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Blindness and Norms of Femininity in Pakistan: Negotiation with Disabled Identity

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Abstract

This article investigates how disabled women shape their subjective understanding of gender and disability and develop negotiating strategies to deal with patriarchal norms. By analyzing the biographies of three young bling women, I understand how familial socioeconomic background influences the lived experiences of blind women that are embedded around gender and disability. I deployed qualitative methodology and used a biographical interview technique to collect data. The findings reveal that blind women across all social classes use higher education as a means to alleviate disability stigmatization. However, the societal imposition of being able to fulfill the feminine norms prevents blind women from resisting patriarchy. Therefore, highly educated blind women strongly conform to feminine role fulfillment to gain social recognition as 'women' and reject the disabled identity that is imposed on them by society.

Keywords: Blind Women, Disability, Gender, Feminine Norms, Patriarchy, Social Class, Higher Education, Pakistan.

تلخیص

یہ مضمون ان طریقوں کی چھان بین کرتا ہے جن میں معذور خواتین جنس اور معذوری پر اپنا موضوعی نقطہ نظر تشکیل دیتی ہیں اور پدرانہ اصولوں سے نمٹنے کے لیے مذاکراتی حکمت عملی تیار کرتی ہیں۔ تین نوجوان نابینا خواتین کی سوانح عمریوں کا تجزیہ کرنے سے، میں سمجھتی ہوں کہ خاندانی سماجی و اقتصادی پس منظر نابینا خواتین کے زندہ تجربات کو کس طرح متاثر کرتا ہے جو کہ صنف اور معذوری کے ارد گرد سرایت کر رہے ہیں۔ میں نے کوالیٹیو میتھڈولوجی کا استعمال کیا اور ڈیٹا اکٹھا کرنے کے لیے بائیو گرافیکل انٹرویو تکنیک کا استعمال کیا۔ نتائج سے پتہ چلتا ہے کہ تمام سماجی طبقوں میں نابینا خواتین اعلیٰ تعلیم کو معذوری کے داغ کو کم کرنے کے لیے ایک آلے کے طور پر استعمال کرتی ہیں۔ تاہم، نسائی اصولوں کو پورا کرنے کے قابل ہونے کا معاشرتی مسلط نابینا خواتین کو پدرانہ نظام کے خلاف مزاحمت کرنے سے روکتا ہے۔ لہٰذا، اعلیٰ تعلیم یافتہ نابینا خواتین 'عورت' کے طور پر سماجی شناخت حاصل کرنے کے لیے نسوانی کردار کی تکمیل کے لیے سختی

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سے عمل کرتی ہیں اور معاشرے کی طرف سے ان پر مسلط معذوری کی شناخت کو مسترد کرتی ہیں۔

کلیدی الفاظ: نابینا عورت، معذوری، جنس، نسائی اصول، پدرانہ نظام، معاشرتی طبقہ، اعلیٰ تعلیم، پاکستان۔

Introduction

In Pakistan – a highly populated country (with more than 207 million population) in South Asia – patriarchal ideology is undergirded in the cultural norms of controlling women by regulating their sexuality. Men establish control over women by restricting their activities, defining certain codes of behaviour, and gender segregation (Shaheed, 2010). Patriarchal values largely define women's roles in the domestic sphere as wives and mothers. Though women are responsible for domestic chores, women hold subordinate status in comparison to the male members of the household. Owing to the demarcation of gender roles, motherhood is a highly significant indicator of women's identity in South Asia. Mostly, motherhood is used as a reason to restrict women from availing socioeconomic opportunities. Therefore, young women are more persuaded to get married and have a family than to pursue higher education and seek a career. Due to the patriarchal restrictions imposed on women, Pakistan has a low level of female literacy (22 percent) and employment (21 percent) (Human Development Report, 2022). Therefore, the country holds the lowest rank (145 out of 146) on the Global Gender Gap Index (Global Gender Gap Report, 2022).

In this situation, the marginalization of women intensifies with the intersection of gender with disability. Women, in Pakistan, face various kinds of discrimination and restriction depending upon the socioeconomic background of their families. Within the hierarchal social structure, the socially ascribed lower status of women makes it even harder for disabled women to have autonomous lives (Andruchowitz, 2010). Therefore, disabled women have meager participation in socioeconomic activities, and they are the most marginalized. Additionally, disabled women are presumed as 'unable' to accomplish the expectations that are associated with 'womanhood' in ways that are socially prescribed as 'normal'. In **S**outh Asian societies, social identification as a 'woman' is strongly associated with their ability to fulfill feminine roles. Disabled women are mostly categorized as unattractive and sexually unproductive or asexual and therefore considered inappropriate for marriage (Addlakha, 2007; Ghosh, 2016b, 2018; Ijaz, 2007). In this scenario, the rejection of femininity increases disability stigmatization for disabled women. The social prejudice about women with disabilities intensifies in the case of blindness because childcaring is considered a delicate role that emphasizes the need for compulsory sightedness for a woman to fulfill this role (Asch & Sacks, 1983; Kent, 2002). In the

context of considering blind women inappropriate to fulfill maternal roles, the existence of a blind girl in the household is considered a lifetime for her family because of the meager possibility of marriage for that girl and leaving the parental home (Shah, 1992). Ghai (2002, p. 55) argued that "social invisibility" and the "cancellation of femininity" may initiate a struggle in disabled women to gain a social identity as 'women' that is rejected by them owing to disability. However, how disabled women (esp. blind) – in South Asia – understand disability and struggle to acquire societal identification as 'woman' has rarely been the focus of empirical inquiry.

In Pakistan, the social status of a family is highly significant in shaping the subjective social realities of women. The educational and professional repute of the members of a family determines its social status. The patriarchal control is significantly affected by the values of social class status of the family that in turn determines the extent of women's independence and possibilities to approach educational and occupational opportunities (Bano, 1997; Qadeer, 2006). The class-based patriarchal norms could influence how disability is understood and consequently may generate the diverse nature of gender disability. Fine & Asch (1981) emphasized the need to integrate the experiences concerning the lives of disabled women into the feminist investigation of gender oppression. They argued that disabled women are spared from several social expectations concerning gender roles. Therefore, they have lived experiences different from non-disabled women. The differences that are grounded in the lived experiences of women with disabilities may disclose diverse dynamics of gender-based oppression in society. In feminist disability discourses, disability is conceptualized as a system same as gender, class, and race that designate humans as ‘different’ and exclude them from society depending upon the sociocultural meanings that are assigned to their disabilities (Thomas, 1999; Thomson, 2005; Wendell, 1989). The feminist analysis mostly focuses on investigating the varied nature of gender oppression encountered by disabled women – with different social positioning that depends on their class, race, sexuality, etc. - in consequence of the intersections of disability and gender (Begum, 1992; Ghai, 2003; Ghosh, 2016a; Thomas, 1999; Wendell, 1996). However, feminist research rarely analyses how the social construction of woman affect the conceptualization of disability in patriarchal societies. Therefore, I use a social perspective[1] on gender and disability and examine how patriarchal ideology constructs women in the domestic domain and makes social recognition of a disabled (blind) woman reliant on their ability to accomplish the social expectations of 'womanhood'. Moreover, I take socioeconomic differences as a context to position young blind women and investigate how it affects the socio-cultural construction of gender and disability in Pakistani society. By focusing on the element of social class, I anticipate understanding how patriarchal norms affect the experiences of

1. Social perspective defines gender in the sense of social norms and expectations associated with women and men in society. From the social viewpoint disability is defined as a result of societal oppression and infrastructural barriers that restrict impaired people from participating in society.

blind women in Pakistani society that are embedded around disability and shape the process of becoming dis/abled women.

Theoretical Framework

As described by Simone de Beauvoir ([1953]1997), gender is a process of "becoming" in which a body systematically attains sociocultural meanings. In this way, as argued by Butler (1986), the theoretical framing of gender as 'becoming' emphasizes the accomplishment of specified stylistic and behavioural norms that are positioned in the structural arrangements of society. Social structures, in every society, are extremely gendered and they define distinct sets of expectations and roles for men and women to accomplish (Berger & Luckmann, 1966). However, gender expectations differ in every society due to the variations that are grounded in structural layout and the differences within them for instance social class. People learn about societal expectations and norms through the socialization process that starts from birth. In the family institution, individuals learn attitudes and behaviour that are designated as 'appropriate' for their assigned gender (Connell, 1987; Fenstermaker et al., 2002; Lorber, 1991; 1994). The ability to do their gender 'appropriately' provides them with access to other institutions of society, for instance, education, work, and marriage. However, not fulfilling the normative gender expectations, such as the norms of femininity, could restrict the possibilities for someone to claim her/his gender identity (West & Zimmerman, 1987). In this way, the appropriate "doing of gender" creates the group of 'disabled women' because they are regarded as 'unable' to accomplish the socially defined norms of 'womanhood'. Therefore, I use the notion of "doing gender" (West & Zimmerman, 1987, p. 136) and expand it by analyzing conditions, such as disability, in which disabled woman confronts, confirms, or opposes the socially established gender expectations and consequently (re)appropriates gender.

In patriarchal societies, the responsibilities of household work (that revolve around childbirth and childcaring) are the main factors that hinder the participation of women in the public domain (Soman, 2009). However, as asserted by Connell (1987), "a marked sexual division of labour places some limits on the patriarch's ability to exercise power, since women monopolize a certain kind of skill and knowledge" (p.125). This is visible from the fact that although men have domination over women in the domestic sphere, the hold of household tasks gives women the possibility to negotiate the patriarchy that is established in the family. Similarly, Deniz Kandiyoti (1988, p. 275), a British and Turkish feminist researcher, explains the aspects that raise women's capability to handle the patriarchal establishment and to enhance their autonomy in the household. She conceptualizes gender relations within the family as "patriarchal bargains" and explains that women's position in the household is the result of varied negotiations that they adopt to gain autonomy and oppose oppression. The negotiation strategies are significantly influenced by the nature of gender relations that may

exhibit variations depending upon the caste, class, and ethnic affiliation of the family. Based on this, the construct of "patriarchal bargains" (Kandiyoti, 1988) gives a possibility to investigate different ways in which young physically disabled (blind) women – from diverse social classes – become autonomous and negotiate with oppression inside the Pakistani patriarchal family system. While doing so, I investigate how disabled (blind) women negotiate socially ascribed gender expectations and get access to other important institutions of society (such as education and marriage) depending on their understanding of gender and disability.

Methodology

Participants

Out of twenty-nine biographical interviews of young physically disabled women, twenty interviews were selected for the PhD research. The interlocutors were young with the age range of twenty-two (22) to forty (40) years. Majority of interlocutors eight (8) had polio and seven (7) were visually impaired (fully or partially blind). Eight (8) interlocutors were employed and only one interlocutor was married and had one son. Four (4) interlocutors had upper socioeconomic background whereas sixteen (16) interlocutors belonged to a lower or middle socioeconomic background[2]. By the time data reached the saturation point, I had the global analysis[3] of twenty interviews that indicated the selection of the biographies of three blind women (interview, 11, interview 12, and interview 26)[4]. The selection of the biographical cases was purely based on the unique position of blind women within the category of young disabled women as they were the only cluster with high education. Additionally, the chosen cases offered valuable theoretical acumens depending on the differences that were grounded in their familial and socioeconomic background. It helped to understand how variations of personal characteristics affect subjective struggles to conform and/or confront the gender and disability norms to get access to the institutions of education and marriage.

Table-1

2. The categorization of socioeconomic background is solely based on the interlocutors' recognition of their social class and is not connected to income brackets.
3. The global analysis is the first preliminary analysis of all cases (twenty biographies of young physically disabled women). It provided the researcher with an overview of the sociocultural norms concerning gender, education, and marriage that contribute to creating gendered disability in Pakistani society.
4. Interview 11 (Aliya Sardar) is referred to as Case A. She was a 24-year-old, single, master's student of sociology and belonged to a lower socioeconomic background. Interview 12 (Beenish Ahmad) is referred to as Case B. She was 22 years old, single, and a master's student of English literature. She came from a lower socioeconomic background. Interview 26 (Zernosh Iqbal) is referred to as Case C. She was a 26-year-old, married, working woman with an affluent socioeconomic background.

Profile of the interlocutors

S. no	Intr no	Pseud, Age & the interview date	Educational status	Impairment (as described by the interlocutors)	Working status	Marital status & child/ren	Socioeconomic background
01	01	R. R. (25) 19.08.15	Master's student (Special Education)	Orthopaedic disorder	---	Single	Lower
02	02	Z. A. (32) 24.08.2015	M.A (Special Education & Business Administration)	Polio	Primary school teacher	Engaged	Lower
03	03	R. A. (23) 15.09.2015	B.A (Sociology)	Polio	Event coordinator at NGO	Single	Lower
04	05	A. C. (34) 18.09.2015	B.A	Accidental leg limp	Primary school teacher	Divorced	Lower
05	07	H. O. (25) 29.09.2015	B.B.A*	Cerebral palsy	Working (job designation unknown)	Single	Lower
06	09	S. B. (28) 05.10.2015	M.A (Special Education)	Polio	---	Single	Lower
07	10	S. A. (33) 07.10.2015	Matric (10^{th} grade)	Polio	---	Single	Lower
08	**11**	**A. S. (24) 9.10.2015**	**Master's student (Sociology)**	**Blind**	---	**Single**	**Lower**
09	**12**	**B. A. (22) 12.10.2015**	**Master's student (English Literature)**	**Partial visual impairment**	---	**Single**	**Lower**
10	13	R. R. (24) 13.10.2015	Master's student (Arts and Design)	Arm amputation	---	Single	Upper
11	14	H. A. (22) 14.10.2015	Master's student (Sociology)	Polio	---	Single	Lower
12	15	S. A. (23) 16.10.2015	Master's student (Sociology)	Polio	---	Single	Lower
13	17	N. R. (27) 20.10.2015	M.Phil#	Retinitis pigmentosa	Lecturer	Single	Upper
14	18	N. B. (25) 22.10.2015	M.A (Psychology)	Retinitis pigmentosa	---	Single	Upper
15	19	H. S. (24) 27.10.2015	Student of M.Ed†	Partial visual impairment	---	Single	Lower
16	20	Z. N. (34)	Intermediate	Retinitis	---	Single	Lower

		29.10.2015	(12th standard)	pigmentosa			
17	23	F.S. (23) 10.11.2015	Metric (10th standard)	Paralysis		Single	Lower
18	**26**	**Z. I. (31) 17.12.2015**	**M.A (English Literature)**	**Retinitis pigmentosa**	**Lecturer**	**Married One son**	**Upper**
19	27	S. K. (36) 18.12.2015	B.A	Polio	Primary school teacher	Divorced One son	Middle
20	29	S. A. (40) 14.01.2016	Metric (10th standard)	Polio	Daily wage worker	Separated one daughter & one son	Lower

*****Bachelor of Business Administration **#**Master of Philosophy (A postgraduate research-based master's degree that may facilitate in PhD registration.) **†**Master's in Education (This graduate degree assists in seeking a teaching career by learning about pedagogical frameworks and approaches.)

Data Collection Procedures

A qualitative methodology was developed by applying biographical research and grounded theory methods to achieve the research goals. The interlocutors were approached by deploying a theoretical sampling method, as guided by grounded theory research design. However, the selection of interlocutors was exclusively based on the topics that appeared during the interviews (Strauss, 1987; Charmaz, 2006). Data was collected mainly from the two locations (i) the University of the Punjab, Lahore, and (ii) the Society for the Rehabilitation of the Disabled (PSRD)[5]. The process of data collection was highly supported by my official position[6] as a lecturer at the University of the Punjab, Lahore. I approached one of my colleagues at the Department of Special Education, University of the Punjab, Lahore, who helped me contact the first interlocutor. The first interlocutor gave me the contact of three disabled women whom I interviewed later. With this, snowball sampling emerged naturally in the process of data collection (Noy, 2008). One of the three interlocutors (who were interviewed later) helped me contact the human relations manager who was employed at PSRD. He, as a gatekeeper, facilitated me to conduct ten interviews with disabled women. They were either employed at PSRD or receiving medical treatment from there. The rest of the interlocutors were also interviewed through the interlocutors who were interviewed earlier. I used the Biographical interview technique to conduct interviews. All interviews were conducted in Urdu language. The transcriptions of

5. Pakistan Society for the Rehabilitation of the Disabled (PSRD) is a charity-based non-profit organization. The organization was established in 1957. The main purpose of the organization was to provide physiotherapy to disabled people. However, later, it expanded its scope to provide financial support, education, and shelter to disabled children and women, who belong to destitute areas of Pakistan (https://psrd.org.pk).
6. The author lives in Pakistan and is working as an assistant professor at the University of the Punjab, Lahore. She holds a PhD from Humboldt-Universität zu Berlin, Germany.

interviews were done in Urdu and later translated into English. I strictly followed the established research ethics to maintain the privacy of interlocutors. The consent of the interlocutors was assured before the interview and their identity was protected by assigning pseudonyms. Additionally, to protect the privacy of the interlocutors, all interviews were conducted in private either in my office or at a place proposed by them.

Data Analysis

The method of the biographical case was deployed to reconstruct the current subjective perspectives of disabled women on higher education about their disability by analytically analyzing their lived experiences (Rosenthal, 2018). The lived experiences of disabled women were taken as a point of entry to construct knowledge about the social realities of the lives of young physically disabled women (Brooks, 2007). By doing so, I intend to give voice to the unheard life experiences of disabled women that are formed by gender and disability in a patriarchal society. By deploying the tenets of biographical case reconstruction, I reconstructed the biographical accounts of the interlocutors in sequential order. I stayed tightly close to what the participants narrated about their familial and socioeconomic background. First, I reconstructed the opening (spread over 8 to 10 minutes) of each biography. In doing so, I got hold of the information on the different aspects (concerning parental standpoint on gender and disability and familial and geological background) of the lives of the interlocutors. This information helped to give the context for plausible hypotheses and interpret the complete biography. While interpreting the biographies, I first identified the codes that helped me single out the key topics and led me to construct the important concepts and themes. Later I cross-compared the biographies of the selected blind women to find out the similarities and differences concerning their perspective towards disability and the negotiation strategies they adopted to deal with disablism and gain their identity as disabled women.

Results

In the following section, I analyze the biographies of three young blind women and cross-compare them to understand how intersections of gender and disability construct various inequalities in different phases of the lives of disabled women. The focus is to understand how blind women fulfill the gender role expectations to navigate the socially designated disabled identity. The analysis starts with the familial understanding of blindness and how the parents handle their daughter's disability depending upon their socioeconomic background. I extend the analysis to the examination of familial attitudes towards blind women (belonging to varied socioeconomic backgrounds) in the construction of their understanding of disability. Later, I investigate how blind women (with different socioeconomic and familial backgrounds) develop negotiating strategies to deal with

disability stigmatization and get access to the other important societal institutions of education and marriage to achieve their social identity as 'women'.

Conceptualization of Blindness

Understanding of Blindness as 'Inability' and Parental Attitude

The analysis discloses that in Pakistan visual impairment is largely understood as a biological condition that limits persons' opportunities to partake in mainstream social activities. It is assumed that blindness causes a physiological condition for an individual that restricts her/his ability to accomplish sociocultural expectations in ways that are defined as 'normal' by society. Such apprehensions of disability shape familial attitudes towards blind daughters in a way that they are considered unable to be a part of mainstream social institutions such as schools. As Aliya Sardar (24-year-old, single, master's student with a lower socioeconomic background), while describing her familial attitude towards her impairment, mentioned:

> *I still remember when Mama said, "I want my daughter to go to school". My father's sisters replied, "How would she study at school? She can never study. She can do nothing"* (Interview 11).

The understanding of visual impairment as a biological defect is rooted in the medical viewpoint of disability. The medical frame designates disability as one's 'inability' and/or 'abnormality' that limits her/his social integration and thus causes social disadvantages and consequential suffering from the disadvantages (Goodley, 2014; Michalko, 2002; Thomas, 1999, 2002). With this perspective of disability, medical discourses endorse the need for a 'cure' to make social integration possible for disabled people (Beauchamp-Pryor, 2011; Michalko, 2002). This ought to be correct in the Pakistani context as the parents of all blind women – across all socioeconomic classes – approached doctors for the treatment of the impairment. While describing one's disposition towards medical interventions, Michalko (1998) argues that blindness is experienced in the sense that there is something wrong with the body. Precisely this experience spurs the urge for a medical diagnosis that would make the experience of "something being wrong" rational (p. 35). The analysis demonstrates that blindness is experienced similarly across all socioeconomic classes in Pakistan. However, medical interventions are not always approached to make sense of the impairment. Rather, it is motivated by the desire to 'fix' the impairment, which happened to be stronger in families with lesser socioeconomic resources. Despite having fewer resources to gain medical support, these families sought medical help mainly to 'cure' the impairment. As Beenish Ahmad (a 22-year-old, master's student, with a lower socioeconomic background) described:

> *The first two months were spent on my treatment. We went to different doctors in the hope that I would get better soon. But when I lost hope, I locked myself up in my room.* (Interview 12)

This shows that families with a lower socioeconomic background hold a deficit-focused approach toward impairment. They comprehend 'sight' as the sole source to make social participation possible for their disabled daughters. Conversely, in affluent families, gaining knowledge about the impairment was found to be the primary reason for approaching the medical interventions. The parents accessed the doctor so that they could make decisions about the anticipated future of their impaired daughter. As Zernosh Iqbal (26-years-old, married, working woman with an affluent background) narrated:

> *We used to live abroad. The early five years of my life were spent abroad. When we consulted doctors there, they told us that people with this impairment lead a normal life. However, they may face major changes in their vision between the ages of thirty and thirty-five years. Anyhow, my parents were relaxed in that regard, that's why they did not try to settle abroad.* (Interview 26)

The given narration depicts that the belief of ‘curing’ persons with disabilities provides authority to doctors. The findings agree with Brisenden (1986) who argued that the medicalized perspective of disability gives doctors power as it is assumed that they have complete knowledge about the human body. Therefore, they cannot only determine the way of treatment but also the form of life that would be led by the disabled person. Since parents in Pakistan mainly hold medicalized viewpoints of disability, they have complete trust in doctors for the cure of disability and to decide about the future of their blind daughters while undermining their knowledge about the impairment.

Societal Expectations and Social Exclusion of Disabled Women

Compulsory Sightedness

The analysis reveals that in families that emphasize compulsory sightedness, disability occurs in the form of social exclusion for blind women. Women with congenital blindness start facing social exclusion during their childhood. Families of these women curb their social participation by not allowing them to be a part of social institutions (such as schools) and to attend social gatherings. As Aliya Sardar (24-year-old, single, master’s student with a lower socioeconomic background) described:

> *If we had guests at home, they (the grandparents) would ask me to stay in one place. They would not let me move. If someone would say, "Let them move around", they would reply, "No, we*

> *cannot because she cannot see". If they (the grandparents) had to go somewhere, they would not take me with them.* (Interview 11)

Social exclusion and discrimination often lead to negative self-internalization in blind women. They consider themselves as devalued while blaming their impairment. However, it has been noticed that in families where sightedness is considered compulsory, parents suggest alternative educational options to make social inclusion possible for their blind daughters. The alternative ways of education are found to be grounded in religious education which is peculiar to the context of Pakistan. While narrating the incidents of social exclusion, the same interlocutor (Aliya Sardar, 24-year-old, single, master's student with a lower socioeconomic background) described:

> *I was also very fond of studying at school, but my family wanted me to memorize the Qur'an. They used to send me along with my aunt's daughter to learn the Qur'an by heart. (…) it was too difficult to read and memorize the Qur'an all day long. I wanted to play; above all, I used to say, "I want to go to school".* (Interview 11)

Disability Studies discourses often interpret religious practices as cultural artifacts that demonstrate the marginalization and stigmatization of impaired people (Pfeiffer, 2001). However, the analysis reveals that in specific settings, religious means are applied to moderate disability stigmatization and enhance the social status of disabled women. Since religion holds immense social significance in Pakistan, the society gives certain social respect to a person who learns the Quran by heart. In this way, the parental strategy of opting for religious means for the blind daughter might be interpreted as an intentional attempt to mitigate disability stigmatization. These findings provide interesting insight into class-based understanding of disability and the ways to handle it. In the context of parental concerns towards mainstream education for their blind daughters, affluent families were found to engage in providing immense instrumental support to their blind daughters to overcome their disabilities. As Zernosh Iqbal (26 years old, married, working woman with an affluent background) mentioned:

> *My parents did it for me. I am thankful to Allah that my parents were so supportive, my father used to record the books for me. He has done a lot for me.* (Interview 26)

Varied experiences of disabled women (embedded around the parental inclusion or exclusion tactics) support the argument that in South Asia gender of the disabled child and the socioeconomic status of the family are highly influential in shaping the parental understanding of disability and their behaviour towards the impaired child (Dalal, 2010; Ghai, 2001).

Sociocultural Norms of Femininity

In Pakistan, the sociocultural norms of femininity add an extra layer to the comprehension of blindness in the sense of 'inability'. The class-based imposition of the norms of femininity constructs various kinds of disability differences within the group of blind women. Families with fewer socioeconomic resources, where the feminine norms are deeply internalized, often aggravate the social exclusion of young blind women by restricting their access to the public domain. These families often use an impairment-based 'inability' frame to justify such exclusion. The biographical narration of Aliya Sardar (24-year-old, single, master's student with a lower socioeconomic background) proves the argument:

> *Then, my family (-) we were four sisters, we did not have a brother until then. My relatives would say, "Daughters and disabled too. They can do nothing. They are girls. They cannot live away from the family.* (Interview 11)

These findings corroborate the arguments made in feminist disability studies that regard women's experience as sharply different from that of men. These discourses imply that the amalgamation of two devalued identity aspects (disability and women) makes it even harder for women with disabilities to navigate the social world (Asch & Fine, 1988; Fine & Asch, 1981; Ghai, 2002; Morris, 1993; Thomas, 1999; Thomson, 2001, 2002; Wendell, 1996). Additionally, in Pakistani society, the restriction of women to the domestic sphere makes public spaces highly male-dominated. Consequently, male-occupied public territory combined with unequal gender relations make women prone to harassment and sexual abuse (Ali, 2012). Therefore, in affluent families, where women are encouraged to participate in public life, blindness as an 'inability' and gender-related fears of public places are dealt with by providing excessive protection to blind women. As Zernosh Iqbal (26-years-old, married, working woman with an affluent background) narrated:

> *Being a female (-) my brother-in-law is also blind and my husband is too. I am telling you about the differences between a disabled man and a disabled woman. The parents of my brother-in-law and my husband have never accompanied them to the university or office or anywhere. Whereas, M (the older sister), since we are both female, my parents had to come along with us everywhere and I would not feel good about it.* (Interview 26)

The given narration depicts that in the context of Pakistan, structural barriers do not solely make it challenging for blind women to traverse public places. Rather cultural construction of public space also makes it hard for them to navigate the public places. Moreover, the analysis reveals that parental protective behaviour is mixed with their class-based understanding of public spaces (Koning, 2009), causing self-stigmatization in

blind women. Consequently, it shapes the subjective perspective about disability in the sense of a dependent person.

Ability-based Gender Expectations

In Pakistan, the patriarchal organization of society is rooted in the belief in controlling women's sexuality. It authorizes men to control women's mobility and to restrict them to the domestic domain. In this way, the patriarchal gender arrangements construct norms of femininity in the sense that they are confined to the domestic domain, and their social recognition as a woman is tightly connected to their ability to accomplish gender roles (Hakim & Aziz, 1998). The analysis reveals that in the case of blindness, the culturally ascribed feminine norms intersect with disability and generate oppression of various natures for disabled women. In the context of fulfilling feminine roles, blindness is regarded as the absolute form of 'inability' that hinders a woman from accomplishing the socially ascribed marital and motherly roles. This was found to be true in the case of Zernosh Iqbal (26 years old, married, working woman with an affluent background). Her in-laws (the husband's family) were reluctant to accept her as a decent match for their son who was blind too.

> *My husband's parents wished to have a sighted daughter-in-law. But then, of course, they knew their son's preference about his life partner. Anyway, they were not happy to accept me as their daughter-in-law for their blind son. It's been five years since my marriage, when I was pregnant it was a big question for my in-laws how I'm going to take care of my baby, but thanks to Allah everything went fine. And they were concerned about how I would carry the baby. Such things you know.* (Interview 26)

The narration depicts how fulfilling the maternal role is considered to be an extremely difficult task to perform by a blind woman. Therefore, they are not considered to be good for marriage. The societal prejudice against blind women leads the parents to understand impairment in the sense of a 'lack' that reduces the marriage prospects of disabled women. In South Asian societies, marriage is a crucial means to determine the social status of women. In this context, it is assumed that blindness restricts the possibilities of the marriage of blind women and raises the degree of stigmatization of disabled women and their families (Dhungana, 2006). Thus, the empirical data demonstrates that in some situations (such as acquired disability) the parents hide the young disabled woman from the close social group and try not to discuss about her impairment to avert stigmatization. This was obvious in the case of Beenish Ahmad (a 22-year-old, master's student, with a lower socioeconomic background), as her mother did not reveal Beenish Ahmad's impairment to the neighbours and close relatives as she was afraid that it might reduce the marriage possibilities of the daughter.

> *My mother never shared my problem with anyone because she thought that no one would seek to marry me.* (Interview 12)

The cultural expectations to fulfill feminine norms are central to the narrated accounts. The compulsoriness of fulfilling the socially constructed feminine norms is undergirded in ableism. As defined by Campbell (2001, p. 44), ableism is a set of beliefs and social practices that pose extreme value to certain kinds of functional bodies that are projected as perfect and thus considered fully human. However, based on the analysis, in Pakistan, the meanings of ableism go beyond having a functional body and expand to one's ability to fulfill gender roles that are ascribed by society.

Negotiation with Disability and the Construction of New Identity

Overcoming Disability Stigmatisation

Identity construction and the assessment of self are the most substantial characteristics of the biographical accounts of young blind women. They identified themselves in different ways in different phases of their life. The identification of self was based on the comprehension of impairment and the connotations they assigned to disability. The analysis demonstrates that disabled women reject the disabled identity as they construct and reconstruct the self over the life course. Based on the empirical data, the home is found to be the first place where the construction of the self is begun. It was found that the conventional attitude of the family towards impairment becomes the primary reason for negative self-internalization in impaired women. However, in some situations, familial negative apprehensions are the main source of self-determination and resistance for disabled women. This is obvious in the case of Aliya Sardar (24-year-old, single, master's student with a lower socioeconomic background) as she showed an immense refusal to accept her family's decision for not permitting her to receive mainstream education. She narrated:

> *I still remember that I memorized only one chapter in one year and I used to run away from memorizing the Qur'an (laugh) because it was too difficult to read and memorize the Qur'an all day long. I wanted to play; above all, I used to say, "I want to go to school". I used to say, "I don't want to memorize the Qur'an. I want to go to school like other children".*

By doing so, she rejected the disabled identity enforced on her by her family. She accepts blindness as a part of herself and an important feature of her identity. She narrated:

> *I have become very strong due to the attitudes of my family, teachers, and society in general. Now I do not bother about such things.* (Interview 11)

The narration depicts that Aliya Sardar projects herself as an independent woman who could live an autonomous life. In doing so, she rejects the socially imposed disabled identity. Based on the analysis, she understands disability as a result of social discrimination and barriers rather than as an outcome of impairment. Shakespeare ([2006] 2014, p. 141) claimed that people with congenital impairment experience impairment as a part of their 'normality' and thus are often stable. Therefore, it could be argued that experiencing impairment in the sense of 'normality' could be a significant aspect that aids in acquiring agency and fighting against disablism. On the contrary, the denial of disability as a feature of one's identity was more obvious in the case of acquired disability. Beenish Ahmad Iqbal (a 22-year-old, master's student, with a lower socioeconomic background), overtly regarded impairment as the sole cause that made her unable to fulfill gender and age-specific social expectations.

> *It happened suddenly and it was hard for me to face it. I thought my life was over and there was nothing ahead. I locked myself in a room for almost one month. I thought my studies were over and I would not be capable of doing anything.* (Interview 12)

Campbell (2008, p. 155) describes "internalized ableism" as the reason for the negative internalization of disabled people. As defined by her, "internalized ableism" is the imitation of ableist norms that propels disabled people to assess themselves negatively. The analysis shows that the internalization of ableist norms is stronger among women who acquired disability later in their lives.

Overcoming Socio-structural Barriers and Gaining Access to Higher Education

Interestingly, the analysis shows that social prejudices associated with being disabled were resisted by getting higher education in all cases (congenital or acquired) and across social classes. Specifically in families with fewer socioeconomic resources, where the idea of higher education for women is not much supported, there was a demonstrable inclination to strive for a higher education for the disabled daughters**.** In feminist discourses, social structures (such as family) are discussed in a way that causes oppression and marginalization of women (Chodorow, 1978; Connell, 1987). However, my analysis incorporates new insights into feminist scholarship by highlighting how disability intersects with gender alters the familial attitude towards the norm of femininity, and pushes them to give disabled daughters access to traditionally constrained areas such as education.

> *Even though I didn't have much aim towards my studies, like a normal girl I wanted to do FSC, and then B.A. Neither I nor my family feel that women should have jobs. But now they want me to have a job.* (Interview 11)

Based on the results, mothers were found to be more active in supporting disabled daughters to get into higher education. By supporting the higher education of disabled daughters, mothers tried to empower them to confront disability and its related stigmatization. However, the findings reveal that the support from mothers for higher education was significantly tied to their wish to raise the marriage prospects for their disabled daughters. They anticipated that higher education might work as a means to tone down the socially assigned 'dependent' status and in turn, could raise nuptial prospects. These findings corroborate and add to the findings of earlier research (Hammad, 2019; Hammad & Singal, 2015b) that highlights the significance of the mother's role in helping their disabled daughters pursue academic careers but do not take account of the sociocultural aspects that contribute to their motivational role. According to Hammad (2019), one significant factor affecting the level of the mother's support is whether the family is nuclear or joint since mothers in nuclear families enjoy more autonomy due to less patriarchal control in comparison with their joint family counterparts. However, Hammad (2019) does not take social class into account which is significantly influential in defining the extent of patriarchal control in the household. As Beenish Ahmad Iqbal (22-year-old, master's student, with a lower socioeconomic background where patriarchal norms are strictly followed) described:

> *They want me to get married. My mom wants me to complete a master's degree, get a job, and hire a maid for five thousand rupees monthly, who could do my chores and I can handle the rest. They want me to marry a perfect person from my village. (Interview 12)*

The analysis reveals that higher education for women is not a commonly accepted concept in Pakistan. The acceptance of higher education for women is situational as in certain situations, such as disability, higher education is used as a means to compensate the gender norms. It shows that the purpose of supporting higher education for women is not always grounded in empowering disabled women to live autonomous life but in achieving the nuptial goal of getting social recognition as a 'woman'.

Fulfilling the Feminine Norms

In Pakistan, the social identity of women is grounded in their abilities to fulfill feminine roles. Therefore, the struggles of blind women to reject socially imposed disabled identity were significantly revolving around attaining their social recognition as a 'woman'. The analysis depicts that disabled women pushed away societal prejudice that views them as 'unable' to fulfill the feminine norms. Therefore, highly educated blind women strongly accentuate their abilities to fulfill socially ascribed women's roles to resist the disabled

identity. This is obvious in case C, who was a highly educated working woman however, she did not challenge the oppressive structure of gender roles while representing herself as a woman who was the same as a non-disabled woman.

> *I did not know very much about the kitchen stuff. Therefore, I went through some issues. But thanks to Allah my jethani (elder sister-in-law) is very supportive. She taught me lots of things. I mean I could do things like I could make tea and Roti. It was not like I did not know anything. I knew a few things.* (Interview 26)

Similarly, Aliya Sardar (24-year-old, single, master's student with a lower socioeconomic background) emphasized immensely her abilities to perform gender roles. She narrated:

> *I can also cook. I participated in cooking and craft-making classes at my school. I also had computer classes till metric (10th standard). So, I have always been a topper in the school (laugh). All my teachers would praise me. Even I can thread a needle too.* (Interview 11)

The findings reveal that higher education may help disabled women gain autonomy and develop an independent identity (Hammad & Singal, 2015a; Hammad & Singal, 2015b), however, within the patriarchal social order they must submit to the ideology of gender roles to attain social identification as a 'woman'. Moreover, the findings reveal that within the patriarchal social organization, the construction of identity for disabled women is highly entwined with the ableist ideology and gender role fulfillment. Disabled women are doing well to survive in a disabling society by getting higher education and becoming financially independent. However, socially ascribed expectations concerning gender roles, combined with the societal demand for compulsory ableness, hamper society from recognizing disabled women as 'women' that in turn influence the process of identity construction.

Conclusions

The societal importance attached to women's ability to fulfill the feminine norms promulgates the ideal of abled women in Pakistan. Generally, disability is understood in the sense of a biological condition that hinders women from performing gender roles and gaining social identification as 'women'. The narrow understanding of disability promotes the cure-based approach towards disability that is found to be stronger in families with a lower background. In such families, the longing for a cure was grounded in an ableist ideology that emphasizes on compulsory requirement of sight to fulfil the feminine roles. Conversely, in affluent families, the purpose of seeking medical help is not only to cure the impairment but to gain information. Again, the results indicate that in less affluent

families, cultural practices such as memorizing the Quran are adopted to deal with social exclusion. This helps in mitigating the disability stigmatisation and empowering disabled women the get access to the social world. Moreover, the ideology of performing gender roles that emphasize restricting women to the domestic domain accentuates the compulsoriness of having an 'able body' to fulfill feminine roles within the marital institution. In this context, the necessity of having an 'able body' adds to the theoretical construct of ableism. The theoretical tenets of ableism are related to the analyses of critical disability discourses that highlight the societal expectations to meet certain physiological standards for humans to be a part of the social world (Michalko, 2002; Thomson, 2005; Wendell, 1989). Nevertheless, the results indicate that in Pakistan the construct of ableism is not confined to having a functional body, rather, it is connected to the ideology of gender roles performance. Based on the results of the research, class-based comprehension of gender and blindness significantly influences the subjective perspective of impaired women on gender and disability. Consequently, the subjective perspectives of blind women lead them to adopt different negotiating strategies to deal with disability in a patriarchal society. In families with lower socioeconomic backgrounds, where women generally achieve status through fulfilling feminine roles (Kandiyoti, 1988), disabled women were more active in mitigating disability stigmatization by gaining higher education. Interestingly, lower-class families showed a change in their behaviour towards the education of disabled women as they started viewing higher education as a source of mitigating the social devaluation of disabled daughters and raising marriage prospects. However, mothers across all social classes were active in supporting the higher education of disabled daughters and supporting them in becoming financially independent. Nevertheless, mothers' supportive role was significantly associated with their desire to enhance the marriage prospects for their disabled daughters. At the individual level, disabled women define higher education as a source of gaining agency and being autonomous. However, at the societal level, higher education does not recompense for their inability to fulfill socially ascribed feminine roles. Therefore, the societal enforcement of 'doing gender' prevents highly educated disabled women from resisting the oppressive norms of patriarchy. For this reason, disabled women highly conform to feminine role fulfillment to reject socially imposed disabled identity.

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Declaration

I hereby declare that the given paper is extracted from my Ph.D. thesis titled *'Becoming Marriageable: Young Blind Women and their Experiences of Gender and Disability'* and is an extension of my previous research work. Therefore, the verbatims that I used in this article as the verbatims that I used in my Ph.D. research may raise the plagiarism percentage.

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