Denial of sexual rights: insights from lives of women with visual impairment in India

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Introduction

In 2014, for the first time in Indian cinema, a mainstream film – Margarita With A Straw – portrayed a woman with a disability as a sexual being.1 Shortly after it was released, a well-known television actress publicly spoke out against the film. “For a disabled person, sex is the last thing on their mind as there are so many different things to worry about,” said Sonal Vengurlekar. “Their relationship with their close one, their talent nurturing, their acceptance in society as normal people, and many more. BUT SEX IS THE LAST THING ON THEIR MIND, I guarantee!!”2 Vengurlekar’s statement points to a social problem: while women in India are battling to assert their sexual rights and rejecting patriarchal norms about their sexual behaviour, non-disabled women are perpetuating some of the same attitudes when it comes to disabled women. Women with disabilities are seen as lacking in desire and being undesirable. They are often viewed as broken or damaged – and infantilised as being always in need of control or protection. And they are not considered “woman enough” or even fully human.3

While women with disabilities are either de-sexualised or labelled as hypersexual,4 the sexual rights of women with disabilities are considered superfluous at best, and a complete non-issue at worst. Discussions around the sexuality of women with disabilities are often negative, and revolve around stopping an “abnormal” person from having the “normal” experience of sex and intimacy.

Against this backdrop, in this article I will reflect on my observations and learnings from workshops I conducted as part of the sexuality and disability programme at the Mumbai-based non-profit organisation Point of View, and examine how women with visual impairment in India perceive themselves and their sexuality. In addition, I will discuss my impressions of how their choices and narratives are shaped, and the impact of other intersections like that of gender and culture on their sexual rights. I will lace the observations and discussions of the workshops with my experiences and perspective as a woman with visual impairment who was sighted till the age of 15 before gradually entering the world of blindness. I am sharing my perspective as someone who has lived as a sighted person in a society laden with assumptions and stigma and as someone with complete blindness who challenges stereotypes not only in my own life but, through my activism, in the lives of many women with disabilities.

When I was 15 and diagnosed with an eye condition which was progressive and degenerative, my doctor suggested to my family that they should hide my disability for another three years and then marry me off as soon I was of marriageable age. Because if the world knew that I could not see, they would never accept me. This was my first brush with prejudices and stereotypes about the sexual rights of girls and women with disabilities.
Background

Point of View is an Indian non-profit organisation that amplifies women’s voices and works at the intersection of gender and sexuality. It particularly focuses on working with women at the margins like women in the slum community, women in sex work, women from sexual minorities and women with disabilities. Point of View’s engagement with women with disabilities began in 2011 with the work on the website on sexual rights of girls and women with disabilities. This website, which I co-researched and co-authored, was a pioneering online initiative which recognised that women with disabilities are sexual beings, just like anyone else. Launched at a time when the disability movement in India was still largely talking only about accessibility, education and employment, bringing gender – and sexual rights within that – to the forefront was a unique and ground-breaking step. The website took its readers through the spectrum of sexuality by talking about body and beauty, myths on sexuality and ideas of sex, relationships and marriage and parenting, to violence and abuse. The steadily increasing numbers of visitors to the website told their own stories. In 2012, when we launched the website, the online medium proved useful to break through the shame and stigma that surrounds sexuality in general. It provided an accessible platform which helped women with disabilities, who are often confined to their home, to get information which would not otherwise have been available to them.

Since the launch of the website, we were conscious of the fact that the intersection of disability, sexuality, gender and violence is very complex and sensitive. A website for us was a starting point but to create a deeper impact and empower girls and women with disabilities we felt that it was important to launch workshops on sexuality and disability, which we did in May 2015. Up to May 2017, we have conducted 31 workshops with 779 persons with disabilities, including visual disability, hearing and or speech disability, and locomotor disability, in seven cities and five languages. Nearly two thirds (19) of these workshops were for visually impaired women, while visually impaired men attended five.

Participants ranged from 15 to 45 years of age. Mostly lower middle class/working class, they came from a mix of urban and rural backgrounds. Even when workshops were held in cities, participants travelled in from neighbouring small towns and rural areas. From the surveys conducted at the beginning of the workshops, we found that the majority of women with disabilities were not married and most did not have children.

Any given workshop had a minimum of 14 participants and a maximum of 35 participants, and ranged from half a day to two days. Depending on the duration of the workshops we talk about the following subjects:

1. Information on the body, including reproductive organs and pregnancy, as well as on sex, contraception and sexually transmitted infections (STIs)
2. Myth busting on sexuality and disability
3. Relationships, choice and consent
4. Understanding gender and gender roles
5. Abuse and violence

We live tweeted (twitter) all the workshop participants’ experiences on social media – with a twofold objective of documenting experiences and creating awareness. We also conducted a formal evaluation at the end of the workshop where we asked for a rating on the workshop, areas and topics covered and gaps if any. We have not done any systematic review of workshops and evaluation and the statements and conclusions in this paper are based on my recollection and impressions as the organiser and trainer, and the observations gleaned from the twitter documentation and personal notes and documents that I created.

It was particularly challenging to reach the groups of persons with disabilities to conduct these workshops because their access to spaces and information is so closely monitored and controlled by their parents and institutions, all in the guise of protection.5 However, working with disability rights organisations and sensitising them to the sexuality needs of persons with disabilities was part of the process. The workshop design and content was dynamic in nature, and depended on the needs of the group as defined by the disability rights organisation through formal and informal needs assessments. For the first few workshops, we conducted the formal needs assessment with 10 organisations in June 2015 in the state of Maharashtra in India. For all workshops held after the initial needs assessment, we carried out informal needs assessments with the disabled people’s organisations (DPOs) in order to inform the content, and finalise topics to be covered and emphasised. The formal needs assessment helped us discover that there was a huge information
gap around sexuality for the disabled people that attended organisations’ rehabilitation, day care and skill-building courses. This information was seldom considered important and definitely not prioritised, even in parts of trainings that focused on self and development.

During the needs assessment phase, the DPOs were asked to rate subjects within the spectrum of sexuality, taken from our website, which would be important for girls and women with disabilities. The highest rankings were given to menstruation, puberty and violence and abuse. The lowest rankings were given to pregnancy and childcare as well as pleasure and desire. Sexual orientation was an uncharted issue for most DPOs while one said that workshops on sexuality and disability were needed “to cure lesbian tendencies”. I realised that these attitudes, which could be a by-product of attitudes towards the sexuality of women in general, and towards sexuality of people with disabilities in particular, created barriers for us as organisers giving holistic training. It took us a while to get to an inclusive, overall agenda for workshops.

In some of our half-day workshops, we had to focus only on subjects that the organisations thought important and necessary and we had to use a great deal of negotiation to push for inclusion of other important and relevant topics. In one of the workshops, this was a particularly difficult situation because the organisation wanted us to talk about love, romance, pregnancy and the reproductive process but was against us showing body models or talking about sex and intimacy. We saw that it would be impossible to talk about reproduction without elaborating on the body and sex so we shared an honest agenda for approval, which was passed by the organisation. In spite of that, after the workshop, when the director realised the extent of the information we imparted, he refused to be connected with us in the future.

**De-sexualisation and undesirability of people with disabilities**

The myths that people with disabilities are either asexual or undesirable are strong and complex, and play out in different ways in the lives of women and girls with disabilities. This impacts what information they can access, how much freedom they have around self-expression and influences their choices in their personal, romantic and sexual lives.

**Institutional gatekeeping**

This myth had a direct impact through the attitudes of institutions and disability rights organisations who censored what information could be made available and accessible in the workshops to people with disabilities, particularly women with disabilities. It was a process of negotiations for us to make the organisations understand the spectrum of topics that we wanted to cover. But fortunately we were able to push for a larger picture. For example, in our initial workshops when organisations asked us only to train on menstruation we also spoke about the body, its processes; where they wanted us only to focus on violence, we also focused on relationships. But sometimes, we were forced to divide the workshops into two half days, focussing only on the agenda prescribed by the organisation on the first, and then negotiating to add the other layer of information on the second.

We insisted that no authority figure from the organisation, such as a trainer or the head of the rehabilitation department, should be present in the course of the workshops. But we could not prevent it from happening at 8 out of the 19 workshops. Some said it was their organisational practice not to leave the visually impaired women alone with any outsiders, while others said they were there to check and ensure that the girls were participating and listening. In three workshops, we had incidents where the teacher or trainer from the organisation shouted at participants for refusing to share their insights, or being too noisy and distracted, while in most cases the hesitation to share or the noise was because of the nature of the topics discussed. Dealing with sex and sexuality often brings discomfort, invokes shy behaviour, and beyond a point excitement and distraction but reproving the participants gives them an adverse message. We noticed that a few participants who were chided for their loudness or distraction became very reserved for the rest of the workshops.

There are several detrimental impacts and tricky issues here. The message going out to society and the girls is that the organisations and their authority figures are the safe places and protectors, which may not necessarily be the case. It is also the residue of a very traditional method of teaching, a talk-down approach, where controlling sharing, participation and discipline were the key ways of engagement. This is a common attitude that I
have observed in general towards persons with disabilities, particularly women. First, there is the idea that the girls need strict protection and no matter what their age, they face a compounded vulnerability and are child-like and unable to protect themselves. Second, and not only at these workshops, there are very strong power structures existing within disability rights organisations, where teachers, trainers or departmental heads are always presumed to know better than the disabled person they are there to help, very much within the charity model of disability.

In four out of the eight workshops where the authority figures were present, we observed from the participants’ body language, non-verbal signs and hesitations that they were being pressured to accept what the authority figure was saying. The impression we received was that they were hesitant to share anything that would invite social stigma or be considered morally weak. When the trainers were not present, the participants felt more free to share or express opinions or experiences which contradicted the popular opinion of the group or the trainer.

For example, at a workshop in Gujarat, during a role play exercise about intimate partner violence, when the trainer asked what the women participants would do in an abusive situation, the organisation’s head intervened and said, “You will not bear it, right? Of course, we are strong, so no taking nonsense from anyone.” This was met with some silence and some acceptance, which seemed forced. The space to differ, to express doubts on how to leave a violent situation, to puzzle over the contexts of the women and their own beliefs, was basically choked.

**The myth of asexuality**

Contrary to the widespread myths, in the 19 workshops we conducted with women with visual impairment, there was no doubt that many of these women had sexual and romantic desires, wishes and needs. They expressed these desires through exercises, conversations and role plays as outlined below.

We generally started our workshops with an exercise as part of which we asked participants to share one of their dreams with us. We only asked that each woman tell us a dream of something she would like to experience for the first time. I noticed that in all the 19 workshops that have formed the basis of this paper, it took us a while to get the women to speak; it took participants time to think about this aspect of their lives, and in 2 out of 23 workshops we spent over an hour and a half each solely devoted to reflecting on this exercise. Finally, when they shared their dreams, it was with immense enthusiasm. Responses included wanting to wear jeans and travel to Goa, wanting to become a famous dancer and wanting to get married soon.

The point of this exercise was that women with disabilities start to focus on themselves as individuals with dreams and desires. Through my work with girls and women with disabilities in India, I have concluded that, being marginalised in many ways, more often than not girls and women with disabilities are not given the space to think about themselves or express their wishes. A hierarchy of needs is thrust upon them by their parents and society. They are forced to suppress all personal wishes or dreams because of the pressure, simply to conform to the assumption that they are without desire.

The participants did not overly express an interest in or ask about sex and intimacy, but when the medium of engagement was altered (from conversation to songs and music), they enthusiastically participated. For example, when a doctor asked adolescent girls at a workshop in Mumbai whether they knew about sex, they responded that they did not know about that, but they did know about “sexy”. After this, they burst into a series of Bollywood “item numbers”. The enthusiasm of the girls singing these songs, which are extremely sexual and sexually provocative, and enjoying them, was telling about their desires and needs. In India, because of the cultural contexts and traditional mindsets that include multiple oppressions and gendered roles and expectations, girls and women find it very hard to express their desires and dreams. They find it hard to talk about their sexual wishes, their needs for intimacy with a partner. They lack access to information as well. For disabled girls and women, it is an even greater challenge because of the lack of accessible information around a taboo topic. Disabled girls have an even greater pressure to hush their feelings and needs because of gendered expectations of how shy and proper a woman should be, but also because of the assumption that they are asexual beings. The “item numbers” really award an avenue to express their love for their bodies, their desire to be sexy and intimate with another in a sexual and romantic relationship and the wish to be admired and desired.7 Besides, because
the “item numbers” belong to the glamorous Bollywood space, women feel far more safe and comfortable in subscribing to this means for expression. And that is what the visually impaired girls did.

**Choice and consent**

Participants with visual impairment had largely received negative messaging around their capability to attract a partner or be perceived as an equal within romantic relationships. “Many people laugh at us when we share our dreams of (having) relationships,” said a few men with visual impairment in Pune. A woman with visual impairment in Mumbai said, “I want to get married but my aunt says that I am defective, so who will have me?” Participants in Nagpur had heard things like, “You are blind, why do you need to marry?” Other participants in various workshops echoed similar feelings through words and stories. Many participants were annoyed and frustrated with these social beliefs and some had started doubting their future in the face of them. But comparatively women with visual impairment were more likely to believe that they were less worthy of being a partner/wife because of their disability.

It is not uncommon that women with visual impairment face rejection on two fronts – from men without disability and from men with visual impairment. At a recent workshop, men with visual impairment showed that they held sighted women above blind women in worth, saying that it was okay to beat a blind wife, but not okay to beat a sighted wife, or that a visually impaired man scores more highly if he finds a sighted girlfriend, than the visually impaired man who finds a blind girlfriend. When this group was asked what kind of girlfriend would they like, one third of respondents preferred non-visually impaired girls. Having worked closely with the community, I have also noted outside the workshops a grave issue of men with visual impairment considering women with visual impairment less than other women and hence unsuitable partners.

One of the main issues from the workshops that stood out for me as a trainer was that participants, despite wanting to have a relationship or partnership, were forced to rethink their desires or were hesitant to express them because it was socially inconceivable. “Beggars are not choosers” was a phrase that girls and women in all the workshops had heard. This phrase was used in their everyday lives with regard to their choices, their options and their future. It is common that visually impaired girls adopt the language of their environment – from their parents, their family, their institutions and their village or town communities – and had started believing that they were somehow less than “normal” for relationships. Even in our workshops, female participants made strong distinctions between “normal people” and “disabled people”. When they were confronted with the fact that they were equating disabled with “abnormal”, they would often start thinking about it. In all the cases, they concluded that they were not abnormal, but the idea that other people were “normal” was still deeply ingrained.

The most difficult internalised stigma that the workshop participants battled with concerned the issue of choice and relationships. In some cases, women believed that only a man with the same disability could understand them. Others said that the only suitable partner would be non-disabled, and that such a partnership would fill a lacuna in their lives. In many cases, they said that they would like to find partners who were “less disabled”, and by implication more attractive. The conversation about choosing a partner focused on the potential partner’s disability rather than what they would be like as a person. This demonstrated the internalisation of an ableist lens by women with disabilities.

In a workshop in Gujarat, 25% of the participants said that they would not choose a “normal” (i.e. non-disabled) partner because of course “normal” people would not have them. They assumed that if they were themselves non-disabled, they would choose not to be or could not be with someone “like this” because of social and family pressures. In other workshops held in Mumbai, women participants with visual impairments believed that only blind men would accept them. Similar thoughts were shared across workshops, irrespective of location. These women and girls with disabilities have been socialised to believe that people with visual impairments are less desirable than non-disabled people. It also exhibits a gendered expectation where women believe that their primary concern should not be who they like, but whether another will accept them.

Many girls said that they would still like partners with low vision, who were less disabled than them, because in that way they would be helped to cross the road, they could access recreational spots like parks and movie halls independently, and the partner could describe movies to them. This idea stemmed from the very widespread belief that
women with disabilities could only be receivers of care, in need of constant caregiving, an attitude the girls had strongly internalised. When further questioned on the assumption that blind men will not be able to go with them to enjoy an evening in a theatre or a park, the general response was their doubt about the independence of a blind couple! These exchanges through multiple workshops reflected how visually impaired people find it difficult to live independently, and that they internalise doubts about their own capacity for independence. These doubts are then perpetuated in the form of negative attitudes towards other blind individuals.

There was an exception at one of our Gujarat workshops, at a residential home for blind girls where the girls vehemently argued that they would only like to have blind partners, as only they would be trusted and loyal companions. They were sure that no other man would understand the issues faced by visually impaired women, and that a non-disabled man was likely to abandon or cheat on his blind wife. When we tried to find out why they thought so, we discovered that the heads of the institution were two visually impaired people who were married to each other. They had trained the girls to think that only other blind people were suitable matches for them. In other words, the girls’ choices were powerfully influenced by the institution. Although this is a single case demonstrating the influence exercised by one organisation, I have observed that the infantilisation of women with disabilities leads to their choices being more influenced than those of non-disabled women. Women with disabilities are used to parental control, and institutions often act as de facto parents.

Cultural context and gender-based discrimination

In India, the main hurdle to talk about sex and sexuality is the notion that sexuality is corrupting the minds of the people, that it is a western concept and against our culture, despite a long and rich history of sexuality in writing, sculpture and storytelling. Even knowing about sexuality, knowing one’s body in its entirety, and acquiring more information around sexual relationships may lead to a sense of shame. It is considered immensely personal and rolled under the carpet. It is also somehow considered to be a man’s terrain, as far as knowledge, practice or curiosity are concerned. When this taboo intertwines with disability, an identity which is anyway considered lesser, “not normal” and which is buttressed with myths of asexuality, it makes talking about sexuality even more challenging.

In all 19 workshops, it was observed that girls were shy to open up and talk about sex or even ask questions on it. There was immense resistance by at least one participant in every workshop to touch the tactile body models, particularly the penis model, and to touch the condom or take part in the hands-on demonstration. In a workshop in Ahmedabad, one of the girls started chanting her god’s name before she could take the decision to touch the model penis and in a second workshop in Ahmedabad with girls of a similar age and demographic background, three girls refused because they argued it was against their religion as Muslims. In Nagpur, one girl left the class, refusing to participate in the condom demonstration, and in several instances in Mumbai and Pune some exhibited extreme discomfort before giving in to peer pressure or excitement and agreeing. Although the number of participants with extreme negative reaction was small, they were nonetheless present. In three workshops, participants argued against or showed their reluctance or irritation at accepting teaching about sex or positive sexuality, although they were ready to talk about rape or sexual violence. In one workshop, half the girls refused to participate and turned their backs on the trainer, and in two others they were vocal about their displeasure on the subject of sexuality and sex. This acceptance of the negative and rejection of the positive aspects of sexual behaviour transcended geographies (including Uttar Pradesh, Maharashtra and Karnataka).

On the contrary, in the five workshops where men with visual impairment were also present, no male participant refused to touch the models of the female reproductive organs, vagina, uterus or breast. The condom demonstrations were also welcomed. On average, men with disabilities posed more questions than women with disabilities in the sessions on body, sex, reproductive processes, STIs and contraception.

In all workshops, the questions asked by the women with visual impairment were invariably more focused on details of menstruation and pregnancy while very few concerned sex and pleasure. In none of the batches did women pose a question around male or female masturbation and from the perception of the trainers most of them were unaware of such a concept.
In contrast, the men with visual impairment asked equally about process and pleasure. They were also very curious about women’s bodies and their menstruation process. Their questions ranged from, “Can we have sex during menstruation or during pregnancy?” to “How do women reach orgasm?”, “Do women also masturbate?”, “Why do women bleed while having sex for the first time?” to “What is foreplay?”

The observations from these workshops and conclusions from my familiarity with women with disabilities in India show that there is a lack of information around sexuality and disability in general among people with disabilities, but that women with disabilities are influenced by the gender norms operating in the cultural context of India that created hurdles for them when seeking knowledge and information around sexuality.

India is a vast and diverse nation, and therefore people's experiences are context-dependent and can vary hugely depending on region, language, religion, among others. That girls and women with disabilities assented to gender-assigned roles and followed patriarchal mindsets was evident in many workshops. This was obvious through the ideas and philosophies that they shared around the proper role of a woman, and the way they configured the role play relationships. However, the extent of the intensity of patriarchal mindsets was dependent on cultural contexts and geographic variations. In the three women-only workshops organised in Gujarat, with participants from all over Gujarat including Ahmedabad, but the majority from rural areas, role plays around relationships and trust did not exhibit major gender stereotyping. This was also the case at two workshops in Karnataka. While workshops in the three cities in Maharashtra showed some signs of male domination in relationships and emotional abuse in trust issues, we saw major differences in Uttar Pradesh. In the single workshop held here, girls had come from 12 different villages and they all, without exception, exhibited strong gender stereotypical traits, taking on a feminine role and accepting male-dominated mindsets. This was clear in an extended discussion in which the young girls shared that the family’s prestige is dependent on its girls and women, and which demonstrated that they had been subjected to strict gender-based moral policing all their lives. They had been told directly and had learnt from their environment that a “good girl” (which they must at all times aspire to be) does certain things: she obeys her elders, does the household chores and is responsible for maintaining the family’s honour. The “bad girl”, however, does what she wants to do, wears makeup, and elopes with a man of her choice.

In general, women and girls in the region of Uttar Pradesh are encouraged to stay quiet, and their voices are suppressed. As a result, it took participants a full day even to speak to us. They had rarely been part of a discussion in which they were invited to share their own opinions. When they did open up, they reported that they did not want to get married. This was not primarily because they feared rejection based on their disability, but because they had witnessed severe domestic violence. (“Men are bad because they burn us for dowry,” one participant said.) They affirmed that after marriage, a man is able not only to claim a sexual relationship with his wife, but is also able to control her and be violent towards her. These beliefs were not shaped by their experiences of living with disability, but by their experience of living as females in a conservative cultural context.

All in all, gender and culture intersect in key ways in the lives of girls and women with visual impairment, making their experiences when engaging with sexuality different from those of men with visual impairment.

Conclusion

People with disabilities have many influencers in their lives, and there is minimal institutional support and encouragement of their sexual rights. This article has shown women with visual impairment battling under multiple power structures, and many of these experiences are echoed in the lives of women with different kinds of disabilities. Some face more discrimination because of how their particular disability is viewed in society. For example, women with psychosocial disability and/or developmental disability are considered to be at the lowest rung of the privilege ladder and hence the most discriminated.

A few women with disability rights organisations have come into existence and the past few years have also seen the emergence of the “Women with Disabilities India Network.” Besides, many disability rights organisations are at least ready to consider the issues of girls and women with disabilities in their discourses and programming.
Some women’s rights organisations have also stepped up to include disabled women and push for their rights. For example, our website www.sexualityanddisability.org has now become a platform to amplify the voices and experiences of women with disabilities. It includes the first time a woman with locomotor impairment in India has talked about sexual abuse in an intimate relationship, and the first ever visually impaired Indian woman to talk about the domestic violence she faced. There has been inclusion in campaigns like 16 Days of Activism12 to intersectional thinking around celebrations of being a woman, from every marginalised group.

Another positive influencer in shifting the lens on disability and sexuality has been cinema. Films have only recently started portraying protagonists with disabilities in a more nuanced and less stereotypical way than they have largely done before. Where some films implied that disability would be a burden of care for the partner,13 films like Margarita With A Straw and the award-winning documentary Accsex14 have succeeded in moving away from the stigmatised image of a disabled woman. Other films, like Kabil, have, through their disabled protagonists, demonstrated passion and love in conjunction with disability and consequently started to dispel myths around the capabilities and interests of people with disabilities in romantic and sexual relationships.15

These films have also succeeded in creating spaces for a few parents and family members to talk about their concerns about the sexual rights of their adult children with disabilities. An article by a man who has a son with a cognitive impairment explores the positive aspects of and problems with films that portray disability. He explains that films emphasising one kind of need may overshadow many related issues. Talking about sexual needs he writes, “Yes, they’re there. But the larger issue is just simple companionship, with and from peers, and otherwise. To be able to have someone physically around you, evening after evening, night after night, into your 30s, 40s ...”16 This is something that gets left out of the conversation around sexuality and disability, as if sexual needs were divorced from the need for companionship.

The disability movement has also leaped ahead in thinking of the intersection of gender and disability by advocating for a gender-sensitive law. The success has been in passing the Rights of Persons with Disabilities Bill in 2016, which is a landmark bill with many clauses for girls and women with disabilities, their safety and dignity.17 Yet, this bill leaves some basic questions to be asked. It mentions that the pregnancy of a woman with severe disability can be terminated without her consent, and only with the consent of her guardian and medical practitioner. This is a step back for her sexual and reproductive rights, particularly when severe disability has not been generically defined in this law.

The social landscape with the law and influencing media in India is still a very complex one. On the one hand, we have more exposure to issues of persons with disabilities, films challenging the myths around sexuality and disability, but on the other, we still somewhere have the hierarchy of needs and discrimination existing for persons with disabilities. Inclusion of gendered realities in the disability rights movement and inclusion of the realities of a life with a disability within the women’s rights movement often seems to be a token with limited understanding and still operating under multiple power structures. But as an activist and a disabled woman, I see how things have changed over a period of six years, from when my work was considered futile and I was considered to be a “fast” woman talking about sexual rights, to the present, with more organisations and activists reaching out and expressing their interest to work together on disability, gender and sexuality.

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