Body as Bane: Women and Disabilities in Indian Patriarchy

By Chitra Radhakrishnan

Millions of women are living with disabilities, varying conditions that make their already burdened roles even more challenging because of physical or mental limitations. Various diseases and conditions produce some form of disability, and a number of them disproportionately affect women.

In general, the severity of a disability is described in terms of how much that disability limits one's daily activities. Women are more likely than men to be limited in the amount or kind of major activity they can perform, and more stigmatised owing to the huge demands that the activity makes on their time and energy.

Depending on the source, the word disability is defined in different ways. I use the definition of the U.S. Department of Justice to explain physical disability: (1) any physiological disorder, or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological, musculoskeletal, special sense organs, respiratory (including speech organs), cardiovascular, reproductive, digestive, genito-urinary, lymphatic, skin, and endocrine; or (2) any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities.

Some of the challenges faced by women with disabilities include: *physical* barriers, such as architectural barriers and lack of adequate transportation and support services to keep appointments, run errands, or receive medical care; *financial* restraints; and *lack of reliable health information and services* that address their needs.

This article analyses not only possible solutions for physical disabilities but also focuses on social disabilities suffered by Indian women such as dark complexion, infertility and "inability" to give birth to male progeny.

In the deeply patriarchal Indian context where women are still viewed as "bodies" to be designed and patrolled as per a man's wishes and convenience, a woman's body has to fit into the "ideal" dimensions and complexion to become normal and respectable. In a context where even the completely "normal" women—fair, beautiful, educated and working—find themselves in a fix, be it the domestic sphere or the workplace, in various matters such as sexual harassment, dowry problem (the practice of giving money, gold and other household articles like a motorbike, TV etc. to a prospective groom for his magnanimity in agreeing to marry a particular girl) and inferior treatment, it is indeed strenuous for the physically different women to aspire for a life devoid of humiliations and hardship.

There are few women who are celebrated as role models for the physically different. Sudha Chandran, an Indian dancer who relentlessly pursued her artistic goals after she became crippled in an accident, was the subject of a biographical film entitled *Mayuri*. It details the disaster and the consequent excruciating treatment leading to her dancing with an artificial leg. But such inspiring success stories are a rarity.

The Tamil context is more or less similar to the Afro-American situation where black or

dusky skin is a social stigma. A dark girl is a burden and marrying her is viewed as a great sacrifice on the part of the groom. She is detested from birth, as her parents have to shell out a whopping dowry to hand her over to a magnanimous male. The embarrassment and the ensuing complications are best brought out in the works of prominent Tamil women writers like Sivasankari and Vaasanthi. Mass media persistently construct stereotypes that reaffirm the traditional notion that to have a dark complexion is the consequence of the original sin or sins performed in earlier births.

Another threatening disability that haunts Indian women is childlessness or infertility. In a nation that is proudly called Bharat Matha (Mother India, so fertile that she keeps begetting crores and crores of valiant sons and chaste daughters), women's fertility is a crucial factor that determines their social status.

Umpteen movies and novels have been fabricated describing in detail the pathetic plight of childless women. All these works have the same underlying message: Women who cannot bear children are not honourable and hence unfit to be called women. They have to tolerate the humiliation meted out to them by society and family. And finally they have to make the supreme sacrifice of letting their husbands have a second marriage. Most of them take great pains to find suitable wives for their husbands and become willing servants to take care of the husband's offspring through the second wife. Their sole ambition is to feel proud at the continuation of the family heirloom. The films and novels dwell at length on the demeaning rituals that degrade the woman who is considered to be a big void if she cannot give birth to a child. Two or three months after her wedding the immediate family and the relatives start enquiring about whether/why she is still not pregnant. Then everyone starts offering solutions, both medical and religious, which could cure her disability. In marriages and other social gatherings her handicap is discussed. Such unfortunate women are not welcome or invited to a ritual where pregnant women are offered bangles. But if she happens to attend one then she is made to carry a stone on her lap, which she has to pretend is her baby. She has to bathe it, sing it lullabies and feed it in front of the crowd that finally blesses her with the wish that she would soon get a "real" baby to take care of. In many movies such "barren" women go mad, unable to bear the trauma of being disqualified for motherhood that is the be-all and end-all of a woman's life. Without this boon she remains incomplete and unfulfilled.

The situation is not any different for a woman who cannot give birth to a son. This is considered a serious disability that could rob the victim of the only honourable position available to her as an Indian woman—to become and remain a wife till her death. In many communities such incapable women are divorced or sidelined by their husbands who opt for a second wife to produce male offspring. This is one important reason for the population explosion in many states of India such as Bihar, Tamilnadu, Uttar Pradesh etc. Until a boy is born the woman is made to carry as many children as possible, resulting in macro families with 7 or 8 children. Even today in many families such incapable women are driven away to their parental homes and replacements are hurriedly made in the mad quest for a male heir. Scared of the resultant social stigma that begins by branding her as Vaazhaavetti (one who has wasted her life) numerous women consent to female foeticide and infanticide.

Religion also plays a significant role in addressing the issue of disabilities. There is a strong conviction that only sinners in previous births are born disabled in this life. Another prevalent belief is that those who sin and deceive would beget disabled children. It is common to see or hear Indian women cursing the impostor by throwing handfuls of sand on him and predicting that his progeny would be blind or born

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with disabled arms and legs. There are also numerous rituals believed to be effective in making a person mentally unbalanced, including the use of the hair or nail of the target while praying to evil forces, and sticking pins in a doll made to look like the target.

Many religious places and practices exist exclusively for the cure of people with mentally disabilities. All these asylums are badly maintained, the condition of women patients is particularly dismal. This was highlighted recently in the story of Anjana Mishra, an Oriya woman who was tortured by her husband and in-laws, gang-raped and threatened by officials, and forcibly placed in a women's mental asylum as a means of silencing her. She survived to describe the gory details. Hygienic conditions are terribly frightening —a woman patient has to survive for seven or eight months without basic necessities such as toothpaste and soap. She is allowed to bathe only once a month and no extra clothing is given her in case she tears or damages her clothes. The meager, non-nutritious food and lack of hygienic practices result in the spread of infectious diseases. Such is the negligence of the authorities in these places that they do not monitor the progress or retrogression in a patient's condition, and hence are unaware even when a patient returns to "normalcy." Electric shocks are used to silence the women patients so that sexual harassments and the resultant pregnancies and abortions are concealed forever from the outside world. Anjana Mishra narrates how the authorities and the caretakers behave ruthlessly towards helpless women who are trapped in the vicious grip of an uncaring patriarchy.

There are a number of governmental and non-governmental agencies working for the welfare of the physically and the mentally disabled. Due to greedy intermediaries and the various biases of the government itself, the governmental agencies do not have as wide a reach as the NGOs. As a result, the beneficiaries of governmental welfare projects are always subject to manipulation by mercenary forces. Women with disabilities come into the limelight mainly during election campaigns when candidates of political parties vie with each other in offering them tricycles and sewing machines. Magazines and newspapers publish photos galore, showing these candidates posing with the women, to emphasise the generosity of the political parties.

Another main reason for the regretful situation is that medical programmes are generally disease-oriented and not ability-oriented. Consequently, life-threatening or "serious" conditions receive the most attention while "natural" and "incidental" defects are to be endured with patience. Women being weaker and the walking symbols of tolerance (Indian women are compared to Mother Earth with insistence on their patience and docile nature) are made to bear the brunt of all these traditional notions regarding disabilities.

What is immediately essential is an extensive National Health Plan that not only focuses on financial and medical assistance to the disabled but also on massive awareness programmes to eradicate social and religious stigmas related to physical disabilities. The following suggestions, if implemented, might go a long way in improving the condition of disabled women in India.

- Networks exclusive for disabled women similar to that of the DisAbled Women's Network

(DAWN) in Ontario (instead of treating this serious issue as just one of many other problems)

- Comprehensive medical services including preventive, routine, long-term care
- Instilling positive attitudes in society on such crucial issues such as employment, self-advocacy, training, education, transportation and housing
- Social services including durable equipment and personal assistance services under the control of the individual, enabling the afflicted to lead a self-reliant life
- Backup shelter care in case of emergency needs
- Readily available and accessible non-institutional alternatives
- Funding from a single public-controlled source with most funds raised through progressive taxation
- Counselling centres with a more open approach, opting for door-to-door and round-the-clock help rather than waiting for the reluctant and the embarrassed invalid to take the initiative
- A specially designed study curriculum that creates awareness about various disabilities and the necessary supportive measures. This should be made mandatory in the syllabi from primary school till university level.
- Computer softwares that are designed for educating the visually, aurally and orally impaired should be made accessible to the needy. This could be done even in a developing country like India where Internet and Multimedia remain privileges available only in the urban and semiurban areas. Microchips now offer artificial vision, voice mail can be used in educating the aurally impaired, and special braille software exists for the visually impaired.
- Considering the large population of the physically disabled in India, there could be a substantial increase in their special quota.
- More training institutes and awareness programmes
- Systematic technology assessment so that new and increasingly more expensive equipment would come under closer scrutiny before becoming accepted medical practice. This is extremely important because many disabled Indian women are confined within four walls owing to the massive expenditure needed to render them mobile and the unwillingness of a patriarchal domestic setup to spend money on a woman, and a non-functional one at that. Hence high-quality, free and inexpensive resources for health and medical care information should be available to the average woman.
- No barriers to obtaining care such as co-payments and deductibles
- Significant increase in community contributions and control over the nature and type of care offered. This would be helpful especially in the case of the mentally disabled where neither the afflicted nor her family could monitor or protest against faulty or ruthless treatment. These places should be constantly supervised by external agencies such as lawyers and medical practitioners.
- A greater decision-making role for disabled women in institutions.

In sum, society should provide conducive living conditions to women with disabilities so that they would love themselves irrespective of their physical variations and declare:

I study me
I find my fear
I analyse my weakness
I gather my strength
I realise my value
I accept myself as I am
I fight for the right to be Myself
I find the joy of being a woman -
however disabled!

Chitra Radhakrishnan is Lecturer in English at the National Engineering College in Kovilpatti, Tamilnadu, India. Her areas of interest include Women's Studies, Cultural Studies and animal welfare. She is closely associated with local NGOs who fight for eradication of female infanticide, sexual harassment of girl children and with BlueCross of India.