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MAPPING CASTE, CLASS AND GENDER DYNAMICS THROUGH THE LENS OF DISABILITY: A STUDY OF CONTEMPORARY INDIA

Abstract

Indian society is an internally diversified society. It accommodates different types of caste, class, gender, religion, culture, customs and traditions within its geographical boundary. This diversification includes multiple forms of impairment, leading to experiences of several types of discrimination. Such discriminatory experiences are spread across caste, class, gender, ethnicity, culture, religion and region. These discriminatory practices are also experienced by disabled people in society. Further existence of derogative outlook for disabled people, inaccessible physical environments and stereotypical notion of the society towards disabled people make their life vulnerable. Giving reference to such a situation however it is observed that any women having one or multiple form of impairment face a kind of double layered discrimination in terms of both people with disability and gender. The prevailing dominant patriarchal cultures along with societie's cultural taboos further worsen the situation of women in Indian society. Situating above problems from a critical perspective of analysis is the main focus of this paper.

Keywords: *People with Disability, Impairment, Patriarchal Culture, Discrimination, stereotypical*

Introduction

Disability existed as a matter of individual physical trait since long. Initially it was not recognized as a social trait rather it was considered as a matter of individual concern. It was only by the last half of the 20ᵗʰ century when intellectual discourses finally started recognizing disability as a matter

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of social concern. Thus, disability was considered as the social concern of impairment. It further includes socio-cultural construction of the human body. An in-depth analysis of concept such as impairment and disability reflects that in general discourse impairment and disability has been used in alternate ways and one substitutes the other. However in terms of the intellectual discourse these two concepts are used in a significantly different manner. Impairment refers to any loss or abnormality of psychological, physiological, or anatomical structure or function of the individual (ICIDH 1980: 14). It indicates the loss or limitation of any physical or sensory organ of individual, which limit their daily activity in society.

> "Impairment is characterized by losses or abnormalities that may be temporary or permanent, and that include the existence or occurrence of an anomaly, defect, or loss in a limb, organ, tissue, or other structure of the body, including the systems of mental function. Impairment represents exteriorization of a pathological state, and in principle it reflects disturbances at the level of the organ (ICIDH 1980:47)".

The social dimension of impairment is called disability (Ready 2011). Disability can be further understood from the International Classification of Functioning, Health and Disability (ICIDH 1980: 14), which defines disability as any restriction or lack of ability to perform an activity in the same manner and within the range of normal for a human being. Further World Health Organization define disability as difficulties encountered by individuals bearing impairment, activity limitation and participation restriction in any areas of their life (WHO 2011: 5) These above mentioned international initiative offered a new perspective to understand disability. The popular understanding of disability took a turn from medical interpretation of impairment to social construction of disability. This finally stood as a solution to all critical questions of medical model of disability.

Issues and trends in disability can be further understood from statistical profile of disability. In order to understand such a statistical profile of disability, disability and development report, 2018 can be analyzed systematically. According to the Disability and Development Report 2018, Person with Disabilities (PWDs) is largest minority group of the world which constitutes around 15 percent (650 million) of world's population. Statistical account further reflects that around 80 percent of PWDs from such a group lives in developing countries. Distribution of disabled people population in terms of variables such as age and region reflects that, out of the total population of disabled people of world, more than half of disabled population belongs to the age group of more than 60 years. They generally live in location such as Australia, China, Republic of Korea and Vietnam. In case of India, the 2011 census data reveals that People with Disabilities (PWDs) constitute 2.21 percent of the total population of the country. Out of the total PWDs population, 55.9 percent are male and rest 44.1 percent is female. Among the total PWDs

population a significant number i.e. 69.5 percent PWDs belong to rural areas whereas rest 21.5 percent PWDs live in urban areas. The status of Person with Disabilities is not significantly good in education sector. Census data 2011 reveals that out of total PWDs population, only 54.51 percent belong to literate group whereas 55.49 percent belong to illiterate category.

Table: 1, Representation of social variables associated with Persons with Disabilities in India

Variable	Category	Percentage
	Total PWDs	2.21
Gender	Male	55.9
	Female	44.1
Region	Rural	69.5
	Urban	21.5
Education	Literate	54.51
	Illiterate	55.49

(Source: Census India, 2011)

Experiencing the Transition from Impairment to Disability

Traditionally disability is considered as a physical or mental condition of a person in which the person is recognized as incapable to work like a non-disabled people. In the initial stage, disability was considered as a medical impairment. It refers to the loss or limitation of physical, mental or sensory functions for a long term or on a permanent basis. This further required extensive medical intervention. In the first half of 20th century, it was considered that any individual bearing physical deformity can not adjust with the social world. Thus he/she requires medical intervention for achieving normalcy. He is helped by the trained and highly qualified professionals to achieve such a state of existence (Rose 2006: 20). This interpretation of disability intends to explain the deformities of the individual by negating the socio-cultural dimensions. This is widely recognized as "individual model of disability". Thus, it offered an individualistic language to interpret disability.

The individual approach of disability had dominated the disability discourse since inception. However in the last quarter of the 20th century, the individualistic interpretation of disability was criticized by activists and scholars from disability community of Western origin. The activists and scholars from disability community considered that it is the society which makes impaired people declared as "disabled". The primary reason behind such an argument refers to the fact that differently abled people are in a condition leading to inaccessibility of physical environment, as a result of which they are unable to cope up with the larger social structure. Thus, they argued that the disabling practices emerge from interaction between differently abled people and larger society. According to this perspective, society demands that differently abled people must make themselves fit into the social structure instead of social structure fitting into needs of differently abled people. By challenging the

individual model they argued that disability is not a byproduct of physical impairment but it is a result of architectural and attitudinal barriers created by the society (Bhanushali 2007). This offered a new perspective to the disability discourse, which was known as "social model of disability". This model provided a socio-political background for conceptualization of disability. This model specifically refers to structural barriers that prevent people's participation in all areas of life including education, work environment, health, social service, housing, public transport system (Mallet et.al 2014). Posing challenges to the dominant individual model, differently abled scholars, who themselves initiated and extended disability scholarship as a discipline, successfully created a separate place where they rejected discriminatory practices of non-disabled body against disabled body (Linton 2006: 163). They created a separate space where diversification of physical impairments were celebrated and extensively accommodated under the banner of People with Disabilities (PWDs).

The development of social model provided a new perspective to the intellectual mass to understand and interpret the issue of disabled people in the society. This new perspective forced scholars of disability studies to alter their language of interpretation towards issues of disabled people. But by foregrounding the principle of social model, scholars of disability studies realized that, instead of impairment, the inaccessible environment and socio-cultural factors are very much responsible behind declaring the impaired as disabled people. It placed the disabled people in last rung of social ladder. Scholars analyzed issues of disabled people, and found that exclusion, marginalization, deprivation and vulnerability are everyday experiences of disabled people in the society. Further scholars and activists, of disability studies, who themselves are from disabled community realized this miserable condition and formed an association to protect themselves from various types of discrimination posed by the society. This opened doors of awareness among People with Disabilities (PWDs). Disability as a term was used to designate a specific minority group constructed on the basis of shared common socio-political experiences. This motivated them to create a common identity of political activism (Linton 2006: 164).

In subsequent period writings of Poul Hunt, inspired foundation of an organization named Union of Physical Impaired Against Segregation (UPAIS), in the year 1971. UPAIS was a small disabled organization inspired by Marxian ideology of thought. It was working on issues of disabled people to ensure social participation in all aspects of social life. It was working for all round development of disabled people including creation of equal opportunities and promotion of independent lives (Shakespeare 2006: 199). Further, literature concerning problems of Persons with Disabilities (PWDs) published by a group of disabled activists along with the help of British Counsel of Disabled People (BCODP) gained a lot of popularity. In this organization disabled writers and activists, who themselves were engaged in disability scholarship generated an

increasing set of knowledge. This also encouraged practices which had a close agreement with social model of disability. Such a pattern was demonstrated in various countries of Europe and North America but it is particularly evident in United Kingdom (Barnes *et.al.* 1999: 27). Origination and extension of organization such as UPAIS opened the gateway for many such similar organizations such as Liberation Network of People with Disability in the West. The prime concerns of these organizations were not only to target social barriers but also to counsel the psychological aspects of members of society who create the duality of superior-inferior complexity among the nondisabled-disabled people (Shakespeare 2006: 198). In-depth analysis of Perspective associated with UPAIS and LNPD reflects that both their objectives were similar in nature. The sole orientation of these organizations was to fight against the discrimination of Persons with Disabilities. They both also aimed to ensure an inclusive human right approach towards PWDs.

This mass mobilization of disabled people from scholarly background and activists in Western countries had a profound impact on entire disability discourse. It offered new dimension to disabled community in developing their new worldview. This also laid foundation of a new perspective in academia opening doors of critical engagement with the disability discourse. Consequently extensive research work has been done on disability issues by scholars in the Western countries. Their work generated a plethora of literatures which reflected new dimensions in interpreting disability. In subsequent period this new academic movement extended its wings in western countries along with other parts of world in the last phrase of the 20th century. Subsequently a sincere effort to define disability in different context was undertaken.

Disability through Lenses of Acts and Amendments

The Govt. of India enacted the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act in 1995 for the protection of rights of Persons with Disabilities. The Act provides safeguards on the rights of PWDs in the legal discourse so that they can lead a life with dignity. It offers certain legal tools for the protection of disability rights in India. It gives guiding principles to the govt. officials and policy planners for the socio-economic mobilization of PWDs. The primary aims of the Act are to promote inclusion of the PWDs in the areas like education and employment, ensure protection from various discriminations, directs the national and state government to take affirmative action, promote research, and ensure the human rights of the PWDs. In addition to this, a separate commissioner is being appointed by the respective state governments for the protection and promotion of the rights of persons with disabilities. According to this Act, the state is responsible for ensuring social security, accessible environment, livelihood opportunities, employment and equal participation of the PWDs in the society. This Act also focuses on the early detection and prevention of impairment so

that the disability can be controlled.

However this Act has been criticized from several grounds, despite of its positive aspects. While the core principles of the UNCRPD are based on equality, self-determination, equality and no- discrimination, the PWDs Act offers an affirmative action in the form of welfare policy rather than focusing on discrimination, inequality (Addlakha and Mandal 2009). The PWD Act does not have a clear articulation on equality. Equality is only reflected in the realm of civil and political rights rather than social and cultural rights (Kothari 2010.). PWD Act suggests that each state shall take appropriate measures for the development of the PWDs within the limits of available resources. But it fails to represent a clear articulation on what needs to be taken as the limit. However, the Act emphasizes on inequality that creates institutional discrimination of the PWDs in the formal organizations. This inequality need to be replaced by equal opportunities (Addlakha and Mandal 2009). In addition to this, reservation in employment and education sector, addressing accessibility issues of PWDs may be considered as the positive sides of this legislation. Despite of many positive aspects, other aspects like social security, reservation in private sector, and law relating to health, family life, sexuality and old age are remained an excluded agenda.

Further Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act was enacted in 2016 to incorporate the lacunas of PWDs Act, 1995. After the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), the government realized that it is not able to cope with the emerging challenges to the disability rights issues. The UNCRPD recognizes that disability is a by-product of the interaction between society and the impaired individual. But the PWD Act, 1995 interprets disability in medical language (NALSAR 2011). In a response to the criticisms, a new legislation in the form of amendment, was passed in both the houses parliament in November 2016. This new legislation offers a new paradigm for the fulfillment of disability rights in India. The new legislation is named as Rights of Persons with Disabilities Rule 2017.

The Rights of Persons with Disabilities Rule, 2017 is a much-awaited legislation. It promises to provide greater opportunities for persons with disabilities in the country to gain access to education, employment, and a decent independent living. It is expected to create a better environment for persons with disabilities, improve their quality of life and ensure their all rights and liberties like any citizen of the country.

The Rights of Persons with Disabilities Rule, 2017 mandates that

1. The appropriate Government shall ensure that the persons with disabilities enjoy the right to equality, life with dignity and respect for his or her integrity equally with others, and it takes steps to utilize the capacity of persons with disabilities by providing an appropriate

environment.

2. No person with a disability shall be discriminated on the ground of disability, unless it is shown that the impugned act or omission is a proportionate means of achieving a legitimate aim.

3. No person shall be deprived of his or her personal liberty only on the ground of disability.

4. The appropriate Government shall take necessary steps to ensure reasonable accommodation for persons with disabilities.

On the social security, health, and rehabilitation front, the Act suggests that the appropriate Government shall within the limit of its economic capacity and development, formulate necessary schemes and programmes to safeguard and promote the right of persons with disabilities for an adequate standard of living to enable them to live independently or in the community. It mandates that the appropriate Government while devising the schemes and programmes shall give due consideration to the diversity of disability, gender, age, and socio-economic status. The schemes under sub-section (1) shall provide for

(a) community centres with good living conditions concerning safety, sanitation, health care and counseling;

(b) facilities for persons including children with disabilities who have no family or have been abandoned, or are without shelter or livelihood;

(c) support during natural or man-made disasters and in areas of conflict;

d) support to women with disability for livelihood and for the upbringing of their children;

(e) access to safe drinking water and appropriate and accessible sanitation facilities especially in urban slums and rural areas;

(f) provisions of aids and appliances, medicine and diagnostic services and corrective surgery free of cost to persons with disabilities with such income ceiling as may be notified;

(g) disability pension to persons with disabilities subject to such income ceiling as may be notified;

(h) unemployment allowance to persons with disabilities registered with Special Employment Exchange for more than two years and who could not be placed in any gainful occupation;

(i) care-giver allowance to persons with disabilities with high support needs;

(j) comprehensive insurance scheme for persons with disability, not covered under the Employees State Insurance Schemes, or any other

statutory or Government sponsored insurance schemes;

(k) any other matter which the appropriate Government may think fit.

Theorizing Disability

The theoretical framework has utmost importance to develop arguments on a particular social issue. Issues and concerns relating to a social phenomenon are diversified in its every aspect. However it is important to refer different theories to understand the diversity nature of social phenomena (Parsons 1938). Thus the present research paper focuses mainly on conflict approach of disability with a specific reference to intersectional perspective across caste, class, gender in Indian society.

Western Perspective towards Disability

The dictionary meaning of term disability refers to the disadvantage and deficiency, especially a physical or mental impairment that restricts normal achievements (Reddy 2011). It is a state of physical condition, loss or limitation of physical, mental or sensory function either on a long term or on a permanent basis, so that the person is not able to adjust with social world. Thus it requires medical intervention for achieving normalcy by trained and qualified medical professionals (Rose 2006: 22). Medicalization of disability creates human variations as deviance from normal, individual burden and personal tragedy (Linton 2006: 164). People with Disabilities (PWDs) are considered as passive recipients rather than active participants by the society in such given conditions. Generally the medical professionals objectify the body, and diagnosed differences as deficiencies. They considered defective bodies as dangerous to rest of the society (Barnes and Mercer 2003: 28). However they suggest that there is no guarantee that all human beings reflect all characteristics of fitness (Coleman 2006: 144). Further in this context it is essential to understand that the notion of able body is an ideal category that cannot be achieved (Davis 2006). In such cases, disability is defined in terms of otherness relating to dependency, inability, differences and some sort of unfamiliar characteristics. These are primarily dominated by strong cultural and social value systems (Murdick *et. al.* 2004).

Power, Identity and Disability

According to Foucault a normalized society is the historical outcome of a technology of power centered on life (Foucault 1978: 144). In the context of historical understanding, it is referred that, condition of nondisabled people having abled body emerged as a form of power over the disabled body so as to control lives of People with Disabilities (PWDs). In continuation of this argument several forms of power operated in terms of asylum, income support programme, social education programme etc. for the disabled population. These

means of power operated safely in the name of securing the wellbeing of general population. Further these means of power have created, classified, codified, managed and control social anomalies through which some people have been categorized objectively as physically impaired (Tremain 2005). These forms aim to govern the subject i.e. the impaired people by guiding, influencing and limiting their conduct. This results in a new kind of repressive environment where disability declares itself as a byproduct of socio-political arrangements of society. Deriving from the above argument social model of disability can be a solution to all critical aspects. However Foucault argued that the nature of power is not to repress but to govern. This stands as an answer to the very argument that consider if the identities of the impaired people are produced by specific socio-political arrangements, then a social movement claiming entitlements to that identity will unintentionally support and extend those arrangements (Tremain 2005). In this way social model of disability creates a space for perpetuation of conventional stereotypes relating to disability identity. Disability identities are constructed on basis of social contexts. Social identity is the part of individual's self-concept which derived from the conscious level of knowledge of his membership of a particular social group having the emotional significance attached to that membership (Tajfel 1974). Therefore the individual compares himself or herself with other group, on the basis of identity. Further understanding in this regard shows that inter-individual differentiations based on identity lines does not recognized contribution of individual self-definition on the subject's self, which stand beyond a group identity (Festinger 1954). Thus he argued that there is an existence of drive to evaluate individual's opinion and ability on basis of objectives and non-social means. He further explained that in case of unavailability of such things, people evaluate their abilities and opinion in comparison with others (ibid.).

Indian Perspective towards Disability

The West offered a new perspective to understand disability, as it was dominant in its every aspect. It failed to take account of the regional context and social conditions (Mehrotra 2013). As a challenge to universal dominating interpretation of the West, most of the Indian scholars like Anita Ghai, Asha Hans, Renu Adlekha, Nilika Mehrotra and many more academicians engaged themselves in research work to understand disability in taking into account of socio-cultural diversities (caste, class, Gender, culture, economy, education, health, etc.) and offered a plethora of literature in this regard. Further disability scholarship gained its popularity in Indian academics because of interest shown by both Indian non-disabled and disabled scholars to carryout research on disability issues.

Many research finding reveals that people having impairment faced a lot of problem from society because socio-cultural barriers exclude People with Disabilities (PWDs) from overall inclusion in social activities. Differently abled

people also experienced discrimination from social institutions like caste, class, marriage, education, health, sexuality etc. which create a lot of problem to maintain their lifestyle (Klasing 2007: 19). Consequently social exclusion and marginalization becomes everyday experience of People with Disabilities (PWDs) as a whole. This attracts attention of social activists from Western countries and demand a human right concern for disability community worldwide. According to Rights of Persons with Disabilities Act, this was enacted in 2016 by the Govt. of India incorporated clause in section 4(1) for protection of rights of women having disability in India. This clause directs that the appropriate Government and local authorities shall take measures to ensure that the women and children with disabilities enjoy their rights equally with others (Persons with Disabilities Act 2016).

It has been analyzed that differently abled people remain excluded from the agenda of development both at intellectual as well as policy discourses. The historical evidence is found in the writing of Finkelstein (1998), who was a disabled activist. According to him, the introduction of modern capitalism accompanied by technological advancement has a greater impact on the life of disabled people which do not allow them to be a part of the larger production system by recognizing them as unproductive and incapable to adjust with the modern production process. Because the individualistic interpretation of disability, which is dominated by stigmas, do not allow the People with Disabilities (PWDs) to reflect their potentiality. From sociological perspective, disability is considered as a socio-cultural construct of the society in which the differently abled people are discriminated from various aspects of their social life that leads to stigmatization of them. Another way the term "disability" is defined in terms of otherness relating to dependency, inability, differences and some sort of unfamiliar characteristics which are primarily dominated by strong cultural and social value system (Murdick et.al. 2004) which gives a negative status to the differently abled people. This leads to the development of a negative social identity of the People with Disabilities (PWDs) in the society.

Despite of impact of several social anomalies on life of differently abled people, inaccessible physical environment as well as socially constructed negative attitude gives a separate identity to People with Disabilities (PWDs). This gives a different kind of experience to differently abled people in society which is highly stigmatized in nature. These experiences are not uniform at all. As disability is an internally diversified category, experiences of differently abled people vary according to their nature of impairment. For instance, there are different types of disability: Physical Disability, Visual Disability and Intellectual Disability etc. And these disability categories are different from one another in its every aspect. Apart from that, within each broad category, there are different types of sub- categories are there, which are based upon the intensity of that disability. For example, in case of visually disability, there are different types of disability, i.e. some person may have complete blindness

and some person may have partial blindness (loss of one eye or less visible); some People with Disabilities (PWDs) may have lost one hand or both whereas some may have lost one leg or one leg and one hand. In addition to this, experiences of disabled people whose impairment is congenial (impaired by birth) differs from the experience of the disabled people whose impairment is accidental (acquired by accident). The vulnerability degree for both categories also accordingly varies. In this way, experience of disabled people differs according to nature and intensities of condition of impairment i.e. congenial or accidental. However, diversified nature of experience within disability community has negative repercussion on lives of disabled people. Their socially constructed identities are imbibed with negative connotations which differ according to the social location of disabled people. Consequently, there are different types of identities developed for each disabled people. These identities are subjective experiences of disabled people which are embedded with prevailing stigmas. These stigmatized identities are context specific and cultured which vary according to time and space (Kleinman & Clifford 2009). This gives a stigmatized identity to disabled people in society which also varies according to the geographical location.

> *"In Haryana, a developed state in India, disability in most academic approaches is understood as the deviance from normalcy; however, it is, for theoretical purposes, explained as the "dependency" of an individual on others in the community that is "aashrit" (dependent). In addition to this, in the neighboring state of Rajasthan, it is also understood in terms of 'kasar' a fault (lack, lag) in the individual.* (Mehotra 2013)"

These identities give a derogatory status to the People with Disabilities (PWDs). The non-disabled people used to treat the disabled people differently by labeling with these socially constructed identities (Mehrotra 2013). These socio-cultural identities have prevailed in society in such a way that it posed question on ability of disabled people without ensuring them equal opportunity alike to non-disabled counterpart. Consequently, this notion is embedded in moral experiences of disabled people in such ways that they accepted it without having a critical understanding and failed to confirm to social demands (Kleinman & Clifford 2009).

Conceptualizing Caste, Class, Gender and Disability

India has been recognized as most stratified country in the human history. The people in India are deeply involved in morale and ethical question of all forms of social stratification such as caste, class, gender and cultural diversity. Amidst all these variables, caste system is typical to Indian society (Gupta 1991: 24). The caste system is hierarchical nature and stand responsible for existence of multiple forms of stratification in Indian society (ibid. 1). The caste system is based on the norm of superordination and subordination which

in turn become the basic principle of hierarchy. This social hierarchy is based upon the principle of natural superiority (ibid. 2). The principle of hierarchy act as a driving force to differentiate members of each caste from others by taking into account its manifested features in the form of social practices, occupation, lifestyle, rituals and taboos (ibid. 3). The membership of the people in the caste system is predetermined by birth (Ghurye 1991: 36). The members of each caste bear same morale which binds them together. Therefore this togetherness is confined and governed by the traditional norms of caste system, which is outcome of the shared morals of members of each caste.

> Thus, a caste was a group with a separate arrangement for meeting out justice to its members apart from that of the community as a whole, within which the caste was included as only one of the groups (Ghurye 1990: 37).

The caste system has many important features like segmental division of the society, practice of purity and pollution, civil and religious disability, untouchability, hereditary occupation and endogamous rule in marriage (Ghurye 1990: 35). However hierarchy is the foundation to all these essential features. These distinctive features make caste system identical and widely visible in Indian society.

Class refers to a system of stratification which is determined by the economic aspects of the society (Gupta 1991: 14). Class is an objective social category which is determined by the strength of economic possession of the individual or groups in the society. According to Marx, class is a social group where members share same relationship in relation to production process (Wright 2005: 19). He upheld a materialistic perspective to understand class in industrial society. He analyzed class in terms of possession of assets like land, machineries, labour power, skill and information which are essential for production system (Ibid. 9). These rights and power over resources are considered as determinants of class position in society. Class designates social position of individuals in a particular social relation. This position is defined in terms of economic criteria. However this economic deterministic theory has been criticized by Marx Weaber. He defined class as a group of individuals who share a similar position in a market economy and by virtue of that fact receive similar economic rewards (Haralambos & Heald 1980: 44). Thus class position of people is determined by his market situation, where people share similar life chances. However Weberian perspective of class analysis is very much visible in writings of Andre Beteille in Indian context.

> In *Sripuram*, a majority of *mirasdars* who each owned 30 acres of land. Most of them lived in the *agraharam* and they were united by bonds of kinship and caste and by a common life style... Several factors were responsible for the power and influence of the old landowning class in sripuram. There was, to begin with a greater measure of unity among them as a class than there is today (Beteille 1991: 340).

Gender refers to the socially constructed roles of men and women in society. Social construction refers to processes by which idea converted into reality (Holmes 2007: 4). The term 'Gender' has been used to interpret the concerns of female in the society. Gender intends to understand trajectories of socially assigned roles to both male and female in the society. It refers to social attributes, opportunities and roles associated with women and men in the society. These roles are internalized among both the gender groups through the process of socialization. Society makes these roles legitimate through different social institutions. In this regard functionalist argued that in modern society, roles of each gender has been segregated. According to functional, analysis men are assigned to play an instrumental role and women are assigned to play expressive role. These segregated gender roles become norms of society (ibid. 5).

Exploring Intersectionality of Caste, Class, Gender and Disability

India is a socio-culturally diversified country and it has accommodated different types of caste, class, gender, ethnicity, religion, region and cultures within its geographical boundaries. Such diversifications results in diversified issues and challenges. Thus an inclusive perspective of interpretation of such problems are indispensable (Pal 2010:2). However in Indian society despite of such diversifications caste system plays an important role in shaping the socio-cultural as well as economic life of the people. In this caste system, hereditary occupation and its consequential social restrictions on members of society, play an adverse role in accessibility to the available resources. Such limited accesses to available resources by lower caste groups in the social hierarchy have further increased the poverty trend among such groups (Mehrotra 2013). However, poverty and disability has a correlation in such a way that poverty is regarded as the cause and consequence of disability, for example poor living conditions, poor access to health services, environmental risks and injuries among the people who are living in poverty, leads to further disability (Report on World Social Situation 2018: 65 & CBR joint position paper, 2004: 4). The condition of People with Disabilities (PWDs) in India is closely linked to poverty, unemployment, ill-health, illiteracy etc. which are seen as the byproducts of the unequal development of the society.

Disabled people from lower caste (particularly Dalit disabled people) experience multiple exclusionary practices in the form of caste based negative stereotype. There is a continuous practice of discrimination, dependency, deprivation of opportunities in terms of personal development. Such practices can be clearly understood from evidences such as lack of land holdings, lack of access to education, lack of accessibility to health services and lack of ample opportunity for employment (Mehrotra 2013 & Pal 2010: 9).

Case Studies

Pal (2010) conducted a study to understand the dimensions of social exclusion on disabled people from Dalit communities. He has tried to map out

interrelationship between caste and disability and its impact on living condition of people. This study was designed to understand first, magnitude, nature, extent and causes of disabilities; secondly educational, occupational and social status of persons with disabilities; and thirdly accessibility of persons with disabilities to various support services in process of their rehabilitation. This study is based on social inclusion across social groups. This study was primarily based on the secondary data drawn from National Sample Survey, 2002.

Pal (2010) found that caste system has a cascading impact on condition of disabled people in India. His study revealed that a large percentage of disability found among lower caste group (particularly Dalits and Scheduled Tribes) which is higher than upper caste people. Dalit people are prone to disability because of incapability to offer nutritional food to their children and family members. He further highlighted that stigma which is emerged from both caste based hierarchy and disability forced Dalit disabled people to encounter with multiple disadvantaged condition. This condition not only creates social inequality but also forced disabled people from lower caste group to live in economic deprivation which is high in rural pockets. It has been observed that despite of deprivation, suffering and exclusion which are very common for Dalit disabled people (poor family). Specifically disabled women are more prone to vulnerable condition in rural part of India.

When gender aspect is analyzed, it is marked that both male and female members of Dalit community are vulnerable to this multiple deprivations. He further highlighted that the girl and women from the Dalit communities are more exposed to different forms of violence which multiply their vulnerability in comparison to their male counterpart. Dalit girls and women are always at greater risk to encounter sexual violence, physical as well as psychological abuses and different kind of exploitations from male member of their own community as well as from upper caste people at large. The consequences of such violence has a negative impact on the psychology of the women in general which is not a positive sign for wellbeing (Sagarika 2018). This condition caused psychological harm to the Dalit disabled women in society.

Considering class position of individual, it is primarily determined by the possession and controlling capacity of the resources of the people in the society (Rosas 1943). In this contour, the inability of the disabled people to have control over the existing resources due to the inaccessible physical environment, place them in the last rung of the social ladder (Klasing 2007 & Mehrotra 2013). As a result, People with Disabilities (PWDs) become the most vulnerable in the society. The educational and economic backwardness of the People with Disabilities (PWDs) is more intensive as well in comparison to the non-disabled people who force them to live in poverty. Poverty is considered as the cause and consequences of disability (CBR joint position paper 2004: 4). This condition creates such a burden by which the People with Disabilities (PWDs) are placed in the poorest of the poor conditions. Poverty among the

People with Disabilities (PWDs) has a cascading effect resulting in their poor standards of education, health, livelihood opportunities and thus social life (Klasing 2007:14). People with Disabilities (PWDs) are seen as a burden to the family and community as well. The less participation in the socio-economic sectors placed the People with Disabilities (PWDs) in the margin recognizing them as incapable to cope with the advanced technological production system. At the same time, the advanced gendered roles which are characterized by femininity followed by beauty, body language, technical behavioral practices in the professional service sectors (the jobs like front office management, air hostess, receptionist, sales man, in the reputed offices), excluded the disabled women. Women are not allowed to work outside of their home. Mehrotra (2013) observed that reservation opportunities in service sector only benefited to men with disabilities, who belong to upper caste communities particularly in urban area. Because the emerging service sector in advanced 21st century demands highly physically, psychologically and mentally qualified personnel to meet the demands of their customers in a time bound manner. The existence of inaccessible physical environment excludes men and women with disabilities from their workforce participation. However the presences of patriarchy do not allow women with disabilities to engage themselves in paid employment. It has been observed that most of Visually Impaired educated women from poor family do not get any paid employment in Govt. sector (ibid.). It is clearly visible that disabled people face some kinds of discrimination and marginalization in their everyday life. However the presence of patriarchal culture throughout the society, the women bearing disability, being poor, low caste, and other socio-cultural burdens, encounters with multiple form of oppression in the society. This placed disabled women in margins.

Intersectionality of Gender, Disability and Sexuality

Intersectionality is interested to capture multiple positionalities by concentrating on the differences among social groups (Davis 2008). Intersectionality intends to understand the unique experience at the intersection of two or more social categories and positions which intertwined as complex, overlapping, intersecting and often contradictory systems (Hancock 2007). Although intercectional theory came into existence in the academic discourse in 1970s, it has its foundation in black feminism (Goethals *et. al.* 2015). The concept "intersectionality" was first used by female black scholar Sojourner Truth to describe her own life situation. In the subsequent period Kimberle Crenshaw developed the term "intersectionality" in 1989. Soon after this concept has been widely used to understand the conditions on which different axes of power intersect to reproduce inequality and oppression (ibid.). In the last part of the 20th century this theory has become popular among the feminist scholars like Patricia hill Collins, Sharmila Rege and others.

While discussing the theory of intersectionality, Collins (2000: 3) tried

to understand the underlying reason behind the stereotypical oppression against black African-American women. In her theory she argued that in order to understand the oppression of the victim, it is very much essential to acknowledge the lived experience of the victim which is not uniform in nature. Through her theory, she has offered a methodology to understand the diversity nature of oppression against women by taking into account of their real-time experiences of that oppression which varies according to the social location of the victim.

Disability studies research should follow an intersectional perspective as an important frame of reference (Goethals. *et. al*. 2015). By taking a reference point of intersectionality, this paper intends to understand multiple forms of oppression of women with disability in Indian context. It has been assumed that people with disabilities share the same experience without considering their other socio-cultural parameters i.e. age, sex, sexual orientation, religion and other (Goethals *et. al*. 2015). As a result these categories are often neglected by the researcher while dealing with disability issues (ibid.).

Historically women issue is a socio-culturally excluded agenda in Indian society (Tharakan & Tharakan 1975). Women in Africa, India and other developing countries become a victim of oppression due to the limited access to the available resources (Collins 2000: 5). The prevailing patriarchal culture as well as other social practices followed by customs and traditions makes the status of women more vulnerable. Following the traditional social norms, the society does not recognize women as equal to their male counterpart in social, cultural, economic and political spheres of the society. In this line, the women are considered as objects of beauty and a servant to their husband and family (Bhambani 2003). As a result, there is a systematic exclusion taking place in the society where the women are debarred from the main stream which became the major concern for the feminists. Though Western feminist writings had a control over the whole feminist discourse, it never emphasized the social diversities and cultural complexities with its contextual variations, which have a negative repercussion on the lives of women in South-Asian context (Mohanty 1984). The oppressive experiences of the third world women were very often neglected by the western feminist scholars. Because Lived experience of the victim offers a source of power to the victim to resist the oppression (Collins 2000: 9). Mohanty (1984) argued that the third world feminism was dominated by Western feminist discourse due to the lack of self-reflexivity of the third world women. The parochial nature of South-Asian feminist methodology which was dominated by Eurocentric understanding of the society as well as patriarchal culture as a source of power, forced the women to cherish the culture of silence in the South-Asian countries like India (ibid.). She also made a critique on the methodologies adopted by the western feminism to justify women's oppression as uniform and very problematic. The lived experiences of victims of the same oppression differ according to their class, gender, race and other social,

categories (Colllins 2000: 12). The static and singular notion of identity is expected to explain all of the life experiences of an individual or a group is very problematic (Eravelles & Minar 2010). As a result, the importance of the internal socio-cultural diversity as well as the politics of power which is influenced by caste, class, gender and other aspects need to be taken into consideration to understand the oppression of women in the third world (Mohanty 1984). By realizing the importance of these components, in the recent intellectual arena scholars diverted their interests to explore the intersection of gender with other social characteristics like class, race, ethnicity and sexual orientation as well as they intends to access its impact on the perception experience and life chance of both man and woman (Gerschick 2000)

Disability is a cultural construction which has no inherent meaning (Rose 2006: 18). The meaning of disability varies across the culture (Mehrotra, 2013). Unlike the West, the individual centered approaches likely to be little consequences in India where family, community, caste, and religious identities act as the idiom of everyday life of the disabled people. Because in India the prevailing cultural influences shape the development of self in relation to other (Murdick *et. al.* 2004). The problematic identities of disability in South Asia are dominated by caste, class, gender, and religious factor (Mehrotra 2013)

Discrimination, marginalization, violence and victimization are the everyday experiences of women at large (Jena & Sagarika 2015: 189). This has a terrible impact on the life of disabled people in general and women having disability in particular (Gerschick 2000 & Dawn 2014). Their socio-cultural as well as sexual behaviors are put under control because beyond impairment in general women have a derogative status in society (ibid.). In addition to this, the inaccessible physical environment makes their condition worse. As majority of disabled population belongs to rural areas (Maqboll 2003), the discriminatory experiences vary accordingly which is also high in rural areas than urban areas because the urban areas may have better infrastructure and inclusive policy to address the issues of the disabled people at large in comparison to rural areas which have a great impact on the life of the disabled people. In this line, we cannot argue in favor of the urban policies which are completely inclusive and disabled friendly. Because the urban circumstances though offer better facilities to the people in general and disadvantaged people including disabled people in particular, the inclusive nature of the urban policies remain in question due to the lack of technical expertise and understanding about the multiple problems of the disabled people which are the main causes of the systematic exclusion of the disabled people from the mainstream. This type of situation creates multiple forms of discrimination in the society in which the disabled women are more victimized.

Though socially constructed identities create discrimination among disabled people, institutional racism combined with disabilism form a double discrimination. As many scholars are engaged to analyze the intersectional

nature of discrimination of disabled people, the segregated attitudes towards the scholars bearing some kind of disability having a racial background have made this issue underrepresented (Moshe & Magina 2014). Black disabled people are minority within a minority (as black) and often face exclusion and marginalization even within disabled community and disability movement (ibid.). As a result, the black disabled women faced a simultaneous oppression from the society. Stuart (1993) argued that black disabled people do have different experiences because they are viewed as outsider in their community. In case of social movement, the positions of disabled women were not spectacular and eye catching in the black community. They were ignored by their male counterparts and also by non-disabled black people. At the same time, the non-disabled black groups to which oppression reinforced a sense of black identity, marginalized black disabled people including both male and female. Anita Ghai (2002) argued that in India, feminist movement excluded disabled women though it was originated as a response to the oppression experienced by the women. In another sense, the patriarchal ideology of society creates more discrimination in social institutions for women in general and disabled women in particular. Traditionally patriarchal ideology does not permit women in general to the public sphere and they are confined within the private sphere. Being disabled, the women faced the same kind of problem in the institutional structure like family, marriage and from their male counterparts as well (Klasing 2007: 178). At the same time, the social institutions played a vital role in perpetuating this kind of practices. In family system, there is a practice of sexual division of labor in which the women are prohibited from the productive work and they are engaged in the reproductive work, parenting and care giving (Moshe & Magina 2014; Klasing 2007; Dawn 2014). This further resulted in forced domination of masculinity of male members of the family over sexuality and lifestyle of the women (Dawn 2014). Being a part of that society, the disabled women faced same kind of oppression. Despite of all component of social exclusion, gender has been recognized as most important component of social exclusion (Pal 2010:3). The persistence of gender based inequality in Indian society forced a large chunk of women to live in multiple forms of deprivation, discrimination, exclusion as well as experience multiple forms of exploitation and abuses (ibid.).

In a counter to their unprivileged position, though the disabled women have written on disability since the formative years of disabled people's movement in 1960s, their voice had been under represented (Addlakha 2008). Disabled feminists have attributed this silence to male dominant sociological accounts of disability which had largely ignored the experience of disabled women. Morris (1991) highlighted that disabled movement has been dominated by the male counterpart rather than as a whole. At the same time, Jo Campling (1981) explained about specific ways such as personal relationship, sexuality, motherhood, education, employment and culture in which the disabled women are oppressed. The experience of disabled women was first captured in the

written format by two American writers, Michelle Fine and Adrienne Asch in 1985. Both suggested that disabled women experienced a similar but acute pattern of discrimination to women generally. They also found that due to the patriarchal nature of the society which is reflected through various social institutions like family, marriage, education and others, the disabled men are able to oppose the stigma associated with their impairment and thus aspire for the normalcy in social sphere.

Family has been playing an important role in providing necessary care to its dependent disabled members be they children, elderly or chronically ill (Shelton and John 1996). In many societies motherhood is perceived as ideal role for women and subsequently gives a respectful identity to them in the society. Women are assigned to take care of all members of family and expected to play an instrumental role in managing household activities (Sagarika 2020: 104). While motherhood is considered as an ideal practice in the society the presence of disability makes the task difficult for the women to nurture the disabled children. This condition is more acute in case of a disabled mother. In their study, Wilder, Ljungberg and Bussing (2009) argued that having disabled children, the women face a lot of problem at the time of nurturing of the children in their family. Both explained how mother of ADHD (Attention Deficit Hyperactivity Disorder) children construct their identity and for their children as being related to race, class and marital status. In considering the diversities of the society, they represent a constructive image of the motherhood which is valued as good or bad according to their performative role of being a mother in the society and their performance is regulated by their social position and economic condition. Good mothering includes those women who are child centered, having good nurturing capacity, preservation of nature, children and morality. In this society, a woman is considered as a good mother if she takes proper care of her disabled children. For becoming a good mother, many mothers take care of their children to justify their motherhood and the failures are considered as bad mother. In order to overcome the stigma attached to bad mothering, many of them work hard to take care of their disabled children **(**Wilder *et. al.* 2009**)**. Simultaneously the economic condition of the family also affects the mothering practice of that society. Because low economic condition of the mother in the family limits the parenting resources (ibid.). For example, poor women cannot offer nutritional food and quality education to the disabled children in comparison to the women having a good economic condition. The limited family resources as well as lack of state sponsored support services are big concerns in the nurturing of disabled people in the family which highlighted the need for external support services to take care of the disable people (Addlakha 2008). As a result women live in the intersection of multiple vulnerability. It is also argued that a good mother is centralized around two shared practices as self-reflection and sacrifice in which the mother of ADHD reflected themselves as they were taking care of their children (Wilder *et. al.* 2009). Through mothering practices, they judge whether they provide good or

bad care to their children with ADHD. They also explained how race, class and marital status provide a more complex and dynamic perspective of mothering of a child with ADHD. Parchomiuk (2013) argued that disabled persons like to have children and interested to take care of them. According to her, a disabled person gains parenting experience from his or her family and they are influenced by their parents adaptation ability with the available resources which are necessary to meet the demands of the disabled children. In case of disabled women, though they have the ability to become the mother, the society rejects their desire considering them as disabled women which would be an obstacle in their taking care of their children. In some cases the disabled women feel like they are not prepared to take care of a family because of the over protectiveness of the family members and peers toward the disabled girl. Despite of this the institution of marriage also excludes the disabled women (Klasing 2007: 157). In addition to this, society also acknowledges the parenting role of a disabled girl negatively.

Mapping Sexuality of Disabled Women

The sexuality of women is not recognized by her reproductive activities but beyond relating to her performance in social, economic, cultural and other spheres of the society which is primarily male dominated. WHO (2002) defined "sexuality is a central aspect of being human throughout life and encompasses sex, gender, identity and roles, sexual orientations, eroticism, pleasure, intimacy and reproduction". Sexuality is experienced and expressed in thought, desire, fantasies, beliefs, attitudes, values, behavior, practices, roles and relationships. Following the above definition it is clear that sexuality is a biological and social need for every person in society. As human beings, the disabled people too have similar sexual desires. In terms of sexuality, a disabled woman faces a lot of discrimination in social institutions like marriage and family. However, there is more discriminatory experience encountered by the disabled women in case of mate selection at the time of marriage where the disabled women like to marry disabled men but disabled men do not like to marry disabled women (Addlakha 2007; Klasing 2007).

> To a question Amit opined, "I have low vision. I don't want a totally blind person. She should be able to see at least something. One does not want to just live in a forlorn way. If you want to lead life systematically, sight is important. How can one manage life well, if both the partners are sightless?" (Addlakha 2007: 119)

From his response, it is reflected that rejecting a disabled girl for life partner does not represent the masculinity nature but a perceived social need to continue the rest of life. If it is so, then why do non-disabled people hesitate to marry a disabled girl? In this context, the discrimination takes place not only by the non-disabled members of the social institutions or society as a whole but also by the disabled men in which disabled women face multiplicity

of discrimination in the society. Addlakha (2007) analyzed that media also stigmatized the image of disabled person in the field of beauty, youth and fitness. This practice created a negative image of disabled person in general and of disabled women in particular, which fueled the discriminatory practices in society. She also argued that a disabled people are seen as person without a limb rather than a human being with hope and desire like a non-disabled person. In case of sexuality, Madhumita Pure found that the disabled people's parents do not acknowledge her sexual desires though sexuality is considered as a social and biological need of a person. The parents give attention towards these issues only when the disabled people exhibits so called undesirable behavior in public places. Her argument is that parent's concern is different in the sense that they give importance to control the sexual desire of the disabled person rather than the problem solving aspect.

As far as sexuality of the disabled people is concerned, having a deformed body, women with disability are more in confusion to decide their sexual behavior in the society at large (Dawn 2000). Because body is considered as a significant factor for the vulnerable condition of both men and women (Gerschick 2000). Dawn (2014) argued that women having disability are often not allowed to perform their gendered roles in the society. Because it has been considered that disabled women are not capable to discharge her gendered role expectations which are assigned by traditional institutional setup. The nature and intensity of disability and its social visibility decide the gendered role for a disabled people. If a person bears severe disability condition having wider social visibility, their gendered role are compromised by the society and their sexuality is controlled by their near and dears. Although men and women having disability share similar experiences of devaluation, isolation, marginalization, women with disability suffered a lot due to having double disadvantaged position i.e. being female and disabled in the society. Consequently this double disadvantaged position of disabled women is responsible for the violence against them. The nature of violence against disabled women includes many form of injustice which has been experienced in the form of denial of control of their body and sexuality, unnecessary institutionalization of their gendered roles, economic deprivation as well as physical, mental and sexual abuses (Cattalini 1993). People with disabilities in general and girl/female with disabilities are in particular are very prone to physical, sexual, emotional violence as well as other forms of violence like unwanted sterilization, harassment, ostracism and humiliation. It has been estimated that the girl/women with disabilities are victims of violence 10 times more than the others and mostly it has been seen that the women with disabilities are victimized by their male caregivers as well as male family members (Dawn 2014).

Conclusion

Collins (2000: 5) conceives economy, polity and ideology as three main pillars to theorize the black African-American women's experiences. But in

South-Asian context, there is a need to understand the socio-cultural, political and other diversities (caste, class, culture, customs, traditions, gender relations) which have a significant impact on the experience of the women, and are primarily dominated by patriarchal ideology (Mohanty 1984). So there is a need of bio-psycho-social model of disability, which takes into consideration of social model, impairment and socio-cultural aspects to understand disability in the South (Mehrotra 2013). In this context, it may be argued that the diversity nature of society in the realm of social structure, caste position, culture, and patriarchy, nature of accessibility to the available resources and inaccessible physical environment have a greater influence on the construction of womanhood for a disabled woman in the society. In this context, disabled women are seen as imperfect, incomplete, inferior, asexual, and non-productive and thus denial of recognition as women and human beings (Nayak 2013). Consequently they are debarred from the economic, political, social, cultural aspects of the society.

The disability movement in the West established a new discourse in disability studies which offered new perspective to deal with disability issues and in the subsequent period there was a massive flow of literatures. But it has significantly less impact on the Indian scholars. Though many scholars engaged themselves to study disability issues by applying multi-dimensional perspective, a little attempt has been made to analyze disability from intersectional perspective. In this contour the paper has tried to understand disability by applying intersectional approach. In the first part of the paper deals with the evolution of the concept from impairment to disability which was fostered by the scholars and activists bearing some kind of disability in the West through a mass movement. Consequently, there was a social model of disability emerged which seek to understand disability from the socio-cultural contexts rather negating the medical model which confined its scope within the biological deformity. And the social model took into account of social, economic, cultural, political and other aspects to understand disability. In the subsequent part, the paper tries to understand disability from the perspective of caste, class and gender and tries to understand its impact on the life of disabled people in general and women with disability in particular. In the last part, the paper delineates the intersection approach by taking into consideration of caste, class, gender, patriarchy, motherhood, sexuality, institutions and other aspects to interpret the problems of the women having disability in the society.

It is evident that Persons having disabilities are excluded historically in every aspects of social life. Bearing a physical or psychological deformity, give the Persons with Disabilities (PWDs) a separate identity which has been stigmatized and become a stereotype since long back in the society. From its inception, Persons with Disabilities (PWDs) are considered as incapable, inefficient, dependable human being who always seeks help of others to live their life like a non-disabled people. In spite of this Persons with Disabilities

(PWDs) are encountered with multifarious problems in their day to day life due to the dynamic nature of the society. They have a social insecurity in the areas of health, education, marriage, employment and other areas of social life (Klasing 2007: 9). It is pertinent here to consider that being disabled; the women face a lot of discrimination and oppression from the society in terms of identity, motherhood, race, class, gender, sexuality, economy, employment and marriage. The social location as well as limited access to the resources has a negative impact on women with disabilities. Due to the prevailing patriarchal attitude, the women having disabilities encounters with many problems not only from the entire larger society but also within the disability community itself. Their voices are remained unrecognized by the intellectual discourse as well they are under-represented in the disabled movement.

Disability is a common universal problem for all (both men and women). still there is discrimination in terms of gender, in which the disabled women are encountered by the non- disabled and disabled men in the society. The social institutions like family, marriage and other create a space in which this kind of discrimination and oppression perpetuates. It happens so because of the culture of silence adopted by the disabled women. Therefore, there should be a connection between the critical knowledge and everyday lived experience which will offer a tool for the political integration of the oppressed (Collins 2000: 30) which is lacking in case of not only women with disabilities but Persons with Disabilities as a whole.

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