Gender and Disability: A Neglected Agenda in Feminist Theory and Practice

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ABSTRACT

Disability studies and feminist theory have largely developed as parallel fields, with limited and uneven points of intersection. While feminist scholarship has foregrounded gendered power relations, bodily autonomy, and sexuality, disability discourse has often remained gender-neutral, thereby marginalizing the specific experiences of women with disabilities. This paper argues that the intersection of gender and disability constitutes a critical yet neglected agenda within feminist theory and public policy. Drawing on feminist intersectionality and the social model of disability, the paper examines how women with disabilities in India experience compounded forms of oppression shaped by patriarchy, ableism, and structural exclusion. Through engagement with feminist disability scholarship, policy analysis, and documented instances of violence, the paper highlights systematic violations of sexual, reproductive, health, and citizenship rights. It contends that without the meaningful integration of disability into feminist frameworks, the project of gender justice remains fundamentally incomplete. The paper concludes that improving the lives of women with disabilities requires an approach based on equal rights, personal choice, and dignity. It calls for social change that removes barriers, challenges discrimination, and ensures that women with disabilities can participate fully in all areas of life.

Keywords: Gender; Disability; Feminist Theory; Intersectionality; Social Model of Disability; Women with Disabilities; India

INTRODUCTION

Disability is a complex and contested concept and there is no universally accepted definition. The United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) defines, Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others. According to World Report on Disability (2011) Disability is complex, dynamic, multidimensional, and contested.

Within health and social discourse, disability is commonly understood as a restriction or limitation in performing activities considered normative within a particular social context. Legal definitions often frame disability as a long-term or permanent impairment that constrains customary activities and participation. However, disability does not arise solely from bodily impairment; rather, it is socially produced through cultural meanings, institutional practices, psychological responses, and structural arrangements that govern bodily difference. In this sense, disability reflects not merely biological variation but the unequal social organization of bodies within hierarchies of power.

From a feminist perspective, disability is severely gendered because women with disabilities experience intersecting forms of oppression based on both gender and disability (Garland-Thomson, 2002; D'Eath et al., 2005). Women with disabilities experience marginalization not only due to impairment but also because of patriarchal norms that regulate their bodies, sexuality, labour, and reproductive roles. Despite this the intersection of gender and disability has remained peripheral within both mainstream feminism and disability rights movements. Feminist discourse has frequently assumed able-bodied womanhood as normative, while disability activism has often treated disabled people as a homogeneous category. This paper argues that women with

disabilities occupy a structurally marginalized position at the intersection of patriarchy and ableism, rendering gendered disability a critical yet missing agenda in feminist theory and policy.

In the Indian context, feminists have largely focused on issues such as caste, class, sexuality, and labor, while disability has remained peripheral to feminist inquiry. This absence is particularly striking given the size of India's disabled population and the deeply entrenched social hierarchies that shape disabled women's lives. The failure to foreground disability within feminist debates reflects not only theoretical gaps but also political silences that have tangible consequences for policy, service delivery, and rights-based advocacy. Examining gender and disability together is therefore essential for understanding how multiple forms of inequality are reproduced and sustained in everyday life.

Methodological Approach

The present paper adopts a qualitative, conceptual and review-based approach to examine the intersection of gender and disability in the Indian context. The analysis draws upon feminist scholarship, disability studies, intersectionality literature, empirical studies, and relevant policy and legal documents concerning women with disabilities. The literature was examined thematically, with particular attention to the ways in which gender and disability intersect to shape experiences of social exclusion, discrimination, bodily autonomy, family and marriage, access to healthcare, employment, and participation in social life. The paper uses the social model of disability, feminist disability perspective, and intersectionality as analytical lenses for interpreting the reviewed scholarship.

Theoretical Framework: Feminism, Disability, and Intersectionality

A foundational assumption shared across feminist traditions is that women experience systemic injustice on account of their gender. Feminist theory emphasizes the significance of gender divisions in society and demonstrates how these divisions function to the structural advantage of men. However, women with disabilities have long reported exclusion from women's movements, both materially and ideologically. Feminist meetings and conferences were frequently held in inaccessible venues (Israel, 1985), while materials were predominantly available only in print formats, with limited provision for Braille, audio, or sign-language interpretation (Owen, 1988).

Beyond issues of physical access, the women's movement has been criticized for its failure to engage substantively with the specific concerns of women with disabilities (Blackwell-Stratton et al., 1988; Davis, 1987; Finger, 1985), particularly women with intellectual disabilities (Boyle et al., 1988; Sank & Lafleche, 1981). Disabled women were often portrayed as helpless, childlike, dependent, and passive. As Asch and Fine (1988) argue, such representations may explain their exclusion from feminist spaces, noting that "non-disabled feminists have severed them from the sisterhood in an effort to advance more powerful, competent, and appealing female icons."

Historically, women with disabilities have been marginalized by both feminist and disability movements. It is only in recent decades that sustained efforts have emerged to understand the forces shaping their lives. The relationship between femininity and disability is particularly complex, as disabled women receive contradictory messages regarding traditional gender roles. They are often deemed incapable of fulfilling socially prescribed roles as wives, mothers, and caregivers, while simultaneously failing to conform to dominant ideals of femininity, beauty, and desirability. Feminist scholars with disabilities have consistently critiqued feminist theory for excluding their lived experiences from feminist analysis (Fine & Asch, 1988; Hannaford, 1985). It remains deeply ironic that feminist engagements with difference and inequality have largely overlooked the implications of impairment for disabled women.

In India, women with disabilities have similarly experienced exclusion, as feminist theory and practice have largely failed to engage with their lived realities of discrimination, neglect, and social invisibility (Ghai, 2002). Their concerns remain marginal, unaddressed by both feminist and disability movements, rendering them largely "hidden" and "silent." Women with disabilities face discrimination not only relative to non-disabled women and

men, but also in comparison to men with disabilities. The marginalization of disabled women is closely connected to the absence of disability as a central concern within the mainstream female agenda. Women's movements in India have largely focused on issues such as education, employment, health, and political participation, often presuming an able-bodied female subject. This assumption results in the systematic invisibilities of women with disabilities, whose experiences of exclusion differ significantly from those of non-disabled women (India Social Development Report, 2016).

The India Social Development Report (2016) highlights that women with disabilities in India experience a "triple burden" of gender, disability, and poverty, leading to severe structural disadvantages, including a 55% illiteracy rate and only 23% participation in employment. These indicators point to deep-rooted socio-economic exclusion, which restricts disabled women's access to education, financial independence, and public life, thereby limiting their visibility within feminist and policy discourses.

This marginalization is further evident in the sphere of marriage and family life. Empirical studies on thalassemia show that women with chronic genetic conditions face heightened social rejection in the marriage market and significantly lower rates of marriage and motherhood (Zafari & Kosaryan, 2014). Disabled women are often perceived as incapable of fulfilling normative gender roles of wife, homemaker, and mother, reinforcing their exclusion from socially sanctioned forms of womanhood (Society for Disability and Rehabilitation Studies, 2018). Despite this, such experiences remain largely absent from the female agenda, which tends to emphasize reproductive choice and empowerment without adequately interrogating the social norms that deny disabled women the right to marriage, sexuality, and reproduction.

Thus, the omission of disabled women's concerns from the female agenda is structural rather than incidental. It reflects a limited engagement with intersectionality, wherein disability is insufficiently theorized as a key axis of gendered inequality. As a result, the compounded disadvantages faced by disabled women particularly in education, employment, and intimate life remain underrepresented in feminist advocacy and social policy (India Social Development Report, 2016). Women with disabilities have often been overlooked in mainstream feminist discussions and movements. As a result, the issues they face have not always received enough attention or action. Although their experiences are now more widely recognized, discussions about inequality often focus mainly on gender and do not fully consider the additional challenges created by disability.

Feminist theory has long emphasized that bodies are socially regulated through power relations embedded in patriarchy, capitalism, and cultural norms (Butler, 1990). Disability studies similarly argue that bodily difference becomes disabling only within exclusionary social arrangements (Oliver, 1996). Intersectionality, articulated by Crenshaw (1989), offers a crucial framework for understanding how multiple systems of oppression operate simultaneously. Women with disabilities are not merely women plus disability; rather, their experiences emerge at the intersection of sexism and ableism, producing distinct forms of vulnerability and exclusion. In the Indian context, intersectionality must be understood not only through gender and disability but also through caste, class, religion, and regional inequality. Women with disabilities from marginalized caste or rural backgrounds experience compounded exclusions that cannot be adequately explained through gender alone. Intersectionality thus challenges both feminist and disability scholarship to move beyond additive models of oppression and instead examine how social hierarchies are mutually constitutive. For women with disabilities, these intersecting structures shape access to education, healthcare, marriage, and citizenship, reinforcing their marginal position within both feminist and disability politics.

Feminist disability scholars' critique both traditions for their silences. Mainstream feminism has often privileged able-bodied experiences, rendering disability invisible or exceptional (Garland-Thomson, 2002). Conversely, disability movements have tended to universalize disabled experience, frequently centering men and overlooking gendered realities such as reproductive control, sexual violence, and unpaid care work (Wendell, 1996). A feminist disability framework challenges these omissions by insisting that disability is an embodied, gendered, and political experience shaped by power relations.

Conceptualizing Disability: Competing Perspectives

The Medical Model

The medical model conceptualizes disability as an individual pathology caused by disease, injury, or impairment requiring treatment or rehabilitation (Shakespeare, 2006). While this model has contributed to clinical and technological advances, it individualizes disability and legitimizes professional control over disabled bodies. For women with disabilities, the medical model has often been used to support decisions about their bodies without fully respecting their choices. In areas such as sexuality and reproduction, actions have sometimes been taken in the name of care or protection, limiting their independence and control over personal decisions.

The ICF Framework

The World Health Organization's International Classification of Functioning, Disability and Health (ICF) seek to integrate biological, individual, and social dimensions by framing disability as an interaction between health conditions and contextual factors. Although more holistic than purely medical approaches, the ICF framework tends to underplay power relations and gendered inequalities, thereby limiting its capacity to capture women's lived experiences within patriarchal social contexts.

The Social Model of Disability

The social model marks a paradigmatic shift by locating disability not in the body but in society (Oliver, 1996; Barnes & Mercer, 2010). According to the social model, disability is created by barriers in society rather than by an individual's impairment alone. These barriers can include inaccessible environments, negative attitudes, and discriminatory policies. However, feminist scholars argue that this approach does not fully address issues that are especially important in the lives of women with disabilities, such as sexuality, reproductive rights, and caregiving responsibilities (Garland-Thomson, 2005; Shakespeare, 2006).

Feminist scholars argue that while the social model successfully politicizes disability, it often abstracts the body in ways that obscure lived experiences of pain, dependency, and reproductive control. For women with disabilities, the body is not only a site of social exclusion but also of regulation, surveillance, and moral judgment. A feminist reworking of the social model therefore insists on retaining embodiment while resisting biological determinism, allowing for an analysis that captures both structural barriers and intimate, gendered experiences of disability.

Disability, Gender, and Survival in the Indian Context

In India, disability is deeply embedded within struggles for survival shaped by poverty, caste, gender, and limited state support. The state relies heavily on voluntary and non-governmental organizations for service provision, leaving large sections of the disabled population without access to education, employment, healthcare, or mobility. Disability activism has largely been led by urban, educated elites, often overlooking the intersecting vulnerabilities of rural, poor, and marginalized women with disabilities.

Women with disabilities often face exclusion in many areas of life, including education, employment, healthcare, and community participation. Negative attitudes toward both women and people with disabilities can lead to social isolation and fewer opportunities. As a result, they may be more vulnerable to abuse, discrimination, and violations of their rights (Fine & Asch, 1988; Garland-Thomson, 2005).

The lack of adequate government support often means that families are responsible for most of the care of women with disabilities. This can lead to women with disabilities being seen as dependent rather than as individuals with rights and abilities. In rural areas, poor access to transport, healthcare, and education can further limit their opportunities and independence. Negative attitudes toward disability may also result in overprotection, isolation, or neglect (Ghai, 2002). These challenges show that disability is not only a personal or medical issue but is also shaped by social and economic inequalities.

Women with Disabilities and Double Discrimination

Women with disabilities occupy a structurally marginalized position produced through the intersection of gender and disability. Feminist scholars have long argued that women with disabilities are treated as second-class citizens, devalued first because of their gender and second because of socially constructed myths surrounding impairment (Hanna & Rogovsky, 1991; Lloyd, 1992; Madhurima & Kiran, 2015). This intersection generates a condition of "double discrimination," wherein sexism and ableism operate simultaneously to shape everyday experiences of exclusion, dependency, and vulnerability.

Medical and social labeling processes further intensify stigma. Rothman (2003) demonstrates that medicalization reinforces stereotypes of incompetence and dependency, particularly for women. Research consistently shows that women with disabilities are perceived as incapable of fulfilling culturally valued feminine roles such as caregiving, domestic labour, and motherhood (Shaul et al., 1985; Asch & Fine, 1997). They are frequently constructed as unfit to reproduce or parent, with motherhood framed as either impossible or irresponsible (Pastina, 1981; Ferris, 1981), thereby denying them full womanhood and citizenship.

Marriage constitutes a major site of discrimination. In the Indian context, families of disabled daughters are often compelled to make significant compromises in marital arrangements, including marriages to older men, widowers, or as second wives, frequently accompanied by higher dowries compromises rarely expected for disabled sons (Klasing, 2007). Studies show that disabled women are more likely to marry men with disabilities or men considered "undesirable" due to caste, income, or education, often into economically weaker households (Mehrotra, 2006). Comparative research further indicates that women with disabilities are less likely to marry than disabled men and are more vulnerable to abandonment or divorce, particularly when disability occurs after marriage (Fine & Asch, 1981; Hannaford, 1989).

Violence against women with disabilities is pervasive and underreported. Studies in India reveal alarming levels of domestic violence, with research in Odisha indicating that nearly all women with disabilities interviewed had experienced abuse within their homes (Mohapatra & Mohanty, 2004). International evidence confirms that women with disabilities face a higher risk of physical, sexual, and emotional violence across domestic, community, and institutional settings (UNDP, 2009), with women with intellectual and psychosocial disabilities facing heightened vulnerability.

The exclusion of women with disabilities from many discussions on women's issues is not accidental. It shows a continuing failure to recognize how disability shapes women's experiences of inequality. Feminist approaches need to include the voices and experiences of women with disabilities more fully. Without this, the discrimination they face because of both gender and disability will continue to be overlooked.

Sexuality, Reproductive Rights, and Bodily Autonomy

The sexuality of women with disabilities is systematically denied in South Asian societies where female sexuality is already heavily regulated (Addlakha, 2007; Ghai, 2015). This denial has resulted in their exclusion from sexual education, reproductive healthcare, and rights-based frameworks. Many women with disabilities lack access to information on menstruation, contraception, pregnancy, and sexually transmitted infections.

Research highlights significant barriers in accessing reproductive health information and care (Nosek et al., 1995; Welner, 1996). Interactions with health professionals are often characterized by patronizing or authoritarian communication styles, reflecting prejudice and lack of awareness (Campion, 1997; D'Eath et al., 2005). Clinical environments further undermine communication and dignity, particularly for wheelchair users (McKay-Moffat, 2007).

Negative attitudes and assumptions among healthcare providers represent persistent barriers during pregnancy, childbirth, and motherhood (Nosek, 1992; RCN, 2002). Women with disabilities are frequently presumed to have unwanted pregnancies or to desire termination, reflecting entrenched assumptions that they are incapable of parenting (Welner, 1997; Prilleltensky, 2003).

Practices such as forced sterilization and hysterectomy, often carried out without informed consent, are serious violations of bodily autonomy and human rights. These actions reflect harmful attitudes that seek to control the bodies and reproductive choices of women with disabilities.

Feminist Concerns and the Way Forward

A feminist disability perspective insists that disability is a political issue rooted in power relations that regulate bodies, desires, and citizenship (Wendell, 1996; Butler, 1990). The exclusion of disabled women from feminist agendas reflects ableist assumptions within feminism, while disability movements must engage more deeply with gendered experiences of violence, care, and sexuality.

Real change requires moving beyond charity and welfare approaches and focusing on equal rights for all. Laws alone are not enough; society must also challenge negative attitudes, improve accessibility, and recognize women with disabilities as active members of social, political, and personal life.

CONCLUSION

Gender and disability remain a missing agenda in both feminist theory and public policy. Women with disabilities often face discrimination because of both their gender and their disability. They are more likely to experience violence, have less control over their own lives, and be ignored by social institutions. Their experiences show that discussions about disability and women's rights do not always address their specific needs. To reduce these inequalities, it is important to view disability through a rights-based approach that promotes equality, inclusion, and respect for all women.

Integrating disability into feminist discourse is not an optional extension but a theoretical and political necessity. Women with disabilities must be recognized as complete individuals who possess autonomy, aspirations, and equal rights. Such recognition is fundamental to advancing gender justice that is truly inclusive and transformative.

Addressing the marginalization of women with disabilities requires sustained engagement across scholarship, activism, and policy-making. Feminist movements must critically reflect on their own exclusions, while disability movements must foreground gendered experiences of violence, care, and reproductive control. Future research should prioritize the voices of disabled women themselves, particularly those from marginalized social locations, to challenge dominant narratives and inform inclusive policy frameworks. Without such efforts, both feminist theory and disability discourse risk reproducing the very inequalities they seek to dismantle.

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