is a girl and she is disabled, too. (Interview 1)

The narrated account highlights how a young woman's disability is regarded a penalty for her parents' misdeeds and a reason for disability, which strongly differs from individualistic approaches or a social model of disability. Additionally, the ability to perform household tasks is strictly linked to the significance accorded to the institution of marriage, especially for women, and in turn to their ascribed roles as wives and mothers. The daughter's marriage is an important indicator of family status across the social classes. Impaired women are socially perceived as incapable of fulfilling culturally projected feminine roles and are therefore not considered 'marriageable'. The stigma of disability thus becomes a family stigma resulting in feelings of shame for the family and results in hiding and limiting the integration of the disabled woman in wider social networks. Another narrative of Beenish Ahmad (pseudonym), a 22-year-old, masters' final year student with acquired visual impairment, supports this: 'My mother never shared my problem* with anyone because she thought that no one would want to marry me.' (Interview 12)

221 Hiding women's disability or disabled women also limits the possibilities for a family to acquaint themselves with the ways of dealing with the disability and consequently, leaves the family as well as the disabled person in a state of uncertainty. The subtle structure of the narrative depicts that in the Pakistani context, it is not only the social structures that limit opportunities for impaired women. Rather, cultural attributes/stigmatisation attached to women's disabilities also confine them to their homes and render them invisible and subsequently help construct or further disability. The stigmatisation of disability and the view that it restrains a woman to function in a 'normal' way, result in attempts by the stigmatised family to approach medical doctors who can fix the body. It has been found that the parents' educational and financial background and family type (nuclear or joint) also influence the way the daughter's impairment is understood and dealt with. This, however, does not affect the general consideration of confusing impairment with disability as educated parents also interpret the latter as an outcome of the former.

Some families negotiate with disability stigmatisation either by restricting the impaired daughter's mobility and integration in social activities or by limiting the family social circle. The strategy of reframing family life is more common among parents living in the nuclear family system. Parents, who confine their daughter's



integration in family and social life, sometimes justify it with the unavailability of supportive logistical structures. It is noticeable that some of the interlocutors stated that their parents made up excuses for unsupportive logistics that exclude them from family activities. As Rida Ahmad (pseudonym) who is single, working, 23 years old and has an orthopaedic disorder mentioned:

I don't know (-) either my family was extra* caring* towards me or they used to ignore me. Because (-) they would never take me out for fun or to a certain event. They would leave me at home and would say that "How can she come along. The bathrooms* would not be accessible for her. There would be stairs. How would she climb up the stairs? Who would take her up and down the stairs?" / I: hmm / So, it is better to leave her at home. (Interview 3).

The above cited excerpts show that socially ascribed identities of disabled persons are determined by a combination of socio-cultural perceptions/understandings of impairment and the gender of the person. Moreover, structural and logistical environments that only cater to the need of abled restrict disabled women to become part of the mainstream.

Understanding and negotiating disability

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The conventional societal interpretation of impairment and its accompanying stigmatisation often result in disabled persons evaluating their state of existence in a negative light. The importance given to physiological functioning often makes them appropriate the societal belief that their impairment is a problem that hampers their participation in the mainstream and restricts them from performing age and gender specific roles. As one of the participants, Beenish Ahmad (pseudonym), a 22 years old masters' final year student with acquired visual impairment, mentions:

All of a sudden this happened and it was hard for me to face* it. I thought my life was over and there was nothing ahead. /I: Hmm, hmm/ I locked myself in a room for almost one* month*. /I: Sahi / I thought my studies* were over and I won't be capable of doing anything. /I: hmm/. (interview 12)

As mentioned by Titchkosky & Michalko (2012: 132) pre-existing frames of viewing disability, as prevalent in the everyday social context, deeply impact how disabled persons come to look upon themselves. In the context of these women from Lahore, an awareness of disability entails experiencing disability as always-already a problem, located in individuals. They thus often appropriate the idea that an impairment is fundamentally unnatural, the opposite of a natural, good and right



way of being in the world. However, it is also important to take account of nuances grounded in the disabled women's social positioning and the geographical area in which they live. Those belonging to less educated families, living in rural areas and with no wealthy background often mentioned the limited knowledge of their families on disability. They therefore had to struggle hard in finding the support to survive with their disability.

Conversely, it is also to be seen that not all impaired women internalise conservative social views on disability but resist stereotypes associated with disability by demanding their basic socio-economic rights. The narratives show that these women need to fight for basic rights. They resist prevailing stereotypes by attempting to exercise their agency in several ways. For example, by dealing with the insecurities of their parents in allowing them to travel alone, or by trying to simply survive in spite of unsupportive social structures and infrastructural logistics. In some cases, the interlocutors started negotiating for their rights by resisting conservative mind-sets at very young ages. As Aliya Sardar (pseudonym), 24 years old, master's final year student with congenital visual impairment, mentioned:

I used to run away from memorising the Quran (ha, ha) because it was too difficult to read and memorise the Quran all day long. / I: hmm, hmm / I wanted to play; above all, I used to say "I want to go to school". /I: sahi / I used to say that "I don't want to memorise the Quran. I want to go to school like other children". /I: hmm / And... then... (haa, haa) my parents* wanted me to memorise the Quran. (Interview 11)

The denial of essentialist attributes like dependent and unproductive provides a room to exercise agency and is significant for the process of negotiating their new identities. The abovementioned excerpt shows that it is not only education that enhances disabled women's capacities by giving them exposure to the outside world and increasing their agency but also a reaction to structural discrimination that sometimes provokes/enables the woman to exercise her agency. Irrespective of the subjective experiences of the interlocutors, however, mostly all of them recognised that education played a significant role in enhancing their confidence. It gave them the agency to make life choices such as getting a job and selecting a life partner of their choice. For this reason, almost all the working disabled women consider themselves better than their 'able-bodied' female and male counterparts for being economically independent and being able to make choices for themselves. As Nudrat Ramzan (pseudonym), 27 years old, working, single woman with visual impairment elaborates: 'Most of my cousins are not as educated* as myself and



they are unemployed. Their parents*, who were of the view that I could do nothing in my life*, now give my example for being so successful.' (Interview 17)

Saira Khan (pseudonym), 38 years old, working, divorced and polio affected, also shares a similar account: 'Now, my aunt*, who used to be very negative* towards me, says "I wish any of my sons would have been like you"' (Interview 27). The biographical interviews also point out that the daughter's disability in fact triggered a transformation of her parents' understanding of disability as dependency. Especially in less educated families it triggered changed views on female education and employment. The daughter's impairment has been the driving force for the parents to strive for their daughters' education so that they can get jobs or 'decent' marriage proposals and to be on their own without depending on anyone for their survival. Thus, in these cases, stigmatisation actually becomes the reason for access to certain basic rights (such as the right to education) which would have been denied to these women in the absence of their disability. The interlocutors who were educated and doing jobs emphasised that they would not have been able to be educated had they not had a disability. Sadaf Atif (pseudonym) a 23 years old master's student, who is also engaged to someone and polio-affected narrates: 'I think that I would never have been able to pursue a Masters' degree if I did not have a disability. They (parents) do not want me to be dependent on anyone that is why they are paying attention to my studies.' (Interview 15)

Moreover, the role of her mother has been quite significant in assisting the impaired daughter. Almost all participants in my research emphasised the pivotal role of their mothers. Their mothers have helped them in dealing with their disabilities and their associated stigmatisation by supporting their education, economic independence and their ability to perform roles which are typically ascribed to women, for example household management. A variation in the interlocutors' family, educational or financial background or their geographical location seems to have impacted the motivational and supportive roles of the mothers. However, these efforts made by mothers were in some cases driven by their wish to find a 'decent' marriage proposal for their daughters. In fact, some of the interlocutors mentioned that their mothers were not as concerned for the education and job of their 'abled' sisters as for them.

Performing household chores has long been a role ascribed to women in Pakistan and a significant marker of their identity as married women. The interlocutors associated themselves with 'real' femininity by putting great emphasis on the performance of all such tasks by themselves instead of identifying themselves as disabled. In doing so, they are unable to challenge the traditional and orthodox lens



through which women are judged more generally. Thus, they take it as a challenge to perform such roles associated with women in spite of the hardships and lack of support in order to prove their femininity and 'normalcy' to society. Zernosh Iqbal (pseudonym) 30 years old, married with one son, working, and with visual impairment describes:

You can't survive without it, /I: hmm, hmm/ you have to do the household chores for yourself, however, it becomes mandatory after marriage*. Like most of the women don't do it before marriage* but after* marriage* when you have your own kids and husband* then you have to do it. (Interview 26)

Conclusion

In light of the above narratives we can conclude that viewing disability as socially constructed provides space for examining it as not only and always rooted in medical justifications. A deeper analysis of the socio-cultural context and the inextricable interweaving of gender and disability become imperative in comprehending the everyday lives of disabled women in a city like Lahore. The article has aimed at contributing to the existing literature on the topic by emphasising this entanglement of gender and disability through valuable insights into the lives of disabled women in Lahore.

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It challenges the strict demarcation between impairment and disability highlighting some significant socio-cultural conditions that cause impairment which in turn makes impaired persons disabled. In the context of Lahore city, neglect of the girl child often becomes the reason of her impairment. This is exacerbated through the stigmatisation of disabled women, who are seen as incapable of catering to ascribed roles usually associated with women, especially married women. Disabled women's lives are characterised by incessant struggles for survival which in turn are conditioned by temporal and spatial factors. Thus, the findings of this article are in line with arguments forwarded by Ghai (2002) that disability in South Asia implies the basic struggle for survival, though the nature of the struggle is determined by the social conditions inhabited by the disabled person.

In addition, the social construction(s) of 'disability' and 'gender', homogenise and stereotype disabled women into the single category of being an 'unproductive' and 'oppressed group'. At the same time, however, such descriptions and ascriptions initiate resistance in disabled women. The narratives show that they re-gain agency by redefining their bodily differences. The resistance against the ascription of being disabled, with all its stereotypes, incorporates a struggle for rights, mostly with the family, mainly the right to education. Given that women with disabilities in Pakistan



are generally viewed as 'not able' or 'incapable' of playing the stereotypical roles ascribed to women more generally, they are sometimes able to negotiate for their right to education. As the narratives show, education becomes a means for the women to seek opportunities for becoming economically independent. The grid of structural discrimination, which often bars women in general to not be educated and dedicate their lives to household management, is not applied the same way onto disabled women. This does not imply that the struggle for education is absent, but rather to show that the parameters of discrimination against disabled women are different due to the intersectionality of gender and disability.

It is ironic, as the life trajectories of the interlocutors show, that in the event of impairment, the family actively accords rights to the disabled daughter, which would have otherwise been denied to her in the absence of a disability such as education, employment and the right to select a life partner. However, as mentioned by (Hammad & Singal 2014), mothers have been found to be more active in striving for educational and economic rights of their disabled daughters. Sometimes mothers also support their disabled daughter to ensure that she can get a 'decent' marriage proposal and therein enhance her social status within the set social context. Such aspirations of mothers validate the previously mentioned argument that in the cultural context of Pakistan, marriage is seen as raising the status of a family and in a peculiar way it counter-balances the stigma of disability. However, these findings add more to the results concluded by Hammad & Singal (2014) who highlight the paramount role of mothers in the academic career of their disabled daughters but do not take into account the socio-cultural factors behind the motivational role that mothers come to play. This article has shown that while mothers do become an incredible support system for their disabled daughters in their struggle for basic rights and respect, the motivations behind the same are often within the parameters of what is eventually socially desired for a woman in Lahore, that is, marriage.

Education, however, does not become a panacea as aspirations of disabled women continue to be circumscribed by social understandings and ascriptions of disability. Though education enhances their self-confidence and enables them to construct their identities productively, it does not guarantee other aspirations such the wish for a life partner and marriage. The narratives show that in case disabled women do manage to have a life partner, education or economic independence does not empower them enough to retaliate against traditionally defined gender roles. They often re-enforce the stereotypes by trying to live them in person in their attempt to be 'normal' and 'acceptable' within their social environments. Their endeavours to live up to all ascribed feminine roles, especially household



management, which are physically highly challenging because of the impairment, often become their only means to claim their womanhood and the recognition that they are no less than able-bodied women.

Endnotes

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⁴ Economic Survey of Pakistan. 2017-18.

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⁵ Ali, Salman. 2018. The political participation of women. Daily Times, 19 Aug.,

<https://dailytimes.com.pk/285603/the-political-participation-of-women/> [retrieved 03.01.2019].

⁶ Dowry includes household goods, money and/or property that a woman's family gives to her husband when she gets married.

⁷ If not mentioned otherwise, all interviews have been translated by the author. Words marked with an * were originally spoken in English.

Interviews

Interview with Rameen Rehman. 2015, 19 August.

Interview with Zarnab Ali. 2015. 24 August.

Interview with Rida Ahmad. 2015, 15 September.

Interview with Alisbah Cheema. 2015, 18 September.

Interview with Hajira Osama. 2015, 29 September.

Interview with Shah Bano. 2015, 5 October

Interview with Sajal Ali. 2015, 7 October.

Interview with Aliya Sardar. 2015, 9 October.

Interview with Beenish Ahmad. 2015, 12 October.

Interview with Rabiya Rafique. 2015, 13 October.

Interview with Humaira Ahmad. 2015, 14 October.

Interview with Sadaf Atif. 2015, 16 October.



Interview with Nudrat Ramzan. 2015, 20 October.

Interview with Nazia Basit. 2015, 22 October.

Interview with Hira Sultan. 2015, 27 October.

Interview with Zoya Naveed. 2015, 29 October.

Interview with Fozia Sadaf. 2015, 11 November.

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