



**EXPERIENCES AND EXPECTATIONS OF INTERPERSONAL RELATIONSHIPS:  
WOMEN WITH IMPAIRMENT IN MYANMAR**

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This document represents part of the author's study programme while at the Institute of Social Studies. The views stated therein are those of the author and not necessarily those of the Institute.

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## Abstract

This study investigated the lives and hopes of Myanmar women with physical disabilities in interpersonal relationship with family, immediate community, friends and intimate partners, in the context of multiple gender stereotypes and stigmatization of people with physical and other impairments and disabilities. In Myanmar, the experiences and expectations of women with impairment in interpersonal relationship are marked by cultural practices and norms of gender, sexuality and the body, as well as poverty, and weak institutional support and rule of law. Therefore, this research aims to contribute to activities of relevant policies makers and intervening agencies in order to emphasize the need for actions in support of women with physical impairment, their protection from violence, and promotions of their rights.

The study explores the voices of 18 respondents with physical impairment and a number of their family members, people who care for them, people involved in their training and education, and includes perspectives of two organizations tasked with improving the rights women with disability, and providing legal aids.

The study has found that dominant norms of gender, sexuality and disability are crucially forming women's hopes, expectations and experiences. Considered a-sexual and ugly by community, women often doubt that they will have satisfactory intimate and sexual relationships, and still have very clear idea what is for them 'true love' and what kind of relationship with men they want. Protected by the family and considered unable to care for themselves, women also see themselves as weak and dependent. Still, while dependency on others is part of their lives, many of them hope for independent life, for education, jobs and families of their own.

At the same time, violence, neglect and harassment are regular part of their lives, be it in the family, in the community or wider society. This research found out that even women deal in many different ways with sufferings and differences in their coping strategies can often be linked to their education and class. Those with more education and economic resources are often more able to pursue violators through courts and legal trials. Those from poor, especially rural families, often have nobody to turn to for help and suffer in silence. Most of

the women – regardless of their background - simply take various forms of sexual harassment as normal.

### **Relevance to Development Studies**

Historically, persons with disabilities were overlooked in human development agenda – particularly, disabled women is subordinate to both women’s group and disabled people’s group. The Convention on the Rights of Persons with Disabilities (CRPD) was adopted by United Nations human rights convention in 2008 for all inclusiveness of disabled people to enjoy equal rights in economic, political and social conditions. Furthermore, the resolution, “Realization of Millennium Development Goals for person with disabilities for 2015 and beyond” adopted by the 65<sup>th</sup> General Assembly strengthens the fact that disabled community is essentially required to be empowered for sustainable development. Likewise, Incheon strategy to “Make the Right Real” that is aimed for about 650 million PWDs in Asia and the Pacific also recognizes that “Ensure gender equality and women’s empowerment” is one of the major goals to promote the rights of women with disabilities. In a reality, women with impairment in developing countries are still being marginalized to raise their voice. The immediate community and their intimate persons are the essential source which can influence the attitudes and expectations of women with disabilities in either a good or bad way. Exploring their hopes and challenges in social relationships, the findings are expected to identify the effective strategies and approaches to empower, and to provide a secure and happy life for them. In a development process, no one should be left behind.

Key words: Women with physical impairment, gender, sexuality, the body, intimate relationships, violence, Myanmar

## Contents

Acknowledgement .....	2
Abstract .....	4
CHAPTER 1: INTRODUCTION .....	7
1.1 Statement of the research problem .....	7
1.2. Contextual background .....	8
1.2.1. Myanmar women, gender hierarchies and sexuality .....	8
1.2.2. Women with impairment, and sexual violence .....	13
1.3. Research objectives and questions.....	16
1.4. Research methodology.....	16
1.4.1. Generating Data .....	18
1.4.2. Research Site: Yangon: Diverse population, and diverse institutional support ....	19
1.5. Ethical clearance .....	20
1.6. Limitation of the study.....	20
2.1. Embodiment, vulnerability and disability .....	21
2.2. Sexuality, sex, intimacy and disability .....	23
2.3. Theoretical approach of this research .....	25
CHAPTER 3: SOCIAL CONSTRUCTION, AND EXPERIENCES OF DISABILITY, GENDER AND SEXUALITY .....	28
CHAPTER 4: Expectations about romantic and intimate partner relationship .....	33
CHAPTER 5: EXPERIENCING AND DEALING WITH VIOLENCE.....	38
CHAPTER 6: INSTITUTIONAL AND ORGANIZATIONAL SUPPORT .....	42
CHAPTER 7: CONCLUSION .....	46
References .....	51

# “Experiences and Expectations of Interpersonal Relationships: Women with Impairment in Myanmar”

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## CHAPTER 1: INTRODUCTION

### 1.1 Statement of the research problem

Although patriarchy system is viewing women as a weaker sex, in the case of physical impairment, “being women with disability” produces more social hierarchies. Women with physical impairment are often assumed by the society and their immediate community, and often assume themselves, to be less worthy of love and intimacy, including of intimate and sexual relationships. Their unique and often dependent position in a society can render them vulnerable to psychological, legal, and economic exploitation in their personal relationships with nondisabled individuals (Hahn 1981, p.221). Baladerian (1991), Chang et al. (2013), and Sobsey and Doe (1991) also indicate that the intimate partners of women with disability, or the close persons within their community, are most often perpetrators of domestic violence and sexual abuse of impaired women. In particular, women with disability, in developing countries such as Myanmar, with male dominating system, might be more vulnerable. At the same time, many women with physical impairment fight for acceptance in society and for the right of having loving relationships. There are also groups, organizations and institutions that support women in many different ways – offering education and skills, legal advice, space for socializing.

In this light, this research focused on experience and expectations of interpersonal relationships of the women with physical disabilities. Interpersonal relationships include the bonds of impaired woman with her close persons such as: i) family members; ii) friends, iii) immediate community (like kinships); and iv) their intimate partners. Intimacy in this context, thus, means both family relationships and friendships, and intimate partner relationships and variety of sexual relationships that include sexual vulnerabilities and violence. To understand women’s interpersonal relationships, this research will explore social contexts of lives of 18 women with physical impairment in Myanmar and the strategic ways by which such contexts is implicated in women’s own dealing with their body and sexuality.

The study will also address, as far as possible, the institutional support of non-governmental organizations for social and sexual justice for women with disability.

With the aim of understanding different experiences and expectations of disabled women, the research will pay attention how are intersections of class, ethnicity, specific type of disability, and gender and sexuality implicated in both women's experiences and expectations, and in social and institutional practices. Country capital Yangon as a multi-ethnic place will be the main research site.

## 1.2. Contextual background

### 1.2.1. Myanmar women, gender hierarchies and sexuality

Gender relationships in Myanmar resemble gender hierarchies in many other countries where paradox of patriarchal practices and official equality ideas have existed side by side. Thit (2016) explained that strong patriarchy is the main cause of sexual violence and abuse in Myanmar, as other reasons are constructed upon the male dominated system. Other reasons such as social stigma, traditional norms, corruptive institutions, and limited options for women when they are abused are also the pillars that support male sexual abusive behavior. It is not a simple work to eliminate the old gender stereotypes, because in Myanmar women are oppressed in both direct and subtle ways by framing women's thinking and views with three dominant patriarchal believes. First, Myanmar women have been taught that their position is inferior to their male counterpart. Second, the religious teaching postulate that female sexuality is dangerous because women's sexual desire is stronger than men's. At the same time, women have been provided with pseudo-equality within official state ideology that makes them think that they have an equal position with men.

In respect of the inferior position of women, Khaing (1984) explained the concept of male power which is known as "*Hpon*" upheld by Buddhist society in Myanmar. "*Hpon*" is seen as power that exists in men from the moment they are born. Myanmar Buddhist women are "below" mankind since they lack that power, while men have a nobility of manhood. "*Hpon*" can make the glory and holiness in men. To maintain "*Hpon*", men need to be positioned in a higher place (Khaing 1984). In everyday practice, this means, for example, that women's and



men's clothes should be washed separately, women's clothes have to be hung below men's, and men need to be aware not to pass under women's sarong line. The traditional women who follow such social practice have been praised as "good women". For Myanmar women, another oppressive social norm is "the duty of a good wife" – that is to sexually please her husband. The words used in Myanmar for addressing one's husband are: "Ka Ma Paing Lin Yout Kyar" - the one who owns his wife's sex (Thit, 2016). These practices and norms are limiting the rights of women's bodies and sexuality. Also sexual discrimination practices can be found in many ethnic proverbs of various ethnic groups. For instance, a saying to a man: "If you want to be poor, marry a woman" (*Jainphaw*)<sup>1</sup>; "A hen is a hen, be like a hen – don't crow like a cock" (*Palaung*)<sup>1</sup>; and, "A good man can have one thousand concubines" (*Rakhine* and *Bamar*)<sup>1</sup>. The doctrine on women's lower position in marriage, family and society, and on women's bodies as powerless and owned by men exists in every ethnicity in Myanmar.

The weaker position of Myanmar women's sexuality is obvious in traditional proverbs. One I have often heard from my mother and grandmother is: "When a thorn falls on a leaf, leaf is punctured. Leaf is also still punctured when it falls on a thorn". Myanmar people used to say this proverb when they want to remind women of their 'proper' sexual behavior. My mother and grandmother taught me that girls are like flowers, while boys are like pests; so if girls are not humble, they would be attacked by pests someday. These proverbs are reinforcing gender stereotypes by positioning women in a defensive and men in an offensive, predatory role. In other words, Myanmar women are viewed as a weak sex and as sexual object that can never compete with the male adversaries. In addition, that view indicates that oppressing women's bodies in of physical or sexual terms is acceptable, and normal.

But such ideas of women's weakness contradict the belief of stronger sexual desire in women than in men, embedded in Buddhism in Myanmar. The *Lawkaniti*<sup>2</sup> describes that a woman's sexual passion is eight times as strong as a man's (The *Lawkaniti* 1968 cited in Spiro 1993, p.318). Further, the *Lawkaniti* portrays women as tricky and crooked persons. They postulate that female treachery is dangerous for men because all women work to control male power. Thus, the *Lawkaniti* and traditional religious text remind men to approach women carefully. In many traditional stories, female characters are described as being sexuality desirable and

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<sup>1</sup> The ethnic group in Myanmar

<sup>2</sup> A popular compendium of Myanmar secular lore

with strongest sexual allure that is attracting men to have sexual intercourse with them. In this way, women are preventing men from realizing their *Dhama*<sup>3</sup> (i.e. their moral potentials and path of righteousness). These conceptions strengthen the sense that women are primarily responsible in cases of sexual abuse. Such interpretation of female sexuality is rather different than dominant western perceptions of white, European, upper class female sexuality which is often seen as non-existent and passive, and under control of men. These are important differences that may have implications for research on intimate partner relationships in the South, and on sexual violence, especially in case of women with physical impairment.

There is yet another paradox in a wide-spread belief that Myanmar women enjoy equality and high status and are able to participate in the public life as men do. Myanmar's historical narratives state that the status of Myanmar's women is higher than those from the neighboring countries, China and India. In this case, men and women's official, legal equal status provided in the constitution has been highlighted. But such official ideologies hide silent traditional customs and practices (Peace Support Fund 2015). In the military regime, the government perpetuated the illusion of high status of women in many statements and reports. On the official website of the Myanmar National Committee for Women's Affairs (MNCWA)<sup>4</sup>, it is stated that "... the status of Myanmar women has always been high since the days of the Myanmar Kings. They enjoy equal rights as men. In Myanmar family, husband provides the financial needs... the women may go out to work for the social development; they all have the major responsibilities to look after the family. One must be careful not to go against the cultural norms and values attached to our families" (Peace Support Fund 2015). This statement is contradictory, because it says that women are given equality and high status, and at the same time that it is not acceptable to go beyond the cultural norms that value family – an institution within which women face multiple oppressions. In other words, Myanmar women are forced to follow the cultural norms, despite constitutional rights. Further, a Government spokesperson illustrated the "high status" of women through a following statement during 2007 CEDAW reporting session: "Myanmar women enjoy equality with men in social status and share opportunities and responsibilities in social, economic and political activities and this unique trait of Myanmar society should be maintained and sustained to enhance partnership and equality between men and women."

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<sup>3</sup> Buddha's teaching in which controlling desire is described as an essential tool to reduce greed, anger and illusion

<sup>4</sup> MNCWA is the association under the Ministry of Social Welfare, Relief and Resettlement (MSWRR).

(Peace Support Fund 2015). These narratives of equality undermine the ways of seeing the patriarchal reality in which women live. All views about “inferiority”, “strongest sexuality” and “high status” undermine women’s rights in a subtle way. And it also limits the space and opportunities to break down the traditional barriers, but favors violence.

Although Myanmar developed the National Strategic Plan for the Advancement of Women (2013-2022) to implement CEDAW’s agreement in which the support to violence against women is one of the components, domestic violence and sexual violence are still a common occurrence in Myanmar both inside and outside the home (ActionAid 2014; GEN 2014). Myanmar police reported that the rape cases increased from 377 in 2010 to 605 in 2011 and 654 cases in 2012 (Weng 2013). Yet, we do not know the hidden figure for unreported cases. Based on the news from the local papers such as *Daily Eleven Journal* and *Pyit Mhu (Crime) Journal*, it was found that the survivors of sexual abuse were girls and women with varied age – from three to seventy years old. In particular, Peace Support Fund (2015) highlighted that ethnic women in Myanmar were suffering more from racial and sexual discrimination. From the military regime since 1962 to the quasi-civilian government backed up by old generals until 2015, the army used rape of women to disgrace the ethnic minorities. Not only were the ethnic women living in the ethnic conflict regions, but also the sexual assaults of the ethnic women in major cities are ignored.

Nge Nge Aye Maung, chair of the Association of Myanmar Disabled Women’s Affairs noted in the interview with *Myanmar Times* newspaper that the voices of women with disability – regardless of class, race, or ethnicity -have been less heard than those of able-bodied women (Pwint and Su 2015). This does not mean that experiences of all disabled women are the same. Various forms of discrimination and sufferings cannot be generalized since the ways of mistreatment and abusive practices, and their experiences can differ upon class, race and ethnicity. The experiences of rich and educated women and able-bodied women cannot be equated with experiences of poor, disabled and/or uneducated women’s, and their expectations of live and intimate relationships may also differ.

Harding’s standpoint theory explains that patriarchy produces women’s subordinated status within unequal social structures (Harding 2004). Following Harding, Thit (2016) states that male-dominated system in Myanmar is creating social and sexual vulnerability of women. Report of GEN (2015) reveals that women are reluctant to take a higher position at job

because they do not compete with men to take that professional position. This shows that women have many challenges to overcome social barriers and norms, even when they have the same capacities as men. The gender hierarchical system is limiting the social position of women by putting them into inferior place. For those who are poor and lack of capacity, they have been enclosed in deep-rooted norms, and more marginalized.

According to GEN (2015), every ethnic group in Myanmar has described men and husbands as “household leader” and “breadwinner”, while women are taking position of “dependent” in their household registration list. Women’s income, whether small or large, is not recognized as a significant contribution for the family. Lack of education is one of the main reasons that limit women’s knowledge. Poor families in Myanmar think that girls do not need to be educated – if they can read and write, it is enough. Even if they understand the importance of education, families prefer their sons to daughters to send to school within limited opportunities. Poverty, lack of education, capacity and resources are pushing women to the margins of society, and owing to these reasons, many women are losing the way to escape from this vicious circle of marginalization. These conditions are particularly harsh for women with physical impairments.

According to 2014 census (PHC 2015), the percentage of disabled people in Myanmar was 4.6 percent out of the overall population of 51.5 million. The disability is higher among women (4.8 percent) than men (4.4 percent). Without gender disaggregation data, 2014 census offers following data on disability: in seeing (2.5 percent), physical mobility (1.9 percent), intellectual (1.7 percent) and hearing (1.3 percent). In the research finding of Bawi (2012), 71 percent of the disabled respondents were not allowed to participate in family and community activities. Undermining capacities of persons with disability (PWDs), people believe that “disability” is cause for shame and a burden, leading people with impairment to isolation. In addition, institutional special education centers for PWDs are located in major cities like Yangon and Mandalay (the only school for intellectual disabilities for the whole country is in Yangon), while public schools cannot provide special facilities for students with impairment. Thus, the access to inclusive education for PWDs is limited. In particular, women with impairments are more excluded from the society due to the gendered social norms.

Within the multiple layers of discrimination, the sufferings of poor women with impairments have been one of the hardest and most complicated issues, because those women have one more reason to be mistreated, besides their gender, class or ethnicity - that is being “disabled”. The isolation of women with disability creates multiple vulnerabilities, including sexual and other types of violence. For women with impairment, communication barrier is the biggest concern to deal with police, even if they wish to report abuse. They are more likely to keep silent since many of them lack confidence. In addition, as my research shows, many of them assume that abuse is normal, and view their lives and model their life expectations within the coordinates of violence and isolation.

The policy to create equitable social opportunities and protect the rights and dignity of women with impairment is urgently required in Myanmar. However, 2008 Constitution of Myanmar just focused on the disability caused by the military service. The Constitution indicates that the Union shall “a) care for mothers and children, orphans, fallen Defence Services personnel’s children, the aged and the disabled; b) ensure disabled ex-Servicemen a decent living and free occupational training”. Likewise, although democratic transition was initiated since 2010, the rights of women with impairment have not been fully considered in social policies. Even the recent disability law (2015) generalizes the term “abuse” and “domestic violence”, not including particular description for the protection of sexual violence for women with impairment. Thus, the sufferings of women with disability as well as their struggles for dignity and personal happiness have been invisible because of gendered social norms, weak governance system and the institutional strengthening of male domination.

### **1.2.2. Women with impairment, and sexual violence**

Women with physical impairment face many challenges in their lives, and sexual abuse and violence is a significant one. While my research will show that women with physical impairment also have loving relationships with their families and friends, and experience fulfilling intimate relationships with their partners, sexual violence remains one of the important problems in their daily realities. Many of them find various forms of sexual abuse normal, and form their expectations of intimate lives within the coordinates of exclusion, isolation and violence.

According to Bawi (2012), women with disability are especially vulnerable to sexual attack. As a result of social discrimination and weak implementation of law, the perpetrators of sexual abuse or violence on disabled women are not always adequately charged. Communication barriers and lack of special assistance (such as having interpreters) at the court cause disadvantage for women with disability. Bawi (2012) and Thit (2016) help us understand the reasons of sexual victimization of women with disability.

First, traditional belief in Myanmar that disability is a part of bad luck makes people with impairment and their families feel ashamed, and a social burden, and this can result in lack of protection for women with impairment against sexual violence (Bawi 2012). Another failure is related to lack of education, livelihood opportunities and physical support. These are the challenges mostly faced by middle-income and poor families. In Myanmar, not every state and region has special educational institution for people with impairments. There are just a few in two major cities: Yangon and Mandalay. The average family cannot afford to send their children with disability to school. Particularly, the parents of the female adolescent with disability are worried about sending their daughter to a far-off school, and the schools nearby are not all-inclusive. The reasons of vulnerability are not only due to limited access to education, but also low healthcare awareness of parents (Bawi 2012). The limited livelihood opportunities and vocational trainings and the poverty of families are the economic reasons that are increasing vulnerability and dependency of people with impairments. Such dependencies create conditions of sexual abuse by care-givers and close persons.

Second, Thit (2016) pointed out the practices of sexual oppression of women as a source of their sexual vulnerability. In Myanmar, women feel embarrassed to report to the police if they are sexually violated because the society assumes that being raped is a shame. Instead of blaming the perpetrator, Myanmar society views women as the source of problem. Even if women raise their issue to the community's leaders or police, weak and corrupt legal institutions do not take enough action on the abusers. The community sometimes intervenes and negotiates with the survivors by giving a small amount of money as a compensation fees, or encourages the affected woman to get married to the man who committed the sexual violence. Thit's work addresses experiences of, and struggles with sexual violence of able-bodied women. Women with impairment face more complex situation.

In respect to legislation the social protection schemes for disable women against sexual violence is not clearly expressed either in the rights of people with disabilities or in women's rights agenda. In the recently approved laws in 2015 for the rights of people with disabilities, no separate penal code is provided for sexual violence. Also in general legislation on sexual violence, much clearer definitions of violence are required (GEN, 2013). For example, according to Section 354, the one whose assault aimed to "outrage (a woman's) modesty" would be punished up to two years imprisonment and possible fine. Some offences - such as making offensive sounds, taking a naked picture of a woman to make them ashamed, and exhibiting object to insult a woman's modesty - are entitled to be punished under Section 354<sup>5</sup>. However, no definition of "modesty" is stated by the legislation. Not just because of communication barrier, but also because of lack of definition of "modesty", it might be challenging for a woman with impairment to express how she experienced violence.

Myanmar acceded to CEDAW in 1997 and the "Convention on the Rights of Persons with Disability" in December, 2011. The National Strategic Plan for the Advancement of Women (2013-2022) does not address adequately violence against women with disability though it has been one of the components. However, the exiting legal framework is still weak in protecting the vulnerable women or survivors of violence to enjoy their rights with full human's dignity. Bawi (2012) added that nationwide initiation of community-based rehabilitation of survivors has not been established. These challenges might be the reasons for women with impairments and their families to lack awareness, protection, support and empowerment. According to Bawi's finding, one family of an impaired woman took extreme measures in advance: an operation to remove her uterus, to prevent unwanted pregnancy from sexual violence. Thus, one form of violence may lead to another form of violence, as women with impairments may be excluded from making significant decisions about their lives.

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<sup>5</sup> Section 354 criminalizes assault. But the perpetrator would be charged with Section 323 (causing hurt) combined with Section 354 in the cases such as touching a woman's genital and hitting a girl by a boy in front of a crowd to cause her shame (GEN 2013).



### 1.3. Research objectives and questions

This research will contribute to the body of knowledge about disability, interpersonal relationships and sexuality with intimate partners in general, and specifically in Myanmar, where such research is almost non-existent. In addition, I hope that my research will be relevant for the policy makers – be it on the state level or within other intervening agents (such as NGOs) - in re-thinking strategies in support of women with impairment.

The main research question is:

**What are the experiences and expectations of interpersonal and intimate relationship, the body and sexuality by the women with physical impairment in Myanmar?**

This research question is composed with following sub-questions;

- 1) How are women with disability in Myanmar experiencing their body and sexuality, and how dominant social constructions of gender, sexuality and disability influence their experiences?
- 2) What are women's expectations in dealing with physical and sexual intimacy in partner relationships?
- 3) How different forms of violence figure in the lives and family, community and partners relationships of women with physical impairment, and are there/what are women's strategies in dealing with violence and accessing justice?
- 4) What support institutions/organizations/networks are there, how are they utilized and how can they be enhanced?

### 1.4. Research methodology

This study explored the experiences and expectations of interpersonal and intimate relationships of women with disabilities from Myanmar, and the social and cultural norms about disability, the body and sexuality that are implicated therein.



The investigation mainly focused on “what’s”, “how’s” and “why’s” in order to understand social and cultural mechanism framing women’s understandings of themselves, their bodies and sexualities. Gerring (2007) indicates that pathway strategy, as a case study method, investigates the casual mechanism that is exploring the relationship between the factors underlying the structural cause and effect. Pathway strategy provides the techniques to define the background - social, cultural, religious, and the institutional factors - that create a context within which women with impairment in Myanmar experience their disabilities and the ways those are related to their interpersonal relationships. In order to get some insights into institutional factors, the study addressed some institutional challenges posed by the state and the work of non-governmental organizations supporting the women.

The study took an intersectional perspective while selecting women respondents. Overall, the research investigated the views of 18 respondents (seven with hearing impairment, one with visual impairment, and the remaining ten participants with mobility impairment). The age range of the participants was from 13 to 45 years. Among the participants, nine women reached the secondary level of education, while the rest dropped out of school after they had completed primary level. The ethnicities of the respondents were *Kachin* (1); *Lisu* (2); *Kayin* (2) and *Bamar* (13)<sup>6</sup>. The research was supplemented with the insightful voices of the key persons from a disabled women organization, and a legal aid organization. Yangon Region was the research site because it has highest number of population with disability, hosts educational institutions for people with impairment, is rich in diverse ethnic groups, and has NGOs working for the rights of disabled women.

The research started with focus group discussions on women’s experiences and expectations of love and intimate relationships. This approach proved to be useful, as group discussions mostly started with relaxed and playful atmosphere, with participants openly discussing their hopes and disclosing events from their lives. However, such discussions also led to grim discussions about discrimination, exclusion and violence. After the focus group discussions I have approached individual women and asked them for an in-depth interview. In such individual interviews stories about experiences of sexual abuse and violence were more pronounced. When a parent or a care-person accompanied the interview, I first asked the

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<sup>6</sup> These are ethnic groups in Myanmar. Given the small sample, I am not drawing any conclusions in similarities or differences in experiences or expectations of women according to their ethnicity, or class. Nevertheless, ethnic and class diversity of the sample was important in order to do justice to diversity of women with impairments living in the region where the research was conducted.

interviewee if she agreed with their presence. This is done because family members and care-persons are often the main perpetrators of violence against women with impairment.

#### 1.4.1. Generating Data

For the primary data collection, the research relied on in-depth interviews and focus group discussions with women with physical impairments, and some individuals from their support network. Focus Group Discussions (FGD) were aimed to explore the general views about love, friendship, family and community bonding, and their expectations for future spouse. After FGD, the researcher selected four key respondents upon the suggestion of her mother organization (Association of Myanmar Disabled Women's Affairs) and the consent of the participants to make individual in-depth interviews to hear the experiences and expectations of family-life and intimate relationships.

Women were selected from different locations such as two rehabilitation and education centres in Yangon, and another two from within the community living in the outskirts areas of Yangon. I first approached five women with hearing impairment from Mary Chapman, and four with mobility impairment from Vocational Training Centre for Adult Disabled Person. These two rehabilitation centres have been selected with three criteria; 1) well-known; 2) resourceful; and 3) multi-ethnic. Total of nine participants from these two schools received a secondary education. Second, the study also approached two self-help groups of people with impairments in Hlaing Thar Yar Township, Ward (14) and Thabyo Ward, the outskirts areas of Yangon. Those self-help groups were facilitated by "Ah Nei Met Myittar" (Uncompetitive Affection) orphanage. In the group discussions with the women with disability in the community, the parents of participants were also involved. The participants from community groups received only primary education, and their parents were casual labours or small farmers. The researcher also conducted in-depth interviews with four members of the group. Among them one is losing eyesight. She is a married ethnic woman, 45 years old, who suffered from domestic violence committed by her parents. The remaining three participants had mobility disability and hearing impairment, age from 17 to 25, who have recently been heard at court for the sexual abuse cases.

Limited discussions with the state and non-governmental service and support providers were conducted as well, in order to understand how they are engaging in lives of the women, and especially in protection against sexual violence against women with impairment. In this light, the researcher explored the views of the principal of Association of Myanmar Disabled Women's Affairs, and a director from Legal Aid Organization for the recent institutional support, as well as the needs.

The analysis of the interviews relied on thematic classification, linked to the main themes that appear in the narratives of women with impairment and the support/service providers. This thematic analysis allowed me to critically relate women's narratives with the main points stressed in the literature, and thus to enrich current ways of conceptualizing women's experiences with information from women's lived realities.

#### **1.4.2. Research Site: Yangon: Diverse population, and diverse institutional support**

Yangon has the second largest disabled population after Ayeyarwaddy Region. In Myanmar, there are seven regions and seven states. Out of 2.3 million of disabled population in the Union of Myanmar, Yangon Region occupied 11 percent, and Ayeyarwaddy Region had 20 percent of disability, while the rest of disabled population has been spread in other states and regions. Yangon Region, where the capital city of Myanmar is located, is also the most populated region in the country in which diverse ethnic groups are living. In addition, the rehabilitation centers and training schools for people with impairments and the headquarters of non-governmental organizations for women and persons with disability (where I conducted interviews and focus group discussions) have been established in Yangon. Mary Chapman School for mute and deaf persons was established in 1920, and Vocational Training Centre for Adult Disabled Person that has been managed by the Department of Social Welfare exists since 1954. As those schools are the largest institutions for the persons with hearing or/and mobility impairment, there are attended by impaired women with very different class and ethnic background. The Hlaing Thar Yar Township, another the research site in Yangon, with the community groups has been one of the areas where largest disabled population is living. Thus, Yangon region was selected as most appropriate research site to explore the experiences of women with different types of disabilities.

### 1.5. Ethical clearance

Before the discussion, the researcher sought the consent of every respondent in research interviews by giving a respect to their dignity with a full consideration of their culture, ethnic and gender identity. The study took place in a secure environment to ensure the respondents' security and convenience. The narratives gave codes on anonymity, instead of using their names; that is intended to protect the privacy of the respondents.

### 1.6. Limitation of the study

This study is an exploratory research on the topic quite new for Myanmar, and thus it did not aim to generalize any of its findings. The researcher focused on the experiences of interpersonal relationships of women, not men. Further, this investigation addressed only heteronormative relationships.

## CHAPTER 2: THEORETICAL CONSIDERATIONS

### 2.1. Embodiment, vulnerability and disability

“The body is not a “being”, but a variable boundary, a surface whose permeability is politically regulated, a signifying practice within a cultural field” (Butler 1990, p.139)

Reflecting Butler’s work, Stocker (2001) maintains that the body is itself constructed by performance of sexual and social norms to strengthen power or marginalize the social status. In other words, inherited norms of body politics set a new line between privileged insiders and abject outsiders; that is creating a new form of violence to oppress sexual minorities. Accordingly, Butler’s standpoint is related to the genealogical approach that focuses on the social and discursive sources of what we see in our body. Although Stocker (2001) followed Butler’s view, he pointed out that Butler’s reasons are not adequate to address the view of embodiment of disability, as persons with disability might have additional physical and mental sufferings due to their specific impairment, besides the social norms surrounding them (Sheets-Johnstone 1990). In particular, women with impairment cannot ‘use’ their disabled body as they desire, and often experience disabled body as the source of psychological pain and difference.

The arguments about the body, subjectivity and social stigma examine both social hierarchies and assumptions, and internalized norms set by women with disability themselves. Accordingly, Zitzelsberger (2003) gave an explanation about (in)visibility of embodiment of women with physical disabilities and differences. In Zitzelsberger’s note, women’s bodies may be significantly noticed, but not their capabilities, and desires. In respect of bodies of women with impairment, it is more obvious to see them within discourses of lack of physical strength, beauty or attractiveness. Owing to normative standards and ideals of acceptable female bodies, women with disability often think that their bodies are useless and value-less. As a result, impaired women’s construction about their body as being vulnerable is strengthened. Thus, Zitzelsberger highlighted the importance of shifting forms of people’s subjectivities, creating enabling agency, and increasing resistances. The internalized social stigma of impaired women need to be transformed to be enabling agency; in addition to changing the society’s norms.

However, Wendell (1996 cited in Stocker 2011, p.34) calls for a balance between “a body’s abilities and limitations as given by nature and/or accident, and as so constructed by society and culture”. Wendell criticized the overemphasis on social constructivism stating that most postmodern cultural theorizing about the body lacks recognition of the hard physical realities that are experienced by people with disabilities. Following Wendell, Stocker (2011) also discusses biological physicality – in the case of disability, medical issues cast human variation as deviance from the social norms. Sheets-Johnstone (1990) emphasized the genetic approach of human body in her paleoanthropological work. The genetic approach means focusing on how our thinking is rooted in our biology: meaning cannot exist on itself alone, but it unfolds originally from the structure of human body. Able or disabled body is the fact that produces meaning.

The experiences of women with disability are the significant example to understand the influence of ideas about acceptable bodies, and social and culture norms that produce sexualities and sexual vulnerabilities of women with disability. Waxman (1991) explores how traditional societies behave towards people with disabilities. Perceptions of “burden” are based on utilitarianism, societal value system and belief in the supernatural, where people attempt to evaluate the utility of disabled individuals based on the community’s practical needs and the ability to survive. Societal value system is founded upon appreciating strength, beauty and intelligence, while supernatural belief is molded into acceptance of the judgment of God. Such societies believe that people with disabilities are a disadvantage, a punishment of God for sins. For Myanmar where many people believe that women are not as noble as men, women with disability are often perceived as unclean, inferior to an able-bodied woman. Consequently, oppression upon disabilities has become condoned by the society, leading to vulnerability.

In addition, substantial reliance of people with impairments on others constructs them as being inferior (Baladerian 1991), and this creates space for domination. Powers et al (2002) pointed out that most of perpetrators of sexual and domestic violence against women with disability are someone within their community; such as their personal assistants, close friend or family members.

Another point to consider is the view of women with impairment about their own lives. As noted by Begum (1992), women with disabilities sometimes view themselves as passive, their

body as a source of pain, trouble and bad luck – as constructed by society. Such believes sometimes pushes them to hate their body. They think that their body is less sexually attractive, and that men are not interested in them. However, Begum indicated that such ideas about disabled body as less sexually attractive may lead to more risks of sexual violation, because the perpetrator can take advantage of women's ignorance. Sobsey and Doe (1991) also highlight that women's sexual vulnerabilities come from the failure of governance system such as the weakness of institutions and law enforcement, lack of support and special assistance, legal aid and treatment services for PWDS by the state.

It is apparent that most of the literature about the embodiment of women with disability emphasized the ways of representation of female bodies in contemporary western cultural discourses, and that the focus is mostly on white, and middle class women (Zitzelsberger 2003). Begum (1992) suggests that persons with disability should not be viewed as a unitary group; and that experiences of women with disability in developing countries cannot be the same with that of women in Global North due to different political, social and cultural context.

## 2.2. Sexuality, sex, intimacy and disability

While much of the research on disability is on sexual violence, in recent decades there is also recognition of the value and relevance of intimate, sexual and romantic relationships in the lives of women with impairments.

Before 1970s, the clinical and empirical literature failed to investigate the importance of sexuality within disability and to recognize it as relevant. In the late 1970s, and early 1980s, the understanding of sexuality as being socially constructed shifted to more emphasis on the social and cultural systems which frame not only our sexual experience, but the ways in which we interpret and understand that experience (Parker 2009, p.255). But people with disabilities were still seen as asexual, because their disabilities were seen as negatively impacting their sexual desire. Even though their sexual functions are typically intact, the persons with impairment were not assumed to have adequate capacity to engage in responsible sexual relationships (Milligam 2001). In regards with the latter assumption, literature indicated that people with impairment have high challenges to find partners, and to

build a sustainable and satisfactory sexual and intimate relationship. Milligam added an external factor: if one partner in a couple has a disability, they can expect huge family opposition to their relationship, and explicit and implicit social disapproval.

The assumption that PWDs are asexual is disputed by research. According to McCabe et al (2000), the respondents with disability had an adequate frequency of sexual experiences. Among the categories (never, almost never, sometimes, often, very often), the frequency of their sexual experiences mostly showed “very often”. For instance, 33.9 percent of respondents got very often experience in holding their hands; 31 percent in hugged with clothes on; 24.1 percent being hugged naked very often, 39.7 percent being kissed very often; while 17.5 percent of respondents have “very often” intercourse, and 17.9 percent had sexual partners at the time of research. From these findings, it was indicated that although people with physical disability have low levels of sexual knowledge and experience, and hold negative feelings about sexuality, sexuality is an important aspect of their lives and they may want to learn more about it. McCabe et al (2000) highlighted that parents and siblings of women with disabilities are not the main source of their sex education, since they rarely discuss that topic, and most of them believe that it is unnecessary. Thus, one of the reasons for sexual and reproductive vulnerabilities of women with disability is also related to the knowledge – their own and of their guardians.

Having a physical disability often hinders the development of intimate and sexual relationship, producing a negative impact on the quality of life. In addition, the expression of sexuality of women with disabilities is unlikely to be supported by their parents and community (Giami 1987 cited in McCabe et al 2000, p.122).

Such ideas and attitudes about sexuality and disability may create specific contexts regarding women’s intimate partner relationships. The stigma of disability, dependence and vulnerability makes some women fear being alone and thus tolerating abusive intimate relationships (Hassouneh-Phillips and McNeff 2005). Smith (2008, p.16) reported that women with disabilities had 40 percent greater odds of violence than women with able-bodies. Coker et al (2000) reported that only one third of women with disability experiencing intimate partner violence have a desire to voluntarily discuss their cases.



Nevertheless, as my research shows, women with physical impairment strive to have fulfilling intimate and sexual relationships. Whether they had experiences of such relationships or not, they have specific expectations and hopes.

### 2.3. Theoretical approach of this research

This research investigates the factors that influence women's experiences of disability, interpersonal relationship, and sexuality, including sexual intimacy, vulnerability and violence. In this respect, important part of this research is social context within which women with disability live their lives and form – or not - intimate and sexual relationships, including those that make them vulnerable to violence. Next to the above discussed feminist work on gender, sexuality, disability and intimate and other interpersonal relationships, feminist disability theory is relied upon for understanding social context of women with disability and sexualities, as well as women's own ideas, expectations and experiences.

Feminist disability theory introduces the ability/disability system as a category of analysis that examines how the representation of gender, class, race, ethnicity, ability, and sexuality mutually construct and contradict one another. Sheldon (1999) put forward that the view “personal is political” enhances the feminist study to engage with different oppressions since a subjective description of any individual experience cannot be excluded from mainstreams, and that can be in itself political. To put it simply, making meanings of the body is more ideological, social, and cultural construction, rather than biological. The body is source of politics related to identity and subjectivity (Wendell 1989). Feminist disability theory addresses four important domains: representation, the body, identity, and activism.

First of all, a feminist disability theory introduces the issue of representation for “women with disability” in order to understand how the material world is constructing meaning and knowledge (Garland-Thomson 2002). The perception of the social world towards women with disability can be investigated through the cultural histories, narratives, and social and religious norms. The traditional rhetoric produces the meaning that female able-body is helpless, weak and vulnerable, and that disabled-body is ugly, bad luck, fragile, asexual and incapable. The constructed meaning framed the knowledge of the society, and this can lead to the internalization of such values by the women with impairments. The internal socialization

generates social marginalization in two forms: an increase of dependency by disabled women, and isolation by the society which may lead to the lack of social and interpersonal relationships. Thus, women with impairment experience double marginalization through negative social representations.

The second domain is related to the concept of the body. Feminist disability study offers an explanation of the intersections between the politics of appearance and the medicalization of subjugated bodies (Wendell 1989). Differently from the able-bodies, the bodies of women with disability are assumed to be ugly and asexual. Such belief institutionalized the practice of a forced sterilization, euthanasia, and mutilation of disabled female bodies. This practice is contradictory to the Western feminist's view which is upholding the value of self-autonomy and independence. However, Thomson (1997 cited in Garland-Thomson 2002, p.10) claimed that this ideology is undermining the struggle of women with impairment from other cultures. The literature on the body politics helps with a deeper understanding of liberal value, ethical concern, the limitations of western and non-western political and cultural conceptions of the female body, and challenges women with disability face. Furthermore when it comes to sexual relationships, it is worth examining whether women with disability are seen, and see themselves as untouchable, undesirable, easy to be abused for a pleasure of others, etc, and whether, and how, they create positive outlook at themselves, their bodies and lives.

Identity, the third domain, explains that defining "others" rejects the notion of acceptance for differences. For instance, Wendell (1989) indicates that persons with disabilities are the "other" to able-bodied people, and vice versa. However, when power relations are put in place, persons with disabilities are often seen as powerless, and this is assumed to be important aspect of their identity. This explanation reminds that another form of "otherness" can exist also within disabled groups based on their gender, race and types of disability. The identity construction is interrelated with representations of disability and the body, and other special power hierarchies. Sheldon (1999) asserts that women with impairment are denied relative privileges of normative femininity – such as those related to mothering and beauty, for example. The cultural stereotypes of women with disability such as being asexual, unfit to reproduce, without feminine beauty, and undeserving of intimate relationships are the source of discrimination and exclusion. While liberal feminism embraces the individualistic autonomy as the key to women's liberation, feminist disability theory urges us to learn to

“individually and collectively accommodate bodily limits and evolutions, [rather] than [...] to eliminate or deny them” (Garland-Thomson 2002, p.21).

The final domain of feminist disability theory reflects on activism for a change of impaired women’s subordinate social status. As noted by Wendell and Garland-Thomson, activism focuses on how academic field investigates the sufferings, history and identity construction of women with disability, and how the voices of women with disability can broaden our understanding of human variation, and collective knowledge of humankind. Feminism engaged with the study of disability has developed a methodology that tolerates internal conflict and contradiction. This method also seeks both institutional presence and limitation. From the activist perspective, this research explored how the women with disability in Myanmar have been engaged in representing themselves, acquiring rights and respect, fighting against exploitation and violence and re-claiming their bodies and sexualities.

Feminist disability theory is suited to explore the experiences of women with physical impairment in Myanmar in relation to intimacy, the body and sexuality. Thus this approach helps the study to fill the gap of knowledge about the disabled bodies of women from the non-Western communities.

### CHAPTER 3: SOCIAL CONSTRUCTION, AND EXPERIENCES OF DISABILITY, GENDER AND SEXUALITY

This chapter will respond to the first research sub question by looking at dominant social construction of disability, gender and sexuality within family and local community, and by investigating the influencing factors on their experiences. In this respect, the study engaged with the themes “community’s perspectives on disability”, “gender norms”, and “knowledge of impaired women in sexuality” to highlight their experiences and expectations.

The study has found that the practices of community discriminations upon women with impairment, according to the respondents, exist in two forms: viewing women with impairment as vulnerable persons who need a lot of protection and cares, and regarding them as a burden or a shame, seeing them as a devil. Such perspectives and beliefs are related to the economic conditions, education level and traditions of the specific community or the close family of the respondent. Also, the availability of access to institutional support could influence the experiences of the women with disability within a community.

In the focus group discussion at one of the special schools for people with disabilities most of participants came from the middle-income family. Most of them said that they were given a special care within the family, and were treated as very important persons. Their parents were concerned when their daughter with physical impairment was feeling upset, or sad, or lonely for being disability. As a result, those women were treated as a spoon-fed child being given a priority position in the family. Other immediate community members – family friends and relatives - also viewed them as vulnerable persons who need care and attention. But the other side of this coin was that the family and community thought that those women were incapable of self-care and powerless. Yet, respondents from the poor families noted that they were regarded as a burden. They were not provided a special care, and even suffered from the discrimination and blame from their parents and siblings.

One of the participants claimed that she was regarded as a source of the problem to be blamed even if her family members’ business was not fine. She felt that she was a scapegoat of her family members to release their daily frustrations

*“.... Even when my sisters’ business was not going well, they try to blame me. It is because of me that I am bringing a bad luck.” Respondent (12)*

*“... when they (her family members) are in bad mood, whatever they said to me is full with the word “SHIT”.” Respondent (11)*

One respondent pointed out that persons with disabilities were discriminated by their own family first, before other community members. It was also apparent that the view of the community on persons with disabilities, was not dependent on woman’s family income – but it was due to traditional beliefs. One participant with hearing impairment, who was from an ethnic remote area, raised that her community viewed her as an evil being. In this case, low education and awareness of the community could make the practice of discrimination upon disability increase. Also, the respondents who received family’s blame were more discriminated and disregarded in their community by the outsiders. Those participants revealed that family’s negative view impacted their life a lot. They were more suppressed by community as long as their family ignored them.

The research found that as the people within the community mistreated women with impairments, women avoided engaging with the community. Some informants were reminded by their parents not to deal with other people to avoid discrimination. Although some respondents were not given such a reminder by their family, because of their previous bitter experiences, they were reluctant to deal with the outsiders. This increases their dependency on their family members or care-givers or close persons. For those who were neglected by their family, the family and community’s discrimination led them to isolation. Despite loneliness, the respondents still had expectations to having good friends. According to two respondents from special institutions, some of their non-disabled friends were very nice to them.

*“My childhood friend always encourages me whenever I am feeling upset and discouraged. She is my advisor too; once she recommended me to come to this vocational training.” (Respondent 3)*

*“When I got bitter experiences with negative stereotypes in family and traditional community, one of my schoolmates showed her sympathy towards me. She always*

*protected me from being abused by others when we were at school together.”*  
(Respondent 1)

However, the rest of participants noted that they had a rare chance to meet good people or to sustain friendship. In their belief, the view of most of the people in their community towards PWDs was framed as a person to be pitied, or to be oppressed.

None of the respondents who were involved in the discussion reached higher education level. The informants from the special institution for PWDs reached secondary education level, and had a chance to receive some vocational training such as trainings for massage, hair dressing, sewing, and cooking. The rest of participants dropped out school after the primary level, and some were never sent to school by their parents. The reason for those who dropped out early or never went to school is mainly due to the difficult access to school since the school was located very far from their place, and the school was not developed as an all-inclusive type. Only the respondents who came from middle-income families could go to special schools for PWDs which are located in the major cities. The researcher noticed that the respondents from those special schools gained more self-confidence and more friends than the respondents from the community focus group discussions. Yet, even those informants from special school admitted that sometimes, they were still reluctant to communicate with the outsiders – they felt comfortable to make a close friendship only within the disable community. The physical and biological impairment affected their self-esteem, social networks, and personal development. In retrospect, Butler (1990) and Stocker (2001) highlighted that social constructions of disability created sufferings for PWDs. But based on the research findings, social and culture norms are not sufficient in addressing the sufferings of women with disability. The poverty, lower education and lack of institutional support pushed women with disability into a more isolated life. Sheets-Johnstone (1990) also reflected that biological and corporeal aspects of disability are also important. However, my notes that biological issues are compounded by absence of physical access and facilities that could help women overcome the impairments. These cause additional sufferings that have been experienced by women with disability in developing countries, (unlike in the North).

When the discrimination practices based on disabled body are combined with gender stereotyping, women with disability were more undermined by the community. As noted by Thit (2016), the impaired women in Myanmar were also enclosed by gender norms. The

traditional prejudices upon women such as being incapable, less intelligent and vulnerable reflected in specific ways on the women with physically impaired body. But some women were not considered to merit personal development in their family because their parents assumed that providing education for their daughters with disabled body was in vain.

*“Women with disability are hopeless to be educated. Even when they are educated, job opportunities are rare for them.” (Respondent 9)*

Such assumption was based on the belief that women are less intelligent than men anyway, thus a woman with physical impairment is sometimes perceived and told to be an idiot. Moreover, women are traditionally expected to be care-givers for their parents, husband and children. But women with impairment are seen as less good care givers in their family, and sometimes due to their physical disability then cannot be care givers. In this light, the respondents felt that they were not dutiful daughters for their parents, and that they were useless within their family.

Relating to disability and gender, I have found that most of the buildings in Yangon (and in Myanmar in general) were not designed with accessibility for mobility impaired persons. Even if women with disabilities are willing to go outside to engage in public, the government buildings and public infrastructure such as school have not been designed for their accessibility. In this case, women with disability have more limited access and use. For instance, there is no separate toilet for disabled female pupils at schools. So, a young physically disabled girl would find it challenging to use toilet, especially when this is needed quite often during her menstrual period. Further, the parents of disabled women were reluctant to send their daughters to far-away places due to concern of girls' sexual insecurity and vulnerability. In particular, such security is not strengthened for both women with non-disabled and disabled body in rural and outskirts area. With such ideas and fears in mind, some respondents who received a lot of care from their family understood and accepted the reason for being overprotected. They viewed themselves as the persons who are vulnerable and needed for protection. This belief strengthened the perspective of the community in viewing disabled women as a weaker sex (Thit 2016), with passive and vulnerable body (Baladerian 1991; Begum 1992).

Based on stereotyping of disability and gender norms, my study found that in many places in Myanmar communities undermine sexuality of women with physical impairment. The

parents of the respondents who were not in special education institutions revealed in a focus group discussions that they were worried that their disabled daughters would be sexually abused. Likewise, young disabled respondents indicated that they were more vulnerable to be sexually violated than non-disabled women. Further, their parents admitted that they never asked their daughters whether they were interested in having a relationship, or having a boyfriend. When the researcher asked “why”, they just replied, “We don’t know, but we think it is not necessary to ask”. It is because that they believed that their daughters are not interested in this topic. McCabe et al (2000) indicated that it was because of the belief that disabled women as asexual. Thit (2016) added that culture is one of the reasons that limit Myanmar women in discussing sexually related issues. One respondent also indicated that she was scolded by her sisters for being curious about sexuality while they were talking with their friends.

*“My sisters told me that the topic (sexuality) was not my concern. I don’t need to know” (Respondent 16)*

Following Giami (1987 cited in McCabe et al 2000, p.122) for the views upon impaired women as being asexual, my study could raise two points. First, the women with physical impairment are viewed as “passive” in sexuality. Second, their parents have ignored or underestimated the interest of their daughters in sexuality, relationships, marriage and having children. Likewise, the sex and reproductive health education could not be provided effectively due to the traditional perceptions within disabled women’s community. The participants from special schools indicated that they received one-time HIV/AIDS awareness lecture, but not about reproductive health. The respondents from community focus group discussion never heard of HIV/AIDS awareness or reproductive health education. It is because those respondents’ family members could not spare time to attend the awareness session, since they had to struggle for their daily survival. Secondly, they were worried to send their girls alone to attend that session. Third, most of them assumed their daughter was asexual. Last, even if they went to the sexual education talks with their disabled girl or sent her alone to the event, those education programs were not tailored for particular disabled audience. For instance, those education sessions use audio and video material and are thus not suitable for women with hearing and visual impairment. Then young girls who anyway know much less about, and have much less experiences of sex than older women, became even shyer to discuss sexuality.



## CHAPTER 4: Expectations about romantic and intimate partner relationship

Forming romantic and sexual relationship is challenging for women with impairment because – according to family, community and their own ideas - their body is reminding them that they are not worthy of love. Nevertheless, they hope for love in their lives. This chapter will engage with their expectations for love and their experiences of cultural and social norms that impede those hopes and expectations.

Next to interpersonal relationships within family and with friends, the romantic and sexual relationship with male partners is very important for women with impairment. Regarding physical and sexual intimacy in partner relationship, my study examined the ideas, experiences and perspectives on intimate partner relationships focusing on the ways women defined “true love”, their expectation for “their life-partner to-be”, and the ways they are dealing with intimate partners. . This study found the obvious reasons why embodiment and corporeality are important for women with disability when considering sex, love and marriage, and why the women sometimes became more relied or dependent on their intimate partners.

All respondents believed that “true love” means understanding them and accepting their disability. Three out of 18 respondents added that “patience” and “sympathy” is the key to true love, while other two participants raised “faithfulness” in marriage as important aspect of true love. Some respondents from group discussions at special institutions were confident that they would have a chance to meet true love in their life. Regarding the belief of the rest of participants, particularly the views of the respondents from the community disabled groups, true love would rarely come to them because they believed that they are ugly, and that their impaired and less attractive body is hardly noticeable in men’s eye.

*“.... in the nature of man, they would love beautiful and attractive woman. They would feel pity for disabled woman because of her disability. The feeling of pity cannot be called true love.” Respondent (3)*

Another factor the participants revealed is about their narrow social environment. Since they are disabled, and often abandoned by the community, they find it difficult in move to faraway

places, or to find work. Thus, making friends with many people, and participating in the community affairs and events is difficult. In their responses, it has been noticed that most of the parents of the young women, particularly women with visual and hearing impairment, kept them at home because of a concern for their security, and community's discrimination. As providing that they are not able to widen their social environment, those young women with impairment have less chance to meet men, or men to meet them. Only a few men, often within a limited environment of disabled groups, could meet them. This leads to a limited opportunity for relationship with men. Based on their low self-esteem, despite of their hopes to meet true love, their views on building a relationship with a man are full of doubts and uncertainty.

The main barrier they are likely to face is the discriminating attitudes of their eventual partner's parents, close friends, relatives and community. Many mentioned that, next to issue of trusting their partners (i.e. fidelity) the biggest concern for them is disapproval of the partner's family. Their partner may understand them. However, when he is mocked quite often by his family or community for getting involved with or married to a disabled woman, the respondents were worried that their partner would start feel ashamed, and that this would lead to a broken relationship. A number of participants added that they would have to face not only the disapproval of their partner's side, but also from their own family members who could not accept their relationship because women with disability are hardly believed capable of building a loving relationship or a successful family life. This corresponds with ideas of Giami (1987 cited in McCabe et al 2000, p.122), who notes that the parents and community believe that their disabled daughters have limited or no sexual desire and do not believe in possibility of a intimate relationship with the women with disability. The study also found that according to the parents of the impaired participants in the community focus group discussion, they taught their daughters not to trust men's love. Their daughters were reminded frequently that men will not truly love a disabled woman.

Three types of attitudes have been evident in regards with the expectations of the respondents for their life-partners to-be. Some respondents revealed that they will not get married to anyone, since they do not trust a man's love towards a disabled woman, and do not believe in their own capacity and capability to build a family life. According to others, a man with disability would be an appropriate partner for a woman with impairment because a disabled

couple could have more mutual-understanding than a couple with one person with a disabled body and another with able body.

*“I think it’d be much better if both man and woman do not have hearing. So, we could understand each other. There won’t be a communication barrier among us because he and I would use the sign language.” Respondent (15)*

On the other hand, some women believed that they would marry anyone who can love them and give physical care to them. They believe that because of disability they are possessing a fragile mental and physical body – thus, they would need more care than other people. Yet, not everybody agreed with the opinion that a disabled couple would be the best option:

*“I don’t think a deaf couple is doing much better. Because when we have a child and when our child is crying, who can hear that crying?” Respondent (14)*

One of the female respondents from the school for hearing impairment suggested that mutual understanding is the basis for happy marriage life. When there is misunderstanding among the couple - be it of disabled persons, or of one disabled and one non-disabled person - even the disabled woman needs to see the issue very straight, instead of reducing everything to disability and feeling inferior.

Zitzelsberger (2003) and Sheldon (1999) reminded us that women with physical impairment viewed themselves as unattractive and less visible when they were compared to women with able-body. This is one of the examples affirming that impaired body is the source of pain due to social norms. The way to define “beautiful” or “dutiful” is constructed by the knowledge of the society. However, physical-wellbeing remains a major concern for women with impairment when they consider marriage, rather than only intimate relationship. Milligam (2001) indicated that women with disability are worried that they would fail in sexual relationship simply because their bodies have limitations that other bodies do not have. For the women with physical impairment I spoke with, such concerns are compounded with lack of confidence that they can be dutiful wives and mothers and perform the roles and tasks they were given by society within a family life. Many of them could not take equal responsibilities with their husband in a family, but need to rely on their partner. Also, the discrimination practices of community is added the feelings of self-inferiority to be isolated (Hassouneh-Phillips and McNeff 2005).

The gender stereotypes about women's role are also influencing the expectations of women with disability in choosing a life partner and building a family life. One respondent pointed out that women are care-givers in the family, while men are breadwinners. In this respect, the man who wants to get married to a physically impaired woman has to take double burdens such as both caring for his wife and making income. In her view, it does not matter whether the husband is disabled or not, as long as he is able to lead the family. But for the husband, he could not expect enough care from his disabled wife for himself and for the children.

The participants in my research have close friends who are both disabled and non-disabled. However, some respondents, particularly those with hearing impairment, remarked that making friend with same impairment is much easier, and their friendship makes them feel comfortable, because they could understand each other. Thus they could overcome some misunderstandings such as misinterpretation caused by communication barrier. Women with mobility disability that I interviews stated that can make friend with anyone; whether disabled or non-disabled person. Whatever the type of disability, however, the participants have experienced rejection and mocking by people they considered their close non-disabled friends. The women with mobility impairment seem to be more ready to express their disapproval of such behavior of their friends. The women who are losing eyesight and hearing, however, all said that they usually kept silent when abused by friends. They mentioned two reasons for that. First, they did not want to destroy their friendship. Second, they did not consider being mistreated as anything special – mocking and blaming was just something normal, something they were used to.

Among the respondents, one participant was married, and her husband is also a person with impairment. She asserted that they have a healthy relationship in their marriage and family. They took three years to understand each other and to make a decision for marriage. They met at a school for visual impairment, as her husband is also blind. The guardians of the school arranged their marriage, and both of them have been working together at a massage parlour that was opened by the school.

*“My husband could understand me if I failed my duty as a wife because we are in the same situation. When we had a son, he was raised and cared by our friends and teachers from this school. So, we didn't have much trouble. Both of us have big dreams for our son.” (Respondent 18)*

But the rest of participants believed that staying at home is still the best option for them to keep safe and secure. Their life security is more important than to find a life partner. However, when the researcher examined each of their cases deeply, most of the respondents did not have a secure and happy life at their home. Many of them are suffering from abuse by their siblings, and some experienced sexual abuse by their close relatives and neighbors.

Importantly, the level of self-confidence of participants from special institutions, and from community was different. The former were more confident in making friendship and a close relationship, while the latter were more isolated by their family member. Their social environment and their knowledge about sexuality and relationships were very more limited, they did not have enough capacity to make their own livelihoods and thus also their own life decisions. They also have lower level of education, and lower socio-economic status, all of which are influencing their experiences and expectations of intimacy with men.

## CHAPTER 5: EXPERIENCING AND DEALING WITH VIOLENCE

Violence and abuse are a big part of life of women with impairments that is threatening their daily life. Thus the third research question was to examine different forms of violence experienced by women and the ways they deal with it. The interviews of women reflect three themes about violence: 1) their understanding of violence; 2) their experiences; and 3) their coping strategies and actions. Smith (2008) explained different forms of violence experienced by women with impaired body, in terms of physical, emotional/psychological and sexual violence

I explored in interviews and focus group discussions the knowledge of women with disability about these three different forms of violence. All participants understand what physical violence means. They talked about beating, hitting, pinching, and attempted killing as the kinds of physical violence they experienced or have been threatened with. Yet, less than half (just seven) respondents could define some types of psychological violence, such as scolding, mocking and discrimination. “Rape” is the only example what the respondents could easily figure out about sexual violence. But the researcher noticed that the informants did not understand the behavior such as fondling and touching without their desire, vituperation with sexist words, and telling sexist jokes are also a form of sexual harassments and abuses, though they were experienced quite often. Their low level of understanding of various forms of violence was related to their access to training and education, as well as to how the knowledge for actions against violence was accessed.

The respondents from special schools for PWDs indicated that they were explained briefly about their rights by their teachers and the responsible persons from NGOs. But those education sessions focused on what the rights of people with disabilities are in the workplaces, and how to claim their rights when they are discriminated at work.. The specific types of violence that the women experienced in everyday life - in their families and communities - were not highlighted. In addition, while the respondents have received one-hour awareness sessions about rights of disable persons, but they never heard of women’s rights. Participants from the community focus group discussion stated that they never attended any education sessions relating to the rights of disability or women’s rights. They

were uncertain whether such kind of awareness session was provided or not within their community. Their family members and themselves hardly ever joined educational talks since they live outside big cities where such actions are happening, they do not know about them and even if they hear about them, they could not afford time and money necessary for participation

Second, research shows that domestic violence and sexual violence were most often perpetrated against women with impaired body by their close persons (Baladerian 1991; Chang et al. 2013; Powers et al 2002; and Sobsey and Doe 1991). My study also found that respondents suffered physical and sexual violence by their family members, close friends and intimate partners, although often the whole community perpetrated psychological violence against them. The women with physical impairment who lived in the remote area and came from uneducated and poor families were more severely affected by the abuses. As mentioned earlier, the close family members of women with disability were often violent because of hatred of disabled body, because they perceived them as a burden or a bad luck, or took them as a scapegoat for their stress.

*“Losing the eyesight is a loss of life. My parents were threatened by it because of the traditional believes such as, if a disabled person is kept at home, that family would receive a bad fortune. Their business won’t be going well. And the marriage of my parents would be broken. Since my parents are not educated, they believe in those threats. My parents were contemplating to kill me without letting anyone know. They did not feed me very well. They did not take me to the clinic when I was sick. I was beaten almost to death when they were angry. They wanted me to run away from home. But my grandma saved my life.” Respondent (18)*

The most common types of psychological violence against PWDs are making them a scapegoat for family misfortunes, and ignoring their voices. According to the responses of the participants, they were blamed for theft and misuse they did not commit.

*“We wanted to explain the truth. But we cannot clearly express what had happened. Other people hardly understand what we were talking about. The offender took an advantage of our weakness as a mute and deaf.” Respondent (13)*

But the injustice that women with disability suffering has rarely come out. They do not know their rights. The worst thing is that they are used to sufferings. They explained that if they start mentioning every single injustice or abuse, they will never stop; there is so much they would have to say. In some cases, they simply accept that the abuse is part of their daily life. For instance, they thought that catcalling, and being told sexist jokes and words by men have been experienced by all women, not only them. So they do not consider it a very special issue to be raised.

Moreover, the community seldom intervenes in the domestic violence within a family, as it is believed to be a private issue, and the survivor of that violence does not always realize that their rights are being violated. One participant, who comes from an ethnic community from a hilly region and attends a school for visual impairment, revealed that domestic violence suffered by disabled women was hardly raised at the community level or reported to the police. The aunt of one participant who lost hearing also shared her experience that she was hated and threatened by the offender's family for intervening in the case of her niece being sexually abused. She is the relative of both families. However, when she tried to stand with the survivor's family, the other side blamed her for making the case more complicated. The perpetrator was punished with one-year imprisonment in their case.

*“They told me that the case can be negotiated within two families, it was not necessary to go to the police. I was accused of adding fuel to the controversy”*  
*Respondent (8) (The aunt of a woman with hearing impairment)*

However, the participants pointed out that the wishes and voice of the woman with disability was not considered when the sexual abuse case was dealt at the family level. Based on the experience, one respondent told how the offender's family attempted to end her pregnancy without her desire. In another two cases, one survivor with physical impairment was convinced by the family to accept some compensation fees for her dignity, and other was pushed to get married to the perpetrator. The respondents were also doubtful about state justice system. They understood that prosecution is a long process which is also very complicated. They did not feel confident to win the case, even if they report because of lack of money to hire a good lawyer, lack of understanding of legal process, and communication barrier (particularly for the women with hearing impairment).



*“My sister was raped by our neighbor, while she was left at home and we were working on the farm. Though she was raped for three times, the police changed it as eight times. Thus, Section 375 for rape case was changed to Section 493 as a case of having sexual intercourse with a deception for marriage. Though the case has been almost three years, the court has not decided for the punishment yet.” Respondent (10) (The sister of a respondent who lost hearing)*

In her case, the changes of Section would affect the level of punishment. In this respect, women with disability seemed likely to be less confident about legal justice.

The respondents have adopted various approaches to deal with the sexual and domestic abuses. Among these are: keeping silent about their sufferings or accepting the status quo; accepting negotiation; and sometimes challenging the perpetrators. One participant indicated that she was keeping diary to write down her sufferings as she did not want to talk to anyone. As mentioned earlier, the participants never tried to prosecute the ones who committed sexual harassments since they believed that it is a small issue, something normal, that they have to accept and get used to. They however sometimes showed their dissatisfaction with persons who make sexist jokes.

The study found that women survivors of sexual violence sometimes accepted negotiation - mostly led by their guardians, without their desire. Challenging or prosecuting the offender is a last resort the women with disability and their guardians practiced when the negotiation failed. Yet, the issue has rarely come out in public. And all participants showed that they never receive any training or education or information about do's and don'ts relating to sexual violence. Further, in all the cases about with the respondents in this research talked about, the survivors came from poor families.

## CHAPTER 6: INSTITUTIONAL AND ORGANIZATIONAL SUPPORT

This research also investigated interventions of non-governmental organizations and the access to institutional support and justice for women with physical impairment, and included respondents from the institutions to explore their opinions and challenges in creating socially and physically healthy and secure life conditions for women with disabilities. The organizations highlighted the need for the support for general education and sex education, and the law enforcement and policy strengthening to improve employment conditions and security of women with impairment.

Regarding the supports of institutions, the study revealed that non-governmental organizations have been developing education, livelihoods, and health programs with right-based approaches to improve lives of women with disability. According to a key authorized person from one non-governmental organization for PWDs, the activities regarding sexual and domestic violence against women with disability have been promoted together with other related activities such as education. From the side of institutions, violence against women with disability should be countered with empowerment; thus education and livelihood development has been playing in a key role. However, they also asserted that they need to focus much more on the rights of marginalized women, such as those with disability.

*“Disabled women could never raise their voice effectively at the community meetings though they were invited. The meeting can show “how many” marginalized women participated, but now “how” they got involved.” Respondent (19)*

Furthermore, the organizations provided awareness about the rights of disable persons separately, according to the kind of disability. For instance, they called interpreters for women who are losing hearing. The organizations attempted to involve not only female participants with physical impairment, but also the parents, the community leaders, and the ward, village and township authorities in the awareness raising session or community meetings. However, it is worth considering whether the separate community activities for disabled women would be another kind of discrimination, or an effective approach to empower them. When the intersectionality is considered, Flintoff et al (2008) questioned how

the differences can be centralized. Which social categories should be added together, or separated? In other words, where to put the central focus is a challenge in intersecting. Poole (2008) suggested that learning in homogenous group is more effective to reduce power competition, negative effect on self-esteem and loss of motivation, although mixing with others gives an opportunity to learn about diversity. Women with disability have specific needs due to very specific limitations of their bodies, are not the same with others. For example, a specific way of designing and giving a lecture is needed for blind persons.

The way of responding and absorbing what they learnt would be different among persons with physical impairments based on types and level of disability. Whether to combine able-bodied and impaired group or make a separate session is also depended upon the topic, objective and expected outcomes, again, in relation to types of disability, and level of disability. But the key person from the institution for disability claimed that level of disability has not been defined yet in Myanmar, although types of disability have been categorized as visual impairment, hearing impairment, mobility impairment, and intellectual disability. Even with one type of disability, it should be realized that the level of being disability is different. For instance, the one who lost sight on one eye and both eyes would not experience the same disability. Thus, the respondent from the organization for disability suggested that the state needed to define the level of disability urgently so that the organization can decide what kind of disability at which level should be mixed up with non-disabled groups. While the input of the state in this matter is important, it seems that organizations can also do much more on their own in addressing those issues, rather than simply waiting for the state.

The authorized person from another organization explained that skill trainings of persons with impairment is also related to the type of disability. For example, women with mobility disability have received more education than women with other types of disability. The persons with mobility disability possess a higher degree of independent learning without the aid of a helper. But those who are losing eyesight or hearing might need a medium to interpret the learning. Thus the respondent from an NGO asserted that some types of disability should be approached separately, while persons with mobility disability can be involved in the community activities together with non-disabled people. From the side of institutions, they have challenges to develop separate programs for each type of disability because of their limited capacities and funding. In addition, developing an intersectional perspective would mean to consider the cross-cutting of gender, ethnicity (for different

languages and cultural practices), age, class, level of education, with type and level of disability. In this case, it is challenging to cover all differences, and which one should be more prioritized remains an issue. Women with impairment who are attending the special schools for disability do have more access to special programs, such as education session for women with visual impairment, which have been developed particularly for them. The other disabled women – especially those in the poor communities - have been still far from the access to these services, as well as to their rights.

There are also weaknesses in legal institutions to fully provide legal justice for women with disability. Those weaknesses still remained due to the lack of coordination of the public institutions, and due to the existing traditional beliefs in the society. Though the policy and laws have been imposed, it is also necessary to implement those policies practically. Law enforcement is needed. According to a legal advisor, for example, though there is a policy requiring quota for disabled persons in job appointments no one followed that policy and the discrimination is still happening on the ground. Similarly, when women with disability are sexually abused, they often do not dare to raise the case since they are afraid of being blamed by the community, and in some cases, they do not have the knowledge where and to whom they should report. The legal advisor pointed out that the victims never raise the issue by themselves, but the other people surrounding them do it. The community usually relied on informal justice system. In this case, the cooperation and coordination between the state, civil society, and the people with impairments is needed to implement a policy.

Moreover, institutional weaknesses need to be redressed. For example, when a complainant of a person with hearing impairment is processed at the court, he/she is required to wait for some months to call an interpreter because a long procedure is needed to go through. However, most of the women without hearing did not ever learn official sign language. Since they used body language and develop their own sign system of communication, this creates barriers to translate exactly what they told at court. A mother of one of the participants suggested that the rules and procedures should be flexible in prosecution.

*“When my daughter’s case was heard at court, the interpreter did not understand very well the body language that my daughter used. But I could get her point because I am the close person of hers and we are used to communicate in this way at home.*

*But the court did not allow me to interpret, but only the interpreter they officially assigned.” Respondent (7)*

Regarding the law reforms, the key person from an organization for women with disability suggested that sterilization should be legalized for women with impairment under 16 years old. She noted that the young girls with disability under 16 have also experienced sexual abuses and some get pregnant through abuse. The discussion about sterilization of physically and mentally impaired women and girls exists among practitioners, experts and parents, but the voices of the women and especially those of young girls whose lives are discussed are seldom included.

## CHAPTER 7: CONCLUSION

Engaging with feminist disability theory, this study analyzed embodiment, sexuality and intimacy of women with disability in Myanmar. The experiences and expectations of women with physical impairment were related to their understanding of their body, sexuality and intimacy; their experiences of othering and discrimination, and their strategies in dealing with those.

First of all, this study noticed that in Myanmar, the understanding of the female respondents with physical impairments about their body was influenced by socially constructed meaning and knowledge of disability and gender. Social values and norms affecting disabled woman were both the ones about femininity, female sexuality and gender hierarchies, and the ones about disabilities. The former addressed women's lower status in the society in comparison with men, the latter addressed social rejection of disabilities. Thus, both have affected women with impairments negatively. Just like the society where they were living in, the women also viewed themselves as being vulnerable, inferior to able-bodied persons, helpless and burden for the family and community. Being regarded as a source of problem within the family, and as a mockery within the community, they often described themselves as powerless and oppressed. It takes a lot of self-confidence for a woman with impairment to perceive herself as a worthy and capable human being.

Next to attention to social representations and relevance of the body, feminist disability theory has also pointed to the relevance of "identity construction". This is particularly important in relation to disabled women's ideas about themselves and their intimate relationships and friendships. This study concludes that the identity of the women with disability – among the respondents from educational institutions as well as those based in communities - was constructed as "otherness" to able-bodied persons. The respondents believed that the close persons or the friends within disabled community can give them more love, support and understanding and the able-bodied person. In this light, relationship of a disabled woman with her surrounding very much related to the social norms and discrimination pressed on her.

As Stocker (2011) notes, it is not the biological physicality but social discrimination that pushes women with disability to become close with specific people around them. Social stigma, social marginalization, and internalization created a very limited social space for women with disability, and this often led them to increase dependency on their families and intimate partners. Even though women with physical impairment did not have the “otherness” view towards able-bodied persons, the study shows that the guardians or the parents framed the thinking of disabled women that they were different from the able-bodied and often reminded them of their vulnerability. The study found that the family members of women with disability were the ones who firmly believed that women with impaired body were asexual, and acted to limit woman’s possibility to engage in intimate and sexual relationship with men. These internal socializations led many women with impairment to avoid engaging with men, with community outside the family, and rely on the close persons who give them care, or make friends only with other physically impaired persons. As a result, women’s own perspectives on disability, gender and sexuality could often not overcome traditional perceptions.

Second, the physically impaired body became the largest barrier for the respondents in dealing with intimacy, sexual relationships, and in particular marriage. Physical impairment – and its individual and collective representations and interpretations - becomes crucial for the women’s understanding of their body, as asserted in feminist disability theory. Particularly, the impaired body was reflected in women’s experiences, expectations and imagination of love, intimacy and sexuality, and expectations about life partners. The community and their care givers usually believed that women with disability were asexual, or not interested in sex and marriage. As a result, most of the respondents lack sexual knowledge, and sex was rarely discussed with them.

Because of community’s assumptions and discrimination, the disabled women accepted the norms that their body cannot bring them happy and fulfilling intimate and sexual relationships or family life. They believed that they have unattractive body that could not catch men’s eye and they doubted “real/true love” although they hoped to experience it. Women with able body are assumed to be a symbol of a good and responsible wife and mother for the family, while women with physical impairment are seen by society and see themselves as failing in this respect. In addition, while women with disability can be physically able to reproduce, their knowledge about sexuality and reproduction is limited.

Thus love, sex, marriage and children remain ambiguous issues, often seen as non-achievable. Since in Myanmar women are mostly taking traditional gender role as a care giver in the family, how to care for a child is a concern for disabled women, such as for example those who lost/are losing eyesight and hearing. This shows the importance of the able-bodiedness in the traditional ideals of motherhood. Contrary to the Western culture that views autonomy as important for women, in Myanmar – despite all official praise of women’s emancipation – women are still valued mostly through their domestic roles. In light of making relationship, this study concurs with Thomson (1997 cited in Garland-Thomson 2002, p.10) that the scholarship needs to consider the struggle and the role of women with disability in different cultures to comprehend their view on “body”.

In addressing violence, the study also affirmed that the close persons or family and community members are most frequent perpetrator of physical, emotions/psychological and sexual abuses of women with physical impairment. The parents/ guardians were more confident that the person in the close family circle can give the best care to their disabled girl. But this also means that the woman with impairment has nobody to turn to if this close circle is the source of violence and discrimination. In Myanmar’s culture, the community hesitates to intervene into family or personal affairs. Thus, it would be more challenging for the community to interrupt the intimate partner or domestic violence. This limited social space can give a chance to intimate partners, the immediate community, or the family of the women with disability to take an advantage for sexual abuse, discrimination or domestic violence.

Most of the women I spoke with accepted as normal many forms of violence – as something that is common, something they should be used to. For instance, the female respondents did not reveal every single incidence of discrimination, humiliation or violence because they were used to being discriminated by others. Likewise, they did not assume that sexual harassment was a big issue since in their knowledge it was a common experience for every woman. Thus, the society’s norms, values and practices were crucial in construction of knowledge of women with disability about themselves. Their self-representation was linked to the societal representations. In other words, their thinking is more rooted in society, than in physicality of their bodies, and their impairment became worse due to social stigma.

Finally, activism is also important in feminist disability studies, and it was addressed here through the examination of women’s struggles for legal justice and through discussions with



support networks created by NGOs. Promoting the rights of women with disability is still very weak in Myanmar. Even the institutional and legal supports for justice have still huge gaps and need to develop all-inclusive forms of support for women with impairment. Besides the failure of institutions to give support, poverty and lack of awareness hinder the knowledge of women with impairments about their rights. As suggested by Wendell and Garland-Thomson (1989; 2002), activism explores the sufferings of women with disability to expand our understandings of human variation. To understand the collective knowledge of one culture, activism as well as theorizing have to take into accounts differences – such as gender, age, class and ethnicity which are especially important in Myanmar. In this respect, the differences between cultures are also important, should the theory be able to support activism, and be inspired by it.

For example, empowerment for disabled women may mean different things in different contexts. It may mean a capacity and access to making choices, or it may be defined as the rights of women with disability for autonomy. Making choices as a disabled woman in Myanmar is very difficult, especially if under-aged. For example, under-aged disabled girls are sterilized by the decision of their parents or guardians for fear that they might become pregnant, without the girls having any say in this. As sexual abuse of young girl with disability appears to be common, and the girls are not old enough to make their own decision, it remains a controversial issue whether sterilization should be legalized for under-aged disabled girls, and whether such sterilization is “for their own good”. Even young adult women cannot make decisions about their lives – such as having intimate relationship, marrying and having children – when dependent on care of parents or guardians.

This study found that the knowledge, capacity, and the level of self-confidence has been different between the respondents who attended the special boarding schools for impaired persons, and those who did not have such a chance and lived within the community. The respondents from special boarding schools received some knowledge from awareness sessions about human trafficking, HIV/AIDS prevention, reproductive health and the rights of persons with disabilities. In addition, they reached secondary education level, and they are having a wider social network than the participants from the community discussions.

To sum up, social discrimination of disability exists in Myanmar regardless of ethnicity and religion. However, women with disability from lower classes and remote rural area seem to

have been much more isolated. Most often kept at home, they have little chance to socialize, and are often exposed to discrimination within the family. Therefore, it is crucial to address and improve knowledge and awareness of the close family members or guardians in order to enhance self-confidence of women with disability, to redress discrimination and violence they face in everyday life, and support them in fulfilling their hopes for future lives.

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