

Sexual Self-Construction and Subjectivities of Disabled Women in Thai Society

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ABSTRACT

This research aimed to explore how discourses and social practices influenced the sexual self and sexual life of disabled women in Thailand. Narrative interviews and participation observation methods were used to collect data from twelve women with physical disabilities and seven women with visual impairment. Findings revealed the discourses influencing disabled women's sexual self were medical discourses as impairment and abnormal, religious discourses as sin from wrongdoing in a past life, and social welfare discourse as disadvantage and burden. While, gender and sexuality discourses regulated disabled women's thoughts and actions in term of their sexuality. They were portrayed as asexual, inappropriate into sexual relationship, and undesirable girlfriend, wife or mother. The disabled women suppressed their sexual feeling, accepted their fate, and felt worthless. Regarding sexual life, they were overprotected by parents, lack an opportunity in intimate

relationship, and proper sexual education. Some implications are encouraging family and people should be open-minded to learn from real life experiences of disabled women. Moreover, people in community should give opportunities to disabled women to express their needs, their voices, their potential, and accept them as humans with dignity and one of the citizens with equal rights.

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INTRODUCTION

The global disability tendency is increasing annually due to a global increase in aging, chronic health conditions and accidents. While women with disability form the majority, ten percent of disabled women are living in rural and developing countries where there are limited opportunities for education and employment (World Health Organization & The World Bank, 2011). Human Rights Watch (2010) reported that women and children with disabilities were vulnerable to multiple types of discrimination based on their disability, age and gender.

Several international studies have revealed the lived experiences of disabled women that face with difficulties in both private and public spheres. These includes myths and stereotypes about sexuality and disability. They were portrayed as asexual, unattractive, undesirable and unfit to be mother (Peta et al., 2016) and had limited opportunities to meet partners and restricted potential sexual contact. Social expectations of wifely duties and motherhood shaped their pursuits of intimacy, including their low self-esteem (Baptista et al., 2014; Van der Heijden et al., 2019). Disabled women tended to be targeted to sexual violation in term of forced and/or coerced sterilisation, forced contraception, forced abortion and termination of parental rights (Frohman & Ortoleva, 2013).

With regard to disability myth, literatures highlighted that they were judged as not being normal, unable to function as a so-called normal person

does and they are viewed as being in need to help, broken, damaged, incapable and being unable to achieve hegemonic ideals of gender performance (Chappell, 2014; Haegele & Hodge, 2016). Moreover, they were faced with barriers in accessing basic health services that ignore them, deny their right to reproduce and deny their sexuality (Monedero et al., 2014).

While there is a growing body of research on sexuality of disabled women in western societies, few research studies have been performed in other societies, particularly in Thailand. Previous studies focused on sexual functions, reproductive health problems, and social attitudes toward sexuality of people with physical disabilities (Boonpiam, 2006; Cheausuwantavee, 2002; Nguyen et al., 2016; Rukwong, 2008). Most of studies were focus on individual level more than structural level. Disabled women sexuality research has not been studied via their subjective experiences, thoughts, feelings (Parker & Yau, 2012). Therefore, this research would fill an important gap in the available literature.

This research aims to reveal through anthropological methodologies disabled women's voices regarding their senses of self and subjectivities from their real experiences. It will explore what counts as knowledge or ideology on disability and sexuality in Thai society and how these discourses and discursive practices affect subjectivities and sexual lives of disabled women.

Theoretical Lens

This research applied postmodernism as the theoretical framework to emphasize on the criticism of the origin of the discourse, knowledge and social practice. According to Foucault's perspective, the term 'discourse' refers to rules, divisions, systems of knowledge (Bacchi & Bonham, 2014), and discursive practices that governs how people to select or reject objects, concepts, theories, and norms, which influences the way they think, speak, or write about the topic (Stamou et al., 2016). Foucault focused on knowledge, power, discipline and their inter-relations, which operate through the mechanisms of discourse or discursive practices. In addition, Whisnant (2012) proposed that discourse affected multiple areas of life, shaped our perceptions of the world and organized the way we behaved in everyday life. Foucault (as cited in Danaher et al., 2000) stated that normative bodies were a dominant discourse that preferred a youthful, able-bodied, white, healthy, and male reference, which affected disabled people by subjugating them to the process of 'othering' of a group. A disabled person is usually explained based on the dichotomy concepts as normal/abnormal, able/disabled and productive/unproductive have influenced people to categorize disabled person as a marginalized group and excluded them (Kulkarni et al., 2017).

Western culture and medical science have traditionally defined women as abnormal when compared with the 'normal' male body and regarded them as being

mentally, emotionally, psychologically, or morally weak and disturbed (Reinikainen, 2008). The ideology of ability represents the able body as the baseline of humanness. Absence of ability or lesser ability marks a person as less than human. Sex and human ability are both ideologically and inextricably linked (Siebers, 2012). Disabled women have been regulated and governed by a variety of discourses and they face multiple discrimination and social exclusion. It is necessary to reveal the complex network of discourses and social practices done to disabled women's sexual self and subjectivity in Thai society.

MATERIALS AND METHODS

This study conjectured that actual stories from the experience-owners, who were disabled women, were the most authentic. The researchers employed qualitative research and data collected by narrative interview and participation observation. Narrative interview allowed the researcher to get a deeper account of the participant's life stories and understand their socio-historical contexts. Attention and respect were duly given to their subjective experiences to empower the participants (Elliott, 2005; Jovchelovitch & Bauer 2000).

Nineteen disabled women participated in this study; 12 were women with physical and mobility disabilities, and 7 were women with visual impairment. The study participants were recruited using a mixed approach that combined the snowball technique with purposive sampling. Participants were initially

recruited from the organizations of disabled people, and then interviewees were asked to indicate another potential participant. The researcher used this technique until data saturation and ensured maximum diversity of socio considered more relevant to the study objectives, considering variety of participants' characteristics including age, type of disability, time of onset, parenting style, socioeconomic status, level of education, occupation, and marital status. We also focused on disabled women who were prominent in their social life, lived independently, and actively participated in society. The duration of data collection was 10 months from November 2014 to August 2015.

All of the participants were conducted by the same researcher with an interview guideline. To ensure participants were at ease and comfortable the researcher met them at their location of choices. Seventeen women chose to be interviewed privately in her home or workplace and two of blind women were interviewed by phone as they lived in rural area and not available to meet the researcher.

Participants were asked to sign an informed consent form before the first interview session, and they could withdraw or refuse to answer at any time they wanted. The researcher used the data with participants' permission only. In the beginning, the researcher started with a general open question, inviting them to talk about their life story or their life after their disability as they wanted. Building rapport and a trusting atmosphere were used to

lead to a deepening feeling. The participate observation took place at the participant's house or workplace or place where social activities that they were participated. The data from observation in real situations were used to fulfil data about social practices in their daily life.

All the interview data used verbatim transcription in the Thai language first, and the participants were revisited in person or the transcription was sent by email for validity verification. Content analysis was used to analyse coded focus on discourses and social practices, which was then organized as a theme and translated into English.

Participants were informed that their names would not be used in published data, the researchers changed to pseudonyms and small details about participants and their circumstances are changed to protect confidentiality and anonymity during the analysis and research writing. This study has ethical approval from the Human Research and Social Science committee of Mahidol University code MU-SSIRB 2014/328.

RESULTS

The ages of research participants were 29 to 57 years. Twelve of them had physical disabilities, such as poliomyelitis, muscle atrophy, paraplegia, amputation and meningitis, and seven had visual impairment. All of them were mostly independent in their daily lives, except for one participant who had a personal assistant. All had lived with a disability for more than 10 years. Their educational levels ranged from primary to

doctoral, and they had the occupations of trader, lottery seller, teacher, and workers with disabled people organizations and non-government organizations. Most of them lived in Bangkok and the greater metropolitan area. Social statuses were single, cohabiting, married, and divorced. Every participant's sexual orientation was heterosexual, two of them had same-sex relationship experiences. Their spouses were both able-bodied and disabled men, and six of them had children.

Two themes emerged to answer research questions. First, which discourses and social practices in Thai society influenced disabled women sexual self-construction, and second, how are the disabled women's sexual life and subjectivities.

Theme 1: Discourses and social practices that constructed the sexual self of disabled women

Disabled women described their life stories through multiple sets of discourse derived from sociocultural and medical knowledge conveyed through family, school, and community.

Karmic law discourse: Disabled women who lived in a Buddhist family embodied the concept of karmic law. Disability or *pikarn* (in Thai) is the effect of past bad actions that affect the present life. This discourse was found through story, book, drama, and monks' speeches regarding sin and good deed for reparation.

When I stayed at home, some elder visited. They looked on me with pity and told me that my impairment came from the previous life because maybe I stole things

from others, so had debt must repay back or came from hitting cow's back or frog's back. I was downhearted and intolerable. I want to die. I was worthless. (Kwan, 36 years old, paraplegia)

The disabled woman felt worthless because people think disability is a bad things and people look pity on them. They had to accept their fate.

Social welfare and legal discourses: The Thai laws and policies during 1932-1957 classified disabled persons as 'quasi-incompetent person' as a population at risk for causing social problems because of unproductive, incompetent, and unqualified to serve as civil labour that weighing down the country's development and disabled people was classified as 'socially disadvantaged people' as beggars, insane, homeless and must be living in the public shelter (Kata, 2014; Pitakthanin, 2011).

My family doesn't want me to study. They told me that they will give me one hundred baht (3 USD) per day to spend, go study is a hardship for me; living as a beggar is better. (Pan, 42 years old, blind)

Some people think that a disabled person should stay at home. They are worried how we would find food, how we go around because we cannot see ... Most people think that if they are without eyes they will lose everything, and only live in the darkness life. (Noey, 29 years old, blind)

People in Thai society have the perception that disabled person is supposed to be dependent, inability, and pathetic. This causes the family to overprotect the disabled child and keep them in the house

because they do not want to be exposed to social sympathy and pity. If the disabled girl goes outside and has a hard life, people in society would blame the family inability to feed their child and let them out as miserable beggars.

Medical discourses: Thai society was more influenced by medical science in the 1980s. The Disability Rehabilitation Act of 1991 encouraged disabled persons to engage in a rehabilitation process through treatment and restore their ability through occupational training and education. The disabled people at that time considered themselves as a sick person, hoping to be healed and doing all the things that professionals recommend. The society has the perception that disabled people as patient.

People in society don't look at people with disabilities with as much pity anymore, but rather as being more capable and able to take care of themselves and develop themselves. They admire this and often give encouragement. People still understand that disability is an illness and needs to be treated. (Nim, 38 years old, paraplegia)

At that time, the government was trying to create a new mindset of disabled people. The discourse is *'if they are entering in the rehabilitation process, they will not be a burden on society but rather beneficial to society'*, this discourse affected disabled women. They regulated themselves to train their skills because they did not want to be a burden of their family.

Theme 2: Disabled women's sexual subjectivities and sexual life

Sexuality and gender discourses: The

disabled women in a patriarchal Thai society have to face the double standard of a sexual culture that gives more importance to men. Sexual norms of the Thai society control women's thought, starting from reserving them to heterosexual relationships, no premarital sexual relations, having a sexual intercourse in a general manner (man on top), and sexual intercourse only. Further, married women are expected to have babies and single women are often questioned and looked upon negatively. Women's role included responding to men's needs, and they are supposed to be modest and mild, trust their husbands, take care of housework, and be a caretaker of their child (Archawanitkul & Sae-Guay, 2008).

The influence of discourses and social practices on gender and sexuality take control and dominate of women's roles through family and community but society has a lower expectation for disabled women. They are considered as being unable due to physical dysfunction. Society does not see womanhood in disabled women but sees only their disability and regards them as fragile and vulnerable in sexual activity.

Disabled girls feel embarrassed to show their physical impairment. They feel inferior and hid their body. The story from Som, 34 years old with poliomyelitis, when she was young goes as follows:

When we went to the market, I wanted to buy jeans or a beautiful dress, but my mom said this dress matches with a beautiful able-bodied woman who can walk, and it was not proper to me. I feel that I am not pretty like other women. After I had a job, my boss said

to me that I look pretty, why not go to shop for clothes and make up. I felt surprised; no one ever said I was pretty before.

Som had to deal with the attitude of her neighbour when she took her non-disabled boyfriend to her home to introduce him to the parents.

When I first went home, the villagers rode their bikes to the front of the house, because they knew that I bring a man to home. The villagers did not think positively. They wondered he was disabled. When they knew that he was not disabled, they were unaccepted because they couldn't make sense of the fact that someone with able-bodies could come to love disabled person. If it happens the relationship is not long, they will separate soon.

The story of Kai, 50 years old with muscle atrophy, her family believed that disabled people do not deserve to have intimate relationship and should only stay with parents for the rest of their life.

My mom told me not to think about love; no one will really love you; never think to be married because it is impossible. Disabled people could not live with anyone, except their father and mother... I am not assertive, and no one would flirt or say that he loved me. When people look strangely at me, I would be hiding. When I felt love for someone, I would keep it in my heart as if they knew that I am disabled, they will not like me.

A 42-year-old blind woman named Pan married with a sighted husband, but the husband's family might have said, 'Your disabled wife will be a burden, you need

to take care her for your whole life,' which conformed with Kaew, 31 years old, blind woman's story:

How many men will choose blind women as their wife? They need someone to take care, cooking food or putting on socks. The man will think of the image of his wife in public, how his friends would feel.

Kwan, 36 years old with paraplegia who had intimate relationships were questioned by the society, especially when they entered into a relationship with able-bodied man. Kwan's story indicated that she felt confused and did not trust in the relationship.

I have a relationship with a normal guy; he studied in master's degree; he picks me up and takes really good care of me. But my relatives questioned that he was crazy, as why he loved disabled woman. These questions made me curious about him. My disability as sin that locked myself for having couple, cannot have sex because society will not accept.

Took, 34 years old with paraplegia and her boyfriend have a urinary catheter that makes them unable to perform sexual activities in a normal manner, so she lacked hope about marriage.

At first, I hope to get married to someone, but now I think that sitting in a wheelchair when getting married looks like a monkey drama or a joke. It was more pathetic. The guests might think that can they still have sex? So, I think ... not getting married is better. He has catheter, me too; so we are unable to have sex.

Nim, 38 years old with paraplegia, she thought that if they had no vaginal sensation,

she cannot have sexual feelings and give pleasure to her partner. And Sood, 57 years old with paraplegia, who suffered from her pain while having sexual activity.

After I was disabled, my husband forced me to have sex with him. I have no feeling in that part of my sex organs, so I ask myself how I can have sexual feeling, how I can make him satisfied. I feel hesitant. (Nim)

For the guy, he has a sexual desire, but I have no sexual feeling. I was unable to control my pee; having sex feels painful. But to preserve our relationship, I must give it to him. (Sood)

Disabled women are judged from medical discourse of abnormal, incapable and genetic risks to the child in the womb, which prevents a disabled woman from getting pregnant. Pan, 42 years old, blind woman was not sure that their children will be deformed or not.

I already asked the doctor before, as an adolescent, if I have children, will they be like me. If the doctor said they will, I would have had an operation to prevent myself from falling pregnant. After I was pregnant, I really concerned if my child will be abnormal; I feel worried so much.

From disabled women stories show that the medical discourses and cultural discourses co-construct their sexual self as asexual, weak, inappropriate based on their impairment. The social practices as prohibit, control, discriminate, and excluded disabled women from sexuality issue leads to their subjectivities as low self-confidence, confuse, fear and not good enough to be lover or wife and genetic risk mother.

DISCUSSION

The findings of this study revealed that the multiple discourses and everyday live's social practices including; karmic law, social welfare, legal, medical knowledge, gender and sexuality discourses were co-constructed disabled women sexual self and subjectivities. Disabled women considered themselves as worthless, incompetent, disadvantaged, abnormal, patient, undesirable and burden of the family. They had stereotyped them as asexual beings and unfit to be wife and mother. They were discouraged by society as inappropriate to be married, inability to have a sexual relationship, and impossible to build their own family.

Foucault argued that as power was internalized, it became ingrained in thoughts and behaviours that became a part of the context in which we lived, breathed and knew ourselves. Accordingly, Foucault (as cited in Wexler, 1995) extended this concept to include that "power not only operates on people but also in their actions, their attitudes, their discourses, learning processes and everyday lives, rather than thinking of power operating from above". Similar to other studies, the dominant discourse in Thai society that affected disabled women's sense of self was medical discourse, gender discourse and religious discourse on "karma". Medical discourse shapes the meaning and value of people with disabilities, in terms of "valueless", "pitiable", or "incompetent", and that was a product of a power domination (Juathai, 2008). The influence of culture and beliefs

of society keep disabled women in their disadvantaged position (Tefera et al., 2017). The ideology of karma is a central moral concept among Buddhists, physical and cognitive impairment are caused by negative merit in the past life, and consequently, disability is constructed as negative (Naemiratch & Manderson, 2009) and disability is thus equivalent to lower status as the result of bad karma (Sudajitapa, 2017). Notion of womanhood with the ideologies of femininity, motherhood and caregiving influenced the life experiences of disabled women as incapable of sexual relations, preventing women with disabilities from achieving ideals of womanhood.

Disabled women in this study are living under patriarchy culture and the ideology of normative sexuality that starts in family level. This finding coincides with the study of Addlakha et al. (2017) that the power of family to disabled women especially sexual life, family institution was usually a heteropatriarchal realm of gendered power, organisation and control, which suffered severe disruption especially a disabled female. The family presents attitudes towards disabled child from omission to overprotection because of father and mother's lack of sexual education (Baptista et al., 2014). Overprotection has the effect of lower self-esteem and creates more social isolation, which in turn leads to lower intimacy (Nosek et al., 2003). Families send negative messages about the possibilities of them having a partner or even a sexual life, as they fear that their daughters or sons will suffer rejection, or unwanted

pregnancies (García & Álvarez, 2014). This conforms with many participants, such as Kai, whose had been told that no one really loved a disabled person and it was impossible to have her own family. Moreover, our participant sexual life stories were similar to Beckwith and Yau (2013) who pointed out disabled women concern such as body image, low self-esteem, fear of rejection, and feeling inadequate in long term relationships after injuries and not fulfilling the requirements of being wives and mothers. Similar with Nim and Sood if they could not have sexual activity to satisfy their husbands they would feel unstable in the relationship.

Although, this finding is similar to previous studies about sexuality of disabled women, but we argued the important of dominant discourses and social practices that influenced not only disabled women but governed perception of family and society towards disability. As stated by Cheek (as cited in Pennington, 2011) a discourse is dominant not because it is logical or rational but because of the "power that both underpins and maintains the discourse". This finding revealed the practices from family, medical professional, community, and media were power over the disabled women and position them in a lower social status and facing oppressive practices.

Implication: Sexuality of disabled women remains invisible, often ignored by society, health care service and policies. Therefore, it must be a destabilization of patriarchal and ableist assumptions that they are unable to fulfilling their sexual need,

partnership and motherhood. Moreover, accessible and relevant sexuality education and information on relationships, maternal and sexual and reproductive health care are necessary to ensure health intimate partnerships for them.

Limitation: These findings should be viewed with caution in light of certain limitations. First, our research focus on disabled women with physical and visual impairment, there are different types of disabilities which may have different experiences on sexuality. Additionally, data were obtained entirely by narrative interview that participants, particularly disabled women may find it challenging to tell their story to the researcher rather than be asked a series of questions like in-depth interview. Future research should also focus on other types of disabilities in order to understand their sexual experiences and subjectivities.

CONCLUSION AND RECOMMENDATIONS

It is found in this study that multiple concurrent discourses in Thai society including medical discourse, social welfare and legal discourses, and Karmic law discourse including gender discourse have affected the sense of self and subjectivities of disabled women. Postmodern concept is helpful in exposing discursive practices around disabled women by bringing awareness of those discourses that dominate and understanding those disabled women that become sexual marginalized. Disabled women experience sexual disadvantages

because of intersectional discrimination of gender and disability. Their subjectivities regarding sexuality are fear, frustrated, mistrust, low self-confidence, and undesirability.

It is needed the competing discourse with right based assumption which will have an impact on society to provide appropriate need for disabled women. Our findings may help in communicating to the larger society to enhance awareness that disabled women have competence in intimacy and motherhood. We even present the voices of disabled women. We need more social movement to promote accepting human rights and encourage access to services on the sexuality and reproductive health to disabled people. The policymaking should be proposing the empowerment program for disabled women and providing an alternative discourse about human rights and sexual rights of a disabled person to everyone in society and raise awareness for creating an all-inclusive society.

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