MASCULINITY, BODY, IDENTITY: A SOCIOLOGICAL STUDY OF THE DISABLED ‘OTHER’ IN KOLKATA

Thesis submitted for the award of the degree of
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Submitted By
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Certified that the Thesis entitled

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Submitted by me for the award of the degree of doctor of Philosophy in Arts at Jadavpur University is based upon my work carried out under the supervision of

DR. BIPUL KUMAR BHADRA

And that neither this thesis nor any part of it has been submitted before for any degree or diploma anywhere/elsewhere

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CONTENT

CONTENT

List of Tables and Figures

Abbreviations used in thesis

1. **LD:** Locomotor disability. Used for participants with locomotor disability, simultaneously used as locomotor disabled.
2. **VD:** Visual disability. Used for participants with a visual disability, simultaneously used as visually disabled.
3. **HD**: Hearing disability. Used for participants with hearing disability, simultaneously used as hearing disabled.

CHAPTER ONE

Introduction

I.Preliminary Remarks

Within academia in India, disability as a whole area remains much less explored. The field of disability has faced marginalization throughout history (Abberley 1987:6). The experiences of people with disabilities are clubbed together, irrespective of their gender. This clubbing led to shadowing individual experiences based on the type of disability, gender, and sexual orientation.

Disability in India is studied less from an academic perspective and remains in the rehabilitation domain (Reddy 2011:299). The medical definitions attempted to separate people based on biomedical conditions through diagnostic categories such as 'medicalization' of disability. Disability is seen as a deviance from the norm (so-called normal state) and a pathological condition from the medical perspective(ibid). The study of disability in the Indian context is more challenging as it brings into a larger context the intersectionality of gender, caste issues, class, and sexuality. Intersectionality is the view of various social categories interrelated to each other. Within disability studies, the concept of oppression became prominent with the emergence of the social model. The oppression forms discriminatory practices regarding education, employment, gender, and sexuality within a patriarchal society.

The context of gender and disability has received very little attention. In developing countries relationship between disability and poverty is studied more (Moodley and Graham 2015: 24). Therefore, disability is as significant as race, gender or class, and any other category and an essential tool for understanding oppression and disempowerment within the Indian context (Buckingham 2011: 420). However, no prominent sociological literature puts forward the experiences of disabled men. Therefore, putting up a literary framework on masculinity and disability would be challenging.

II.Significance of the study

Disability is a part of life, but no one tends to acknowledge it. The temporary able-bodiedness has been used to differentiate between an aging population and the disabled (Gershick 2007:271). Any person at any point may have a disability. Hence it is as important as gender and should be studied extensively. The disability movements focused more on the discriminatory practices based on employment, health, and infrastructure, giving little attention to the private experiences within the home and especially to the disparities within domestic spaces. Gendered issues remain a strong study point among disabled women. However, problems prevailing among men with disabilities become invisible as there is hardly any study, work, or discourse on it. Reproductive health and hygiene issues have never been widely discussed for disabled men. Incidents of violence and victimization of men with disabilities are also not much worked upon. (Wilson et al. 2010:5). Patriarchy shapes the ideology of masculinity as it shapes femininity. So, placing men out of the discourse of fatherhood, masculinity, and sexuality would be unjust. The invisibility of the varied experiences of men with disabilities is the major drawback behind little work on them.

Masculinities are diverse and also in conflict with each other. The prevalence of a hierarchy between different groups of disabled men represents the diverse practices among men with disabilities. The hierarchy is on the basis of how each group or respondents feel they are superior from others in terms of privileges and acceptance. The emerging politics within one group, i.e., the existing power relations among disabled men, have not been explored. This study focuses on the social positions of the disabled respondents(men) arising from their everyday experiences within households, peer groups, and public spaces. The study also explored the perception of gender and sexuality arising from respondents' subordinated / neglected / abused negotiated positions. These insights would help to understand how oppression at each individual, institutional and societal level has shaped their meaning of masculinity and how they deal with their disabled identities in day-to-day life. Different spaces have produced different ways of negotiating identities. Therefore, it would also highlight how some men, through negotiations, have benefitted from patriarchy while others failed. The respondents' narratives will produce a rich discourse of their shared and differential struggles and help understand how they perceive masculinity, body, and sexuality in relation to their disabilities and their social position within the hierarchy of men.

Lastly, the study was carried out in Kolkata, West Bengal. A study with this scope has not been carried out in Kolkata before. In Bengal, the concept of masculinity was constructed based on colonizers, i.e., the West and the colonized. The latter is the conquered nations, and here it is, East India. The former is referred to as 'manly,' whereas the latter is ‘effeminate’ (Sinha, 1995:120). Bengal masculinities were tagged as effeminate. In north India, ostracization of other forms (marginalized) of masculinities is rampant, as cited in one of the works by Mehrotra and Vaidya (2008: 317). However, the social construction of ideal masculinity or femininity in Bengal is based on a patriarchal value system through social and cultural practices of bodily norms, activities, appearances, and behavior representing an ideal woman or an ideal man. (Ghosh, 2010: 59). It would be interesting to find out how the respondents reflect their gendered subjectivities in the presence of both hegemonic and subordinated masculinities. And how it shapes their understanding of gender in the context of a disability.

III.Basic conceptual Framework: Concepts essential in understanding the topic of study

A) Disability

The first step in conceptualizing disability is to differentiate it from impairment. Impairment and disability are two separate things, and disability is a social construction (Barnes and Mercer 2010:31). Unfortunately, the medical model of disability highlights individual tragedy rather than the social consequences. Furthermore, the medical model upholds ableism as superior to disability (Retief and Letšosa 2018:2). Such a negative conception of disability has led to unethical medical practices and procedures on disabled people, like forced sterilization.

Parsons has extended the sick role concept related to the medical model of disability. He reconsidered the idea of the sick role as a form of social deviance (Parsons, 1975:258). Disability sometimes is considered an extension of the sick role, though disability and illness are not the same. Illness is a condition under which one cannot carry out specific roles and responsibilities. It is considered an acceptable reason for failure to meet such needs and varies according to a person's experience. Disability, though, can result from illness or injury, and the condition at times is beyond the control of the individual (Heber and Smith 1971: 89).

The social model developed at the beginning of the 1960s and 70s amidst the British disability movement as a rejection of the medical model of disability. The social model does not see the individual as the source of disability but rather the social barriers which disabled a person. The social model of disability has profoundly influenced how disability is understood in contemporary times (Giddens 2006: 282). Oliver, a disability scholar and activist, stressed the social aspects of disability, i.e., how the social and physical environment created a barrier for disabled people. (1986:5). Since the introduction of the 1995 Disability Discrimination Act, many barriers to the social inclusion of disabled people have been breached (Levitt 2017: 593). However, the social model still has many lacunas as it failed to see the other dimensions of power and disability. (Shakespeare 2006: 199). The emergence of the human rights model, which is all-inclusive, focuses on policy making emphasizing the dignity of disabled people. It comprises both sets of human rights, civil and political, and economic, social, and cultural rights (Degener 2016: 43).

Finally, the cultural model of disability provides necessary ways to understand disability and knowledge, like the disability rights movement, disability culture, etc. (Retief and Letšosa 2018:4).

To summarise, the social constructionist theory of disability is rooted in the idea that dominant groups set rules that define normality and deviance (Cheng 2009: 113). Normality and deviance are practiced through oppressive societal attitudes regarding non-normative appearance, sexuality, and gender roles. (Bone 2017: 3). The dominance of ableism affects the gendered and sexual experiences of people with disabilities (Mcruer 2003: 80).

B) The concept of Other

In sociology, other becomes a product of non-acceptability. It refers to a culture or a group/community as a deviant, i.e., deviating from the norms of society or a particular culture. (Bogdan and Taylor 1987: 35). The concept of other implies binary thinking. West is seen as superior to East, such a notion where West eventually places the self as the same/and the other as different creates a relationship of dominance, subordination, and silence. (Said, 1979) This conflict between the two (self and other) often places the *other* in a situation where they face marginalization and injustice meted out to them for not conforming to the mainstream system (Ramazanoglu and Holland 2002: 107). The othering becomes more politicized and critical within deep layers within the same group; thus, the picture of struggles is often left out. Othering is both an inclusive and exclusive process. Exclusionary othering uses power within interpersonal spaces for domination and subordination. Inclusionary othering utilizes the power within a relationship for positive transformation and solidarity. (Canales 2000:16) The forms and impacts of disablism are invariably refracted in some way through the prism of the "*gendered locations and gender relations that pertain in spatial and cultural settings*."(Thomas 2006:178). Therefore, the otherness is often a product of unequal power relationships between the same groups or different group identities. Disability and gender identity result from patriarchy and ableism's institutionalized power system. Struggles arise on the meanings of difference and challenges of everyday experiences *of 'otherness'* and resistance to being actively subordinated both for women and other marginalized groups (Ramazanoglu and Holland 2002:108). The construction of other or otherness has been approached from the sociology of deviance, where it implies the exclusion of individuals who do not meet norms. Bogdan and Tylor emphasize accepting individual, group, and societal differences. (1989: 23) This acceptance is not just in inter-personal relations but also in groups, organizations, communities, and society. Becker terms this difference as an act of deviancy that the individual does unknowingly or knowingly (Becker 2008:3).

The concept of 'the other' has also developed in symbolic interactionism. Goffman (1956) addressed stigma for understanding the social position of people with disabilities. In symbolic interactionism theory, the self develops where it interacts with others and plays roles. (Mead, 1924). Roles are a set of behaviors assigned to a particular identity—for example, husband, wife, or teacher roles. Role play involves taking the behavior of others which includes certain practices, for example, the gendered practices and practices of embodying masculinity or femininity. In this process, other has been defined in two ways. First, generalized other is the society, the community, and groups which gives the individual the meaning of self. The generalized other represents a whole community, which could be found in social groups, subgroups, peer groups, and clubs. Second, a significant other can be a person close to an individual who acts as the subjective other, as a social facilitator /influencer (Jakoby 2015:115). For any individual, in both the generalized other and the significant other 'other' remains essential for their identity and plays a crucial role in self-definition and reality maintenance (Jakoby 2015: 114). Hence both self and identity develop through the identification with others. Jacques Lacan developed another interesting concept of otherness. Lacan spoke of two notions of otherness. One is 'other,' which is the imaginary one, and an ideal 'I' as the subject, which becomes the other within the subject's experience. On the contrary, Lacan talks of 'Other,' which represents the symbolic order and mediates the relationship with the other subject (Chelsa 2007 12:61).

People are othered when they do not fit in the mainstream, which may lead to prejudice and discrimination and the physical separation of people to the margins of that society (Ananad 2020: xi). The theory of otherness can be traced back to Simon de Beauvoir (1956), where others developed an identity to refer to women. She also emphasized how men are considered essential and the subject, whereas women are treated as an object. In the same way, disabled people, like women, are considered other/ secondary by abled-bodied people to ability/ableism. It exists in a binary position like men/women, black/white, disability/ability, the inferior one is referred to as the other, which is further affected by different categories such as one’s gender position. Ableism and patriarchy created the disabled as the other in society through power differences and social inequality, measured in power relations (Parkin 1998: 119). The otherness in the context of disability becomes more prominent and more substantial when it overlaps with categories like gender and sexuality. Numerous studies have also questioned the otherness in the fields of sexualities (Dean 2001: 34; McKee 2004:315).

C) Identity

In the thesis, identity is an important concept. Disability can intersect with one's race, caste, class, and religion; hence disability cannot be the only identity of a person. Identity is perceived differently in different time situations. Bauman mentions in the modern world, and identity is constantly changing (Bauman 2001:123). In Bauman's work, identity is approached more from a macro perspective, i.e., from the view of broader society and how society influences producing human identity. Giddens illustrates how society and individual (structure and agency) influence present-day identity (2008:355). Identity is not fixed or pre-existing but reproduced through everyday interactions with individuals and structures. Giddens calls this duality of structure as this restricts as well as empowers us. The structure and agency both influence our identities in the modern world. (Giddens, 1984: 25) Giddens also asserts that identity develops from the experiences of one's life, making sense of their own life and turning into narratives that give a sense of meaning or understanding. (1991: 53). Hence gender identity is not simply imposed on individuals by socialization, but individuals actively construct their gender identity through experiences. (Stanistreet 2995: 244).

Castells calls identity a collective meaning given to carry out social action by a group. In contrast, Taylor sees identity as defined by specific values through which good or bad can be endorsed or opposed. Therefore, identities have varied meanings (Siebers 2008: 27). Identity is not just a recognition given to a group or individual; it also embodies a way of acting, inhabiting, interpreting, and working collectively and individually. It is also an object of social location and group history (Siebers 2008: 42). Thus, identity is not the structure that creates a person's individuality but the structure by which that person identifies and becomes recognized. It is a way one belongs to a group collectively, not just based on biological characterizations but also symbolic ones.

Risk and identity also remain important aspects within disability studies. Disabled identity is risky, which is situated to masculinity as the latter is associated with taking risks. The fear of risk tends to emerge from and around the symbolic disabled body. (Lupton 1999: 126). A body is considered a risk when its autonomy is threatened, controlled, undulated, and kept isolated from the outside world. These bodies are categorized into a group that lacks the capability of regulation and are risky to others and oneself. Women, working-class, non-whites, hays and lesbians, and the disabled are excluded based on such difference*s. (*Lupton 1999:151). Wendell mentions that disabled people who do not like to identify themselves as disabled as it carries a stigma and tries to avoid it as far as possible. Thus, disability becomes a product of social anxieties about vulnerability and control.

With the work of Cooley (1902), Mead (1934).and Goffman (1963), identity is established through social interaction and perception of others and enacting roles. Identity is also constituted in performances, i.e., driven by certain acts (Butler 2014:30). Therefore, this study will see how the respondents' identity is formed and perceived through the everyday relationships and interactions in everyday life and the meanings they derive from it.

Wendell also highlights the fact that disabled identity is a political issue. For example, a person labeled as deaf in society may not recognize himself as disabled in his community. However, the other (able-bodied people) who may not be able to follow the sign language that they engage in can be considered in a disabling situation (Wendell 1996: 24). Therefore, the identity of disability is produced by legal, medical, political, cultural, and literary narratives comprising an exclusionary discourse, constructing an 'other' identity.

D) Body

The body is not just a flesh-blood existence but a medium of culture and an object of symbolic value, i.e., how it is used as a value exchange like labor (Featherstone and Turner 1995:9-10). The second body as a gaze, i.e., how the body is objectified, becomes a symbol, being both a subject (relation with self and other) and object (to self and others) (Featherstone and Turner 1995:11). The body remains an essential agency throughout the interaction process, mediating gender relations and the performance of masculinity and femininity. (West & Zimmerman 1987). In disability studies and gender studies, the body is an important entity. The disabled and the masculine body are part of the effort to construct an average body. (Loeser et al. 2017: xxviii). The construction of the average body is constituted within the cartesian. The preference of healthy over medically diseased, abled over disabled, and self over others forms the basis of other binary assumptions about class, gender, and sexuality.

E) Masculinity

Masculinity studies emerge from a dialogue between feminism and masculinity. Masculinity studies are often considered a supplementary discourse to feminism. The view of masculinity is associated with the old age institution of patriarchy. Men, women, disabled, transgender, and homosexuals are not seen outside this institution of patriarchy but very much inside, where the structure tends to control some groups with coercion by the powerful or dominant groups. (Harvey 2005: 299). The essentialist definition of masculinity is defined through the distribution of gender roles and identities across traditional masculine and feminine traits, which uphold masculine identity as superior in the social hierarchy. However, post-modern theories avoid constructing gender roles and identities based on socio-biological definitions.

They focus more on an androgynous way of being and acting (Philaretou et al. 2001:302). Therefore, gender roles and identities are more of a social product shaped by social, cultural, and historical forces(ibid). Hence, masculinity can be divided into traditional/patriarchal and partnership/non-traditional. (Ćwirynkało et al. 2016: 37). The conventional forms of masculinity remain the most popular model, expressed through gender roles, subordination of females, and associated with paid employment. (Snell,1986:199; Good et al. 1989). Partnership/non-traditional masculinity is the new model based on equality between males and females. (ibid). Men's identities have changed according to their different positional statuses; how they negotiate and gain social recognition of their gender identities in private spaces like family has always remained patriarchal. (Ayudhya 2014: 3).

The landmark definition of masculinity was given by Connell, who emphasized hegemonic masculinity as a dominant practice of masculinity whereby men legitimize their position of power by oppressing women and other men who are subdued with women. He gave two definitions of masculinity. First, he defined normative masculinity, which gives the standard definition of masculinity, i.e., masculinity is what men ought to be (Connell 2005: 70). Second, Connell also defined Semiotic masculinity as a system of symbolic differences in which masculine and feminine practices are differentiated. Masculinity is thus created as non-femininity. *(*Connell 2005: 70). Masculinity, therefore, can be defined through its place in gender relations and hierarchy, the practices men and women engage in, and their effect on bodily experiences, personality, and culture (Connell:200571). The manifestation of masculinity is patriarchy and vice versa, and both influences each other like a dominant system of unequal power relations (Dasgupta and Gokul Sing 2013: 7). This power relation not only prevails between men and women but also between men and men.

F) Space

Space is defined as static, neutral, and filled with objects. (Skordoulis 2008:107) Space is defined as a measurable and rational system. In post-modern, there is always an emphasis on space over time. Nevertheless, in sociology, space is not just objective; it is a subjective entity. The concept of space includes physical as well as mental and social aspects (ibid). Social spaces are produced and reproduced in our acts and practices. The phenomenological aspect of space is defined in physical and mental architecture. Spaces also define some boundaries. (Salvaggio 1988:267). The feminist approach to space is produced through the lens of gender. Spaces are highly gendered through the show the division of spaces for men and women, which associate men with the public domain, separating them from the female domestic Spheres. (Malmström

2012:23). Space is an exclusionary measure to eliminate disabled masculinities through subtle ways of subordination.

IV.Review of Literature

General Remarks

The literature on disability, in general, is relatively few. Disability has been present in all societies throughout history. Despite the universality of disability and its long history, the issue remains dormant. *(*Murdick et al. 2004: 310)

A) Literature in the Western context

The intersection of disability and gender reflects how a particular gender order with other factors of caste, class, race, and ability can subordinate/marginalize a few in the social, economic and cultural order. For example, disability may impact one's social, cultural, and financial position, which may affect the construction of the idea of gender identities, sexualities, and relationships in day-to-day life. However, when combined with the ideals of an institution like patriarchy, it creates further marginalization and domination over certain groups. Masculinity studies became popularized with the gay liberation movement. Among men, there too can be power differences, different forms of domination, and hierarchy that could suppress men who are gay or disabled. The experience of power differences works in every part of our lives. (Carrigan et al. 1985:552) However, the construction of gender identities (like masculinity or femininity) from marginalized situations/positions is not well documented, especially in cases of illness and disabilities.

The gender order reflects an unequal power relationship between men and women. Connell used the term gender order in understanding multiple forms of masculinities. By gender order, Connell meant the existing structure of power relation connecting a gender system. (2005:71) Disability and masculinity are two different arenas of study. However, it is pretty interesting to relate these two, as many things come into play in intersectionality like the body, sexuality, age, and class. How one perceives masculinity, femininity, and sexuality differ depending on social position, caste, class, gender, and ability. The mainstream society follows the abled-bodied heteronormative norm where other alternative forms of masculinities and sexualities are considered the other (Mcruer 2005; Chappell 2015). No main courses or separate departments are established to cater to the issues of femininity, masculinity, and sexuality meanings and concerns for people with disabilities.

In western culture, the disabled as a group are considered *different* from the rest of society. This concern of difference or *otherness* relates to the deviance of social norms, which may lead to '*disenfranchisement, harassment, and violence'* (Murdick et al. 2004: 315). Though disability remained an isolated event, the disability rights movements of the 1980s started gaining importance with other categories of race, class, and gender (Kudlick 2003:764), as also as physicality and sexuality (2003:790). Kudlick argues that disability as an issue should not be left or regarded as the *other* in history and beyond the discussion of the mainstream political and social events. Intersectionality being the main issue, cannot be studied in isolation. Disability should not be considered as just another 'other' because it constructs "*notions of citizenship, human difference, social values, sexuality, and the complex relationship between the biological and social worlds*." (Kudlick 2003: 793).

When talking about marginalized masculinities, most studies are from the perspective of gay men highlighting their experiences in making conscious efforts to change the overall gendered image (Wilson et al. 2010:3). Young men with disabilities remain anxious about their functionality and appearance, particularly those with any form of visible disabilities, as men can too be objects of the gaze. With age, body functionalities change, and the body becomes a source of disease, illness, and disability. With that, a man's agency deteriorates too. For disabled men, the agency is questioned since adolescence and continues till old age (Lodge & Umberson 2013: 9-10). The studies carried out primarily reflect the identity dilemmas and strategies to cope with men with disabilities (Skord and Schumacher 1982; Gerschick and Miller 1995; Shuttleworth et al. 2012). The other factors of class, sexuality, and age remain constant factors in negotiating their experiences. From the 1980s onwards, feminist writers started exploring the gendered experiences of women with disabilities, but such a step within the fields of masculinity was rare (Shutleworth 2012). Masculinity and disability conflict with each other and thus share a complex relationship. (Shuttleworth et *al. 2012: 174).* The idea of masculinity is associated with strength, autonomy, aggression, and strength, whereas disability is associated with dependency, weak, and powerlessness, and thus both shares a dichotomous relationship. Galvin utilized a grounded theory approach to explore how disability status affected the self-perception of disabled people, which leads to their discriminatory treatment. (2005: 396) Disability has affected men's experience with their decision-making regarding service access, relationships, and health care (Gibbs 2005: 292).

Shakespeare pointed out that disability movements have tried to include issues for equal rights, access to education, and employment but have failed to capture the personal dimensions of oppression of men within family, sexuality, and identity (1999:54). Men are placed in the public sphere and women in the private sphere; therefore, disabled men neither get the whole status due to the failure of recognition in public or private spheres. As a result, these men have been underrepresented. (Shakespeare, 1999:55). The impact and severity of disability can undermine a man's sense of his gender identity about dominant social constructions of masculinity adjusting to the understanding of self and identity. However, the early onset of a disability may alienate men with disabilities from the expectations of hegemonic masculinity. Therefore, they can normalize or construct their standards of masculinity (Heyburn 2014: 87). Researchers note that the socialization process of disabled girls and boys also impacts their subsequent decisions related to marriage, parenthood, and other vital decisions of life (Šėporaitytė 2012:13). The process of othering began when the interaction of ability and gender- mourning, resisting, accepting, and the difficulty challenged the way to perform masculinity (Scott, 2014). Shuttleworth has extensively researched men with intellectual and degenerative impairments and used the concept of intersectionality to cover a wide range of physical, cognitive, and behavioral differences in interaction with various masculinities and how the experiences of each individual have contributed to the understanding of both (*2012:*189). In any society, disabled men face more discrimination and stigma than disabled women as they have to venture out and participate in public spaces more for work and thus face a higher degree of bias and are a victim of double marginalization (Shuttleworth *2012:*188). In 1989 with the beginning of the black civil rights movements, the discussion about disabled masculinity was first taken up (Shuttleworth 2012: 176).

Disability often has been described as a form of symbolic castration. (Barrett,2014: 40) By symbolic castration, the author tried to mean a lack that is not just restricted to bodily lack but also other forms of cultural, social, and economic lack. Disabled men are positioned as the other men against the norms of hegemonic masculinities and everyday gender and sexual inequalities. (Barrett 2014:40). Disability collides with gender and race, as reflected in the study about how black and white men experience life with a physical disability, which they negotiate the meaning through social interactions. They have also used three strategies to negotiate their identities: reinforcing idealized, modified, and lost masculinity. (Bender, 2006: 105) Most Western scholarship around disability and masculinity highlighted how impairment has broken or diminished masculinities, affecting their emotional well-being and coping with it.

Disability or illness can reduce a man's status in masculine hierarchies and shift his power relations with women and other men in private and public (Courtenay 2000: 1389), which can be reinforced by class, caste, religion, and kind of disability. Women and disabled bodies are considered inferior to non-disabled men creating a power structure. Relations change when this power structure changes, in the case of men who acquired disability later in life (Courtenay

2000: 1397). Women's and disabled bodies are seen as deficient and the male(able) body as structurally efficient and superior (Courtenay 2009: 27). Body image is essential in creating a gender identity among disabled men and women, including the idea of stigma. People with disabilities arouse fear in non-disabled people (Taleporos 2002: 973). Any illness and impairment create a conflict between body, self, and identity (Charmaz,1995: 657). Charmaz (1994) explains how disabled men apply various strategies to recreate/ maintain their appearances and identity to others, taking risks to compensate for their disability to prove their manliness (1994:282-283).

Issues of disabled men remained relatively invisible compared to issues of young men/boys in contemporary social life. It has been ignored by both academic researchers and the general public. (Thompson 2006: 633). A landmark study on masculinity and disability is Gershick and Miller's *crossroads of disability and masculinity,* which questions *the creation, maintenance, and recreation of gender identity* (Gergen et al. 1997: 456*).* Gershick and Miller constructed a framework through which masculinity is enacted through three dominant patterns: *reformulation, reliance, and rejection* by men with physical disabilities. It became one of the landmark studies on disability and masculinity. Masculinity has been projected with three "*r*": reformulations, i.e., redefining hegemonic masculinity on its term, reliance, i.e., overemphasizing a particular predominant attribute; rejection, i.e., denial or refusal of dominant masculine ideologies and practices, and creating alternatives. (Gergen et al. 1997:457). Men with disabilities, therefore, can have different ways of responding to the challenges of living with cultural contradictions between masculinity and disability (Wedgwood 2014:196). For example, they often redefine themselves through sports which are celebrated physical abilities and male superiority (*Wedgwood* 2014: 189) by showing their strength, aggressiveness, and power which at times becomes a risky adventure for them, compensating it through heavy social performance in sports and adventures way if one wishes to conform to masculinity. (Rapala and Manderson 2005: 161). From the literature on sports and disability, the participation of disabled males in mainstream sports is rare. Majorly it is in the form of para-sports which is not as popular or glorified as malestream sports, same with women's sports. (ibid). The inclusion of more disabled young men into activities like sports with other abled-bodied friends and peers, as their social satisfaction was associated more with being able to do well or compete in abled-bodied sports (Wedgwood,2014:197). However, there are instances where disabled men (who became disabled later in life) refused to participate in disability-specific sports, perceived inferior to able-bodied sports (2014:189).

The normative practices and behaviors like alcoholism, reckless driving, sexual relationships, interpersonal violence, and high-risk sports exclude some masculinities due to their disabilities, aging, or illness. (Griffith et al. 2016: 24). The crisis in masculine identity rises from role strain, i.e., the stress experienced by an individual in fulfilling a social role and not living up to the image. (Carrigan 1985: 565). Hence the problem for a disabled person was not just the disability but the unfulfillment of roles/acts in everyday life resulting from disability. Apart from the role, gendered division of labor and share of power within different spaces, i.e., placing men in differential power positions within families and elsewhere, are also important areas of analysis in disability and masculinity. (Carrigan et al. 1985: 571) Most men benefit from conforming to hegemonic ideals of masculinity through an opportunity to acquire power over members of the group. (ibid)

*"Most studies challenge the assumption that men with disabilities either bring troubles or are exploitative, but they can be supportive. They do contribute even if they do not fulfill the traditional breadwinning role. Their contributions may come from increments to the family's human capital. Another important quality of masculinity is decision making." (*Ćwirynkało et al.,2016: 46)

Joseph and Lindegger discussed the personal costs and risks of boys with visual impairments to conceal their vulnerability over masculinity in South Africa. (2007: 89). A recent study in Jordan highlighted the dynamic negotiations of masculinity among displaced Syrian refugee men with disabilities. They have tried to comply with normative masculinity but simultaneously form unique ideas of masculinity through emotional traits of loving, caring, reciprocity, collective responsibility, democracy, and justice (Muhanna,2020:1). Experiences of Men with muscular dystrophy were studied through a Bourdieusian approach of habitus (Habitus refers to the habits, skills, and disposition one possesses over time from a particular background and life experiences), where the internalization and socialization of their subordinate position often impacted their marginalization creating further inequalities and highlighted the relationships between hierarchical positions (dominant, subordinate, marginalized, complicit)(Gibson et al. 2014: 15; Gibson et al. 2007: 505) Bird also focused on how multiple masculinities exist with a hierarchy(1996:120).

Literature on masculinity, body, and disability has focused upon embodied identities of homosexual/older/disabled men and men from different classes/caste. The last decade has witnessed a rise in interest in 'body culture'-and. When we talk of bodies, it is not only confined to women but men. Men's bodies remained invisible in cultural life, but recent studies on men and masculinity have focused on different experiences of masculinity and bodies. (Gill 2008: 101). Bordo (1999:168) emphasized how patriarchy and the male culture not only control and shape the female bodies but also shape the identity of the male bodies, which is seen as a site of guilt, self-hatred, and concealment. Common and routine expression of gender is centered around practices of the body, like one's appearance, how one expresses feminineness and maleness, and experiencing the body in love, pain, sports, or with injunctions to the body like notions of discipline restraint and control (Geetha 2002:105). Bartky argues that the body enters into the reproduction of gender relations in ways that go unnoticed. (Cited in Shilling, 2012:83-84). A body depicts one's identity, and masculine and feminine expressions are enacted upon the body. Valentine highlighted the process through which the body is located by the discourse of gender or ability/disability and how individuals negotiate their identities through different body-reflexive practices (1999:167). The body reflective practices are not internal to individuals but involve social relations and shared symbolism and involve large-scale social institutions through which the social world is formed. (Cited in Hearn and Lattu, 2002: 4).

In recent times social media illustrations of the male body are destroying the body image of men who suffer from illness or disabilities or other like excessive thin or obesity. (Franko et al. 2013:). Therefore, the body remains a capital, i.e., the value attached to one's appearance, physical abilities, attractiveness, and fitness which often acts as a form of exchange, like in exchange of economic capital (monetary significance). For example, athletes, bodybuilders, and models' bodies are an asset to their profession. An interesting study in Brazil explored the cause of envy among men and women over body, beauty, and intelligence. For women, envy was beauty and body, then intelligence, but for men, it is intelligence, financial power, and beauty and body. However, a common attraction towards both men and women is the body. (Goldenberg 2010:220). As for Bourdieu (2001:), the body is a bearer of symbolic value; that is, management of the body becomes central to acquiring status and qualities (Shilling, 2003). The body is, therefore, a capital, an asset, a status. Surrounding the body takes place many such activities, which are not just limited to flesh and blood but are laden with meanings and values. For the disabled, impairment is perceived as a threat to the body and as 'outsiders of symbolic others.'(Edwards and Imrie,2003:244) Older men and men with disabilities sometimes face similar kinds of experiences to gender identity. Men with chronic illness or disability are perceived as less dominant and associated more with femininity, conveying an image of vulnerability (Bernardes and Lima 2010: 198*)*. With age and disability, loss of privacy and invasion of space are common too. *(*Charmaz 1994: 227) along with diminished occupational or economic roles (Ritchie 2014:4). Research on the bodies of men with disabilities continuously reminds an 'odd one out' against the dominant culture's expectations (Gerschick and Miller 1995:2). Gill (et al. 2005) talked about the nature of men's embodied identities, broader social and cultural trends, and their embodied masculine identities. The body is a site not only for the performance or enactments of masculinity but also for regulation. Men regulate body standards and other bodies (like female bodies). Studies in the context of masculinity focused extensively on gay men and their relation to hegemonic masculinity as constituting the ‘others’ of hegemonic masculinities. (Garlick 2003: 158).

While coming to the issues of disability and sexuality among men, the social construction of sexuality is essential to understand. Human sexuality is not natural but learned. The essentialist approach has focused on the reproductive aspect of sex and making heterosexuality the highest form of sexuality. Thus, heteronormativity creates a stigma for any other non-heteronormative or other forms of sexual identity. Besides homosexuality, bisexuality too falls under a non-normative sexual identity as a bisexual person falls under both heterosexual and homosexual categories (Seidman et al. 2007:188). One's sexual identity is not inborn, but it is learned in the course of interaction with people. (Seidman et al. 2007:10) People make sexual choices from their contextual meanings derived from multiple media sources, peer group preferences, and familial socialization. Thus, constructionism sees sexuality as a product of social forces. There are various beliefs, ideologies, and behavior around sexuality. Therefore, male sexuality involves male virility, strength, sexual prowess, domination, and activity during sexual plays. (Barber 2007: 64) Therefore, sexuality is a product of men's power and a basis of male dominance as men can express their sexual choices freely and desire fantasies. (Seidman et al. 2007:8) Every sexual desire and behavior in male-dominated societies is related to gender dynamics and represents men's dominance or women's resistance. Some feminists, like the anthropologist Gayle Rubin, have objected to the view that sexuality is a direct expression of gender politics. She argues that this perspective ignores considerable variation in women's and men's sexuality. Rubin believes that sexuality is connected to gender yet also has its dynamics (Seidman et al. 2007:9). Sexuality, like gender, is a social construction. Society, including family, peer group, religion, and political institutions, all teach us about sexuality as what is sexual and what is not, about the interrelationship between body and sexuality, sexual body parts, appropriate sexual acts, feelings, and desires. However, women and the disabled are both considered outside the domain of male sexuality. The continuous othering of disabled sexuality has played a significant role in the socialization of sexuality among youth with disabilities (Chappell 2013:113). In ableist contexts, the male disabled body may be accorded labels of asexuality (Lipenga 2014: 2). There is a sense of infantilization derived from the loss of functionality at a young age, and the tag as a bachelor boy for the disabled denies the ultimate status of a man (Lipenga 2014: 4).

Within sexuality, understanding sexual pleasure is important. "*From the first flush of physical sensation to the final analysis of successful pleasure, we learn the symbols, standards, and forms of acceptable sexuality."* (James 2007:50). The attainment of pleasure is not just directed to one partner or derived from a particular way. The source of pleasure can be multiple only if the person has the freedom of choice to explore without any coercion. Sexual pleasure can determine satisfactory sexual intimacy. Pleasure and desire are complementary to each other. Desire could be anything from the want of a hug to a flush that lets the owner of the body know what they want. The body plays an active agent during sexual pleasure in providing sensations, including our emotional, psychological, and physical ones (James 2007:52). Sex intersects with sexuality due to the use of body parts in sexual acts. There is a tendency to associate sexiness and desirability with attractive bodies. Beauty standards, though, vary throughout cultures and periods. (James 2007:53) Disability is not seen as desirable hence the constructions around sexuality and pleasure also put men and women with disabilities on the margin. The assumption that people with disabilities are asexual (having no sexual feeling or capacity, though asexuality is a form of sexual identity now) is predominantly associated with their genitalia and their social capabilities of having relationships.

The stigma attached to sexuality can lead individuals to internalize concepts of asexuality. It may negatively impact confidence, desire, and ability to find a partner while distorting one's overall sexual self-concept. (Esmail et al. 2010: 1148). Misconceptions about sexuality among the disabled community often question their sexual potentiality, and their capacity to derive or give pleasure affects their overall sexual self-esteem. (Neufeld et al. 2002: 288). The enjoyable aspect of sex in our culture has been largely ignored, vilified, or exploited—discussing sex as a vehicle for expression outside of heterosexual marriage. The dominant cultural institutions have effectively silenced public discourse about sex as a source of pleasure in our lives. (Tepper 2000: 284-85) With the advancement of sexual technologies, various ways of seeking pleasure exist. For example, Dildo as powerful sexual technology can transform traditional hierarchical relationships and liberate not only women liberate women and several marginalized identities, including people with disabilities and people living with HIV. (Das 2014:698-700).

There is a shortage of scholarship on disabled men's expressions around sexual health, and some researched areas limit fatherhood among people with intellectual disabilities. (Wilson et al.,2012) Most studies in masculinity and sexual health were carried out among homosexual or gay men or men with HIV on the perception of masculinities (Halkitis 2001: 413). There are hardly any studies on disabled men. The encounters with sexual and reproductive knowledge and its socialization remain different for disabled and non-disabled people. Therefore, the everyday practice of sexuality and gender and their interaction also vary. Men, too, continue to face considerable stigma to expressing their emotional self and talking about their sexual health problems, thus becoming more prone to risk vectors for the transmission of HIV and STIs (sexually transmitted diseases) (Angelides 2001:138). Traditional beliefs about masculinity are the strongest symbolization of individual risks over the life course, suppressing emotions and denying their pain, leading to failure to seek medical treatment. (Evans et al. 2011:7). Men's sexual health is commonly affected by race, ethnicity, sexual orientation, and disability (Griffith 2012:107). Men being considered to be risk-takers hence often remain casual in matters of health. Men's expression of sexuality becomes essential when it intersects with broader class, caste, race, and disability dynamics.

Though issues of sexuality are also a public health concern, the political negotiations on this matter remain polarised, i.e., making it a division (Heidari 2015: 1). Addressing sexuality was not a priority of the rehabilitation centers, and neither healthcare providers felt the importance of addressing sexuality among the disabled population. Medicalizing the sexual needs of the disabled are enacted through coercive laws, forced sterilization, and other practices like inaccessibility of sexuality and sexual health information and services. (Gruskin et al. 2019: 33). With the rise of the internet and other communicative technologies, information related to sexual and reproductive service access has become more accessible without harassment, discrimination, and exclusion. Moreover, the internet has become the most accessible medium where disabled men can explore sexual self, desire, and pleasure without stigmatizing and being judged by many disabled and queer people (Critical et al. 2016).

Bollinger focuses on a socially inclusive system where disabled youth are imparted sexuality education with non-disabled peers, building upon a socially inclusive school system (2020: 837). Sexuality education strengthens conscious decisions and choices about one's sexual relationships, sexuality, and sexual health. Therefore, the lack of sexuality education among disabled men and women can instill fears about undesired consequences of premarital sex, which is also due to a lack of proper "gendered sexual socialization' (Rusinga 2012: 280; Kathnelson et al. 2020: 1177).

Further detailed sex education is the need of the hour (Sangowawa et al. 2009: 26). Lack of knowledge on body and sexuality makes disabled people vulnerable to sexual violence (ibid).

Men, too, like women, can be victims of sexual violence. Disabled men, compared to non-disabled men, are victims of sexual assaults and unwanted sexual contact (and noncontact such as being flashed or forced to view sexually explicit media) that are not defined as forcible penetration (Hastings and Harrell 2017:4). Men with disabilities were likelier to report attempted rape and sexual violence victimization than non-disabled men (Mitra et al. 2011: 496). Not much is written about disabled men's experience of sexual abuse and harassment. (Calderbank 2000:521) Disabled men are more prone to abuse (physical, emotional, sexual) as compared to non-disabled men (Ballan et al. 2017:1436). Nearly the majority of male victims who experienced sexual abuse other than rape had a disability at the time of the victimization (Breiding 2015:457).

This idea of victimization relates to anti-masculinity. It made it difficult for any man who has experienced sexual victimization to come forward. They may fear their masculinity will be compromised if they come forward as victims (Hastings and Harrell 2017: 4). Victim services often have been limited. They pose a barrier such as steps to the entrance, narrow doorways, and inaccessible restrooms—that prevent survivors with disabilities from using their services. (Hastings and Harrell 2017: 6). Hence, education on sexuality and other risks is more needed among the disabled than their able-bodied counterparts (Holland et al. 2017: 435). While giving proper guidance on contraception and healthy sexual habits by the medical provider, it should cater to the sexual needs of both women and men with disabilities, as their requirements vary with their disabilities. Certain institutions provide masturbation training for mentally disabled men. It teaches them how to attain bodily arousal (Siebers, 2008: 163). The issue of shame related to sexuality relies on public exposure and how the "collapsing of the boundary between the private and public spheres affects the emotion of shame and practices of disabled sexuality."(Siebers 2008: 164) The prevalence of public unisex toilets and no gender-specific toilets for the disabled showed how the public discourse had blurred the gender and sexual concerns for disabled men and women. It shows that the presence of any kind of disability not just nullifies one's sexuality but also one's gender individuality.

Like hegemonic masculinity, the hegemonic discourses of sexuality talk about power relations. Therefore, everyone, including youth with disabilities, has the potential to exercise their sexual agency and break the silence surrounding the construction of their sexual and gender identities. (Chapell 2013:116). Comparatively, women with physical disabilities have a more incredible positive feeling toward sexuality and more mutual sexual experiences than their male counterparts. However, men who have had disabilities for a long time since childhood have a positive feeling about their sexuality and self-esteem. (McCabe and Taleporos 2003: 366-367).

Studies also highlighted how men with intellectual disabilities had limited opportunities to develop romantic relationships and a healthy sexual identity (Ching Chou et al. 2015: 663). Such ignorance and invisibility of disabled men from the discourse of sexual violence led to an unequal balance of power between disabled and able-bodied and within the disabled group.

B) Literature in Indian context

Disability studies in India, especially as compared to the West, have focused more on poverty, employment, housing, and access to health (Mehrotra 2012:1). According to the 2011 Indian census, there is one hundred twenty-one crore population, out of which about 2.68 Crore persons are disabled, which is 2.21% of the total population in India (Verma et al. 2016:1). India, like the West, has primarily portrayed disability as a medical identity perceived predominantly from a health and welfare perspective. Therefore, the Indian scenario leaves little space for discussion of disability through the lens of gender. Disability is thus constituted as being profound of 'Other' in Indian society. (Ghai 2002: 55). With consumerism, the concept of normalcy is determined by the ideals of the white, youthful, able bodies; thus, any deviance from such standards can place the non-normative identities as the other (ibid)

In medicine or socio-political anthropology of health and illness, disability never emerged as a separate topic as illness and health have emerged within Indian academics. (Addlakha 2018: 318). Disability movements have highlighted the issues of sexuality, but they fail to examine the sexual experiences of men separately. The experiences of the disabled men in a patriarchal society become complex as the struggle is immense both in public and private spaces. Due to compliance with the rules of masculinity remains dominant, disabled men experience more inequality in public spaces. Some recent studies have explored the dimensions of femininity and sexuality of women with disabilities in the Indian context (Ghai 2002; Addlakha 2018; Ghosh 2012; Hans 2015), but the subjectivities of men with disabilities are often excluded from the area of gender, sexuality discourse. In India, some other notable studies relevant to gender and sexual experiences of the disabled have been carried out, though the number of such studies is very few. For example, Addlakha (2007) conducted empirical research on marriage perception among disabled youth. According to this study, persons with disabilities emerge everywhere as "*a sexually disenfranchised segment of the population. There is, in fact, a general social rejection of their sexuality*" [Addlakha 2007: 3–6]. Other literary works focused on disability, kinship, and domestic duties (Ingstad 1995: 77), while Stiker (2000) has brought attention to circumscribed economic and productive roles of disability. Therefore, in a country like India, class, caste, religion, sexuality, and gender affect and construct the notion of disability and masculinity in different ways altogether. The multiple forms of discrimination that people with disabilities experience help to understand the interconnectedness of ableism and other structures of discrimination such as racism, ageism, xenophobia, homophobia, transphobia, and sexism. (Campbelll 2017:2). Therefore, multiple oppressions may influence disability studies and research towards an understanding of the pluralities that characterize the experience of disability in India (Ghai 2002:51-52).

Studies on disability, masculinity, and sexuality in India are less explored. Disability and sexuality, in general, have not been documented much. Juvva explores the experiences of being transgender and disabled in India. The multiple identities of disabled, transgender, and homosexual put people at the threshold of society, creating a marginalized life situation (Juvva et al. 2020: 106). Living with two identities, disabled and homosexual, becomes more stigmatizing (Juvva et al. 2020:122). The varied experiences of forming intimate sexual relationships are an inherent part of discovering gender identity (Juvva et al. 2020: 119).

In some countries, disabled people have the maximum opportunity to explore their sexuality, whereas, in many places like India, these opportunities may be limited. In India, communication about sexuality, SRH (sexual reproductive health), and rights have been silenced in conservative eras, a social taboo and stigma. It is doubled when it comes to disability. (Dean et al. 2017: 34). Due to the deep-rooted cultures of ableism and the historic desexualization of people with disabilities (Adhlakha 2017:3), Adhlakha highlights the sexual and reproductive concerns for people with disabilities who come as a significant barrier and are often ignored after gender. (ibid). Gender is vital in negotiating sexual identities among men and women with disabilities (Adhlakha 2007). Therefore, the main two issues that revolve around sexuality and disability are about acknowledging sexual agency, building choices, understanding pleasure, and parenthood which are often denied to disabled couples.

Sexual satisfaction and desire are portrayed negatively for disabled men and women (Joharchi and Clark 2014: 1536). In India, young adults with a disability are sexually active but at a higher risk of engaging in risky sexual behavior and sexually transmitted diseases. They are also subject to sexual violence due to a lack of basic knowledge (Manoj and Suja 2017: 512). Therefore, informed decisions and choices of the disabled should be considered to form healthy relationships (Haidari 2015:5). As in India, a sex-related discussion is taboo. Parents and other caretakers of disabled children/youth feel they do not require sex education. (ibid). In India, the problem faced by disabled women as lack of decision-making regarding sexual health services is documented, whereas that of men is not documented. (Dean et al., 2017) There are reasons for limited research on the reproductive issues of men with disabilities. First, men may not be open to speaking about their sexual and reproductive health issues as any sexual health problems may stain an image of masculinity. Second, a disabled man may feel embarrassed to discuss their sexual health due to pre-conceived notions about sexuality and disability.

Critical masculinity studies in India developed with the significant shifts in the economy, changes in the family structure, and changes in traditionally male roles or women's movements. These cause a crisis in defining hegemonic masculinity, as it does elsewhere. (Kulkarni 2013: 54). The indigenous concept of masculinity is rooted in the ascription of Brahman's cerebral asceticism vs. the violent and active Kshatriya. Nevertheless, the British colonial rule depicted the colonized as childlike, effeminate, and feminine, and the colonizers were represented as a hyper-masculine culture. (Kulkarni 2014: 56). In post-colonial times, masculinity was constructed to the colonizer's masculinity, i.e., Colonized vs. colonizer. (Dasgupta 2013,8). Colonialism was a highly gendered process driven by a gendered force of subordination. Many men in the Indian society then tried to uplift themselves in the aspect of hyper-masculine ideals to compete with the British rule. The Indian culture witnessed changes in the conception of hegemonic patriarchal masculinity over time through the Mughal era, colonial to the post-colonial period(ibid). Indian effeminacy and British manliness are produced through political disputes within the social formation. British also divided between 'martial' and 'non-martial races' (martial means belonging to a warrior class), where primarily Bengali babus were referred to as effeminate men (cited in Kulkarni 2014: 58). The definition of masculinity has changed with economic and cultural reformation in the post-globalization and neo-liberalism era. The discourse of masculinity in India has altered around landownership patterns which have implications for men of various castes. (Chopra et al. 2000: 1607). However, the British label of effeminacy for Bengal men is still widespread elsewhere. Such prevailing notions of masculinity in Bengal, whether it has benefitted or marginalized the disabled, were also not much studied earlier. Therefore, how masculinity is perceived and affects disabled men often depends on the culture and background of a particular location/place. For example, in northern India, agriculture is the primary occupation requiring immense physical labor. A man with any form of physical disability may be unable to participate and hence be kept in the margins. At the same time, men with intellectual disabilities are referred to as 'bawla, Bhola "(Mehrotra and Vaidya 2008: 325). Depending upon the kind and nature of the disability, they are assigned various kinds of household work. (ibid). Mehrotra and Vaidya showed that in north India, conformity to gender norms, masculinity, in particular, is very predominant. (2008: 326) Uplifting core masculine standards are defined through marriage and employment; failing to conform to them diminishes a man's status. Disabled men are particularly ostracized(ibid). In India, men have myriad ways of expressing their masculinities. Even through language, the common usage of the term 'asli mard' prevails. These are used against those trying to portray a macho image complying with patriarchal ideologies. (Verma and Mahendra, 2005: 73). In India, masculinity is defined based on economic dependence, procreation, and authority (Dasgupta 2013: 12). The idea of personhood is often linked to manhood which represents autonomy, self-reliance, productivity, and success. Such ideas have merged into the western paradigm of individualism and personhood (Mehrotra and Vaidya 2008: 319). In the Indian economy, there has been constant marginalization of the disabled through the lens of caste and gender (Barnartt 2013: 297). Women's contributions, paid and unpaid, both have been neglected within the economy. Disabled men are also at a higher chance of exclusion due to their invisibility and limited participation in the workforce. The devaluation of the disabled body becomes intense with changing labor relations and the market, marginalizing the men further.

Staples (2005) conducted an anthropological study on men with leprosy and cerebral palsy in southern parts of India. It was found that masculine identities intersected with other categories like class, caste, and religion, making them even more complex. He discovered that disability had imposed severe limitations on marriage opportunities, not only for the leprosy sufferer but also for their siblings. For cerebral palsy, the spasticity and involuntary movements make them appear as *"less able to perform the roles associated with men"* than men with leprosy who have no such movement restrictions (Staples 2011: 30). Ghosh mentions that female bodies are produced through cultural practices that shape and manipulate their gender and sexuality (2010: 62). A disabled male body is constructed similarly. A recent study on the marginal experiences of young men with disabilities in Kolkata in negotiating gender and sexuality depicted the various positions of men related to negotiating masculinity. (Chakraborty 2020).

C) Technology, Masculinity, and Disability

Gender and technology, especially technology and masculinity, are often associated (Murray 1993; Garlick 2003; Cockburn 1999). Technology is a significant dimension for gender identity negotiations and the construction of both masculinities and femininities (Lohan 2001: 11). A man with a certain kind of disability may not be able to use certain technologies the way dominant masculine technologies can be used, like motorbiking, sports technology, and heavy engineering machines. The technical efficiency of the male body in operating and controlling machines lies in the dominant construction of masculinity (Loeser 2015: 3). Motorcycling culture is seen as a way to attain a masculine identity among the hearing disabled through an interconnection with the sensory and sensual pleasures of the body. (Loeser,2015:12). The riding of a motorbike involves a master and strength, which reflects a kind of power and control achieved through the rapture of the ride, focusing on various kinds of the embodied process through which masculine identities can be created and recreated. (ibid).

Historically men have been involved in a wide variety of technology-related jobs, putting them in key technological roles-from metal handling in the feudal era to machine tools in the industrial era to modern science and technology. (Lohan and Faulkner 2004: 322). Masculinity gets a new form with the rise of industrialization, which is evaluated through the body and labor. Industrial capitalism demands physical labor. For example, farming needs much strength, so the body as a productive asset also enters the scene. (Nusbaumer,2011:103). It has not just secluded women from the workforce, but disabled men do not seem fit to work. Hence, they suffer exclusion from the labor market. Women, the elderly, and the disabled are often excluded from such socio-political construction of technology. For example, men with disabilities often face barriers in entering certain technology and engineering fields. Certain heavy work requires huge bodily strength, and disability may not permit it. Hence unable to enter into certain male-dominated technical professions which are considered masculine. The economy's evolution from industry to services widened professional opportunities for women. (Kimmel & Desbordes 1999). It has also expanded job opportunities for people with disabilities as a service industry is based more on a knowledge-based economy, i.e., mental labor than physical labor. (Bell 1976:574). Despite expanding job markets for the disabled, they face constant stigma, uncomfortably, and less confidence in choosing a particular profession. The increased uneasiness arises from bullies, subtle harassment, and teasing, which brings a poor image of their sense of self and masculinity.

The emerging economic culture relies on 'information' or 'knowledge-based economy (Webster 2014:9). Such an economy has reduced the importance of physical labor. Still, this new work culture has not benefitted disabled people much (Barret 2014: 52) excluding them from public spheres of competition and achievement due to existing social and cultural stereotypes around disability (Roulstone 1998; Schartz et al. 2002). Modern-day physical labor is replaced with rationality, science, and information labor, and their bodily involvement is not compulsory. However, the stereotypical attitude towards the disabled from an ableist perspective makes the disabled, especially men, 'inefficient' or 'unintelligible' in handling such technologies. Such pre assumptions often make them look detached from technology.

When technology is discussed with a disability, it is mainly in the context of assistive technologies. Assistive technology is assistive, adaptive, and rehabilitative devices for the elderly population and people with disabilities. It helps them to perform daily life activities. Assistive technologies take a significant space in the lives of the disabled but also diminish or stigmatize their masculinity/femininity (Księżniak 2010: 66). Disabled men often avoid these assistive technologies because of personal meanings attached to everyday life, which hampers their body image (Shinohara & Wobbrock 2011: 705). The perceived stigma to assistive technologies comes from the social symbolism as it highlights one's disability, incapacity, and dependency and links assistive devices with the sick role. This social symbolism leads to the experience of stigma surrounding their usage (Gaffney 2010: 67). Sometimes, this stigma can result in the abandonment of such devices (Gaffney 2010: 75). For example, a disabled man feels challenged to use a wheelchair or even clutched in public spaces, which embarrasses him more and diminishes his smart image. Hence, they may find alternative ways to do away with assistive technologies. A unique study on the aspect of gender and disability in the realm of technology is carbon fiber masculinity, which is a masculinized technology to suppress one's disability. Carbon fiber (a prosthetic form) has become part of masculinity's most performative, competitive cultures. As men had to participate more in public spaces, reclaiming a masculine image with advanced modification technologies can help them retain their standards (Hickey 2015:139). Another important aspect of technology in the context of disability is a cyborg. Cyborg is a hybrid of machine and organism (Haraway 1994:1). The cyborg came into emergence, especially Post-World War II. War has increased the intensity of disabilities among soldiers. Disability does not match hegemonic constructions of masculinity, and the military profession is considered hyper-masculine and excludes any deformed or disabled bodies, considering its deviance. (Satheaswaran 2016:92-94). Therefore, the advancement of medicine and technologies has offered many soldiers to recover from injuries through an artificial limb for normal functioning. Thus, cyborgs have become essential to maintaining a masculine identity among disabled men. In the West, the emergence of correcting bodies through technologies from the late eighteenth century to the post-world war served medical needs. It allowed them to modify their appearance and match social expectations of body ideals. Therefore, various products aim to correct or conceal impairments– including rupture trusses, artificial limbs, and correcting posture by straightening the spine, giving a machismo image (Turner and Withey 2014:775). Cyborgs can liberate the disabled by producing a body that enables its functioning and personality. (Haraway 1994: 1).

Social networking sites and other online social media platforms are often helpful in negotiating identities. The social networking sites like Facebook have emerged as new spaces for negotiating one's image and portraying it in a sexualized way. Such digital platforms allow various ways of performing masculinity and femininity. Men may portray themselves or perform hegemonic masculinity in ways that enhance their manliness and the sexual image displayed online (Manago 2013: 478). A study of people with vision impairments reports higher usefulness of online social networks when their offline participation restriction levels are less (Viluckiene 2015: 458). Anonymity on social networking sites provides opportunities for the performance of gender in varied ways. (Light 2013: 264) Therefore, the new digital environment encourages the expression of alternative masculinities and eliminates the need for stereotypical masculine self-presentations (Siibak 2010,419). However, studies show that men with disabilities are more active in making new friends and finding dates than women using networking sites to maintain relationships (Hill 2014: vii). The online world removes the visual cues, which is the source of stigmatization and isolation (Forman et al. 2011: 1-2). As a result, the usage of social media platforms is high among men with physical disabilities (locomotor, visual, and hearing) and intellectual disabilities. Gaming also plays an essential role in disabled boys' lives as it is used as a space for gendered practice and an opportunity to represent hyper-masculinity through characters in virtual games (Charnock 2013:339). The scope of technology in the lives of the disabled is not restricted to communication with others but enhances mobility, independence, and the ability to better engage in social relationships. Also, increasing workforce participation in the broader community and constructing a social identity through the presentation of self in varied ways. (Lupton and Seymour 2000 1860:1861).

D) Literature on Masculinity, Space, and disability

Masculine spaces are constructed through repeated instances of exerting force over any object and an increase in the size of the territory controlled. Femininity and feminine spaces are constructed through submission to that force with a decrease in the size of territory control. (Sebeok 1996:392) There are two kinds of spaces. The first is the surface covered on the planet by humans and other inhabitants, known as natural space. Sociologically natural space becomes a social phenomenon or social space when people start using it and put boundaries and meanings. Spaces explore/represents a cultural, social, and material construction of experiences. (Gans 2002: 329) Duncan describes spaces as public and private, or as public by some and private by others. (1996:135) Therefore, the experience of space varies depending upon one's gender, caste, class, race, disability, and sexuality. Throughout history, spaces have been in a way that restricts or controls women and disabled, homosexuals, and transgender to access resources (Spain, 1992).

Gendered practices are produced through spaces as it is produced through customary laws and regulations, the state and its mechanisms, the family, religious norms and sanctions, popular culture, and media. Space is an essential domain for expressing gendered expressions, power, and autonomy (Srivastava 2012:1). Social space can generate conflicts and social control. (Hirst 2005: 4). Time, history, and space are all significant developments of modern masculinity. In the Indian context, the colonial values have reinvented masculinity and space differently. Srivastava has mainly focused on how space plays a vital role in maintaining social identities. He cited the example of the home, commonly understood as the domain of women and the public domain for men. (2012:2) Srivastava has also defined masculinity beyond just an expression of gender through behavior, attributes, speech, and dress but also as a socially produced and embodied way of male, through social interaction, allocation of tasks proper to men and women, and position and power (Srivastava 2012:13-14).

The experience within and outside the home does not remain the same for all men and women. It varies depending upon the role in maintaining the social identity and gender performances. If the public is presented as the domain of action and where important matters of social decisions are taken up, it remains under the control of men. The private is represented as a space for women. Private is more synonymous with domestic. Here, women's role is prioritized through the capacity for maternal care and emotional response, but matters related to utmost importance within the home remain in the hands of few men. Therefore, the private sphere is a necessary complement to the public sphere as it provides relief from the pressures of the public: the private is then in a binary relation to the public in as much as it demonstrates why the public is a superior realm (Srivastava 2012: 6). The emergence of the modern gendered division of labor problematized the position of disabled men further in such spaces (Barrett 2014: 41). Disabled men experience conflicting situations in both public and private spaces. They are required to participate in the labor market through employment as being economically independent remains the core element of masculinity, but they are also excluded/oppressed for disability. Neither can they contribute to the domestic spaces, leading them into an identity crisis (Barrett 2014: 41).

Domestic spaces are used synonymously with private space, but domestic space is shared by family (as much as this is the space shared with the husband and, possibly, an extended family). Chopra mentioned that the intersections of class, sexuality, and gender within spaces of domesticity could reorder relations of gender, and this relationship may produce invisible practices to dominate some men" (Chopra 2006: 152). Disabled men often face this dilemma of spatial autonomy when in domestic spaces. Inequality in spaces can also be traced to Bourdieu's idea of masculine domination. Masculine domination is perceived as produced through structural dominations based on the sexual division of labor and division of spaces - the market for men(public) and house for women(private). It opposes the two (Bourdieu 2001: 9-11). In this system of domination and subordination of relationships rises symbolic violence (which often takes the form of invisible violence) and is mediated through the schemes of perception, appreciation, and action constituting habitus (Bourdieu 2001: 37), i.e., their social background.

Then comes the idea of safe space, which brings many restrictions for women and autonomy for men. It would be interesting to see how disabled men negotiate the notions of 'protection' and 'safety' in public spaces. For example, those with impaired vision and hearing have been victims of harassment and violence in public spaces (De Visser 2006: 685).

Doyle explored two different dimensions of male experience in spaces. First, public spaces are the most common site for expressing one's masculinity, comprising all expectations and norms, the sanctions, and the stereotypes placed on the male by others. In contrast, private space can reflect on personal conflicts, which becomes more challenging. (1983: 3) However, the male experience in private and public spaces can directly impact how individuals perceive masculinity. Therefore, space is an essential category of practices of masculinity and femininity and understanding symbolic power. Disabled people's context of space has been limited to mainly public space, which illustrates accessibility, barrier, and environmental issues (Basha 2015: 54; Bodaghi 2013: 241; Kingdom 2012: 327; Friedner 2013: 43; Das 2020: 61; Prakash 2020: 36). The personal space context to domestic spaces has been less explored. Also, power politics, violence, domination, and the experience of men in an ableist space are not discussed. Though disabled women's experience towards ableist space has been explored. (Chouinard 1999: 141). There is a dearth of work on how disabled men perceive spaces through the lens of gender.

V.Objectives of the thesis

Against this backdrop, the thesis tries to understand and explore the gendered lives of the male disabled respondents. Doing so throws light on the everyday subjectivities and experiences of the respondents in different spaces and their understanding of masculinity, body, sexuality, and violence. The research issues are as follows:

- To understand the respondents' perception of masculinity from everyday interaction
- To explore how the respondents have conceptualized body, sexuality, and intimacy
- To understand respondents' negotiation of identities in different spaces

VI.Methodology of the study

The methodology is a procedure through which a body of knowledge is made valid and authoritative. It is different from the method in terms of its approach. (Ramazanoglu and Holland 2002: 9) The study is exploratory. The empirical research explores the gendered subjectivities of men with disabilities to understand their perceptions of masculinity, sexuality, and identities. The respondents were adult males with benchmark disabilities in Kolkata. Benchmark disabilities refer to persons with a minimum of forty percent disability, not lower than that. The study was carried out in Kolkata. The respondents had the following types of disabilities- locomotor, visual, and hearing disabilities. The age group of the respondents was between 18-35. To maintain their privacy, all the names used in the thesis are pseudonyms, i.e., original names were not taken to maintain confidentiality. The study had mainly college and university-going youth and men working or who have just passed out from universities. Though many organizations/schools/institutions for disabled boys and girls in Kolkata, interviewing the respondents in a closed setting like an organization or NGO was not preferred where their response could be guided or restrained. Hence interviews took place within the campus or outside college and university premises where the participant felt comfortable speaking up. The duration of time for data collection was around one year.

In the present study, snowball sampling is used, a kind of non-probability sampling where the subjects of the study, i.e., the respondents, were contacted through the existing subjects. This is how the researcher recruits his/her further samples. The sampling was done per the researcher's convenience, depending upon the study undertaken. (Bryman 2001: 505). The first set of respondents was contacted, and then from their contacts, other respondents were selected (according to the type of disability and location) and then contacted. Twenty-one disabled males were interviewed. Some of their non-disabled friends and partners were also interviewed during the data collection process. Five peers and three partners of the respondents were also interviewed (who agreed) in addition to the respondents.

The techniques for data collection were in-depth face-to-face interviews with respondents. Interviews were also conducted with the peers and partners to know their perceptions about their disabled partners and friends. The respondents' gestures, attitude, behavior, and voice tones were all observed during the interview to grasp the situation more deeply. Interview Schedules have open-ended questions best suited to derive data for such qualitative studies.

The respondents were given the full scope of expressing their problems. Some questions were predetermined in the schedule, while new questions were asked during the interview. It has given the respondents the space to answer and narrate/her stories.

Life histories and narratives often form an essential part of in-depth interviews. Life histories and narratives are bibliographic memories that are the source of data collection. The study required many instances of respondents' past experiences related to childhood or adolescence. Rich narratives the respondents gave helped the investigation uncover the facts and perceptions of sexuality, body, masculinity, and incidents of abuse. For most respondents, these stories were valuable as they could finally open up about their challenges. Narrative analysis was done to transcribe the respondent's narrations. All the responses were recorded and transcribed later. The conversations recorded were solely used for this study. Each data was carefully transcribed and coded. Secondary sources like journals, government data, and books were also used apart from interviews in the thesis. The respondents' confidentiality was maintained.

Their variation in the group of respondents to their disabilities helped to understand the different complexities present within the group of disabled men itself. Interestingly, with each set of disabilities (locomotor, visually disabled, and hearing disabled), the differences in perception of gender, sexuality, and conformation to masculinity ideals prevailed. The study did not aim at the generalization of the findings, as the place, disabilities, scope, and time were limited. Apart from an interview schedule, information was also obtained through personal talks outside interview hours during the fieldwork. It was time-consuming.

VII.Limitations of the study

Each empirical study comes with certain limitations. The limitations of my study are-

1. The research topic is sensitive, a friendly rapport with the respondents must be established to elicit rich narratives, and their understanding of the topic was challenging and time-consuming. Hence much time was spent explaining the topic and building a rapport with them.
2. The respondents initially denied or did not want to acknowledge the problem and challenges they faced being a man but gradually opened up. It is another drawback during the time of data collection. Belonging to a particular gender group and at the same time belonging to a disabled community, the situation became more sensitive. They tried to express their vulnerability while distancing them from the idea of being powerless or victims. At the beginning of the research, the respondents tried to highlight their challenges for just being disabled but later on, their experiences of their gendered and sexual beings were reflected.

3. Many things are considered in research, especially when a woman is an interviewer, and the interviewee is male. So, during data collection, many unwanted gestures in the form of flirting and judging were faced.

4. The topic is sensitive; finding respondents was difficult, so the sample size was small, and only men with specific physical disabilities were interviewed. The respondents who are hard of hearing needed a much longer time to express themselves as compared to the other two groups of respondents. Despite having hearing aids, they needed longer to understand and closely observe the interviewer's facial gestures to respond. The questions were communicated by writing; also, sometimes, seeing the questions, they could revert; hence it was time-consuming. Also, these respondents identify themselves as deaf.

VIII.Concluding Remarks

The concepts of masculinity, identity, body, and disability are differently used in different contexts. Integrating the three concepts into an empirical work needs a sufficient literary and theoretical framework. The study is unexplored; therefore, the literature is also more limited. In India, disability has not received any worthy attention in academics. Some works highlighted the sexuality and marriage concerns among people with disabilities, and some on the idea of personhood among disabled men. In Bengal, India, gender subjectivities of disabled women prevail, but no such study prevails for men. Studies in the western context relate to the gendered experiences of men with disabilities. The gender subjectivities of men with disabilities have not been documented well in the Indian context. Literature on masculinity and disability in the West has reflected how disabled men came into terms with masculinity or how disability has impacted their masculinities. Literature on sexuality and disability highlighted the ignorance of the need for sexuality education and the sexual well-being of people with disabilities, and the stereotypes around disabled sexuality. In context, technology, disability is linked to assistive technologies. The usage of particular technologies also shapes masculine identity, relating it to disability and how disabled men's exclusion from such sphere is a new scope of the study. Finally, space, power conflict, and negotiations among men have several works in context, but disabled men's experience of ableist spaces (private spaces majorly) has not been illustrated much. Hence bridging the literature gap to understand the phenomenon is essential.

Notes

1. Cartesian dualism is rooted in Descarte's philosophy, which separates the body from the mind and sees the body as an external agent. (Shilling,2012)

Chapter Two

Theoretical Overview: Overview of important theories

I.Introduction

Disability may intersect with gender, body, sexuality, and identity. Hence one single theory cannot justify intersectionality. This chapter will highlight relevant theories that situate the study's context. Symbolic interactionism, feminist and masculinity theories have been applied to contextualize the relation between masculinity, disability, body, and identity. The queer perspective on disability has been used, essentially focusing on the concept of ableism and patriarchy in marginalizing disabled people. For both women and disabled people body remains a marker of oppression and discrimination. Any marginalization derived from sex, race, gender, caste, or disability is manifested through patriarchy, capitalism, and ableism ideologies. (Eisenstein 1977:17).

II.Symbolic Interactionism theory

Introduction

Symbolic interactionism is a theoretical framework to understand gender subjectivities around a disabled identity derived from interaction, relationships, and experiences in everyday spaces. Symbolic interactionists generally interpret subjective meanings and how individuals make sense of their world and themselves. The focus is more on subjective meaning than objective ones, i.e., how repeated, meaningful interactions among individuals come to define the structure of society.

A. Symbolic interactionism and identity

The work of G. H. Mead (1934), and H. Blumer (1962), argued individual attributes and self-identity are roots in the individual's interactions in society. Identity is a set of meanings attached to individuals' roles in the social groups they identify with or in unique ways they see themselves (Stets and Burke 2000: 225). The symbolic interactionist view of the self/identity begins through the meanings shared in interactions (Neiberding 2014:6). These interactions occur through language, symbols, or shared meanings that enable a person to understand and respond to ideas expressed by others. Therefore, the interaction mechanism occurs by taking the role of others through shared language. Through role-taking, one understands and internalizes the normative definitions, incorporating them into their beliefs about oneself. First, Blumer points out individual acts toward things with meanings attached to them. Second, the meaning of things is derived from the social interaction one has with another. Third, the meanings are further modified and interpreted by the individual in dealing with the things they encounter. (Turner 2012:331). Therefore, every group or individual has a distinctive way of producing meanings and perceptions through social interaction. For example, disabled men and women may have a different meaning attached to gendered selves created from their everyday interactions and experiences.

Another critical aspect of understanding self and identity in the symbolic interactionism framework is the concept of 'I,' 'me,' and the 'generalized other.' 'Me' is the social self-produced by learning society's ideas, where I is produced more from the individual's subjective experiences. According to Mead, generalized other is a 'community of attitudes,' i.e., the roles individuals take up seeing the values, beliefs, social gestures, attitudes collective ideas of the community of others. The community could be an immediate group, a larger one, or even a society. (Turner 2014: 98). Individuals do not just enact role-taking but also adjust to it (Dodds et al. 1997:483). The individual/individuals may conform to the roles, attitudes, and behavior of wider ableist society to get accepted and behave in accordance with or rejects it. This other is also constructed to self and vice versa. Any group can be 'other' in terms of where they are located. For example, disabled people may see able-bodied men or women as 'others,' the same way the able-bodied people may see the disabled as the 'other.' Hence the understanding of self and others is constituted and mediated through interaction. The self is shaped by the other, and the self also shapes the other.

Identity theory rooted in structural symbolic interactionism sees society as characterized by social structures comprising patterned behavior and interactions (Stryker 1987:89). It includes interaction with networks in which people and their identities are embedded: people in family, class peers, and workers. Interaction also takes place within the structure of organizations and institutions like caste, class, and religion to form identities. Therefore, within structured symbolic interactionism, the self or identity and society are in a reciprocal relationship, where the shared meanings are developed through interaction at both micro and macro levels. Social identity theory began with the work on social categorization (Stets and Burke 2000: 225). Social identity develops in terms of social group membership, and humans enact roles of the normative expectations of ingroup members to be accepted as part of the group. The concept of role is subsumed under a group; hence the group is more emphasized than the individual, which means a greater focus on group identification (Stets and Burke 2000: 225). Through a social comparison process, an individual who is similar to the self is labeled as the ingroup, while those who differ from the self are categorized as the outgroup (Turner 2014: 102)

Identity is also hierarchical, i.e., how important are the identities and in what situation. Those identities high in the hierarchy are more likely to be verified and accepted by society. If the identity is not accepted, it will move to the bottom of the hierarchy. Throughout the interaction process, a person tries to present oneself to be accepted and verify his/her identity. Thus, people are committed to identities mainly for a positive acceptance. When an identity is established by referencing the norms or perception of others, values, and other social symbols, self-esteem becomes more dependent on the identity adhering to the norms, as identity often determines self-esteem and image (Turner,2012:321-333). People with disabilities have had it since early childhood. Their identities and self-esteem have already been readjusted to lower expectations due to the kind of socialization received. Identities can be positive or negative, which emerges as society views them negatively. However, the people who hold these identities may not see them as unfavorable in the same way and may give a new meaning to their identities. (Stets et al. 2014:57).

Cooley's landmark theory of looking glass self-point out how individuals make sense of self-based on how others view them. Self-perceptions develop from reflected assessment of how others see us, i.e., the impression of others on us and vice versa. Individuals gain an idea of their worth and value based on the judgments of others as brought out during interaction. Self cannot develop in isolation but in relation to others. First, individuals in any social situation may think about how they appear to others. Second, individuals are concerned about others' judgment of their appearances. Third, thus individuals receive the judgments and, based on that, develop feelings about self-such as pride or mortification. (O'Brein 2006:127). There is continuous monitoring of self from the point of view of others. Cooley (1902) mentioned how living in others' minds gives rise to authentic and powerful emotions of pride and shame. (Scheff 2005:148)

Goffman (1963) stressed how one's identity could be spoiled and exposed to stigma. Stigma refers to bodily signs that depict bad or unusual for the individual's moral status. (Goffman 1963:1) The sign could be anything from any cut in the body to be advertised as a prisoner or enslaved person who is not accepted in public places (ibid). Later two more characteristics were added to the term. First, it could be any bodily sign which embraces a religious belief like "holy grace that took the form of eruptive blossoms on the skin" or signs of physical disorders (ibid). Goffman mentioned how an individual's first appearance made us anticipate his category and attributes. He stressed social identity than social status. Goffman says any form of an attribute that makes one different from others. For example, less desirability of a person due to any attribute like a person who is bad or weak. This attribute of the person is a stigma when its discrediting effect is extensive. (Goffman, 1963:2) Disability is one such example. Stigma also refers to the value judgment of a dominant group, i.e., how the dominant group expresses specific human characteristics as desired and not. Thus, the social stigma is enacted through everyday interaction. (Davis, 2013:148)

The stigma can be of two types- first discredited and second discreditable. The first type is the visible stigma. Here the individual knows about the differentness from before or on the spot. Many visible disabilities can fall under the first type. The second type could be an invisible form of stigma where the difference is either unknown or not visible. (Goffman 2009: 4). Therefore, a discredited attribute such as one's skin color or body size could be visible. The discreditable can be hidden, such as one's mental illness or intellectual disabilities that cannot be identified at first glance. Goffman identifies three types of stigmas: the stigma of character traits, physical stigma, and stigma of group identity. The first is the stigma of character traits which refers to individual traits and qualities. Second, Physical stigma refers to physical deformities. Third, the stigma of group identity refers to those from membership in a particular group like ethnic or racial (Clair 2018: 319). People with visible disabilities fall in the category of physical stigma. People with physical disabilities are othered for physical deformities. Goffman also stresses ways to neutralize stigma. The strategies to counteract stigma are related to the degree of social power. Minstrelization is a strategy where an individual is embedded with less social power but tries to recover from the spoiled image by over-conforming to the stereotypes about them. For example, often, disabled people may laugh at the jokes about them by the non-disabled population. Next is Normification, a process by which a stigmatized individual tries to enter an institution or space where the entry is closed for them or discouraged. For example, disabled men entering the military profession or indulging in body-building practices. The third is Militant Chauvinism, where one tries to highlight the group's power level as the highest. For example, highlighting one’s differences is better. (Coston and Kimmel 2012: 99)

B. Symbolic interactionism and the body

The body has been perceived from the biological and medical perspectives and social science humanities perspectives. In the former, the body is seen as a natural machine that produces gender differences through roles of sex in reproduction, hormonal changes, and genetic programming. (Connell 2005:45) The latter see the body as a neutral space or landscape where social and cultural symbolism is imprinted. Therefore, the body is not just a biological or medical identity but shaped by the social environment, life experiences, and social norms. The disabled bodies have been medicalized, but the bearer of the body, i.e., the individual with a disability, can perceive the body through the social and cultural symbolism embedded in them. In symbolic interactionism perspective of the body is essential to understand how the body has become an active agent during interaction based on the norms set by society. The self perceives body in terms of self-image, where one presents and reflects oneself by creating images of oneself through others' judgment of one's appearance. Bodies are thus perceived, judged, and manipulated (Cooley 1902:126).

Phenomenology concerns the embodiment and lived experiences of the individual actors. The body remains a powerful medium through which everyday meanings are reflected (Turner 2008: 9). Meanings are added to the body through idioms, a form of non-verbal communication essential to behavior in public spaces. (Shilling 2012: 72). The body and self exist simultaneously, as there is no body without reflexive and agencies of self, and there is no self without a body, and the body is a medium of effective communications (Featherstone 1995:10-11) The body idioms, i.e., the symbols of the body, including gestures, dress, behavior, conversation, and expressions, help provide information the body gives for the presentation of self. Hence the body is intensively related to the presentation of self in everyday life. (Gofman,1978:56). Presentation of self is embedded in the process of impression management. Goffman refers to it as a vital point in the context of social interaction in everyday life. This process of presenting oneself to others is done through dramaturgy (Goffman 1956:132). Society is linked to the metaphor of a stage with a backstage and front stage. The backstage is where the preparation for the performance goes on, and the front stage is where the audience sits. Any outsider accidentally visiting backstage may witness the activities incompatible with the impression they are accustomed to (Goffman 1956 132). In everyday life, the way we are (actual identities) and how we show ourselves to others (virtual identities) are based on dramaturgy. If, in reality, the separation of backstage from the front stage gets hampered, then there is a gap between the virtual social identity and their actual social identity (Goffman 1956: 133). The gap leads to the chain of impression management breaking down, resulting in embarrassment. The body is a central part of the interaction order in Goffman's work, producing encounters (Goffman 1983: 4). Interaction order is the autonomous sphere of life where every day social activities are carried out through bodily communications like controlling expressions, movements, and performances. (Shilling 2012:74). Encounters are essential to social life as they are situations where people enact specific roles (Shilling 2012:73-74).

C. Symbolic interactionism, body, and masculinity

The body becomes a part of the social process through body reflexive practices. (Connell 2005:63). The significance of the physical body has been ignored by viewing it as just an object for symbolic meaning, but not as an active agent of gender. Therefore, bodies function as both objects and agents of social practice in which practice creates the structures that define or appropriate the bodies. (Carrigan et al., 1985:64-65). Goffman and West & Zimmerman explained the social construction of gender through dramaturgical tasks performed through acts (masculine or feminine) through everyday interaction (Schrock 2009:279). According to West and Zimmerman, people do not possess a body but do it through practices and acts (1987: 126). The body remains a symbolic asset in maintaining the traditional association between maleness and manhood. It is usually considered a qualification for membership in the category 'men.'(Schrock 2009:279). Men are more exposed to stigma than women and are subject to greater scrutiny if they deviate from normative masculinity (Griffith 2015: 288). Gender expressions, masculinity or femininity, are mediated through the body. Disabled men and their bodily expressions may not match ideal standards of masculinity, which may produce embarrassment. The closer one is to the normative standards of ideal masculinity, the more the pressure to maintain an impression on others. Certain gendered acts require the continuous engagement of bodies, postures, and actions. Hence, the management of the body also enters into an act that Goffman describes as the neutral act that involves specific body postures and expressions in contemporary societies. It is not just the involvement of the face but the whole body; the careful positioning of the body and its posture in specific gatherings or public spaces not conforming to those can lead to a threatening presence. Such body language may become a barrier for disabled men to express masculinity.

The contextualization of the body's importance in expressing masculinity is embedded in what Goffman calls shared vocabularies of body idioms, providing common means of embodied information. (Shilling 2012: 35). Hence there are specific standards of maintaining the body in public, and non-conformity can bring embarrassment or stigma. A person using a wheelchair or clutches can hinder from expressing more impressively. It can also affect their ways of expressing masculinity, like social symbolism of masculinity is displayed through sports and body grooming. Men are consciously concerned about the maintenance and appearance of their bodies through physical activities, fitness, and sports. (Swan 2003: 300). The hegemonic version of masculinities includes not just verbal modes of interactions but the engagement of bodies. There is a constant effort to display a 'macho posturing' through grooming, performative, and repeated acts (Dalley 2007:203)

Butler mentions gender as performative. All acts are performative (1990:141). Therefore, there is no gender identity attached to gendered acts; instead, these acts continuously produce gender identity. There is routinization of performances by acting upon the ritually socially constructed norms of the society. Butler mentioned identity as a shared construct, and it is formed based on repetitive practices and performances of gender and sexuality, which become institutionalized. These repeated performances become the norm.

Incorporating and producing the relationship between masculinity and femininity in social interaction is doing gender. How hierarchical and complementary relationships between masculinity and femininity are institutionalized is referred to as gender structure. (Schippers 2007:92) Gender identity and behavior are not just the products of structured forms of socialization but also how individuals actively participate in the construction of their gender identities. *(*West and Zimmerman 1987:7). Therefore, everyday actions, interactions, behavior, and practices work together to produce masculinity and femininity, which further interacts with sexuality, ability, class, and race.

Butler suggested how gender categories—female/male, woman/man, girl/boy- are put into the process of conditioning, for example, ' girling' for women. Therefore, performativity is the continuous practice and repeat of gender norms that takes place under the *"constraint or "regulatory regimes"* (Brickell, 2005:26). Here, Butler majorly focused on deconstructing the notion of identity especially for sexually repressed bodies. In addition, Butler tried to illuminate the binary oppositions such as I-other, subject-object, man-woman, and homosexual-heterosexual, with which the ability-disability can be added as a repressive construction. (Butler 1990:175-76). The oppression of women and men is bound to the discursive system of 'sex' and binary identities. (Butler 1990: 144) Brickell used Butler's performativity and subversion to challenge hegemonic forms of masculinity. Subversion denotes the relationship between subjectivity and agency and social structure. (2005:25)

III. Feminist and masculinity theories

A. Feminist approach to disability

Introduction

A feminist approach to disability is vital as it traces the difference between sex and gender relations centered around it with the social structures like caste, class, patriarchy, and disability. (Davis 2006:174; Thomson 2005: 1557). The binary opposition theory of female to male, gender to sex, and disabled to able body clearly shows that disability is a social phenomenon formed on the constructionism of abled-bodied or ableism. The implications of the hegemony of normalcy are profound and extend into the heart of cultural production (Davis 2006:15). Feminist and gender theories of disability discuss the following issues: (1) intersections of gender, race, ethnicity, sexuality, and ableism, (2) the male as representing the norm and how it challenges and oppresses women and other non-normative forms of masculinities (3) the ways disability opposes prevailing gender norms and performances. (Cheng 2009:115). Gerschick argued the systematic marginalization and subordination of females in a male-dominated society can be compared to the struggle fought among disabled persons in an 'ableist' society. (1995:2000) Thus, the realities of women and disabled men often come to intersect each other. Both of their situations may reflect an unequal power difference.

Feminism, disability, and body

The feminist perspective on disability has claimed to de-pathologize the normative female/disabled body at the expense of the physically deviant or ill body, where the disabled or a female body is seen as a constitutive other (Sammuels 2002:70). Thomson (2009: 1566) stated bodies that are not ideal or productive are given the identity of disabled and feminine. The non-compliance to ableism (which automatically non-conforming to gender and sexual norms) leads to exclusion, isolation, and stigmatization. The dominant biological and medical approach makes disabled men and women considered inferior. Therefore, disability is an identity given to those bodies which fail to do gender, age, and sexuality in a normative way (Loeser et al. 2017: xxix). Society creates a hierarchy that gives preference to the completeness of bodies and rejects those considered deficient by others (Wendell 1997: 20). 'Lack' remains the common factor for femininity and disability.

Thomson has more prominently highlighted the emerging discourse on disability and femininity. Thomson gave an intersectional study of oppression and marginalization of disability and feminist studies. Garland-Thomson introduces four areas intersecting disability and feminist studies, which have primarily associated women's and disabled bodies. It also focuses on the subjectivity of both women and the disabled, which should be outside the purview of medical models (Thompson 2002: 2). Ableism is somehow governed by patriarchy. The able-bodied tradition has been quite functional in retaining normative reflections and conceptualizing normal and abnormal, disabled and abled. (Inhara 2009: 47). Femininity, disability, and sexuality are measured to masculinity/ableism, which stands on the notion of completeness and whole or able body. The able body takes the privileged position over the disabled body. Therefore, the able-bodied norm is of fixed identity, which is set (Inhara 2009: 53). *"The able-bodied/disabled binary disregards all aspects of physical differences, pains, and pleasures. I ask a similar question to that which Irigaray poses: what is the opposite of the* *able body? Like the female genitals, ‘disabled’ bodies are changeable and fluid since they disturb the fixed construction of the able-bodied one.'Disabled bodies are 'not one’(Inhara 2002:*53)

The body remains a vital regulation criterion for both women and the disabled. It is measured in terms of normalcy for disabled bodies and beauty for female bodies. Hence both disabled and women’s bodies are manipulated, transformed, corrected, and modified to meet the standards of beauty and normalcy. Surgical and medical interventions increasingly pressure people with disabilities or correct impairments to become what Michel Foucault calls the "docile bodies"(Foucault 1975:136). The docile body can be transformed and improved. Women's and disabled bodies are manipulated to conform to the ideologies of normalcy and beauty. Normal has now is seen as beautiful in modernity. Any deviation from normality, be it in excess body fat, bodily deformities, or impairments, is expected to be surgically corrected to produce an unmarked body. The main reason for such body reconstruction and surgical practices is not to look different or unique but to look normal, unmarked, and not to look disabled, queer, ugly, or unpresentable. (Thomson 1997:11) Face-to-face interaction may create further embarrassment disabled and may make disabled people inclined towards surgery to correct/modify/ visible impairments. (McLaughlin 2017: 6-7). Such idealization of the body is related in complex ways as a consequence of the economic processes of a consumer society. Such consequences highlighted the differentiation between socially acceptable and unacceptable. (Wendell 1996: 86) This technique of idealization can bring in tremendous profits, where the people (consumers) are motivated instead are manipulated to internalize existing body ideals to meet the latest standard of beauty, health, fitness, and performance. Hence the body is viewed no more as an agency of lived experiences but it is a product of cultural forces and discourse (Featherstone 1995:10)

B. Feminist approach to space

Feminists have contributed to the concept of space influenced by post-modernism. Space is dynamic and simultaneous, just as gender identity is multiple and in flux. (Wrede 2015:13). Butler argues that gender identity is produced through repeated performance in public, and gender is situated in an external space in individual performative acts and physical environment. The body, an active agent in producing gender identity, publicly expresses the relationship of a certain time and space, which becomes the site of cultural inscription. The body acts through space and embodies the experience of the meanings of space to the physical environment. "*This patterned space conditioning is learned and performed through shared,* *collective representations, and imbuing modes of appropriating space*."(Fuller 2017:13). The continuous interaction of a body in a particular space defines it as both a private and intimate space. (England 2018: xviii). Feminists manifest spaces as revolving around the gendered public/ private binary. This binary shows how space can become a form of control and limitation of mobility and also space of resistance for achieving power (Wrede 2015:10) Both gender and space reinforce each other. Feminists see how power hierarchies are manifested and strengthened through human interactions with space. (Wrede 2015:2). Hence space is the product of interrelations and interactions. Space is a primary sociological category, such as time, class, gender, ethnicity, inequality, power, etc. (Fuller 2017:4).

The concept of space in sociology was first developed from the perspective of the geographical colonization of space. Later Marx and Engel's classification of space developed with the idea of capitalist industrialization and the growth of towns and cities. With the division of labor, society has changed regarding population and density. Phenomenologically space is always embodied and experienced. Through embodied space, emotion, expressions, and identity come into play. Space is socially constructed in the sense individuals produce it through social processes such as exchange, conflict, and control (Fuller 2017:12)

Spaces are gendered and ableist based on the idea of able-bodied practices and relations. (Mcruer 2006:90-91) A gendered space refers to the gender roles of men and women defined through sex. (Ina 2003:191). Gendered space could be anywhere in the public realm, house, or sacred places. (Ina 2003:193). The gendering of space is created through interactions and the coded spaces they produce through these interactions. (England 2018: xvi) Public space, for example, has long been defined as male-dominated. On the contrary, private spaces are defined as residences and have been described as feminine or women-centric. The latter is not under the purview of the public.

Historically, spaces are not considered institutions but produce and maintain certain social relations. Street as a public space is a seat of violation and fear for women and in control of men. Men also suffer physical threats regarding gang wars, brawls, and conflicts but are often considered part of risk-taking, a dominant feature of hegemonic masculinity. Street also is a space that produces different styles of masculinity and femininity, where various activities reflect masculine or feminine behavior like late-night hangouts for men, shopping for women, etc. Therefore, the street shows a clear structure of gender relations. (Connell 1987:132-133). There are several ways in which images of masculinities are constructed in a specific culture and society.

C. Theories on Masculinity

Introduction

The study of masculinity in sociology started with questioning the male sex role. Sex roles can be traced to psychological studies. Every culture can have its definition of masculinity mediated through social practices, but normative masculinity is still based on dominance, violence, and risk-taking. Division of labor, power differences and access to resources were reinforced by such sex differences, which have been ignored within psychology (Connell 2005:21*)*. Post-industrialism posed major transformations in gender politics and the definition of masculinities. The relationship between masculinities and femininities is changing. Still, a significant part of social space is controlled and negotiated by men. Masculinity is not only defined in physicality but constructed through the state, family, and spaces.

Power remains an essential component of masculinity. Power defines the ability of a group/individuals to restrict or constrain the choices available to another group/visibly or invisibly (Allen 1998:34). The way of producing power varies from group to group, from individual to individual. Therefore, power is a systematic relation between the oppressed and the dominant throughout society. Individuals should not be considered as just recipients of power. Still, their active role within the institutions produces oppression (Mills 2003:35). Power is not just related to a legitimate authority but exists in every space of relationships and interactions. Feminist scholars have defined power in two ways: it was understood in relation to domination and empowerment (Allen, 1998:22). Lukes (2005) argues individuals exercise power unintentionally but does as a routinized way without understanding the effects of one's action. Power can be exercised in a routinized or unintentional way against women and the disabled, which comes as a part of tradition or practice. Therefore, feminist and disability scholars explore the unrecognized power practiced unintentionally in everyday life and spaces, mediated through interaction. For example, masculinity is sometimes related to risky sexuality in aggressive or unsafe sexual practices. However, practicing unsafe sexual behavior without knowledge can result from powerlessness, which is not always influenced by structure or agency. Power can be pervasive, i.e., indirectly imposed, rather than coercive, forcefully imposed. Therefore, the subjugation of the individuals is not always direct but pervasive, i.e., indirect, through certain constraints. Hearn has spoken of power invariably, how power can act as a capacity or can dominate, influence others and make them conform to such power through reward and punishment. Hearn mentions how power is equated with men. Power operates when certain groups approve it of men passing to the next generation. (Hearn 2004: 49). The primary point lies that all men are not all-powerful. This system perpetuates male dominance over women, where all men benefit more or less from the system. (Carrigan 1985:592). Power is also related to decision-making, which empowers an individual. Men with disabilities remain at the bottom of the power hierarchy through deliberate exclusion from decision-making activities.

Connell’s theory of masculinity

Connell also emphasized the production of knowledge around masculinity. The second wave of feminism has focused on patriarchy as the primary tool of oppression and paid attention to male-male violence and subordination of men in different spheres, too (Carrigan et al., 1985: 603). Connell argued the body could not be separated from the understanding of masculinity. Connell tried to link the male body and masculinity with power and how power relations are established through the body. (Connell 2005:51) The male body is central to men’s masculine identity (Kong 2007:98). One's masculinity and ways of expressing a masculine self are threatened if the physicality and appearances fail to represent the male attributes. Therefore, men can fail to sustain such expressions due to physical disability, body size, or sexual orientation. Such situations may privilege certain bodies and stigmatizes others.

The body can direct a masculine action or set limits to it, as in the case of disability. Connell has emphasized the importance of the body to sustain gender. For example, Connell showed how the embodiment of masculinity in sports includes a whole-body performance and use pattern, not just one organ. Any sport is cricket, football, and others that need coordination of all body parts. Hence an integrated performance of the whole body and the capacity to perform sport actively and wonderfully is the characteristic of competitive sport. The organization of sport encompasses social relations such as competition and hierarchy among men and exclusion or domination of women. Such social relations of gender are highlighted and symbolized in bodily performances. The constitution of masculinity through bodily performance is important in sustaining gender and gender relations. (Connell 2005: 54) When the performance cannot be sustained, for example, due to disability, gender is either vulnerable or put outside one of the domains of expressing masculinity. Gender is a social practice organized in the reproductive arena, a process in which body-reflexive practices are central, and masculinity and femininity are naming complex configurations of gender practice. (Connell 1994:16). Gender relations involve oppression, and the degree and kind of oppression/subjugation may increase with disability.

The universal system of patriarchy has fragmented groups of men, resulting in different positions within the gender order. The system has created a fine line between men in power and those often stuck in a subtle or invisible state of powerlessness. Modern-day gender order involves massive inequalities of income, wealth, and access to authority and power, and this structural inequality continuously generates violence and dispossession of resources. Connell has identified a model of the structure of gender (Connell 2005:74). The structure of gender stresses the gender division of labor. It revolves around task allocation and the economic consequences of gender division of labor. The maximum dividend is gained by men from unequal shares of social labor. The capitalist economy is operated through this gender division of labor in a gendered accumulation process. The emerging politics revolving around the relationships are consensual or coercive. It often relates to men's social domination in feminist analysis. (Connell 2005:*75).*

The family, state, and the street are the three most essential classifications in Connell's study of gender regime. Gender regime refers to the gendered relations in any given institution. Within the family, the gender relations are sustained through sexual division of labor, allocation of tasks, unpaid work for women, and paid work outside the house for men, reflecting the power-sharing in the domestic spaces. Women monopolize certain kinds of skill knowledge like household management, which erodes men's power in that zone. (Connell 1987:121). Next, the state, which has remained a basis of institutionalization of gender, the way powerful men occupy privileged positions in corporate or government sectors or certain professions. The state has also played a role in playing out considerable ideological activities between sex and gender, controlling women's sexuality and men who do not conform to heteronormative ideologies of sexuality.

The bureaucracy and state are a combination of power structure and division of labor. These structures form an integrated pattern of gender relations, excluding women and some men from a position of authority through job segregation, promotion, etc. The patriarchal state is, therefore, a set of power relations and political processes in which patriarchy is contested and constructed. If we trace back history, gender relations became crucial around the emergence of private property and production and consumption. (Engels 2007) Thus, the division of labor reinforcing gender inequalities became intense during capitalism, making a disadvantageous position for women and few men. Patriarchy benefits men with economic, political, and symbolic gain; therefore, masculinity is not only a matter of identity now but also relates to the question of social power. The patriarchal system legitimizes the exploitation of women and men due to hegemonic masculinity's superiority and subjugation of other (non) hegemonic masculinities. Connell emphasized three significant structures of gender relations power, economy, and carthesis (emotions) as significant ways in which the agency or practice of women and men is constrained.

Connell’s categorization of different forms of masculinities

Connell's landmark theory of masculinity revolves around understanding various forms of masculinity. This is hegemonic, subordination, complicit, and marginalization.

a) Hegemonic masculinity

Connell has used the concept of hegemonic masculinity, where hegemony can be traced to Marxist literature. Italian Marxist Antonio Gramsci first used the concept of hegemony to explain the conflict over power within class relations (Connell 1987:184). The ruling class in society controls the basis of society, be it political or economic and ideological structures. (Slattery 2003:121). Hegemony is therefore related to the domination of the ruling class in a society where the dominant class influences the beliefs, practices, and values. (Hearn 2004:53). Connell figured out that within masculinities, the position of power for a group of men is not just achieved through force or violence but embedded in religion, doctrines, policies, pay structure, welfare, taxation, and other practices. (ibid) Hegemony relates to power and how power is held and by whom. Therefore, a dominant group's notion of hegemony is constructed through specific ideas and practices against other sections of society. Hegemonic masculinity does not eliminate other forms of masculinities but systematically subordinates them. Though hegemony does not refer to ascendancy by force, both go hand in hand. Violence and force support the dominant cultural pattern. Hegemony, therefore, is not total cultural dominance but a balance of the forces.

Hegemonic masculinity is not always the same as the core traditional masculinity ideals, but such ideals represent hegemonic masculinity. (Connell 1987:186) The crucial difference between hegemonic masculinity and other masculinities is not just through the control of women but the control of men (Donaldson 1993:655). However, it would be wrong to say that the most visible bearers of hegemonic masculinity are always the most influential people. Men holding wealth and institutional power may not comply with hegemonic patterns in their personal lives. It is also true that hegemony can be established only by correspondence between cultural ideals and institutional power (Connell 2005: 77). Therefore, men in the military, corporate, or anywhere of highest authority display hegemonic masculinity. Hegemony rests more on authority and compliance to the authority than direct violence, and violence manifest within the authority. Hence hegemonic masculinity is culturally accepted, followed, and complied with. When the ideals of patriarchy which rests on certain conditions and practices, change, the bases for domination of particular masculinity also change.

b) Subordination

Subordination exists where hegemony is a cultural dominance in the society and has specific relations of domination and subordination between groups of men. It is defined in relation to internal gender order. i.e., internal dominance within a group. Within a framework of gender relations, there are specific relations of power and subordination between groups of men. The most common example is the domination of heterosexual men over homosexual or gay men. There can be a variety of material practices through which subordination occurs—oppression positions homosexual masculinities at the bottom of a gender hierarchy among men. (Connell 2005:78) Sometimes, a similar kind of oppression puts disabled men at the bottom of the hierarchy and embedded in a specific relation of subordination and domination between able-bodied and disabled men.

c) Complicity/cooperation

Complicity is when few men meet the definition of hegemonic masculinity but many benefit from it. Complicity relates to cooperation. There is a cooperation between hegemonic masculinity and other forms of masculinities even when all do not belong to the hegemonic group. Most men gain from hegemony since they benefit from the patriarchal dividend. Masculinities are constructed to gain patriarchal dividends without complying with hegemonic patterns of masculinity. (Connell 2005:79). Even some who get the patriarchal dividend do not exercise violence over women and share domestic chores with women (Connell 2005: 80)

d) Marginalization

Marginalized masculinity is one where masculinity is oppressed by other (hegemonic) forms or other dominant forms of masculinities. (Connell 2005:78-81). Marginalization is always relative to the authorization of the hegemonic masculinity of the dominant group. The hegemony, subordination, and complicity are relations internal to the gender order. But the intersection of gender with other structures or categories like class, caste, race, and ability creates a further relationship between masculinities (Connell 2005:80). Relation of domination and subordination can coexist within the same group, like within the same group of men. For example, disabled men. Here one group of disabled men may command or dominates the other disabled men. Connell identifies various relationships to masculinities-hegemony / subordination and complicity, marginalization, and authorization. Therefore, any specific form of masculinity is not fixed but has evolved through social practices in a particular time.

IV. Queer perspective on disability

Introduction

The social norms around ability/disability intersect with the social norms around gender and sexuality. Heteronormativity complements ableism; hence heteronormativity and ableism are sources of oppression for non-binary. Disability interacts with an individual's gender and sexual identities; thus, this theory will take the study into a newer dimension.

McRuer's theory of queerness and disability

The most interesting concept introduced by McRuer in his theory is compulsory able-bodiedness on which both the ideas of patriarchy and compulsory heterosexuality stand, producing queerness. There is a close connection between heterosexuality and able-bodiedness as both reflect a complete whole being. Able-bodied and heteronormative persons experience a sense of completeness and normalcy, while disabled and queer are seen as deviant or not normal (Cheng 2009:117). Sexuality remains an intersectional category for both queer and disabled people. Able-bodiedness and heterosexual culture do not have the stigma attached to their identities, forming the mainstream identity (Kafer 2003:77; McRuer 2003:79; Sherry 2004:769). Applying queer theory to disability can challenge the concept of normalcy based on the institution of ableism and heterosexuality through these mutual recognitions that disability is too placed in queer culture. (Cheng 2009:117-118). The historical medicalization of queerness and disability states a pathological situation. (Cheng 2009:117) Both are controlled by disciplinary measures of medicine, while the former focus on psychology and later on rehabilitation and care. (Chapell 2015:55)

The Crip theory, a landmark theory of McRuer, reflects the historical exclusion of marginalized groups such as the disabled, LGBT, and women. The emerging economic system of neo-liberalism has affected identities in varied ways. It has also influenced the social construction and subordination of disability. Ableism indicates normal functioning within the economic system (Elias and Beasley 2009: 281). An able body remains the most crucial asset in industrial societies as well as in consumer societies. In the former, the market is created with the help of efficient(able) bodies acting as labor. Later, the market is created according to the needs of (able) bodies. Products are produced in mind the mainstream population, including primarily able-bodied individuals (Bolzan and Gale 2002:363; McClimens and Hyde 2012:135). Thus, compulsory able-bodiedness and heterosexuality are products of capitalism. Neo-liberalism has Expanded a market for differences created by ableism and heteronormativity (McRuer 2006:1) and has resulted in a relationship between those deemed 'fit' and 'unfit' (Thomas 2006:179-

180). Further capitalist consumerism has side-lined disabled people more due to their limited participation in the compulsory organization of labor (for men) and not getting absorbed into a consumer culture (for both men and women) (Mollow 2012: 285). The combining effect of ableism and capitalism gives the disabled a more marginalized identity. Clare (2001:364) connects marginalized masculinity to the hegemonic influence of white supremacy, patriarchy, capitalism, disability, and homosexuality.

The linkage of queer and disability studies has created disabled spaces overlapping with queer spaces in which there is continuous interaction of heterosexual, able-bodied hegemony. McRuer further mentions Goffman identifying certain traits of a man as "*a young, married, white, urban, northern, heterosexual Protestant father of college education, fully employed, of good complexion, weight and height, and a recent record in sports*." (McRuer 2011:109). Therefore, masculinity has been defined as the young heterosexual, employed, fair, with perfect body contours like height, weight is put above which highlights the ultimate characteristics of ableism and fatherhood. Hence the criteria of man are defined in such a way that it excludes anyone who does not fit in the norms or form queerness. Masculinity and sexuality both stand on the heterosexual and ableism model. Associating disability to masculinity as well as sexuality creates further exclusion and stigma. Disabled theorists, therefore, dispute the supremacy of ableism and othering of disabled identities (Oliver 1984:21; Oliver and Barton 1997; Shakespeare 2000:165).

The main drawback of the Crip theory is that it fails to see the hierarchy within various marginalized groups like the disabled community. A Power hierarchy exists everywhere, even within the same group. Crip's theory rejects the hierarchy within disability. With each type of disability, other factors like severity of disability, individual experiences, gender, and sexuality determine the status of the disabled person within one's group. Each of them will not have similar experiences as oppression levels may vary.

V. Evaluation and comparison of theories

There is a dearth of sociological theorization on disability, masculinity, body, and sexuality, and one theory cannot explain it. The various models of disability, the medical, social, human rights, cultural, and identity, tried to theorize how disability evolved from the purview of medical boundaries to social into making its own identity.

Symbolic interactionism theory highlights the development of identity through interactions with others and the self. The body is an important component of interaction. People do not possess a body but produce one through practices and gendered acts. Body gestures through style, dressing, speech, and movements are symbolic during the interaction. Hence the body remains a significant medium through which everyday meanings are reflected. Stigma is produced when one cannot produce the normative identity desired by the dominant group.

In feminist and masculinity theories, the significance of the body is crucial in understanding how social forces and practices produce it, and it is not just a biological or medical entity. Feminist theory of disability studies sees how disabled and feminine bodies are regulated and manipulated. Connell's theory of masculinity has also not ignored the significance of the body and associated male able body to power. The hegemonic version of masculinities includes engaging a wide array of practices, out of which engagement of bodies becomes compulsory while displaying posturing, a manly appearance. Conforming to certain forms of doing masculinity may benefit men but not all. Non-compliance to it may not bring the same share of power and privileges. The space also remains an important part in mediating gender relations, allocation of power and manifesting various expressions of masculinity. Moreover, some spaces represent hegemonic expressions of masculinity which excludes men like disabled. The queer approach to disability focused on how able-bodiedness and heterosexuality; both produce queerness. Hence, studying disability and its association with masculinity remains a crucial point of discussion for all these theories. Gender relations are maintained through division of labor, allocation of tasks, coercion, and control in various spaces. Therefore, internalization and then the ways of doing gender helped to understand how others perceive self. Conforming to certain forms of doing masculinity may benefit men but not all. Non-compliance to it may not bring the same share of power and privileges. Thus, particular identities like 'disabled' are outside the purview of society. Different types of disabilities (locomotor, visual, and hearing) may impact the gendered subjectivities differently. Disability symbolized as an ‘other’ in society is not a consequence of the medicalization of disability, but the otherness is produced through everyday interaction, gender performances, division of labor as manifested by patriarchy.

Though the theories could be connected on the point of similarity, there are specific points of difference. Symbolic interaction has focused on micro perspective as identity development through self and others. Feminist, masculinity, and queer approach to disability pointed out the macro structures and institutions like state, patriarchy, ability, heteronormativity, and the intersection of all produces oppression for a particular group and maintains power for a few.

VI. Concluding Remarks

This study will give an insight into new concepts and theories bringing the intersectionality of disability, masculinity, body, and identity. Some critical insights that come up are the symbolic interactionism approach helped to understand the extent of exposure to an able-bodied culture and conformation to the normative gender ideologies. The interaction with peers, partners, and family helped build the interconnection of disability, body, and masculinity. The 'otherness' is not just based on how non-disabled others perceive disabled participants but also on how the participants perceive themselves and develop an identity based on the perception of themselves and non-disabled persons. The formation of the disabled 'other' is a socially constructed phenomenon, i.e., how the respondents see themselves to others(non-disabled) and themselves, i.e., the disabled other. Disabled men are not just othered based on their disabilities but also on how specific hegemonic patterns of sustaining masculinities have othered them within the hierarchy of men. The ableist culture has produced ways of doing gender, defined bodies, and identities. Hence, it is not just the disabled body producing the differences; but patriarchy, ableism, and capitalism together produce a system that highlights masculinity/femininity through certain expressions and practices. There is no space for non-binary/disabled existence. Interaction amidst disabled men also highlighted how certain practices among disabled men had normalized normative patterns of masculinity to get accepted in the broader group of men. In applying all these theories to the study of masculinity, body, and identity among disabled participants, we should keep in mind that the scope of the study is limited and restricted to a specific time and area. Theorization of disability in sociology has not developed well. Nevertheless, the theories applied here helped to understand certain aspects of disability in relation to masculinity, body, and identity.

Notes

1. In group refers to the social group where the members identify as being a member of the group where they belong.
2. An outgroup is a social group where an individual does not identify with being a member.
3. The reflective body practices are not internal to individuals but involve social relations, shared symbolism, and large-scale social institutions.
4. Binary opposition refers to opposite terms, like black/white and man/woman. In gender studies, binary is also known as a dichotomy, i.e., In a binary relationship, one is supposedly considered superior to the other, like a man superior to a woman. Binary is central To Jacques Derrida's work (1967), where he claims binary is understood by the

absence and presence of women are not men; therefore, their presence is illusionary. This claim was criticized by Derrida as well as feminists.

5. By women, I do not mean all women, but most women in a patriarchal society face oppression and resistance from various patriarchal institutions like family, market, and religion.
6. Neo-liberalism refers to free-market norms. This change in the economy can be disadvantageous for people with disabilities. This economic shift has highlighted the power differences. The neo-liberal policies aggravate health inequalities; therefore, access becomes a major problem for disabled people. (Sakellariou& Rotarou, 2017).
7. Consumerism refers to a culture in the capitalist society where individuals engage in buying goods and materials beyond their needs. This consumption of goods and materials also shapes the identity of individuals. It gives a sense of self.

Chapter Three

Empirical findings: Issues and concerns

I.Introduction

Each Empirical work has some issues and concerns. The crux of research often lies in empirical work, which often leads to findings and analysis of the topic. The study conducted is purely empirical. As the title of the thesis indicates, it deals with a particular group. The respondents in the study have disabilities-locomotor, visual, and hearing. The group is diverse. As each of the disabilities has its perspectives, challenges, and experiences, generalizing the empirical observation to a certain extent was challenging. The study is carried out in Kolkata, a part of Bengal. This chapter will provide some basic observations, which includes demographic profile, respondents' names(pseudonyms), and respondents' peer names (pseudonyms) will be listed. Apart from the problems or issues faced during data collection will be mentioned.

II.Demographic Profiles of respondents

Table 3.1

Types of disabilities and the number of respondents

Type of disability	No of respondents
Locomotor	Six
Visual	Eight
Hearing	Seven

Source: Author's Collection

Table 3.2

Name and Age of Respondents

Locomotor disabilities

Name	Age
Ritom	35
Rahul	32
Rakesh	19
Harsh	21
Partho	26
Vivek	24

Source: Author's Collection

Table 3.3

Visual Disabilities

Name	Age
Sovik	26
Ram	34
Akash	25
Jishu	28
Tirtha	26
Shyam	19
Suraj	30
Sovan	29

Source: Author's Collection

Table 3.4

Hearing Disabilities

Name	Age
Anushthup	32
Dip	29
Anchyut	25
Arko	34
Anchit	22
Anshu	18
Tapas	23

Source: Author's Collection

The respondents' names have changed to maintain the confidentiality and anonymity of their identities. There are twenty-one respondents, of which six have a locomotor disability, eight have visual disabilities, and the other seven have hearing disabilities. Under the Right to Persons with disabilities Act 2016, the category for locomotor disabilities includes various forms of locomotor and physical deformities like leprosy cured persons, people with loss of sensation in hands and feet, manifest deformity, extreme deformity, cerebral palsy, dwarfism, muscular dystrophy, etc. Under visually impaired people with a total absence of sight and some with visual acuity less than 3/60 (RPD ACT, 2016:35), i.e., corrected to a certain extent. Under hearing impairment, there can be people who are hard of hearing, i.e., according to RPD Act 2016, hard of hearing means a person having 60 dB to 70 dB(decibel) hearing loss in speech frequencies in both ears (RPD ACT, 2016:35). It also includes the deaf. Deaf means a person has 70 or more hearing loss in both ears, and one cannot hear, unable to react or speak. (RPD Act 2016:35-36).

Among the respondents under locomotor disability have restricted mobility and loss of sensation in hands and feet, manifest deformity due to paresis, and muscular dystrophy. Muscular dystrophy is a genetic disease that causes erosion and loss of muscles. In the group of respondents with visual disabilities, all are blind. The group of hearing disabled respondents are hard of hearing, with a few having little speech difficulties. All the respondents had disabilities since birth, and some were recognized at a very early age.

Table 3. 5

Age distribution of respondents

Age Group	Respondents
18-23	6
24-29	9
30-35	6
Total	21

Source: Author's Collection

This way, the age group was chosen to cover the range of respondents' experiences. For example, dip, twenty-nine, who has a hearing disability, mentions, "*People believe we mature at a later age, till then we are treated as a child. People think we do not have the thinking capacity or the capacity to react. It is said we are considered to mature after 35 or 40s maybe more than that"*. Ritom, thirty-five, has a locomotor disability, mentioned something similar *"I have always treated like a child. Because of this, I do not get the preference, or no one takes me seriously."*

Table 3. 6

Educational Attainment of respondents

Educational Level	Locomotor Disability	Visual Disability	Hearing Disability	Total
Higher secondary	2	2	3	7
Graduation	2	4	3	9
Post-graduation	2	2	1	5
Total	6	8	7	21

Source: Author's Collection

After completing higher secondary, one respondent (locomotor)completed a diploma in programming in computer applications. Many respondents are still pursuing studies and are enrolled in undergraduate or post-graduation.

Table 3.7

Occupation of respondents

Occupation	locomotor	Visual	Hearing	Total
Student	6	6	6	18
Service	0	2	1	3
Business	0	0	0	0
Total	6	8	7	21

Source: Author's Collection

Most respondents are students, i.e., still studying—Rahul, 32, with locomotor disability. Only three were employed in the present during the time of the interview. "*For men like us, economic stability is a must, as men without a good job and economic dependency is not valued, so for a disabled like me, a good job is the only asset*." Most respondents believe their disability can only be compensated with a good government job, a good salary, and a powerful rank.

Table 3. 8

Type of family

Type of family	Respondents
Nuclear	11
Joint	3
Single Parent Family	7
Total	21

Source: Author's Collection

A family comprises two or more persons by birth (blood relationship), marriage, or adoption. For example, the nuclear family comprises husband-wife and children, whereas joint families consist of more than three generations living together under the same roof. Single parent family consists of a single parent, either father or mother, with biological or adopted child/children.

The interview started with how the respondents spent their days. Leisure time is a part of their everyday schedule. The highest hours spent after a particular leisure activity for each respondent is considered. All the respondents are active on social networking sites. Some VD and HD respondents have also mentioned helping with household chores during their leisure time. One of the respondents with HD has spoken of engaging in masturbation practice which is also a source of leisure for him. Engaging in outdoor sports every day is rare for each respondent. Two Respondents from the visual disability group are involved in disability forums and rights groups and sometimes engage in street plays or performances.

Table 3.9

Daily schedule and leisure activities

Leisure time activities throughout the day	Hours spent in a day
Watching tv	2 hrs
Active in Social networking sites	5-6 hrs
Sports (outdoor)	--
Playing games and doing computer	2hrs
reading/pursuing any hobby	2-3hrs
Helping with household works	1-2 hrs

Source: Author's Collection

III. Names of Peers and partners

Table 3.10

Respondents' Peers' names	Respondents' partners' names
Rohan	Runa
Sujoy	Akhilesh
Tirthankar	Sourav
Ria	
Isha	

Source: Author's Collection

All the names of the peers and partners have been changed to keep confidentiality. However, they all were of the same age group as the respondents**.**

IV. Problems faced while conducting the research.

The research topic was sensitive as it tried to explore the respondents' way of expressing gender, sexuality, discrimination, and abuse faced in various living spaces and how these have added to their understanding of masculinity, their perception of sexuality, and experience in different spaces. For the sake of the research, respondents were questioned on their intimacy, sexual practices, habits, and incidents of abuse. Respondents had rarely discussed or have never spoken of such issues earlier. Hence there were several challenges faced while conducting the research.

a) Respondents were small in number as many did not feel comfortable in the middle of the interview and did not turn up for the second round. Some gave similar responses; therefore, no new data arrived from the next set of respondents. Thus, the number of respondents was limited as they were not easily available, and many did not agree to sit for the interview.

b) Initially, one or two organizations were approached for data collection purposes, but permission to conduct research there was not welcomed much.

c) Respondents were contacted through contacts within the university. The second set of respondents was approached through the first set of respondents. Still, as the group was diverse and each group had its share of experience, so the process of the interview became lengthy and time-consuming.

d) Few respondents contacted in the beginning did not agree to sit for the interview as traveling was a problem for a few as physically meeting them was required. However, none were comfortable giving interviews in their homes, so fixing a place by their time and feasibility made the interview process slower.

e) Building a rapport was difficult as, in the beginning, most of the respondents could not connect to the topic. So, explaining the issue, creating an atmosphere for the interview, connecting with the respondents, and setting up informal conversations were challenging.

f) In the beginning, they felt disconnected from the researcher as they felt the researcher coming from a non-disabled community might be unable to understand their challenges.

g) The respondents were all males, so opening themselves before a female researcher was the first hurdle faced while conducting interviews.

h) There were incidents where conversations on sexuality and practices made a few of the respondents very eager, and some conversations went out of context, which was uncomfortable for the researcher. Disability has a negative impact on their sexualities, so openly discussing such issues made some eager, and some left in the middle of the interview process when the topic of sexuality came up. The main reason is that many have never discussed such things with anyone before.

i) Getting their peers or partners for the interview was another concern. Most of the respondents were uncomfortable naming their partners if they had so interviewed them, which was a distant topic. Getting peers for the interview was easier than getting their partners to agree to sit for the meeting. Some partners refused to sit for the meeting as they did not want their association with the respondents to be disclosed. Many respondents did not want the identity of their partners to be revealed for the research as well. All the respondents had male and female friends, leaving three-four of them; none wanted to bring their peers for any interview.

V. Reviewing the Issues and Concerns

While conducting any research, constraints, issues, and limitations will exist. But it should be reviewed and resolved so that it does not hamper the data collection process, which is the most crucial part of any research. Quite a number of issues were raised while the interview was going on. But over time, those were resolved to a certain extent.

The research was qualitative and in-depth, so the sample size was enough to get the data. Moreover, in-depth interviews were done, which needed more time to be spent after each respondent; hence small sample size could give an in-depth understanding of the topic.

Many respondents were not known before they were contacted through known contacts. Hence a good rapport was built so they could feel free to participate and respond in the meeting. A few weeks were spent just understanding their disabilities and their background. Informal conversations were struck to make good bonds. There was constant communication with the respondents. Social media platforms also played a role in establishing a virtual connection with the respondents. It was more helpful as their day-to-day activities could be seen.

The comfort of respondents was given priority as to where they were comfortable in giving the interview. Places and times were decided with them. Phone calls and WhatsApp texts were all exchanged over the course of time. The respondents were given full authority to decide whether they wanted to respond to a particular question or not. As a result, a trustworthy relationship was built, which is very important between a researcher and the respondent. Their complete confidentiality was maintained throughout the whole interview.

The topic was explained to the respondents. The interview was carried out mostly in the mother tongue for the feasibility of the respondents. Each terminology was explained. Much of the responses were taken informally. For example, there was a question regarding sexual orientation. So, the discussion was opened with narrating a movie story based on homosexual relationships and their views on the same. Later, slowly their views were taken on sexuality. Finally, when they could find the easiness around the researcher, they could also open up about their intimate experiences. A friendly chord was set up with all the respondents, and at times too much informal bonding also posed a challenge for the researcher in placing further questions. But it was done gracefully and decently so that neither of the parties could get into an uncomfortable situation. Most of the responses were recorded in informal settings like coffee shops, sometimes on college campuses after classes. Respondents' trust was built entirely through empathy. Respondents often discussed topics unrelated to research, which helped build a good rapport.

Responses of the peers, partners, and respondents were taken during different timing so that they could open up about their respective viewpoints regarding the respondents. None of their responses were shared with anyone. The overall interview process was satisfactory. Data were elicited with the cooperation of the respondents.

Chapter Four

Empirical Findings: Disability and Masculinity

Perception of masculinity among respondents

I. Issues of Disability and Masculinity

The chapter explores the perception of masculinity among the respondents reflected through everyday interaction with family, peers, and daily activities. Here family and peer group both remains vital in shaping their understanding of their gender subjectivities. Internalizing values through socialization within family or peer groups significantly impacts the perceptions and performance of masculinity. In addition, everyday interactions in schools, colleges, peers, or families influence one's perception and attitudes towards oneself and others. The greater the respondents practice the hegemonic expression of masculinity and reject the other forms of gender expression, the more one keeps oneself distant from disability or femininity.

II. Internalizing gender norms: Family and Peers

A) Family

Family is the basic and primary unit of social control and socialization. Gender socialization remains essential in identifying oneself with femininity and masculinity, starting from within the family. The family also serves as a primary institution for practices of inequalities produced through various gendered divisions of labor through the allocation of tasks, roles, and power. Individuals' social ties and family background make them perceive relationships with male figures of house or male peers in schools and colleges. (Lusher,2010:37). Transitioning from adolescence to adulthood is crucial as inequalities become apparent during this stage and may exist lifelong.

The family size is important in understanding the kind of exposure they have received and whether their acceptance in the family as a disabled boy makes any difference. Male figures head the majority of the families of the respondents. Two are female-led households. The head of families (mostly men) often influences the attitude and treatment of the respondents. In a few cases, respondents have shown resentment where the father or any male member exists as the head of the family (in joint families) as they play a dominant figure in their lives. In contrast, some have mentioned having a good relationship with their father.

The respondents have expressed that the behaviour towards them is similar for a girl child in a family, for example, female cousins or siblings. The respondents have tried to adhere to certain standards of bodily norms and deviate from a few normative ideologies. The respondents' bodily 'lack' (disability) was highlighted growing up. This internalization of the lack somewhere remains a reason the respondents felt they were de-associating with boys their age. A boy or a man will be complete in terms of body and senses, and accomplishing his roles are some of the things they hear all time from relatives and parents. The internalization of beliefs and stereotypes gives them the image of themselves as less confident, soft personalities who is non-manly.

Internalizing gender norms within the family: Views of respondents

1) Locomotor Disability

The respondents in this group did not initially acknowledge facing any adverse consequences of their socialization for having a disability. They have internalized the body as an asset to a man. They have learned that a non-functioning body is equivalent to not having one, making them perceive their bodies negatively. They feel masculinity means not having any 'lack,' 'incapability,' or deficiency in the first place. For them, the male body is superior and needs to function everywhere, a standard view that prevailed. A good job must compensate for their lack; a common notion prevails among the respondents. Two respondents have mentioned being pressured by fathers to be more active and more potent than their non-disabled brothers so that they are not considered emasculated or powerless later in life.

The respondents have expressed how kaaj is equivalent to being productive. As they grew up, their constructive role manifested in financial contribution and independent functioning, which is 'kaaj' for them. *Kaajer chele'* is a term frequently used for the active male member of the house. kaajer chele are being symbolically used to show how a boy is important as an asset to the family, who stands by the family through thick and thin. The respondents mentioned kaaj as those work predominantly carried out by the men of their households, mostly the outdoor tasks. It may include going to the bazaar. In Bengal households going to the bazaar is an important task and remains majorly in the domain of men. Though female members go to bazaar too, mostly to get other necessities of the kitchen like bringing spice, utensils which according to the respondents are trivial. Bazaar, they feel, is a highly masculinized zone. They have remained detached due to restrictions of movement. In the bazaar, there are chances of getting into scuffles, *dhakka dhakkis* (accidental pushes), and hence have kept themselves away from such commotions. Now they are willing to take up the responsibility of doing bazaar as they have entered adulthood. Even if they can manage, they are not encouraged much when there is another male house member. They feel their family might think the vendors would charge more for them seeing their disability. Hence are not much encouraged to visit bazaars.

Interestingly, most of them do not want to be indulged in household chores with female house members and have tried to distance themselves from womanly tasks. However, a few have mentioned how good they are in technology and computers, so paying bills or making online purchases are their departments. It has often made many of their family members rely on them, giving them due importance. Akash says, "*As a boy, I was always asked to stand on feet, that is to be economically dependent, that is the universal meaning. But for me, it is both, i.e., literally able to stand on feet, and then the latter, i.e., earnin*g."

Many have mentioned they have been perceived as soft and silent as their female counterparts and disliked it. They hear comments from family members, mostly from male members, like being a boy; they are of no help. The situation would have been different if they were girls, but a boy needs to be active; otherwise, things will be difficult for them later in life. They have learned how important being active and 'kaajer' is to masculinity. These respondents have tried to adapt to certain norms they learned.

2) Visual Disability

The respondents with visual Disabilities shared somewhat similar experiences. They all have mentioned having a very silent, passive personality at home. Outdoor activities like playing with non-disabled kids were not common since childhood, so they started growing interested in indoor activities. Some respondents have mentioned showing interest in household chores. They help mothers and sisters often at home. Shyam says, "I *am very good at cutting vegetables, people think, how can I do that, but I can. Whenever I am home, I do all the cutting and other household work to reduce my mother's workload* ."Jishu mentions how he felt bad as he couldn't help his mother or sister with household work as he was prohibited from coming to the kitchen because of the risk of gas and fire. Inclining to household work and assisting or helping mothers in household chores is in no way a deviation from their gender role. Instead, it made them more dependent and helped in time management. Even now, many of the respondents expressed more comfortable in doing indoor tasks than getting involved in outdoor tasks.

Ram, one of the respondents, said he was often forced to learn and take up specific responsibilities outside the house. He narrated an incident during his visit to an electricity office to pay the bill. He was mishandled there due to a considerable long cue. Other men tried to overpower him to move forward in the line. He stepped back and later got criticized by his father for failing to do such a menial task. His father mentioned he could not be so soft and inefficient. As a man, he should learn to fight back. Ram found his father's rage unjustified. It was risky to stand in the cue for long as he was carrying money and had chances of getting hurt in the scuffle. Sovik, 31, speaks of a 'celebrity' status within the family as he has nothing to do there. He also expressed this doing nothing has challenged his identity as a man. After all, he is a male, and with age comes many responsibilities he cannot perform. The internalization of a lack also prevailed among them. Blindness not only resulted in a loss of normal functioning in day-to-day life but took away their right to be perceived as an individual; to be perceived as masculine or not is a distant thing.

The notion of '*kaajer chele,'* which means an efficient boy prevails among them too. Many have mentioned how 'kaajer' chele is a crucial component while growing up. Most tried to disconnect from the notions of standard masculinity ideals, which focused on strength and being hard. The respondents have also mentioned hearing negative comments about their bodies, sexuality, and marriage from within the family. Therefore, they have normalized it by dissociating themselves from being manly or masculine. Most of the respondents have not been pressured to do anything which parents often do other boys of their age, be it regarding career or job. Focusing on body and appearance has never been a part of their conditioning. They mentioned women had to think more about their beauty and body than men. Hence felt they were saved from the mundane work of body care and maintenance. They also expressed how their other Bengali peers do not appear masculine through an ideal body structure that makes one manly. As told by the respondents, the main concern for their parents is whether their sons could be enough for themselves. In regards to learning or unlearning, this group has unlearned some. Normative expectations of masculinity make their lives more difficult*;* hence developed few on their own by not conforming to the dominant ideologies present in family and society. They never differentiated a work as masculine or feminine; most respondents have felt it wrong to associate any work with gender.

Few of the respondents have complained of facing discrimination related to food. As they couldn't see, a lot of times, it has happened that they have been given a lesser share than their brothers or other male members of the family. Here the sensation of smell and sound is essential for them. As Tirtho mentions, this has happened many times during occasions. He says, "*Such discrimination may be normal for the rest of the relatives, but my mother once resisted, from there I got to know this had occurred earlier too. Also, my brothers and uncles were all offered meat a second time in my presence. Sadly, it was done by women of the house"* Tirtho used to stay in a joint family earlier but later shifted with his parents due to such reasons. Such inequalities at a young age may often institutionalize violence later in life. Karlekar mentions how early gender socialization and inequality within the family affect the later part of life. (1998:1751)

3) Hearing Disability

The respondents with hearing disabilities shared similar experiences to that of visually disabled respondents. Most have mentioned some pressure from fathers to do well in exams and careers. Anshu says*, "I often feel tired after long hours of work, even study, but my father wanted me to function more actively. He has engaged me in extra tuition and extracurricular activities to cut me off from the things I was comfortable doing. I always helped my mother with household chores. My father insisted I learn 'bairer kaaj,' i.e., tasks outside the home. He thought he could compensate for my incompleteness by making me engaged more in other activities like other boys of my age did"*.

Many believed that a division between men's and women's work is necessary to maintain balance in the family. However, that did not prevent them from taking part in any specific job assigned to men or women. Many respondents have tried to conform to what other(male) siblings and cousins did in terms of studies, careers, or work but still did not get any appraisal from family. Parents or family have a very authoritative role in their lives. The socialization within the familial area has been through certain 'dos' and 'don'ts,' affecting how they internalize the gender norms. For this group of respondents, adherence to the gender norms to construct the image of them being an efficient 'kaajer chele' is essential. The incapability to hear and react has put them in many disadvantageous situations. Hence, the alternative ways to present themselves as worthy and important rest in other practices like doing good in things that do not require speaking or hearing, such as focusing on making a good physique. The respondents also embraced how the responsibilities of successful fatherhood and marriage define manhood. The overall picture says that the respondents' journey- right from childhood and adolescence to adulthood represents a journey of mixed learning.

B) Peer and Interaction

Boys and girls grow up in gendered subcultures of family and school. It influences social networks and future interactions (Carter 2014:245). The transition stage may become difficult for young men with disabilities. This period is risky for most young people. (Valentine and Skelton 2003:301). This section will focus on the interaction with peers and how it has affected their understanding of competition and risk as components of masculinity.

1) Schooling

The school remains a secondary agent for socialization, next to family. (Bhattachrya, 1972:465) In school, one gets first exposed to a peer group. The experience varied depending on the type of school the respondents went to. The respondents have attended both special schools and mainstream schools. Five respondents with LD have attended mainstream school. All Respondents with VD attended blind schools; four HD have attended special schools, while the rest were said to participate in mainstream schools. Different schooling did affect their gender constructions and their exposure to abuse. Bullies remain in both schools to varying degrees. Respondents have expressed how they have been victims of severe bullying. HD respondents have mostly complained of verbal abuse. Anshu mentions how his non-disabled peers verbally assaulted him in a mainstream school before joining a special institute. Anshu says, "*They used to abuse me and say: chup kor sala, Kala,chup kore thakbi ar ja bolbo korbi, (stay silent and quiet, do as we say), this is how they used to treat me. They would hit me and force me to talk to a stranger woman on the road."*

In special schools, respondents have expressed experiencing bullies and politics. The bullies were primarily verbal. Akash with VD spoke about how his seniors used to bully him and his friends in a blind boy's school. The bullies were mainly in the form of kissing a batch mate or asking them to imitate a girl. He also mentioned the senior's tendency to trap the obedient juniors who were so-called 'Bhadra' (good) boys. The respondents with VD mentioned how their batchmates, who were senior in age, often scared them by saying*, "case a fashiye debo*"(trap them in any bad matters). In blind schools, boys of different ages are enrolled in the same class. Hence there was a hierarchy where senior boys had a say over boys younger than their age. There is more vigorous group formation in schools based on the introverts, obedient boys, and the ones who are casual and got least engaged in studies. They were forced to work for their seniors and do their homework.

The seniors would label themselves selfish if they did not do as instructed. Indulgence in criticism of other boys, which the respondents have mentioned as "*PNPC (paraninda parachorcha*)," was widespread among them. The experience of thirty-year-old Vivek, LD, is no different. He went to a coeducation mainstream school. He put instances where slang was written on the back of his shirt and broke the zip of his pant. Girls and boys both called out names to him. He mentioned maintaining a distance from girls in his class so that male peers do not consider him 'sissy' or 'effeminate.' He tried to maintain a cordial relationship with his male peers but later distanced them from him, their extreme bullies. Later, he enrolled in distance learning and gave his boards under the open school system. In special schools, boys who were active in sports were very popular. They have associated fitness with being good in sports. This flexibility during sports is also a part of their masculinity construction. Blind schools have different techniques of sports arrangements. Like in cricket, they have mentioned using a ball separate from that used in mainstream cricket. Balls have a sound that makes them easier to follow and play. So, the respondent's conception of masculinity in school has developed from being active in sports and gaining popularity amongst the boys. Also, they have reflected a deep power politics among the group. The perception of a strong personality and a manly image is linked to actively playing and winning in sports and other curriculum activities. The more one is good at extra curriculum; the more is their popularity among the disabled group. Physical education and sports in school remain a domain for internalizing various forms of domination, including classroom control, encouraging physical and verbal attacks, and diminishing pupil self-esteem and confidence (Humberstone and Clayton 2007:5). Besides sports, bullying remains an essential criterion for showing power and strength in mainstream schools. All respondents have experienced bully at one time or another during school.

2) Perception of competition

Competition in career, racing vehicles, becoming successful, or competition in having female partners are essential to constructing masculinity. (Mottier 2002:345). Colleges, workplaces, and leisure spaces (sports) also remain a significant space of confrontation and competition. Employed respondents expressed they do not face any competitors in the workplace. In the workplace and colleges, colleagues and peers take them lightly in matters of promotion and competition. They are never considered equal if they want to compete. The same applies to colleges. Few have also confessed disability has made life easier as they had to compete for less and work less, and their disabilities justify their situation. The level of competition also varies among disabled men themselves. Respondents with HD face constant competition from other hearing disabled peers on the number of female friends they could make, going along with “cool guys." Most respondents with VD have mentioned having no pressure from family to be in the competition or so-called 'cat race,' but competition from other blind peers is there. They never faced career, merit, or relationship status comparisons from non-disabled male cousins or peers. The respondents agreed that peer pressure and competition come less from non-disabled men but more from their disabled friends’ circle. For a hearing disabled youth, there is constant competition in making new relationships. Anchit says, "*If I hook up with a girl, friends will praise me, but if I break up, everybody will stop talking and say bad things about me.*"

Table 4.1

The threat of competition among respondents

The threat of Competition faced from	LD	VD	HD	Total
See non-disabled peers /cousins/ siblings as competitors	5	0	2	7
From disabled peers	--	5	3	8
From selves	1	3	2	6
Total	6	8	7	21

Source: Author's collection

One interesting thing among all the respondents was that they never mentioned any 'woman' as a competitor; it's always men from either the ableist or disabled community. However, some respondents have mentioned competing with themselves to improve efficiency and speed, like doing things without assistance or even winning disability.

3) Choice of stream and career Who has a say?

A career is essential to the respondents' lives, as most feel they must do well in professional fields to get acceptance and respect from family and friends. Choosing a career or a job is also a part of internalizing masculinity and femininity. Hence a profession, employment, and stream could associate with gender identity. Respondents' choosing their career is related to how much they can compete. Comfort remains the main priority for all. There is no pressure from the family to do or follow a particular zone, excluding one or two respondents. There has been a considerable barrier to entering the engineering stream even when they wanted. The respondents with LD strongly believe engineering is a male-centric career as it depicts hard work, coemption, power, and strength. Few engineering streams demand a heavy workload as well as fieldwork. Hence heavy travel is not possible for respondents with locomotor and visual disabilities. Respondents with HD did not show any inclination to any particular stream. Few LD wanted not to be associated with feminine stream-like arts as this would tarnish their image more. Disability has already had a negative impact. Some LD has mentioned how their parents urged them to take up sc. and engineering. They said they had taken Information technology. This field does not require huge physical labour. It would be a safe stream for engineering, as expressed by many LD. Choosing stream was mutual for most. All the respondents with VD are from a humanities background. Six respondents from the HD group are from humanities and one from engineering. Five respondents with LD are from arts, and two are from an engineering background. Their families often have support in their careers.

3.1) Perception of respondents on the association of stream/occupation and gender identity

Respondents believe that streams and professions are gendered, i.e., Every field is either women or male-centric. For them, engineering represents a symbolic association with masculinity. Certain occupations continuously exclude women and the disabled from power-sharing due to their association with Masculinity (Faulkner 2001:79). Being in a particular field or profession that is heavily masculine, like defence, engineering, or making a career in bodybuilding, may add an extra feather to their caps. LD believe if they can invade such fields, their value will increase more than any non-disabled man who enters that profession, as they will be able to compete with able-bodied men and prove to be more efficient than non-disabled men. But such jobs often pose a barrier to their entry because of disability. Men from science and engineering disciplines are valued more as perceived by the respondents. Respondents with VD agree on a connection between the stream and gender identity, while HD is unsure about how gender and streams are associated. They were also discouraged from taking science and engineering by the family because they feared losing out in the competition.

Out of twenty-one respondents, only two are employed. One of the respondents with a visual disability teaches in a primary school. He does not see any profession as small or suited for men or women. Most respondents mentioned that whatever job they are doing or will do in the future is a big deal for them, which is a common saying from their parents or relatives. All the respondents believe financial security and financial dependency strongly connect with masculinity. The general assumption of men being the family's bread earner is quite popular among the respondents. But again, respondents with visual disabilities and hearing disabilities feel that economic power has nothing to do with masculinity as both men and women need to be financially secure. It has nothing to do with a specific gender, while majorly locomotor disability feel economic power is the actual domain for men.

4) Perception of Risk and Disability

There are various perspectives to risk structural, hermeneutic, phenomenological, and post-structural. Structuralists' approach analyses risk by identifying how underlying cultural structures, hierarchies, and categories define risk and practices. Poststructuralists emphasize discourses that construct notions of realities, meanings, and understandings. Hermeneutics defines risk as situated in meanings. It emphasizes less the macro-structures and more on microstructures based on people's lived experiences. (Lupton1999:27-29) The heroic life is seen as the sphere of danger and risk, whereas the mundane everyday life is the sphere of reproduction and care for women. (Lupton 1999:161).

Here the perception of risk by the respondents is synonymous more with a threat to themselves and their bodies. Disability remained a risk for the respondents in how it impacts their identity. The meaning of risk for the respondents is to challenge their disability and dissociate with it. Risk also includes learning something new or doing something out of the box, like winning a game or riding a bike. Staying away from assistive equipment like crutches, glasses, or other form aids to hide their disability is a known risk by most. Many respondents have also associated risk with pain. Pain is endured during sports or exercise and bodybuilding. Nearly eighteen respondents have spoken of approaching an able-bodied woman romantically as a risky pursuit. The respondents with visual disability and hearing disability majorly feel the risk is also a threat from an unknown emotional and sexual encounter. A generalized view of the respondents was that risk and pain are the same side of a coin, no pain without risk and no risk without pain. Disability is seen as a risk not only to oneself but also to others. People also need to be cautious when a disabled person is around. The respondents related disability as a threat to masculinity, and few mentioned that being a man and avoiding risks in life is not appreciable. Shyam, VD, says, "*everyone says men should take risks, men should take the pain, manhood is all about risk. Has anyone asked any man whether they like to take risks or are forced to do so? So over glorifying risks for men is wrong".*

Table 4.2

Perceived risks by respondents.

1. Tried to function without assistive devices
2. Traveling and staying alone
3. Riding a bike for a few kilometers
4. Tried to function without glasses to make a good impression
5. Engaging in brawls/fights
6. Getting into preferred streams of study against family
7. Involving in first-time sexual intimacy

Source: author's collection

4.1) Sports, Masculinity, and risk

Sport is an essential curriculum among men in glorifying the ideas of masculinity. (Wienke 1998: 25). Sports represent certain expressions or practices of taking and occupying space, holding body postures, skill, force, power strength, and a complete holding of a position through the body (Hearn 2004:56). The respondents in this study do not have a greater inclination towards participating in sports though they like watching TV games or listening to commentaries. Since childhood, they were not exposed to many outdoor sports. They are primarily involved in indoor play activities rather than outdoor. Participation in sports and the consequences of its risks (like injuries) reinforces the notions of masculinity and physical dominance among the respondents. Most respondents have mentioned the body as a criterion for sports, including proper coordination of body parts, staying alert in full senses, and expressing bodily strength in overpowering mates during a play. Hence their participation in outdoor sports especially becomes restricted. None of the respondents with VD have shown any association with outdoor sports. HD hand LD have shown interest in sports, but many mentioned having remained a reserve player in cricket, which forbid them to participate in sports any longer. Both respondents with HD and LD feel football is a very aggressive sport.

Violence and aggressiveness in the sphere of sports are visible signs of doing Masculinity (Bourdieu 2001:51). But the chance of injuries excludes them from sports. Still, some have taken the pain and risk to participate. They mentioned if they conquer their disabilities, they can take any pain or injury. LD and HD have expressed that they prefer participating in mainstream sports to paramedic sports. All respondents believed men active in sports symbolize successful masculinity in school. Sports remain the single most effective way of gaining popularity among peers. Sports provided not only a way of measuring a boy's masculine accomplishment against each other but also the broader world of men. Sports also can increase the sense of personal empowerment among disabled men (Huang 2006:352)

5. Focusing on different disabilities: Peer interaction, competition, and risk

1) Locomotor Disability

Due to restricted mobility, respondents with LD have expressed isolation from peers, primarily non-disabled. The number of friends (non-disabled) is less, and at the same time, they do not have many disabled peers. Most tend to keep them away from disabled circles and want to amalgamate in able-bodied peer zones. LD have mentioned they do not want to get associated with ‘only’ disabled friends as this would be more stigmatizing. All the respondents resented connecting to a community of disabled people or being in their company. Partho says, “*I don't want myself to be compared with a blind or deaf boy. They are not the same as us. They are vulnerable and different"* The respondents under this group have an urge to be a part of the so-called famous gang of boys in college as well as a school but never could be a part of it. Though most share good relationships with able-bodied peers, they never treated or accepted me as their equals. They wished to take part in sports with boys who do not have a disability. They believed sports are the dominant space for engaging in masculinities by being an active competitor and displaying one’s bodily power. Their central concept here is that to be part of the competition in sports or a career, they must make themselves noticed. Competition in sports, studies even making girlfriends is a win-win situation for all. Their peers in college do not acknowledge them as a competitor and take them lightly. According to all the respondents, there is a belief that one aspect of showing one's masculinity is to compete with the tough '*guys'* and do specific tasks which are out of the box, like solving physical fights among friends. Winning a fight would bring them more courage. The idea of being masculine or manly also depends on one's interaction and the social networks in colleges and universities or how their masculinity is accepted within their circle. Many LD mentioned indulging in acts of teasing boys who are effeminate to overcome their image of being weak and vulnerable. One of the respondents said having more girls as his friends in his batch than boys. It gave others an impression of him being a Casanova, for which he is proud. By Casanova, he wanted to mean being more popular with girls or having multiple relationships with women. They go by the notion that men compete with men to gain power. Therefore, they feel competition is necessary to exclude the weak.

In terms of risk, they feel they take risks or have taken them at some point in life. Going to the gym and starting a new fitness routine is challenging and risky. They felt optimistic about it. Even though strenuous exercise can cause injury, as there are restrictions related to disability, they feel more confident if they have a fit body and can take that risk to gain the fruit. Men need to take up risks whether they have a disability or not. The respondents mentioned their disabilities often could pose threats in terms of injuries. Still, not taking risks (be it any form) poses more challenges for them in negotiations with other men. Before being exposed to college, they had a more protective environment. But their college space has taught them different ways of internalizing risks. Those risks include learning a bike for some of the respondents. While learning a bike, Vivek mentioned injuring himself twice as the bikes were not disabled-friendly. But there is nothing macho in riding a disabled-friendly bike. His back pain for several days after the injury, but the pain was worth taking for him. A prevalent practice by many was the distancing of clutches from their bodies in college spaces as it carries a negative connotation of their image. Rakesh speaks*, "On the first day of college, I wanted to look cool. The crutches gave a bad impression, so I tried to pose against the wall in the canteen without the clutches. A lot of new faces kept coming then whom I did not know. I did not want them to have a bad impression of me, so I leaned against the wall keeping my clutches aside (actually hid them aside). Later on, I developed severe pain in my back. My legs look odd, and we do not have the option to hide them. The risk of getting away with these crutches and doing things independently is positive for me, though it causes me harm".* A concern was that they had never been judged for being unable to do something risky or received immense pressure to engage in such acts from peers. They felt their peer did not find them competent enough to take such risks. Harsh with LD says, "*a man needs to take the risk, so no risk, no gain." Rahul, LD, says, "I have difficulty walking; still, I took 50 runs in college sports and severely injured my back. So doctor advised me not to involve in strenuous physical activities. But itna bhi risk nahi Lunga yeah pain Nahi lunga to sports kaise hua? (if I do not take this amount of risk and do not feel the pain, then what's the use of participating in sports)".* He was not satisfied even after completing fifty runs as he could not do it in time. Time and efficiency both are part of sports. His peer was cooperative in giving him that time. But that made him feel bad as they often act sympathetically towards him and the reason, they do not regard him as a strong competitor." Vivek says. *"I can't' walk fast. However, still, I take part in table tennis and sometimes cricket to prove that I am nothing less, but for the next three days, I was completely bedridden, but the risk was worth taking".* The kind of sports they often associate themselves is with carrom and chess. They feel carrom and chess are equally powerful as it involves the mind and intelligence. Ritom mentions Bengali men are known more for their intelligence and intellectualism than their muscular bodies.

2) Visually disabled

The perception of the visually disabled in competition is different from locomotor disabled. The intense pressure and competition come from the disabled community, mainly from other visually disabled friends and peers than boys/men outside their community. There is strong bonding among the blind male peers, confined to their gangs. They have able-bodied friends, too, but those male friends are also not accepted well by peers. The reason is that they are considered sissy or effeminate by the dominant group of boys in college. Interaction with men outside their community is not much apart from studies-oriented discussions. Most of them felt they did not have the threat of being left out of the competition. However, most have mentioned that men outside their community do not see them as competitors. All feel that staying outside the madness of competition makes them less stressed. However, there remains competition among their disabled peers in contexts of jobs and relationships.

The Respondents under this group also expressed keeping themselves away from any 'physical' risks as they have to be extra cautious about their body movements. They mentioned that smoking, drinking, and stunts are risk-taking behavior, which is risky for all men. Sovan says they have never taken the 'risk' to perform any risk. Suraj says, "*Enrolling in MPhil was a risk for me, as my other blind peers have done some specialized courses for jobs (designed for the blind.) So I took the risk of studying further without knowing whether I will get a job or not*".

Ram, 30, speaks, *"For me, the risk is taking the own decisions of like my career choice. Unlike many of my friends, I never focused on my career solely; that's why I chose a university and a subject where I thought I could be safe, work in a friendly environment, and be with my friends from school. Now I feel it wasn't a good decision. I took this risk and lost some good opportunities, but for me being in a friendly, safe environment is the most important thing"* However, some have noted the risk of doing away with their glasses to look good in the first days of college. However, most have associated risks in independently making certain life decisions.

3) Hearing disabled

They have not focused on competition much as a part of developing themselves. They have both disabled and non-disabled friends. The respondents feel their peers in colleges and workplaces do not have any heroic qualities to compete. Anshu says, "*My deaf friends, as well as the normal ones, are not anything better to me. Hari (Anshu's friend who has no disability) told me how my inability to hear makes me look foolish. But Hari is foolish as he cannot verbally give back to the boys who taunt him. I give back to my peers if they ever taunt me, galagaali di khub*". He uses slang for the boys who ever had made fun of him. The respondents under this group have identified risk with trying anything new, which most did not hesitate to take, though a fear worked inside. However, many could not connect how risk is identified with performing masculinity. They have categorized two types of risks: healthy and unhealthy risks. Risks taken to secure one's future or do something well is a healthy risk, but if taking any kind of risk which negatively affects oneself, it is not worth taking. Most of them have mentioned communication with others at times becomes risky because it highlights their disability.

III. View of able-bodied Peers towards the disabled respondents

Male Companionship/friendship or bonding is a significantly less talked about phenomenon. (Flood 2008:339). Male friendship is also about performing masculinity influenced by gendered expectations (Migliaccio 2010:226). The degree of intimacy between a man-man and man-woman has significant symbolization in expressing masculinity or femininity. This section takes the perspective of the peers of disabled respondents. Both male and female peers were interviewed who agreed to it. The peers who agreed to the interviews have no disability. Most of the respondents have a close-knit circle. For visual disability, most male friends are either disabled or regarded as effeminate. Most of the male friends of the respondents (VD and HD) have never been part of the dominant or popular gang of boys. Instead, they are perceived as the "*Bhola Bhola*" or "*meyeli*' men. They, too, face marginalization and harassment like their disabled peer counterparts. All Respondents have mentioned having fewer friends among non-disabled peers since childhood. LD have mentioned not having a big friend circle, and their peer group mainly consists of non-disabled peers.

The non-disabled male peers who were interviewed expressed that disability be it any form, has placed the respondents somewhere inferior to other men. In the social circle, they have an impression of being weak and vulnerable, which does not go well with the image of a boy or a man. Rohan, a friend of a VD participant, says, "*Other than homosexuality, disability is a threat to masculinity. People, too, find them odd. The men may not ostracise them for their disabilities as they do for my sexual orientation, but they might keep them out of their circles and do not consider their ability as a man. I have seen people doing that in class."*

All respondents' peers mentioned that they do not see the respondents as their competitors. Because their disabled peers function differently, they need more time to finish a task, so it would be an injustice to compete with them when asked about their conception of disabled peers and how they look upon them. Most feel the respondents (disabled) do not appeal as risk-takers, authoritative or masculine. Instead, they said that the respondents are considered more feminine. Tithankar, a friend of an HD respondent, says, *"I feel I am placed better in all aspects, and I do not want myself to be compared with him; maybe I do not have a macho image, but it does not* make me less of any other boys of my age." Sujoy says, "*I feel Sovik (participant) is a good human being, but being a good human does not matter unless and until you have the power to control things. In his case, he is under the control of others; I can relate to him to some extent."*

Two female peers agreed to the interview, and two were from the same college as the respondents. They mentioned being overprotective of their peers. First respondent Ria, a very close friend of Rakesh (locomotor disability), doubted Rakesh's potency to be a good husband in the future. She said, "*I see him as a good friend, but not as a partner. He might be a good one, but I wish to have a more responsible and efficient man as my partner, and that's natural everyone would want that"*. She tried to emphasize certain aspects that her friend Rakesh lacks. Ria narrated how during any fights or brawls in the friend circle, Rakesh tries to stand up for the fight, but he is either pushed back or not even considered enough to fight back. Though Rakesh did not back out as doing so again, he might be shown as vulnerable and trying to cover up with double his strength. Ria is worried about Rakesh getting injured during the fight as he still lacks control over his movements. Deep inside, Rakesh also fears not matching up to that ideal notion of masculinity. Ria says, "*Boys often avoid fighting with him, citing him 'lyngra.'*

This makes him very upset". I do intervene at times and move him aside. But he often risks giving back to those guys, especially when girls are around. I pulled his leg on this. He hates the fact that I protect him from such brawls".

For Rakesh engaging in brawls and fights and controlling the situation by fighting back is a true essence of manhood. Risk-taking is a positive act for Rakesh to show his power and hide the stained image due to his disability. For Ria, men and boys should take risks and have the courage to fight back, but she at the same time feel Rakesh should not indulge in such acts. On the other hand, Rakesh said he feels annoyed when a female friend comes and protects him where he is supposed to do that to her. Ria also says how safe and secure she feels with Rakesh. With a humorous tone, she pulls back at Rakesh, citing his disability and that he cannot do much to make her unsafe. She (Rakesh's friend) does not feel secure traveling with him in public spaces late at night as people may take advantage of both. She is a woman, and Rakesh is disabled. Rakesh is in a dilemma whether the assumption that there is no threat from us (disabled men) is praise or humor. He doubts whether the women find him incapable of doing something because of his bodily dysfunction.

Isha, a friend of Suraj, VD, says, "*I always accompany him when he wants to go out. Boys often tease and bully him whenever I am with him in front of his hostel. He dislikes being accompanied or taking me to the shops for certain essential goods. In most cases, people do not directly converse or communicate with him, as if he doesn't exist, making him feel more uncomfortable*". On the other hand, Suraj did not accept that he ever felt uncomfortable, whether accompanied by a girl or a boy, and he claimed he never shied away from his dependency. So, their narratives did not match with one another. Both female friends of the respondents have expressed uneasiness in traveling with them at night in a public place. Parents also do not prefer their daughters to travel with the respondents alone at night. Isha says, "*Whenever there is a gathering in a restaurant or some fests in college, and I am late home, my father was not very convinced and wanted anyone else to drop me but not him. He also insisted that Suraj needed someone to drop him off. How can he be able to drop you home? We are somewhere in a similar situation".* Her parents were unsure whether Suraj could safely drop their daughter home.

Though all the female friends were happy to have the respondents' company, they never agreed to make them their partners or boyfriends in the future. Disability is not the issue, but certain qualities like smartness, confidence, responsibility, and, more essentially, whether they(the respondents) will be able to take good care of the other are essential. So, some practices which make the perfect men were missing from the respondents, as felt by the female peers. At first glance, the female peer's overall image of their disabled peers was that they did not appeal as very attractive or smart. Moreover, they doubted their leadership capabilities in college spaces as people wouldn't obey or work under them. The female friends expressed their comfort in sharing spaces with the respondents as boys in their class or their group often try to overpower them during conversations, but that is not the case with them. So, some practices of being the perfect man exclude these respondents.

Interestingly, the conversations with female peers found that they sometimes support or embrace 'male' violence as a symbol of manliness. Therefore, exercising control over others or establishing a rugged, aggressive personality for a man is glorified and well accepted among his friends. Masculine domination keeps women and other men in a permanent state of bodily insecurity (Bourdieu 2001:66). Thus, anything surrounding femininity or a sense of non-masculinity is a space of vulnerability.

The respondents do have a positive outlook toward their friends. The respondents who have female peers consider themselves very smart and strong. All the respondents look up to their peers for guidance. Among HD, they look upon those peers who try to retain a cool personality even amidst their disabled peers. The respondents did not mention any direct disapproval from able-bodied peers. Still, VD and HD felt they were getting a better acceptance amidst a group of boys and men who are too isolated from a wider group of men due to their unique ways of behaving like gay friends or their group of able-bodied peers who they hang with. Those peers, according to them, are considered feminine in the friend circle. Therefore, the extent of rejection and ridicule from them is significantly lower. LD, on the other hand, did not want to share space with such men who were a bit feminine. Sovik, Vd says, "there is a popular concept of Bengali men being lazy and not so manly, but at the same time very intellectual, and I am so" He smiles. Another HD respondent says, "My mother calls me and my brother both lokkhi. My brother is not like me, he is completely okay, but still, ma calls him too". My friends say people address girls as lokkhi but not boys" He laughs.

IV. Perception of Masculinity among respondents

The construction of masculinities and femininities are relational to their power location not only among different genders but also within the same gender. There exists a hierarchy among the group of men. There are consequences for women and men for not fitting into the glorified models of masculinity and femininity (Srivastava 2012:14).

Table 4.3

Perception of Masculinity among respondents: How each group relates to the idea of masculinity

LD	VD	HD
• To do with male sex • Muscular and strong • Financially strong • Leadership qualities • Sexy/witty, and macho • Risk takers and daring • Confident and smart • Controlling/dominant, domination over others • Not being associated with anything feminine	• Male sex • Oppressive • Dominant • Independent • violent • Empowered • Strong voice and smell • Strong intellect than muscular physique	• Male sex • Smart and Macho • Good body • Dominance and being powerful • Decision-makers • Should have 'girl friends'

Source: Author's Collection

During the discussion, the respondents expressed their meaning of masculinity as they derived from everyday interactions—their experiences in family, peer groups, and disabilities. In the beginning, many identified masculinity as the male sex, something to do with men. The respondent's 'ideal'; notions of masculinity differ from each other. Body without any impairment is the first accomplishment towards masculinity as perceived by most respondents. Masculinity is linked to the body as Connell (2005) argued that the body could not be separated from the understanding of masculinity. Connell tried to connect the male body and masculinity with power and how power relations are established through the body (2005:51). Rahul LD says*, "Disability has not much affected my masculinity, but yes, it has affected my certain way of doing things that puts someone in a favorable position.* On the contrary, he also said, *"Masculinity is to have a good body which is presentable, but my problem in walking and my deformed postures have made me look less presentable. So, it has affected my manliness to some extent".* LD hesitated to acknowledge that disability has affected their way of being a man. LD focused more on masculinity to get all the privileges, control, and power as risk-takers. They felt disability threatened his self-image, further distancing him from the ideal standards of masculinity. LD has also mentioned that people treat other disabled boys like deaf or blind as a child, and that is damaging their individuality. The stereotype that disabled men mature much later than other men existed in the family; peer groups put their manhood at stake. With manhood comes fulfilling roles and responsibilities, as expressed by the respondents. For HD, masculinity is also about being able to express themselves freely and taking charge of their lives. Most of the HD respondents expressed their desire to be like my other male friends because they are all 'normal' and smart. They live a life of their own, have girlfriends, they are well accepted in the group. Anchyut says*, "I want to have a girlfriend and want people to listen to my commands*. “The narratives show how 'normality' or being 'normal' is a standard for masculinity. While Anushthup HD says, “*I find masculinity is deeply embedded in your behavior. I am not placed in the category of those men who are well accepted by society. I feel I can perform my duties well. I have helped my mother in the household work rather than going outside and engaging in para adda or games; that does not make me less masculine. I have never been ridiculed for engaging more in household work. I know the competition is with myself to improve, so masculinity is not a fixed idea".* The conversations reflect that he has already tried to separate his masculinity from the normative way of doing masculinity. For VD, masculinity is not always about strength, dominating the weak, or having all power and privileges. For example, being compassionate or showing vulnerabilities do not make someone feminine. Paying respect to women, believing inequality is some true essence of a man, and hence the body is not always essential to express masculinity. People’s outlook is changing; the body cannot be the only criteria to judge people and their identity. It cannot be an asset to someone. VD has expressed masculinity and patriarchy as something oppressive. The level of oppression might vary, but anyone can be a victim if one fails to project or keep oneself as the powerful or be in a position of power. Some respondents have also equated masculinity with intellect more than physical capacity. Some conversations, particularly those from VD and HD groups, have viewed masculinity as kind, compassionate, and engaging more in feminine spaces and work. It makes one look respectable. These they believe are the new notions of masculinity. Jishu says, *"I have seen male celebrities embracing masculinity to be kind, respectful towards women and believing inequality, Then what's the showing aggressiveness. If this is masculinity's definition, then only a few can fit into it".* It was also found that the respondents who were more into movements and intellectual forums had a more compassionate attitude towards everyone and did not believe in any unequal practices that made one powerful and the other weak. Sovan, VD, says, “*It is nothing to do with your masculinity. Masculinity, femininity, patriarchy, and this whole system is quite constraining for each one of us, able or disabled so what matters is how I perceive myself and how I look at others”*.

Though most feel why their masculinity is questioned, at the same time, they also accept their disability has affected their physicality. Presenting the self and body has a relation with presenting a masculine self. Other than the impaired body, the everyday practices which symbolize masculinity like sports, risk, competition, and the perception of non-disabled mates towards them is also crucial for the respondent's attitude towards their gendered subjectivities.

The perception of masculinity among respondents also developed from disassociating from femininity. Disability, like femininity, is also constructed opposite to masculinity. All the respondents think masculinity and patriarchy go hand in hand. LD believe a patriarchal society upholds the value of men who can adhere or conform to those practices and traits of masculinity as defined by them. VD agrees that patriarchy reinforces masculinity; hence both are oppressive for men who cannot conform or do not want to adhere to hegemonic practices of masculinity. HD have perceived masculinity as stronger, authoritative, and non-feminine, which did not benefit them much.

LD expressed how disability and masculinity are disassociated, representing the former as weak, vulnerable, and dependent. Anything soft, vulnerable, and non-masculine embraces femininity, as mentioned by the LD. These are how women in our societies are viewed, as mentioned in some of them. People from the neighborhood and families highlight the considerable responsibility and burden of raising a girl or a disabled child. They did not find them emasculated, but their concern was whether disability made them look vulnerable, longing for protection and care, or weak in front of others. Here others have referred to the able-bodied society. Therefore, their perception of the self is hugely dependent on the attitude of the generalized other, which is able bodied men and women. VD did not dissociate themselves completely from masculinity but mentioned disabled men, especially those with blindness, are not considered man enough. In a society, a man needs to have all sense and able body to fit into the norms of masculinity. Most VD felt they remain outside this norm. They feel femininity does not necessarily be associated with a woman. But their blindness has distanced themselves from aspects of exercising control on things, taking risks, protection, and dependency, which made them associate or rather empathize with women. They think femininity is a state anyone can adhere to irrespective of gender. To be feminine does not mean one is weak or subordinate to masculinity. Respondents with visual disabilities viewed neither femininity nor masculinity as strictly related to any particular gender. Sovan says, "*If my passivity equals me to femininity, let it be so; I will celebrate that. I find no wrong in it*". Ram, VD says, " *I am unable to perform many things which a guy my age should do, I feel comfortable in my zone, it does not make me feminine, I am homosexual and disabled, but how can someone judge me based on this?"*. Respondents with HD think they are often treated like women or childlike due to their lack of expressing themselves. They are hence seen as passive or silent.

Table 4.4

Who feels what? Respondents' association with masculinity

Locomotor Disability	Visual Disability	Hearing Disability
Supports ideas of the normative ideologies of masculinity support the practices which sustain hegemonic masculinity.	They are not associating themselves with the dominant ideals of masculinity. Do not accept hegemonic masculinity as the norm but see it as a ground reality and view patriarchy as a conflicting system producing inequality. They celebrate their 'being' without trying hard to fit in a specific kind of masculinity.	They also see patriarchy as oppressing and not favorable to them. They try to adjust to the system, conforming to the ideas of dominant masculinity but have not received any benefit but rather faced more bullies and exploitation.

Source: Author's collection

One section of respondents does not fit in hegemonic masculinities but gets certain dividends from patriarchy. Here respondents under LD fall into this category. In contrast, respondents with VD and HD have been associated more with marginalized masculinities. Masculinity is not challenged by disability but by the inability to collectively conform to certain acts and practices, which legitimize hegemonic masculinity. It would be wrong to say that all the respondents, due to disability, do not practice hegemonic masculinity or fall outside it. Some do this by sustaining the practices and supporting the ideals. Here most from the LD group falls in this category. They try to fit in. The peer pressure to perform masculinity remains highest among LD compared to the other groups. Hence among disabled men, there is a variation in conception and practices of masculinity. Patriarchy, ableism, and capitalism have reinforced hegemonic patterns of masculinity.

V. The intervention of technology and negotiating masculinity

Technologies can assist persons with disabilities in daily functioning and stigmatize them in terms of highlighting their disabilities more. For the respondents, assistive devices like wheelchairs and hearing aids are a hindrance in public. Out of six respondents with locomotor disabilities, one tried to undergo surgery to correct his posture and used prosthetics but did not benefit much and still depended on crutches. The respondents with LD felt they would go for artificial limbs to participate in sports. Some of the respondents with VD also showed reservations about using their glasses. Jishu, VD, says, "*When I first joined college, I refrained from using the glasses. I looked awful with the glasses. To look good, I left off the glass, but it made me more uncomfortable and found it difficult to function, and also my eyes without glass looked uglier, so I started wearing that. A man must be smart and impressive, I know I lack* *both, and I do not want to try to impress anyone now".* Akash mentioned using a branded glass which often looks like eye gear. None of the visually disabled respondents have mentioned doing any eye surgery as it won't cure them completely. HD are too conscious of their appearances in public. Two of them said of using wireless ear aids. These are new modern ear aids, and people may not recognize one wearing it or confuse it with an earphone.

A) Social media platforms

All the respondents are active social media users, especially on social networking sites. The respondents find social media platforms like Facebook, Instagram, and Twitter, as a space for negotiating their disabled identities. The primary motive of young people using social networking sites is to promote favorable impressions of themselves to their friends, primarily through photos. (Manago 2013:493-494) They try to experiment with their appearances there. Besides uploading trendy stylist pictures on social networking platforms like Facebook, many have mentioned avoiding any photo with any aid or using a wheelchair. They also try to highlight their face rather than the whole body in display pictures. They have engaged in dramaturgy here regarding which part of the body they would want to show to gain an appreciation for hiding their disabilities. For example, some of LD prefers to give half images of their bodies and focus on those parts they consider ‘sexy’ or if one has muscle, abs, or just the face. They generally upload their upper body parts so that the parts of the body they feel are 'unattractive' are not publicly shown. Two respondents have also mentioned receiving favorable comments from friends when uploading pictures on Facebook—for example, posting a photo with a stylish beard, moustache, or trendy hairstyle. It showed they have often judged their worth based on others' judgments. Rahul mentions that they can experiment with their appearances on virtual platforms only which would not be possible during face-to-face interaction; hence the stigma about their bodies and appearances decreases on virtual platforms. The respondents also complained that there is no option to cover their disabilities while interacting face to face. When first exposed to college or university campuses, they became cautious and wanted to hide the aids to present a smart image. This habit has gone with time.

VI. Where do they stand in relation to the disabled ‘other’: The view of the respondents.

This study found that the 'other' refers not only to able-bodied men the respondents but also to men from within disabled groups. The non-disabled people see the disabled as others, but at the same time, the respondents here mentioned they perceive non disabled as well as men from another disabled group as the other. There are a lot of fragmentations, power conflict, and an invisible hierarchy of relationships among themselves (each group of disability). The respondents have different physical disabilities; therefore, the group is highly heterogeneous. A thin line of differentiation exists regarding the position of power, privileges, status, and expression of masculinity. The respondents, locomotor *vs*. visual *vs*. hearing, were situated hierarchically based on their experiences of marginalization, exclusion, and inclusion in able-bodied male spaces. The various layers show the position of men in relation to others, be in the same category of disability or other categories of disability in terms of access, association with masculinity, and acceptance. The respondents have mentioned a threat from disabled men/peers as well. For example, Sovik, VD, says*, "There is a tendency to humiliate, inflict abuse by disabled men on other disabled men. One who is a bit superior tries to overpower and show his presence everywhere. So, there is politics between us, which is not visible outside. There is a huge competition between us."*

The relationship between each disability and masculinity is therefore complex. For example, visual, hearing, or locomotor disabilities and their relation to patriarchy and perception of masculinity will differ based upon their social position. There are instances where one group, like locomotor, perceives VD and HD as inferior to them in terms of expressing masculinity /masculine self. Also, men with fewer impairments tend to control/dominate/subordinate men with higher impairments. Therefore, a relationship of tension also exists among respondents.
The respondents with locomotor disabilities may see the visually disabled and hearing disabled as the other and do not feel connected to the latter groups. There remains a tendency of the respondents to keep themselves superior to 'other' disabled respondents. For example, LD view that men with visual impairments or hearing deficiencies are in a much more unfavorable position than there due to the intensity of their disabilities. They feel blindness and deafness are more marginalizing for a man than motor restrictions. They perceived blindness could affect sex life, and the hearing disabled are more childlike. Requiring more assistance brings greater dependency and can diminish a man's power and confidence.

On the contrary, HD felt superior to LD or VD as their hearing difficulties were not as damaging as crippleness, deformities, or blindness. Visually disabled respondents saw vision as not a barrier to LD and HD; they can better experience themselves amidst an ableist male culture and take upon the normative ideals of masculinity. Visually disabled respondents were not interested in finding acceptance in any popular gang of (abled-bodied) boys/men. On the other hand, the respondents with hearing disabilities showed some interest in indulging outside of their peer communities and longed-for risk-taking behavior. All VD feel patriarchy is the stronger barrier than disability. Jishu says, "*I see in my college some of the LD are accepted* *better are well accepted as compared to us. We stay separate as people think blindness or loss of vision secludes us from conforming to masculinity and drives more towards femininity"*. Within the same groups of disabled respondents, there are notions of masculinity based on how one is good in sports and has a strong manly voice. Active in extracurricular activities, particularly sports, represents hard masculinity, and those boys are considered ideal. Tirtho mentions how men with a lesser degree of impairment (for example, low vision vs. blind) might tend to oppress men with a higher degree of impairment. A strong sense of competition prevails among the HD group, which has a more 'macho and cool' image, acquired through making female partners. VD and HD respondents have expressed power conflicts inside their communities of men. For example, Arko says, *"If I fail to do something be it in sports, or career, or cracking a job or even linking up with a girl, my friends from my community will make fun of me. They will spread rubbish things about me. It had happened once when I was dating a girl. Even if I bought a new pair of sunglasses and flaunted my new look, they will start taunting me"*. The common myths and stereotypes regarding disability also prevail among them. The usage of terminologies like 'boba, kala, khora, kana' while referring to other respondents was not uncommon. Though all of them have a compassionate feeling towards each other as disability is still a common point of struggle for them.

The hierarchy among disabled men exists, i.e., respondents falling under physical disabilities but with varying impairments face a power conflict amongst themselves. All the respondents more or less have related the constitution of power in everyday life with the expected performance of masculinities. They derive power and confidence from certain acts and practices, highlighting their masculinity over disability.

Table 4.5

Perceived identities of respondents against each group of respondents

Locomotor	Visual	Hearing
They have kept themselves above the visual and hearing disabled men. The respondents felt they had a better position in terms of dependency and capability to perform masculinity and were superior to the VD and HD.	VD did not want to get compared but may feel slightly below those who do not have blindness. They somehow related their unfavorable situation to non-disabled women.	They are perplexed about where they stand compared to LD and VD. Some say they are closer to abled-bodied men in appearance (disability is not prominent). Others feel their position is the same as that of other disabled respondents.

Source: Author's collection

VII. Concluding remarks

The findings suggest that perceptions of masculinity or femininity arise from everyday interaction between disabled and non-disabled peers. The internalizing of gendered norms within the family and peers shapes the meaning of their gender subjectivities and meaning of competition, risk, and disability. Disability has been socialized as a lack. The respondents growing up with impaired bodies have been associated with a lack. For the respondents, masculinity is not related to any kind of deficiency. Their masculinity meanings are a product of systematic interaction with both able-bodied and disabled peers and how they internalize the norms and see themselves.

Schools and peers have shaped their understanding of the context of risk and competition. The respondents have constructed risk in compliance with disability. Disability is a risk in their everyday life as they have to overcome everyday restrictions and prohibitions to take up a risky act. The risks are performed, be it going without the help of assistive aids, riding a bike, or not seeking help. Most do not feel about competing or having no interest in competition as the others do not see them as competitors. There is intense competition within their communities among HD and VD rather than from a group of able-bodied masculinities. The peer (able-bodied), both male and female, do not see them as emasculated \but do feel their position are secondary.

Respondents with locomotor disabilities have tried to fit into the hegemonic ideals. At the same time, visual disability does not comply. Hearing, too, does not fit in hegemonic masculinities nor challenges it. Apart from this, each group of respondents has placed themselves in relation to other groups of disabled respondents in order of their perception of the other disabled respondents and themselves. To some degree, they have visibly or invisibly, greater or lesser, adhered to dominant gender ideologies existing amidst peer groups. However, all have tried to manage the stigma through acts of conformation to certain masculine ideals. The respondents have negotiated disability and masculinity in many spheres, some by complying with traditional masculinity ideals and some by forming a new meaning to masculinity.

Notes

1. Gender socialization refers to how boys and girls are trained to fit into masculine or feminine norms since childhood
2. Special schools are designed in a specific way to cater to the need of disabled students (physical, learning, and behavioral disabilities) in the form of specialized training and

education through a curriculum. In contrast, mainstream schools are designed for the non-disabled population, following a different pattern of curriculum and training

3. Effeminate is generally referred to as a man who acts or behaves opposite to his gender, i.e., something opposite to a manly behavior, described as a sissy, feminine. Such behavior is disapproved and considered one of the fears of homophobia. Mrinalini Sinha, in her book colonial masculinity (2017), has used the term to show the two different positioned elites among colonizers and colonized constituted as the manly Englishman and effeminate Bengali.
4. In Bengal, the lokkhi is a popular word for boys and girls, as in lokkhi chele or lokkhi Meyer for being obedient and calm. Generally, girls are more addressed than boys due to the traditional stereotypes that girls are quiet and more compliant than boys.

Chapter Five

Empirical findings

Disability, body, sexuality, and intimacy

I. Introduction: Issues on disability, body, and sexuality

The section will try to explore the understanding of bodies as perceived by the respondents during intimacy. Sexuality is related to physical ability, which stands on aspects of physical prowess, sexual dominance, and sexual expressions. Disability is often considered to be outside the domain of sexuality, be it men or women. The myths around the disabled having no sexual feelings or engaging in malpractices of sexuality exists in society. The traditional notion of sexual domination and female subordination as the base of male hypersexuality has marginalized disabled men because they cannot express domineering sexual acts, which represent a highly masculine activity (Philaretou et al. 2001:306). Therefore, such negative assumptions are attached to disabled people's sexual identities as anything threatening non-normative sexuality may result in the societal breakdown (Shildrick 2007:1). Sexuality covers a range of sexual behavior, from sexual expressions to emotional well-being and sexual health. The pressure to fulfil normative expectations around body and sexuality may marginalize the respondents. At the same time, they can find alternative ways to express their sexualities. This chapter will try to establish how respondents connect to the body, male sexuality, and intimacy.

II. Conceptualizing body among respondents

A disabled individual may not have the opportunity to explore and know it entirely due to a lack of privacy and overdependence on family and caregivers. Perception of respondents' bodies, i.e., how they look at their bodies and their experience of selves during intimacy, is vital in understanding the respondent's agency over the body. Growing up with a disability has made them perceive, conceptualise the body as both a source of embarrassment and power. For example, LD feel the deformed parts put them less confident in maintaining a relationship, as a relationship requires physical intimacy and physical intimacy requires the body. They all feel the body is the marker of attractiveness, and for men body defines one’s manliness. VD and HD do not rule out the role of the body in defining a man’s identity but they do not think a disabled body is always about embarrassment. Most of the respondents with VD feel that body is more about a show or sex, it is about feeling and loving it.

Table 5.1

Respondents' perceived idea of the body during intimacy

Source: author's collection

LD	VD	HD
The body is an asset in relation to sex and sexual activities, a source of embarrassment or strength during sex.	The body is a source of pain and pleasure, perceived as more of a passive object during a sexual encounter. The body is a site of abuse. The body is about smell and sensuality.	Body distinguishes male and female. Therefore, an attractive body is necessary during intimacy.

In general, the body indeed represents a symbol of sex for all. Each group of respondents has viewed their bodies positively or negatively during intimacy. LD believes the body should have the strength and techniques to please the partner during intimacy. All respondents with LD mentioned that a fit and an able body is required for satisfactory sexual intimacies, which can cause embarrassment in a relationship. LD was not very vocal about their intimacies and practices but believed locomotor restrictions were no hurdle in sexual expression. For VD, the body being able or impaired does not matter during sexual intimacy as long as the partner understand each other's needs. They mentioned that their disability is restricted to vision; hence the body does not pose any restriction during intimacy. They have tried different ways of exploring their bodies, especially when the partner is not from a blind community. Even when the partner is blind, there is no restriction on the movement of body parts. The respondents with HD feel more confident during intimacy as the involvement of communication or hearing does not play a decisive role.

A) The body as a site for pain and pleasure.

The association of pain with the body begins with getting up from a wheelchair, leaving crutches, to function without any assistive aids in day-to-day life. Physical pain is a part of their disabilities. Physiotherapies are painful at times, but men expressing pain may show vulnerability and weakness, according to the respondents. To embrace and conquer pain is the essence of manhood. They believe in withstanding bodily pain while doing exercises. The respondents who visit the gym described how they love training their specific body parts to compensate for the deformed body part. Rahul said he specifically tries to lift the instruments with his legs even if it is painful to make them more powerful. The body is not in pain during intimacy but could embarrass if one cannot function or coordinate the movements with a partner. Few VD has equated pain with sexual coercion during physical intimacy by partners. However, the pain is more emotional than physical. Some respondents even tried to sense pleasure out of pain during forceful sexual activities between partners, which they have normalized as a part of sexual intimacy.

After a round of interviews and conversations, some respondents opened up about their conception of sexual pleasure. The respondents connected pleasure with masturbation activities, that is, the pleasure one gives oneself without being dependent on others. However, this was not considered a natural form of intimacy by the respondents with LD and HD. HD mentioned they find pleasure out of musturbation but regarded it as' sinful". As told by the respondents, excess and unwanted sexual jokes around them have made them look 'undesirable for sex.' The constant fear of being unable to please the partner during sex may hinder one from getting pleasure or satisfaction. Shuttleworth also pointed out disabled men try to establish a more masculine self during sexual intimacy by finding alternative ways of performing masculinity. During sexual intimacy, they use their bodies differently, claiming them as assets and making their partners do the demanding work during intimacy. (2004:170). Respondents with VD have mentioned that the body is not a shame or liability during sexual intimacy as long as the other person derives pleasure from it. There is also a difference in deriving pleasure from sexual intimacies if the partner is disabled vs. able-bodied. For example, Sovan, VD, mentions when both the partners have the same disability, intimacy may become a regular process. Still, things may become exciting if both have different disabilities or one has no disability at all.

Two of the respondents with HD have expressed pleasure equivalent to having virginity. Respondents with HD were the least to speak about pleasure and intimacies. LD, in particular, was anxious about how bodies would perform sexual intimacy. The respondents with LD have associated the male body and sexuality with the idea of male authority. The male body is the authority during intimacies. If a man cannot establish authority, he is considered woman-like, as mentioned by respondents with LD. Hence, there is constant pressure to display their body as the best during intimacy, which is impossible in public. Rakesh, LD, says, "*People feel we are sexually abnormal, and we can't do sex. And they are very interested in how we do if we do. Many of my classmates often ask me about this and want to take new ideas from me*".

Most of the respondents with LD believe sexual pleasure is derived only in heterosexual relations. VD did not find any connection between sexual pleasure and sexual orientation. Few with a visual disability felt they could derive pleasure from one's body than others. They have also mentioned touching is a crucial part of intimacy. For the respondents, intimacy is also about touching, feeling, kissing, and not always sexual intercourse. However, during casual sexual plays, these activities are common. Overly controlled lives due to dependency have hampered their sexual privacy. Sexual privacy, i.e., keeping a territory around the body, choosing the partner, the way of deriving pleasure and how, the right not to be humiliated during intimacy, and maintaining private relations are some of the concerns among the respondents. VD is concerned about sexual privacy as their blindness reduces the need for privacy around bodies.

B) Body grooming and styling

Appearance and grooming are important in enhancing men's sexual desirability. The new marketing strategies are targeting men consumers as well as women (Bordo 1999:168). There is an increased market for men's grooming products by considering the link between the construction of the male identity in the post-modern era and the consumption of toiletries. (Sturrock1998:337). Consumer culture, i.e., the culture based on material goods, has produced a variety in male grooming practices.

None of the respondents have a good idea about the various men's grooming products like toiletries available on the market. Men's cosmetics were popularly called toiletries than beauty products or cosmetics to distance from feminine products as a practice of heterosexuality (Swiencicki 1998:773). Some respondents felt that body care products are not for men but mainly for women. Those with VD expressed to have never paid any attention to their bodies regarding grooming and styling. Those with VD feel disinterested and detached from body grooming practices. Suraj, VD, says, *“I do not feel comfortable asking my friend about any grooming kit for men as I do not expect a reply from them. They once (referring to his male cousins) told me what would I do by looking good or grooming myself, who will look at me?”* Respondents with locomotor disabilities and hearing disabilities have shown interest in styling but expressed reluctance due to the fear of being ridiculed by peers or family. LD and HD measured body grooming for how well and attractive they look in front of women. Tapas, HD says, *"I once tried to grow a moustache, but my friends would say Kala Bhai Abhi gabru banned Chala hai."(deaf who wants to look cool and trendy). gabru.* Two of the HD respondents have mentioned keeping a moustache and French cut. They feel it makes them appear ‘*sexy*’ and manly. Amidst the respondents with locomotor disability and hearing disability, there is a practice of keeping various moustaches and beards. They feel that keeping a big and stylist moustache represents rugged masculinity. Here they wanted to mean that adding a big moustache or growing facial hair like celebrities do give them a tough look. Anshu said he has started growing a moustache with curls on both sides and elongated to give his look a twist. He also says that the moustache made him more visible among peers.

The pre-conceived notion of being undesirable or 'unsmart' persists among them, often limiting them in choosing a particular style quotient. When asked about their idea of physical attractiveness in men and women, most respondents have equated body curves (for women) and body measurements in terms of abs for men. Social media and advertisements are also a medium apart from peer groups which they try to keep updated regarding recent trends of style among men. Anusthup, HD, says, "*I want to experiment with my looks as the other batchmates do. But if I experiment with my body, they will make fun of me, saying Kala boba abar style marche (deaf wants to look trendy).*" HD wanted to be updated about styles and grooming. LD expressed their concern in terms of clothing. For example, wearing a body-hugging t-shirt or fitting jeans become futile as their legs, and some parts of their bodies have deformed shapes. Like a part of their shoulders makes them look unattractive. The compulsory able-bodiedness and capitalism have side-lined men with disabilities. Most clothing brands in the market and other grooming products are mainly designed keeping in mind the able-bodied population. Physical attractiveness is a prominent trait of a person (Gershick 2007:272). The respondents felt how the first impression often becomes the last impression. Some have mentioned one's impression is not just based on appearance though the latter comes first but can be managed through alternative ways, for example, grabbing the attention of others through a good sense of humor, being good orators in debates, and showing their potency in extracurricular activities like music and poetry. These traits of them can have long-lasting impressions on people. Hence impression is not just mediated through bodies.

Table 5.2

Grooming practices

Category	Locomotor Disability	Visual Disability	Hearing Disability	Total (Out of 21)
Visiting a salon for a haircut	6	8	7	21
Visiting a salon for waxing, manicure, pedicure, massage and facial, hair coloring	0	0	0	21
Using products like specialized sunscreen/face wash/mask/shampoo, hair gel/body gel/fairness creams / special oils for a beard for men	2	0	2	21
Taking power drinks, protein powder, and capsules boosts energy and muscles	0	0	0	21
Made tattoos	0	0	0	21

Source: author's collection

Most do not prefer specialized male products or indulge in the metrosexual practice. Only four respondents have mentioned using specialized face wash, shampoos and creams, and hair gels. They use regular soaps like Lux, Lifebuoy, Cinthol and Margo during bathing and have not mentioned any particular soap used for men. Sovik VD says, *"What will happen if we use them? Anyways, who will look at us. I am not bothered much"*. HD believes good communication skills are as necessary as looks, making anyone sexier. Two of the LDs have shown interest in tattooing.

Their sense of style often depends on their partners (if able-bodied), and they approve of their styling techniques. Therefore, peers and partners play an important role in influencing their style statements. The LD and HD give much importance to their male peers' approval, especially those considered 'cool,' ' and 'manly.' HD has also mentioned adopting new styles from peers. Dip mentioned his friend saying, *"Bhai cool hote hobe, erom sadhasidha boka manush thakle hobe na, (you have to be cool, you can't be so dumb) and with that, you need to enhance your looks, get those shapes and abs, so that girls fall for you, then it won't matter if you cannot hear, all women want men with good physique*." He also mentioned how one of his friends who is *deaf told him they are lucky that they are deaf and not crippled or lame. Women won't realize it. Approaching will be easy.*" Most believe their non-disabled partner and peers have better grooming sense than they are more used to styling and grooming.

A well-built body in good shape and with abs symbolizes male sexuality mentioned by the respondents. Only two of the respondents accessed gyms. The respondents' posture, tension, physique, and body structure are more important than cosmetics or toiletries. Interestingly VD has connected the idea of smell as crucial for sexual desirability. The respondents with LD and HD believe the body symbolizes beauty for women and fit and muscular for men, which increases one's sexual desirability. Physical fitness and body shaping are a way of making a man look attractive. The respondents said disabled men are not considered sexy or sexually desirable even after building a body. Rahul says, "*People think we cannot do anything. But we can groom those parts of the body that are completely functioning. I can do that with my face, chest, and hands, but people will still highlight the defective part of the will".* Such preconceptions that disability makes a person less desirable for marriage and partnership are imposed most within the family. The peers and kins often related men's sexual potency as a primary component of masculinity and made respondents feel they lack it.

As Cooley mentioned, the self perceives the body in terms of self-image, and the body is an essential part of maintaining that image. Here one presents and reflects one's self by creating images of one's self through others' judgment of one's appearance. Everyone accepts disability affects their body image. LD is more concerned about their body presentation in public than VD and HD. VD does not have a negative aspect of their body image. To look desirable was not very common among them. One reason being they are unable to capture the images displayed in media, so beauty standards and body ideals do not pose any kind of pressure on them. The consumption of grooming products is not just related to personal satisfaction but also how men situate them in relation to other men. This new practice that makes men more sexually desirable has expanded with various grooming products and fashions to enhance their sexualized images (Barber 2016).

III.Conception of Sexuality

The concept of sexuality is most confused with sex. Most respondents have related sexuality with having sex, sexual liaison, and reproduction; few mentioned the term 'sexy .'By sexy, they wanted to connect with attractiveness in a physical appearance. Only a handful of VD could connect with sexual feelings and emotions. They view a man's attractiveness also comes from his mind and intelligence apart from a muscular physique. Most LD believed sexuality is about sexual intercourse, reproduction, and male strength and vitality. Sexuality was also associated with eroticism and something obscene, mainly among the HD respondents. Anushthup, HD, says, "*Discussions on sex is not something good. It is nasty, shameful. We all want to know about sex, so we surf the net. When I discuss with friends(deaf), they will say vulgar things. Suppose somebody is caught having a physical relationship. In that case, they will be isolated completely, and the situation worsens when one breaks up"* He depicted the common scenario among his disabled peers. Rahul, a Muslim with a locomotor disability, narrates his experience. He has a rare disease where his bone erodes fast, and he has walking difficulty. His religious background influenced his idealization of sexuality. He had a more rigid and strict upbringing where sex education was not considered something viable or to preach. Rahul says, "*The growing of beard belongs to one school of thought, during adolescence we are given a medicine where the beard grows and take a unique shape which indicates that we have preserved our sexuality and not involved in any sexual act. I was often instructed to follow such rules, but I refused to do so. When I did not go for it, I was given a threat of complete castration. I don't know why they said 'complete castration.' I think the problem became severe not only because I refused, but because I am impaired and still refuse".*

A) Sexual identities

Sexual identity or orientation is the perception about one in terms of whom one is romantically or sexually attracted. VD has identified themselves as bisexual or homosexual. They do not express any preference for sexual identities; they are comfortable with any sexual choices one has. At the same time, HD cannot identify with any one sexual orientation. However, they mentioned the relationship between a male and a female as 'normal.' At the same time, all the LD identified them as heterosexual and felt that heterosexuality is a 'normal' form of sexual identity. Harsh LD says, "*I have a girlfriend but had a boyfriend too; my present girlfriend doesn't know about it.*" Harsh strongly prefers a heterosexual relationship, but his relationship status does not match his statement. They often wanted to hide their sexual orientation and not get isolated from peer groups. Respondents with locomotor disabilities have expressed being confined more to heteronormative practices. There was always a hesitation about their association with homosexuality. HD remains most confused in expressing their sexual orientations. Though they prefer heterosexual relationships simultaneously, one or two respondents have mentioned being involved in homosexual liaisons. As Anchyut says, "*I am not in any relationship now, but I had a boyfriend who was deaf too, was very close to my family, but later on we broke up. I have feelings for my classmate. I feel she too likes me, but I never expressed as now I have to concentrate on my studies and get a job."*

Though terminologies like homosexuality and heterosexuality are unfamiliar to most respondents as they do not use them as a part of their everyday vocabulary, they could express themselves and relate to a particular sexual identity. They have spoken about their sexual identities based on their present and past relations. For example, respondents who attended special schools and stayed in boarding got involved with their (male) roommates, but they have also mentioned they are not homosexual. If they have a choice, they would like to date a woman. Their sexual or romantic liaisons are formed not upon choice always but on the situation as they do not get partners. Sexual liaisons grow out of need or depending upon the availability of the partner, be it male or female, so it' is more of a situational liaison than a choice-based liaison, as mentioned by most. VD has the highest incidence of same-sex relationships compared to other forms of liaisons.

The respondents did not prefer to disclose their sexual orientations to anyone for two reasons. First, a lot of negative ideas about sexuality are circulated in society. Second, people may ridicule them if they are in relationships. For a man to engage in homosexual acts is discouraged, but for them, the rule is not as rigid as expressed by some respondents. Those with VD felt they wouldn't face any social unacceptance if they even proclaimed they were homosexual as no one was bothered about their sexuality. Such ideologies they have for themselves have also shaped their understanding of sexuality. The respondents with LD believe firmly in heterosexuality as a form of romantic relations; they did not prefer other forms of non-normative relationships, like most concerned about how their disability would impact their sexual identity and how people think of them. Hence practicing any non-normative form of sexual identity may tarnish their image further. On the other hand, those with HD and VD feel that having sexual feelings with their male disabled mates is common. HD does not see such affiliations with their male disabled mates as a kind of their sexual identity.

B) Family's reaction to their sexual orientation

The respondents said their families have no idea of the companionship they have. Even after knowing their sexual preferences, they sometimes try to overlook or ignore them. Sovik says his mother accepted his sexual liaison with a boy because most parents think getting a wife for their sons would be difficult. In the beginning, parents resisted when they came to know later than accepted. Most parents keep it as a 'hush' affair and do not want to disclose it to any other relatives, but they remain okay with their son's preferences. Suraj says*, "A friend who knows about my sexual orientation said I am a total defective piece. First am a disabled second am homosexual, so for him, I am a dhabba (stain) to men"* Akash mentioned how his friend (able-bodied) in his hostel ridiculed him for not getting anything better than a disabled male partner. Some have lamented the kind of gestures they get from kins. Tirtho's uncle said*, "ondho Khora kanader abar bhalobasa hoy"* (blind, deaf can-do love and have intimate relations?).

IV. Intimacies and relationships

Intimacy is the state of having a close relationship with someone and having some personal moments. Intimacy is an entirely private space of an individual. In times of globalization, there is a change in the consistency of relationships. Sexual identities are fluid. People can choose partners and live the kind of life they want. The prevailing stigma related to the sexuality of disabled people has disregarded their expression of love and intimacy. Physical intimacy is an integral part of sexual expressions. It talks about emotional well-being too. Emotional well-being depends upon sexual connectedness, consent, awareness of sexual health, and exercising one's agency over the body. This section will throw light on these areas concerning the respondents.

Respondents were both single and in a relationship during the interview. Out of twenty-one respondents, eleven respondents have said to be engaged in romantic partnerships. Many respondents were single during the interview but had been in a relationship earlier. When asked about what relationships mean to them, the respondents saw relationships as made of love, respect, and physical intimacy. For most of the respondents, intimacy indicates a physical aspect. For a few, intimacy reminds them of not just a physical relationship but also an emotional one. VD used the word partnership over the relationship as they believe a relationship is a kind of a mutual partnership based on each other's needs. Partnerships are synonymously used for relationships here. ‘Need’ is an important aspect of their relationships as it grew out of specific needs and availability of the partner. It is a kind of exchange-based bond, not necessarily out of attraction. Whenever it comes to choosing a partner, they are undermined. The respondents have shown some resentment towards dating another disabled. Preference for non-disabled women was high among LD as well among HD. The single respondents felt it was useless to date anyone, whether disabled or non-disabled. The idea of commitment irks them much. Ritom says he is still single and happy on his own. The respondents who have never been in a relationship as they want a private life now without being dependent on anyone; marriage and relationship won't let it happen.

The respondents believed and accepted that it is difficult for them to get a 'beautiful girl.' Most of the respondents have an on-and-off relationship. They had no plans of marriage apart from two/three respondents who mentioned taking it further.

Sovan, VD, says, *“When my brother did not like his would-be bride's face, he described her face as pechar moto(owl-faced). I found it very offensive, so I asked him not to say this to her. To which he retaliated, saying it wouldn't have mattered to me. Still, to him, it does matter; such things we hear nearly daily, I am habituated."* Shyam says, "*I was brought up in blind schools where my seniors used to say “Karur proti chaap Khas na”(don’t get weak) once you are out from here."* They wanted to mean that universities, colleges/institutions are not inclusive for them. Disabled/non-disabled may interact in colleges/classrooms, but none have a romantic relationship with a non-disabled person.

One of the respondents', Dip, shared his experience while choosing his bride. He said how the would-be bride and her parents would come to his house and ask him so many questions every time. The girl's parents were not confident enough with the marriage even though he was well settled. Another respondent with VD narrated a similar incident. In his case, the parents wanted to look for an under-privileged, not-so-educated woman for them. The parents felt that any beautiful, educated, normal woman wouldn't marry their son, and even if the union occurred, their disabled son would be controlled by the woman. The respondent was very upset with his parents' thought process. Those in a relationship have a high anxiety level to keep their partners happy and the relationship stable. Most respondents with VD and LD have shown a level of anxiety. Maintaining a relationship at one point becomes very important as losing one exposes their incapability of keeping a relationship. The incapability is mainly cited as sexual inadequacy or impotence.

Studies found that people with a severe disability engage in mutual sexual activity less frequently (McCabe and Taleporos 2003: 366-367). Such beliefs persist that they are less sexually desirable than non-disabled people and that their disability seriously limits their sexual life. Interestingly a participant with VD also mentions the risk of hurting the partner during first-time intimacy is prevalent. It results in disappointing partners. Such disappointment and dissatisfaction in partners raise more anxiety in sexual intimacies among VD.

Not finding a romantic partner can lead to alternatives in the form of escort services. The topic of escort service was picked up during the conversation. None of the HD is familiar with escort services. None have come across such services to date. The respondents with LD and VD are unaware of whether escort services are also available for disabled men. Harsh narrated his experience. He once asked a friend regarding the availability of such a website for escort services. He came to know about escort service in a newspaper. His friend was curious as to why he wanted to know. He later gave Harsh a link that opened a pornography site. These were some reasons the respondents did not feel comfortable discussing their sexualities with able-bodied peers.

A) Relationship and power dynamics

Making relationships are not only challenging for the respondents, but maintaining is also a challenge. The respondents have expressed their lack of confidence in dating a woman. The traditional stereotypes associated with dating often put them under more pressure to perform. LD viewed how difficult it would be for them to take a woman for a date. They are worried about carrying out proper roles and etiquettes that a man does while taking a girl for a date. For example, Rakesh says if they visit a restaurant on his first date, he would have to be courteous to pull the chair for the girl. But instead, someone else has to pull the chair for him. "*Though the person knows I have a disability, I feel very awkward if the girl does what I am supposed to do*."

The unavailability of partners is a pressure to maintain the current relationship. Each relationship reflects a power play. It is highlighted more during physical intimacy, where the partner is not disabled, and the fear of losing works high. Such fear has resulted in exposure to assaults and compromises. Partners play a very dominant figure in the lives of the respondents. Those who have/had an able-bodied person said their partners used to take most of their decisions after their family regarding their finances, career, and relationships. However, most respondents were comfortable with partners making decisions on their behalf. They feel this 'guidance' by their partners is nothing wrong. Suraj says*, "I do try to follow what she says (implying to his partner) as she understands me well and is too dependent on her emotionally, so there is no wrong in following her."* When the respondents were asked whether they have ever felt controlled by partners, they accepted that they were not controlled. They also mentioned they do things their way, and partners had to obey them. A respondent with VD also said sometimes they have the opportunity to be the 'boss,' but that is very rare. Anxiety works among respondents about whether they can sexually satisfy their partners. Many do not prefer partners having the same disability as it becomes more challenging.

A partnership between disabled male-male and male-female shows a constant domination-subordination pattern from both ends. But in some cases, when one has less degree of impairment as compared to the other partner, then the dominance of the former is strong during their relationship. There are two kinds of equations in their relationships—one between abled-bodied and disabled couples and the other between disabled couples. One of the respondents, with a visual disability, mentioned how his boyfriend often takes charge of him. His partner also has a visual disability, but partially visibility is there. He said his partner was very active and had a strong personality. During intimacy, he played the dominant role and wanted him to be submissive. He normalized the 'taking charge' as part of any relationship. He feels a partner with a lesser degree of visual disability can better support the relationship. He expressed how his partner is more efficient to him and is closer to his ideal image of a boyfriend. Hence, even among the respondents, an ideal image of a partner exists. Sovan narrated about his partner in the same residential school where he studied. His partner was slightly stronger than him. They both had visual disabilities. But he was good at sports and was pretty popular in school. He felt attracted to him. He agreed to have little say in the partnership as his partner because of a strong image in school. He also narrated how his partner never considered his sexual desires and always wanted his way of doing things during sexual plays. Ram, VD, mentions his relationship with a man and how he was made to do all the 'womanly' parts during physical intimacies. His partner had no disability. By womanly part, he meant his passive role during sexual acts. Arko, who has a hearing disability, is the only respondent who had a marital relationship but is separated now. He argued that his position did not change post-marriage. All crucial decisions related to him were earlier taken by his father and then by his wife. Though they sometimes made mutual decisions, his wife took all finance-related decisions. The respondents who are/were in a relationship accept this existing power hierarchy and the dominative-submissive part to maintain a healthy relationship. The respondents with VD are concerned about their emotional and physical dependency on partners; hence, sometimes, they have accepted the power equation between them. On the other hand, HD was not concerned about who was being controlled. Most HD mentioned their partners were from their deaf community. Most LD believed it was normal for a guy to behave the stronger way as men exert more strength when it comes to physical intimacy.

Physical intimacies between homosexual male couples reflected more significant power differences where the partner with no disability holds a superior position over the one with a disability. Those in a relationship with disabled peers expressed a better commitment from their non-disabled male partners. However, there exists a power equation based on superiority and inferiority. A partner with a lesser degree of impairment often plays out the 'male dominant’ role, and the other with a greater degree plays the submissive 'feminine 'role, not just during intimacy but also in day-to-day life. For example, the partner with low vision expects his partner with blindness to take care of him, obey him, and follow his advice. Two respondents mentioned having female partners but did not see many instances of control. But are being guided by them. Some respondents confessed to having been involved physically with a friend casually, once or twice. However, they do not count it as a relationship or partnership. Three HD respondents mentioned they frequently engage in casual sexual plays with their deaf peers, which is common for many. None of the partners mentioned a live-in relationship. Still, those having a relationship in college and staying together in the same hostel room find it close to a live-in relationship.

There is a degree of sexual coercion among a few respondents inflicted by male partners. Such incidents were high among VD, followed by HD. Intimate partner violence is often neglected and does not count as abuse. Disabled men affected by intimate partner violence are studied less than disabled women (Smith 2008:15). Here, some respondents have narrated their incidents of partner abuse in varying degrees and types. The respondents from VD and HD have mentioned sexual coercion (within same-sex relations). Verbal taunting in a relationship is common too. The extent of emotional abuse in neglect and abandonment is much greater compared to sexual abuse. It is because the respondents have normalized it as a part of intimacy. However, the extent of sexual assault or exploitation was less among disabled couples compared to able-bodied and disabled couples.

B) Intimacies online

Online dating sites are popular among them. Many have mentioned using such sites. Here the respondents use online dating Apps where they feel matchmaking becomes comparatively easier. Some use Tinder and OkCupid apps. Some are active on online dating forums designed for the disabled. Inclove was such a forum quite popular among them. Though it was a platform meant for bringing disabled and able-bodied people for dating, there are hardly any non-disabled men and women. A respondent said he went on a blind date through this online dating app expecting to meet someone new, but there he came to know it was another blind friend he knew from before. LD does not prefer using any disability dating sites.

Apart from dating sites, pornographic sites are also accessed by the respondents. They feel this space gives them a kind of sexual empowerment. They can express and fulfill their needs without the help of the other. VD has mentioned that they have sound system mechanisms which could make them feel several emotions while accessing such sites. Most porn sites are accessed from their phones or friends' phones. Among hearing disabilities, the culture of watching pornography is high. Six out of seven have accepted to access pornography sites frequently.

V. Perspective of Partners

Partners' views were taken to understand their attitude towards the respondents. Only three partner of respondents agreed to take part in the interview. Also, all the respondents were not willing to bring forward their partners for the discussion. Those who are/were engaged in any relationship at one point in time feel agreed their partners were/are attractive to them. However, the respondents were unsure whether they were sexually attractive to their partners. Akash used to find his partner from school quite masculine. Active in sports and having a built-up body, he also mentioned many of his classmates were fond of him. Narratives showed somewhere or the other that the respondents could not reject some dominant ideologies around masculinity.

The respondents' partners have mentioned maintaining secretive relations, which are also not known by their closest friends. Certain revelations from the partners were quite different, and some information was even unknown to the respondents. Runa (she has no disability), the girlfriend of a participant, narrates how their relationship is a secret as their parents won't approve of the relationship with a 'handicapped guy.'The perception of a perfect 'husband or boyfriend' does not fit into the respondent's image. Runa mentioned how her boyfriend listened to her like a child. She boastfully speaks of how her boyfriend always looks up to her for advice and guidance. She also mentions her partner is intelligent, so disability or appearances are only temporary. Runa expressed that marriage or a relationship works not only on mutual understanding and love but also on satisfying sexual lives. She nowhere said his partner's disability was a barrier during intimacy. While conversing with the female partner of the respondent, there remains a 'dominating' tone and taken-for-granted attitude. The "*listening and obeying"* part remains crucial for their partnership.

Akhilesh the partner of Sovik, is also disabled. He expressed they are together as they both understand their needs. Buts, he also says Sovik is very lazy, and he needs to be more active. When asked what made him think so, he replied, *"I wanted him to be efficient like me. there are people who are blind but are very outgoing and smart. He needs to be stronger to deal with people as I won't be there with him always".* When Akhilesh was asked if there was any relation between being smart and having a disability, he mentioned a boy needs to be competent to deal with people outside. Still, disabled men are often duped and taken advantage of by people. He thinks this smartness is an essential component of masculinity. Sovik, on the other hand, claimed to be smarter than his partner. Akhilesh also mentioned taking most of the responsibilities of Sovik. Such discrepancies in both of their statements made it visible that they, too, have a competition as to who is the better, more competent partner.

The non-disabled partner of Tirtho, Sourav, 35, who also claims to be bisexual, speaks about his journey with Tirtho. It has been two years with him. Sourav said he also has a girlfriend, and Tirtho knows it. The relationship is mutual. He is pessimistic about a domestic partnership in the future. Sourav also mentioned impairments automatically put certain limitations on sexual activities. The way Tirtho will derive pleasure, he cannot have it the same way. On the other hand, Tirtho said Sourav sexually satisfies him, and he is pleased with him.

Female partners do not have huge expectations from their male disabled partners. Male partners(non-disabled) of the respondents, too, do not have high expectations in relationships. They have internalized a partner being disabled cannot live up to the image of a 'boyfriend' or 'husband.' On the contrary, the respondents do not keep high expectations of a partner as they have internalized that they may not get a partner even in life. The respondents prefer non-disabled partners (female or male) for marriage or live in so that at least one can look after another. A sense of confidence builds up when one of them is not disabled. The latter can be their support systems.

VI. The idea of marriage and family

The respondents defined marriage as a legal bond between husband and wife and the source of family procreation. Hearing disabled respondents have viewed marriage as a sexual liaison, and they are the most who showed an eagerness to marry. At the same time, most VD felt marriage as an institution oppressive as they fear further interference and control of their lives. While some of them also found marriage liberating, where they could freely express themselves and find a partner to share everything with. For most LD, marriage is necessary to survive as everyone needs a partner. However, some described cohabitation as a better alternative to social marriage. Sovan says he is in a relationship with a man. His relationship with a man can never be institutionalized. Therefore, they would prefer to go for a live-in relationship. Most of the visually disabled prefer live-in relationships to marriage.

For most LD, homosexuality threatens marriage or family; therefore, marriage can be a barrier for people in non-heteronormative relationships. When asked about marriage plans, all the respondents found the latter a very tough job as problems arise from the girls’ families. The girls' families resist such bonds because they believe it would be a job of caregiving for their daughters rather than a marriage. The girl's parents would not like to accept a disabled man as a son-in-law. The risk comes from stable economic dependency and, majorly, caregiving. When asked about parenthood, none wanted to respond as this was too early to think about. One participant mentioned that fatherhood is often questionable for disabled men. So, he first needs to get established; marriage and parenthood are secondary. The anxiety regarding how successful they will be in keeping a marriage, i.e., supporting their partners emotionally, sexually, and financially, is high among LD and VD compared to HD. Among all the respondents, marriage and finding a future partner is a concern.

When asked about their idea of family, they generalized it as a bonding consisting of parents, children, husband, and wife, where people take care of each other and are responsible towards others. Some also mention a joint family being more supportive, while others prefer nuclear over a joint family system. The majority of the respondents perceive the family as a huge responsibility. Since, in a patriarchal society, the heads of families are men, they doubt how much importance they will be given as heads of the family. For most of the VD, the family is an equal space and responsibility for both men and women. Some felt it is the responsibility of the man who is the head of the family. They think the concept of family making and marriage does not rise for them. Their own families are in a dilemma regarding their future.

VII. Issues around Sexual health and hygiene

The stereotypical ideologies around disability and sexuality have disregarded the reproductive concerns of the respondents. The reproduction process, sexual intercourse, and knowledge of contraception as areas of sexual knowledge and practices are fundamental to understand in the light of the respondent's knowledge of reproductive health. Less awareness around their reproductive health and limited access of the respondents have created an information gap in their understanding of sexual well-being. The respondents mentioned their peers and relatives feel that because they have a disability, their knowledge about reproductive health would be different, or they do not know how to handle it. Sexual health covers diseases and safe sexual practices free of coercion and violence.

LD and VD know about STDs, i.e., sexually transmitted diseases like HIV and AIDS, but not STI, i.e, sexually transmitted infections like genital herpes, gonorrhea, urinary tract infection etc. The majority of HD have very little awareness of various sexually transmitted diseases as well as STIs. The respondents feel that discussing with peers will let them to more bullies. The reason behind the hesitation to approach is the misconceptions and jokes surrounding their sexual lives. There is a tendency to circulate misinformation primarily about sex within the disabled community. The peer outside their community often played a role in manipulating them with certain myths related to sexuality. As many visually disabled respondents have expressed, they have been told that frequent masturbation can make them more masculine and reduce their infertility. One participant mentioned how his brother had addressed him as infertile. He was asked by his brother to please God to become fertile. He was surprised at how his blindness may affect his fertility. Masturbation was also believed to be done to relieve the sexual inefficiencies among the respondents. Myths and misinformation about sex and sexual health were common among VD and HD. Sovan says*, "Once one of my classmates (in a special school) told me that by masturbating, my blindness could decrease. He was informed by one of his brothers, but it never helped me in any way, as doing it made me unwell. Later on, I found that there are such myths that we, as disabled men are, often internalized."*

Arko says*, "It is challenging to ask someone regarding adult matters, I have seen my friends cracking adult jokes and have even forwarded it to me, but we have never discussed the issues which you mentioned. Even deaf make fun of other deafs. If someone tries to discuss sex, they will taunt you ".* Hence there are issues of trust and reliability among the respondents.

Akash mentioned attending a program on reproductive health and sexuality organized by an NGO before which he had wrong information regarding various diseases earlier circulated by friends. Many of the respondents lamented over the fact that a lot of seminars and workshops happen for women. No such seminar happens for them. Their requirements could differ from non-disabled men, and they will also vary with one's disability. Sovan VD says*, "I have minimal knowledge about sex and had no idea that there are things beyond sex, which I am* *getting to know gradually. No one gives any heed to our sexual well-being. There are so many seminars and workshops for women but not for us, and we never get the opportunity to get an informative session that caters to our needs. We, too, have many problems."*

Many visually disabled respondents have mentioned discussing menstruation with female friends and sisters. One of them said to know how her female friends often cried in pain during periods. Jishu says*, "it is really painful. She becomes equally handicapped like me during that time, and I can feel the pain"* Akash says even his disabled female friends share their concerns related to their reproductive health with mothers, but they have no one to share in the family. Suraj says, "*I have a friend (girl)who is blind too. She said there is an organization for them that counsel on matters related to sexual well-being, but we have none. In many cases, their parents, especially mothers, are supportive, but my parents have never shown any interest or even encouraged me to indulge in knowing more. Instead, my father sends me to my uncle, who discourages and embarrasses me more."*

Table 5.3

Knowledge about various contraceptive methods

Category	**Locomotor**			**Visually disabled**			**Hearing disabled**		
Knowledge about different contraception methods	Well informed	Limited knowledge	No idea	well informed	Limited knowledge	No idea	well informed	Limited Knowledge	No idea
Knowledge Usage of condoms	6	0	0	5	3	0	4	3	0
Birth control pills	1		5	2	6	0	0	2	5
Knowledge about vasectomy and tubectomy	0	0	6	0	0	8	0	0	7
IUDs	--	--	--	--	--	--	--	--	--

Source: Author's Collection,

'---' indicates they have no idea or have never heard the term before

The conversation with the respondents threw some light on their knowledge regarding various forms of contraceptive methods. Most show less awareness of contraceptive aids. They do not know where how, and whom to reach. Parents won't share information; disabled peers do not have the proper knowledge. The respondents also felt women are more prone to infection than men; hence they need more knowledge than men. When partners are also disabled, the chances of infection are high as none have the correct information on safe sex practices. Most respondents seek help from partners if they get any infection in their private parts. Able-bodied Partners also do not have complete knowledge always. If they suffer any infection from unsafe practices or bad sexual hygiene, they do not know how to deal or where to seek help. One of them mentioned visiting a doctor with a friend; the doctor just gave a medicine. When asked about the reason, he did not say anything nor wanted to discuss it. Anushthup mentioned getting an infection after first-time intercourse with his partner, which went untreated, leading to several other conditions.

In many cases, they do not want to go to a professional for help as their attitude makes them more embarrassed about the questions asked. Rakesh, LD, says, "I *don't know whom to tell when I first had a problem in my private part. When I told this to my father, he asked me to go to a doctor but never accompanied me. He also thought I got an infection due to overindulgence in masturbation activities, which my brother told me, I don't know what made him feel, so I was just 14 then, it was very saddening*". The respondents were reluctant to seek information on sexual health and well-being as it somehow showed them more vulnerable to others. They fear people will misguide them more. In some cases, their disabled friends become the last resort. The respondents were not just misinformed but also mishandled, facing many embarrassing moments and further consequences to getting the information. Their disabled peers often try to help but are loaded with wrong information and indulge in wrong practices. None of the respondents visited physically to purchase contraception from the shop because they felt uncomfortable. By this, they meant people started judging their purchase of a condom by giving a weird stare, making them uncomfortable.

The respondents felt the internet was the internet's most accessible source of information regarding contraception and sexual diseases. But the internet does not always provide authentic information but remains the easiest way to reach, and one can explore the internet in one's private space. The respondents do not rely on television and print media as it is the traditional mode of imparting information where they may not get every detail. None have mentioned parents, kins, or professionals are of any help in this matter. Some of them say sexting is a way through which they share sex jokes with friends over the phone. They mediate different ideas of sexuality through such jokes. For the majority, the first-time stories about 'sex' 'contraception' is heard within their peer groups (disabled). Men with locomotor disabilities, as compared to visual and hearing disabled men, did not want to admit that they have any barrier in accessing such information but the fact that the myths around their sexuality restrict them from having partners are a concern. Some websites impart knowledge on sexual and reproductive health designed for the disabled, but they are unaware of the availability of sites that would cater to their needs. Also, many believe that only who are married or will be married need such awareness.

Among HD and VD groups, men well informed on various sexual practices, forms of contraception, etc., are given immense importance in their community. More the information one has regarding ways of doing sex differently, also on matters of sexual issues and problems, are seen as a 'hero' in the group. The respondents with HD believe the number of girlfriends has also increased one's value in the group. It gives them a leader-like position as they feel that having a girlfriend is knowing everything about sex. There is a tendency to put an image in front of partners and peers that they are more experts in the field.

Among the respondents, HD has less awareness about issues around one's sexuality than VD and LD. People with HD are the most to be filled with myths and wrong information. Most of the respondents with visual disabilities acknowledged discussing matters on their sexual health or intimacy and problems with other blind mates. They tend to understand each other's needs and try to solve queries. None of the LD respondents mentioned something of a kind. Also, the latter have shown less dependency on others in accessing information, nor have they approached any friend, disabled in particular, to solve any problem that arises—not seeking help even when needed becomes more problematic as this has also some way or the other, produced incorrect knowledge. The interaction pattern remains crucial in how they get to know things. LD has mentioned that having non-disabled friends and interacting with them has made them more aware, which is impossible for the other two groups of respondents. The LD's accessibility to peer groups and acceptance is slightly higher than the visual and hearing disabled. VD and HD are confined to their community. They expressed not being well accepted in the able-bodied peer zones. Even if they are accepted, they do not find a comfortable space to discuss matters on sex or sexual well-being.

There are circulations of information everywhere. Not just deriving information but also deciding on the correct information is a part of one's informed decisions. Informed decisions mean making a particular decision knowing the pros and cons of a particular matter, being well informed about it, and then choosing the best possible for one. Getting correct information on reproductive health is challenging for all the respondents; therefore, coming to informed choices and decisions is out of the box. The respondents feel that the disability requires a lot of care and attention to their general health. So sexual health becomes secondary. Such views of the respondents often become a barrier to accessing information. *Tirtho says, "Having an* *impairment leaves you under pain and trouble for oneself and others. Everyday medication, supervision, and restrictions make it difficult to monitor other health problems. Sexual health is a distant thing. No one cares."*

VIII. Sexual agency among respondents

Sexual agency refers to the right and ability to control one's sexuality, free from coercion and exploitation, freely developing sexual identity and subjectivity. (Cense 2019:245). The respondents were interested in exploring their sexual subjectivities but did not find an opportunity or a suitable space to express it. Deciding on their sexual and reproductive health after getting accurate information is rare. Making satisfactory intimate partnerships without coercion or suppression is a concern for many. Determining one's sexual well-being and acting according to one's will, i.e., choosing between a comfortable, pleasurable relationship, is only possible when they are given a choice to decide. A participant with VD speaks about how his partner would take him for granted and never ask whether he was happy or satisfied during their physical intimacies.

Consent is also an ignored area. The respondents have already normalized coercion as a part of the relationship. Therefore, their consent or easiness around intimacies becomes non-considerate. Sexual awareness also varies with the degree of disability and the stigma attached to a specific disability. Arko HD mentions his first stay away from home in Delhi for a course. It was a kind of achievement for him to stay alone in an unknown place as his parents never allowed him so far. During his stay in a hostel, his roommate would often come to sleep with him in his bed and touch him. He then had no idea what was happening. His roommate never asked for his consent. When asked whether he felt bad, he said yes. Most counseling or professional sessions are done for men who are disabled due to accidents later in life. The counseling is done on how to cope with sex life. Still, no such sessions are done in general for disabled men on how to maintain healthy sexual life, narrates many.

A curiosity remains highest within this group as peers or family have tried to keep them outside the domain of sexuality. On the other hand, the locomotor disabled were not totally ignorant but quite hesitant to open up about their sexualities. Among these respondents, a group of visually disabled men was the most vocal in expressing sexual subjectivities and experiences.
Each group of respondents can be kept hierarchically in terms of sexual autonomy based on having adequate and satisfactory information on sexual health, speaking up about or expressing one's desires frequently with partners, manipulated/wrong/distorted imposition of opinions by family, peers, and professionals in matters of sexuality, no interest in gaining information on

sexual and reproductive rights, not taken consent for touching, maintaining privacy around own body and deriving pleasure out of sexual acts. They have faced lesser imposition of wrong information from family and peers; also, in maintaining privacy around bodies, they could exercise some degree of autonomy. Knowledge about contraception remained better than VD and HD. VD could freely express themselves on various aspects of sexuality, their vulnerabilities, and risks but have been regular victims of wrong information, coerced sexual spaces, and losing privacy around bodies make them situated at a disadvantageous position compared to LD. LD had a reservation in expressing their vulnerabilities, while VD was vocal about their sexual encounters. On the other hand, HD remains at the bottom of the hierarchy regarding access to information on sexual health and hygiene, exposure to sexual bullies, and misconceptions about their sexualities.

The respondents feel discussions on sexuality and sexual health should also be a priority for them as it is for women. Human sexuality is learned and not natural. One' sexual identity is not inborn but is known during interaction with people. The ideas around sexuality among the respondents are a product of interactions with peers, partners, and their attitudes towards them. Interaction with their impaired bodies also gave them an understanding of their sexuality. Market, capitalism, and media glorifying compulsory able-bodiedness with heteronormativity have othered alternative sexualities and disabled people. Sexuality is seen as a product of men's power, and a basis of male domination as men can freely express their sexual choices, desires, and fantasies. (Seidman et al. 2007:8) But all men do not have the same scope to express their sexual preferences in the respondents’ case.

IX. Concluding Remarks

The chapter aims to connect disability with sexuality, body, and intimacy. The chapter explores the experiences of respondents around intimacy. The relationship between sexuality and body revolves around the physical capacity to perform during sexual intimacies. For them, intimacy is not just about intercourse but also a way of touching and self-pleasure through masturbation. The body remains a symbol of desirability and a site of pain and pleasure among the respondents. The emergence of grooming kits with a range of men's products can enhance their appearance and make them look more desirable. But most of the respondents are detached from specialized male grooming products. Some feel that their impaired body parts won’t change even if they apply anything or adopt a new style. Still, some respondents with LD and HD kept moustaches, beards, and hairstyles that they feel are trendy among peers.

Regarding sexual orientation, most respondents from VD and HD acknowledge their bisexual and homosexual identities. While majorly LD has expressed a heterosexual preference for a relationship. Many have mentioned situational liaison, i.e., a liaison based on the availability of the partners and situations. It also throws light on intimate relationships revolving around power dynamics, consisting of a relationship based on subordination and domination. The relationship is based on mutual exchange, building temporary partnerships. The stigma of being labeled as sexually dysfunctional or sexually inexpressive makes them more conscious of their sexual performances, which are often the victims to please their partners.

Lastly, there exists a hierarchy in relation to their degree of sexual agency and sexual well-being. The circulation of misinformation regarding sexual health, unsafe sexual practices due to lack of proper knowledge, exercising choices, maintaining satisfactory relationships, and attitudes towards them are a part of their sexual well-being. Having informed choices, deciding on one's body, and maintaining privacy around the body are challenges among the respondents. The degree of sexual autonomy also varies with each group of respondents. Heterosexuality and ableism have constructed a negative view of disabled people and their ways of living. Such social constructions failed to produce a positive view around disabled people's bodies and sexuality. Crip theory blames patriarchy, capitalism, and ableism- as the primary reasons for excluding the disabled and other sexual minorities. Patriarchy and ableism supported by new consumer capitalism have constructed heterosexualism as the norm, and disability is theorized as a lack, deliberately removing disabled sexuality from the discourse of mainstream sexualities.

Notes

1. Gabru is a popular word in north India in Punjab- Haryana region, often used to address manly boys. Gabru is also linked to naujawan, i.e., young, energetic men.
2. Metrosexual or metro sexuality is described as practices related to grooming and enhancing appearance through fashion and body beautifications to look more appealing. It is a recent trend among many urban heterosexual men.
3. Castration refers to removing the genital organ in men, trying to emasculate them. It symbolizes the loss of masculinity. In psychoanalysis theory, Freud spoke about castration as a psychological fear of a boy in losing his genital organs during his early development years.
4. Heteronormativity is a practice of keeping heterosexuality as the norm and disapproving of homosexuality or other sexual orientations.

5. Vasectomy is surgery done on men during their fertile age as a permanent contraception procedure by blocking sperms from reaching the semen to restrict reproduction.
6. Tubectomy is a permanent contraception method surgically done on women as a permanent form of birth control. Still, it may not prevent the spread of sexually transmitted diseases like vasectomy.
7. IUDs are intrauterine devices that are small T-shaped birth control devices placed in a woman's uterus to prevent pregnancy.

Chapter Six

Empirical Findings

Disability, identity, and space

I. Introduction: Disability, identity, and space

Disability and space are mostly linked as a barrier in terms of movements and accessibility. Still, it is hardly spoken of how spaces can create a barrier for gender and sexual expressions, inflicting violence and inequality for disabled persons. The importance of male power's symbolic and material aspects validates their control in homes, public domains, and broader society (Chowdhry 2014:41). This section will look into the respondents' experiences in public and private spaces and how they negotiate their identities in such areas. The respondents have negotiated spaces sometimes through resistance and sometimes through acceptance. Here the spaces have been divided into public and private. The public spaces include workplaces, colleges, neighborhoods/clubs, and streets. The private includes domestic space, which includes home.

II. Spaces, identities, and disability: Public vs. Private

A) Public spaces

1. Workplace and associates

The workplace remains an important space where both visible and invisible discriminations exist for the respondents. Employed respondents have mentioned that hidden power play exists in the workplace. Sometimes it takes the form of open discriminatory practices. The respondents have complained of constraints from both male and female colleagues. The constraints came in terms of bullies and unequal treatment from superiors. Suraj, VD, changed his workplace twice. He works in a private firm now, but the situation has nowhere improved much. He has admitted that he is in unfavorable circumstances compared to his male colleagues. He has tried to keep good connections with female colleagues in his present workplace. He feels keeping good relationships with the female co-workers can help them fight their concerns together as both face some kind of harassment in the male-dominated office.

Another participant, Arko, works in an NGO. He narrated how he has always been given back-office work but wanted to be on the front line. He describes, *"I fought with the superiors regarding this. They not only rejected my plea but also made derogatory comments. When I wrote this to management, they ignored it and never brought up the matter.* He also mentioned feeling insecure at his office and preferred sharing space with other female colleagues as they could empathize with his situation. From the narratives, it is clear that somehow or the other, workspace experience often made them empathize with women. Sovan, who teaches in a government boys' school, spoke about his experience. In school meetings, he is sometimes called or informed and sometimes not. He is hardly given a chance if he tries to say something during a meeting. Though sometimes, his opinion is asked for but never given any importance. He also mentioned how his female colleagues wanted to overpower him, which they failed to do with other male colleagues. It has also happened many times that the students(boys) would take him lightly and could not control the class. A male colleague's interference and coming to the scene to control the class often made him feel embarrassed. A participant with LD who was employed for a short time and is now back to studies again expressed no such issues of power difference in his workplace. Vivek says*, "I have never felt I was controlled or had a diminished status in my workplace. I do not know why you are even asking me about this. Why will someone harass me or devalue me? I have never faced anything like that"*. Later on, he described how he was made feel unwanted in his previous workplace, and his opinions never mattered. He gives a dubious statement here. Primarily male Colleagues would never do anything directly, but they often sympathize with the respondents and, simultaneously, are excluded from their space. None of the respondents have mentioned any incidents of sexual harassment at the workplace.

2. College spaces

As most of the respondents are college students, college space is vital for not just negotiating their identities but also a space of invisible power hierarchy. Some respondents feel college spaces have given them more freedom as they think they are less controlled here than at home. But classrooms and open places like common rooms remain a place of hierarchy between them and other male friends. Common rooms and canteens remain a space for negotiating masculinity in different ways. Most respondents spoke about the kind of foul language and sexually colorful jokes mediated by most of their male friends. The respondents also participate in such discussions, but at times the sexual jokes are pointed out to them. While the respondents are in those spaces, they too try to make the situation light by laughing at the jokes made out to them by their non-disabled friends. Here the respondents are using the strategy where they try to recover from the spoiled image by over-conforming to the stereotypes about them by laughing at the jokes.

In classrooms, all have expressed having a silent personality. However, some have tried other strategies to make themselves feel. During any college program, they try to participate more in extracurricular activities like singing, poetry, and debates. Some of the VD mentioned their preference toward music and tried their hands at artistic/intellectual activities to make themselves visible. For example, a hearing disabled participant mentioned he has good mimicry skills and would do that often. He also said that, in general, his friends would mimic them, but when it was a show or a reunion, he would have the center stage.

VD has mentioned being more comfortable in sharing spaces with female classmates. HD and LD doubt whether sharing space with female batchmates makes them girly or sissy. LD has tried to be a part of the boys' group than the girls. But often, non-acceptance has landed them in the gang of female classmates, which they are unhappy about. Harsh says, *"I am never a part of that boys' gang who are popular and active in college, I have fewer male friends, and most think I am not very cool. Though we talk, interact, and even eat in the canteen, I feel they tend to overprotect or over-dominate me. I always feel they try to be the upper hand".* Ansuthup, HD, narrates how he made a position in the group by obeying the errands of the boys in the college gang. He does not mind doing it. He also gets tips on self-grooming from his friends. The observations show that most respondents, especially HD and LD, wanted to fit in the group of boys who are popular and have a strong image in college. They have used the word 'accept' a few times during the conversation, which shows the prevailing discrimination within the ableist masculine spaces. Some of LD also mentioned being members of college university committees and clubs like cultural, debate, etc. Visual disabled have active participation in specialized communities like disability forums. Among the visually disabled respondents, one holds an active position of a secretary, while some members do not hold any significant posts.

The respondents have mentioned ragging as harassment has been a marker of abuse in college spaces. Shyam said how he was forced to kiss another disabled peer and be forced to stand in a sexualized position. These are familiar stories of bullies, most of which question their sexual capability. They are given a variety of tasks during ragging to prove their sexual prowess. Passing lewd sexual remarks is common in college spaces for the majority of the respondents. Sovan also narrates an incident during his first day at the college hostel where his roommate asked him to prove that he was strong. By strong, he meant he has sexual potency to satisfy a person. The respondents also mentioned they had performed whatever task given to them during raging as this is a way, they try to show their 'daring' selves.

3. Neighborhood and Adda zones

Local neighborhoods and clubs are isolated adda zones which include tea shops and *parar more (*corners of any area). Men negotiate masculinity in different ways in these places through body language, gestures, discussions and debates, and more. Neighborhoods and adda zones symbolize an all-men's space with ample space to act, enact, and perform masculinities. This section will look at the respondents' association with local clubs in neighborhoods. Most respondents do not have active participation in such spaces. Few LD respondents have mentioned visiting neighborhood clubs and chayer dokan(tea stalls) during their free time. From VD and HD, none are very frequent nor have shown much interest. The respondents associated with any disability forums mentioned having a better and respectable place compared to the malestream clubs and associations, where the latter provides a constant feeling of 'unwanted' or 'secondary' among the respondents. They narrated how some 'parar dadas' body language produces an aggressive and dominating vibe. There is a tendency to subdue the respondents with a harsh tone.

The respondents view clubs and associations as a dominant masculine space to establish and embrace power. These places are a source of some toxic masculine culture, where frequent brawls, fights, and use of verbal slang remain common. Two of them narrated an incident where they tried to settle down a brawl but were hurt instead and attacked with derogatory comments. Ritom says how the men in his local club retaliated when he tried to intervene. The local boys told him, "*bhai tui majhkhane ashis na, half royechis seta o thakbina.Tora nijer jaygay thak. Eshob er modhye ashar chesta korish na. (Do not come in between; you are already half and now won't even stay that, better confine to your space. Do not try to involve yourself here,".* Ram say*s," I was inactive on all occasions of my para club. I was given the position of secretary suddenly. I do not know why but no one did listen to me or even felt the need to include me in discussions. I left the club voluntarily. I found it insulting*" The respondents do not hold any significant post like secretary or president, and even if they hold, they are not given their due status and are generally at the end of receiving instructions. Those who visit clubs are often assigned menial jobs, like carrying small errands, mostly of carrying personal work of other 'dominant' members of club leaders. Dip, HD, says he feels good to be attached to a club. But the worst part is during any occasion, for example, Durga Puja or any other festival, he has to sit idle in the club all day to see if any dogs or cats come near the idol and is given a seat in the audience. He also mentioned none of the men of his age were given such tasks. They were pretty vocal about what they wanted, so many have opted out from going there. Tapas, HD, narrates an incident in a cultural program in his complex. During the program, he was constantly being given errands while the other organizers, both older and young men, were sitting back on the stage and drinking. He was offered a drink, but at the same time, there was a demeaning tone while offering. He left the place after some time. Anshu confessed to having been sexually molested by a senior boy in his neighborhood in the name of teaching him cricket. When he complained about this to his father, he did not pay heed and scolded him instead. Rahul narrated his experience of visiting a gym in his neighborhood. He is interested in bodybuilding but complained of experiencing a strange gaze in the gym. A co-gym goer also told what will Rahul do by making a body. He still visits there to prove that he is no less than the other men.

Incidents of using slang are common in such spaces. Some said slang is a common technique of expression among men to give meaning to a situation. The respondents acknowledged using such slang too when in such groups. These are common ways of communication among boys. VD and HD have expressed they frequently use slang within their disabled peer group. For example, they addressed each other with cuss words and sometimes threw jokes about disability at them.

None of the respondents mentioned physical violence in terms of beating or bashing inflicted upon them. e., the 'body' intervention to commit a violent act was not there. Still, verbal taunting and domination by non-disabled men were common. Violence and domination, be it in any form done by men to other men in specific spaces, remain an aggressive practice to exercise power upon others. These spaces sustain the practices of hegemonic patterns of masculinity. The respondents feel such power equations can be changed by 'dealing' with the men out there, voicing out their selves, resisting their actions, or negotiating by keeping good terms with them. However, some also express to defeat them through conversations like winning over a political or sports debate. Debates are common in clubs and adda zones. The respondents have indulged in a way to overpower those men through conversation who are, according to them, not intellectually inclined but only could advertise their bodies and strength. Sovik says*, "Some boys go to the gym and are much proud of their fit bodies but have zero intelligence*."

4. Public transport, streets, and shops

Among public spaces, streets and transports remain a seat of violation and fear for women. These places are in control of men disfavouring women as well as men. There are studies regarding the safety of women, elderly and homosexual men who experience fear in public spaces (Sur 2012 & 2014; Ceccato 2016; Herek et al. 2002), but studies on the experiences of disabled men in public spaces in terms of safety and harassment are not much researched. The respondents mentioned about gaze they experienced on streets and transport. Foucault (1975) develops the gaze as a system of power based upon the social dynamics of relations and disciplinary mechanisms, such as surveillance and personal self-regulation in prisons and schools. Later feminists theorized the gaze as the male gaze in the context of how women are seen or depicted as sexual objects and deriving pleasure from them in a heterosexual masculinist culture (Snow 1989:30). Thomson argues the stare at the women's body becomes similar to the discourse of the gaze, which produces disability as an identity. (Thomson 2022:21-22) LD and VD mentioned facing an ableist gaze while on streets or transport and trying to avoid public transport (buses, autos mostly) as there is a constant risk of mishandling by the drivers. The respondents with VD always need a companion when traveling on roads, while LD does not always need assistance. The gaze often gave a feeling of embarrassment or stigma in public spaces, as one *feels like being mentally raped*, as mentioned by a participant with locomotor disability. The respondents related gaze as not sexualized but rather a gaze of sympathy or resentment. Though the respondents with hearing disabilities show no sign of their disability in the first place, their challenges come when communicative interaction is involved. Visually disabled youth feel an unpleasant and uncomfortable experience when in public spaces. Due to blindness, they might not see but are aware of the reactions they receive often. *Sovan says, "In buses when we want to get down, the conductors address us in different tones. My friend and I were about to get down as the stoppage came, the conductor said aste ladies ache (slow down, women on foot) my friend (who isn't blind) asked him erom bollen kano? ekhane Kono mahila nei(why did you say a woman, there is no woman here). To the question, the conductor replied that both are the same, aste to nambe time lagbe sabdhane"! (Both get down slowly, takes time with safety) This disgusted me. don't I have any identity? people call me whatever they feel like".*

Respondents have also mentioned an unsafe environment when traveling alone. There is a fear of getting duped or looted, especially at night. People, mostly men, can take advantage of seeing their disabilities. Tirth*a speaks, "I feel now that all men are not all-powerful; all do not get away with whatever they want to, some are like us who are boys in the name but are not entitled with the same privilege. For example, my sense of freedom or safety in public spaces. I have to think twice before traveling alone, which other men won't. Some people will take advantage of disability; I know, still, I need to tackle myself alone and not on others."*

The fear of getting duped and becoming victims of unfortunate violence or harassment is higher among all the respondents. A hearing disabled respondent narrated an incident where the auto driver misbehaved with him. Arko says, *"Once I was traveling in an auto rikshaw. In* *the beginning, the auto driver said he would charge a hundred for the ride, but when I reached my destination, he charged two hundred and accused me of being a kana (deaf). He started shouting at me that I had to give this amount, as it was around 9 pm, and there was no one accompanying I was scared and thought I wouldn't be able to handle the situation if it went in a different direction. I gave up. He could understand while I was speaking to the person over the phone and also saw my ear aid, then he took advantage of the situation. I am sure he couldn't have done this to any other man".* Sometimes these assisting aids bring in trouble, as mentioned by Arko. His disability is not very visible, but his ear aids made it more prominent, and he landed up in trouble. The fear of crime like robbery, duping, and exploitation are the most common fear among the respondents when traveling alone on the streets. It threatens their safety more at night. Engaging in brawls or fights on roads are common among men, which on the other hand, portrays valour or a considered a masculine act, but such acts pose double risks for these respondents as a way to resist becomes difficult for them.

Among the public spaces like college, public transport, neighborhoods, and adda zones, shops and malls also need special mention though the frequency of visiting shopping malls is not frequent. Some respondents, VD in particular, complained of ignorance from shopkeepers and salespeople. Jishu narrates how he has always been less attended to and listened to when he visited a shop to repair his phone. He was accompanied by another friend who had low vision but was not blind. When he approached the shopkeeper, he wasn't replying to him but his friend. He felt his friend had been considered more efficient to understand and approach. His role was negligible though the phone belonged to Jishu. All the conversation happened between them. It made him realize a slight difference between him and his friend. As the latter with low vision could function better than him, he was looked upon and addressed. He also wonders how disability affects one's intelligence or why the shopkeeper would have behaved in such a manner. Jishu added how his friend boasted about it to the other mates and how he handled the problem alone. The respondents with VD have also mentioned how they try to help other blind friends in day-to-day life, like, accompanying them to shop, helping them when they are in trouble, or trying to protect them from bullies. Such actions made them feel powerful. The person with a lesser impairment is being attended to by the shopkeeper but not the participant with blindness. Even among disabled men, one with a lesser degree of impairments has a clear hierarchy among them.

B) Private spaces: Homes

Domestic or familial space has created certain limitations and constraints for the respondents. Most feel gaining a dominant position or a position of power at par with other male members of the family is not often possible. The attitude towards them within the family creates certain inequalities within the household. They gain headship of the family only in the absence of male family members. As mentioned by some respondents, the major hurdle faced within private spaces is surveillance by relatives like brothers and aunts. As discussed by Foucault, one feature of hierarchical observation is surveillance. (Foucault 1975:170). Surveillance is not necessary to be done in a total institution. In individual settings like home, the individual is targeted or put under control by restricting him or her exercising their autonomy, decisions, and even movements. Homes can be modern spaces of surveillance where individuals can be observed or controlled by house members. The kin or any family member always tries to be their moral guardian in their lives. Certain impositions of restrictions or restrains within the home are done mainly by parents and male members like older cousins or brothers. Rahul says he is often asked about his whereabouts, which is not done for his brothers or sisters. He says his parents are concerned about him, which has reduced his confidence in dealing with the outside. He also emphasizes that he is a boy and has to go out, unlike a girl. But too much protectiveness may diminish his status, which is generally associated with a man his age. Rahul is thirty-two and says, "*I am a man after all am not a woman that will sit at home, but they treat me as if I am a woman.”* Another participant Rakesh, says, "*I have a sister. She is a state-level swimmer, and as she is efficient and good enough at things, all the family members prioritize her. I know being a boy with a disability is not well accepted by all, though none neglects me. At the same time, I have been posed with many questions when I go out, but my sister faces none. I feel that's the opposite in other households where girls are questioned, and boys are not. Mother says they are worried about me, so they try to supervise me. Still, I feel that even at this age, that is bad for my image".* The parents felt a daughter being a state level champion could be a better support than their disabled son hence money and time both were spent more after his sister ignoring Rakesh’s desires in life.

The respondents with VD have not spoken of any additional restrictions as from childhood, restrictions have been a part of life. They have not been imposed many restrictions regarding going out or meeting people or are questioned on such grounds, as a parent or a sibling assists them outside the home. Questioning the respondents by the parents has been a habit, as most say this is because of their disabilities. The family wanted to be informed where they were, with whom, and when will they return. These are known for their safety. Here a woman and a disabled man stand in the situation where they have to face restrictions and regulations regarding one's mobility. The respondents with HD did face a similar situation. Anusthup says they must answer to family about their whereabouts even after a mature age. The idea that they cannot protect themselves during any emergency while outside has normalized such constraints on them. Many stayed away from home to show they could handle any trouble. Anchit speaks about how women in his family are concerned the same way and face similar kinds of restrictions as he does. The surveillance is generally given the name of care which has been normalized over time by the respondents, but sometimes they feel their social lives are overly controlled. Some respondents with visual and hearing disabilities have also mentioned being dictated by other male members without leaving a space to enact, which is why many have detached themselves from familial spaces. Akash says, "I feel *liberated when outside homes. I feel free and can take my own decisions when am away from home, and it's very frustrating when you are not given a space to react even not considered so".* The respondents feel control comes naturally with their dependency. The respondents expressed not getting the freedom of doing things or getting the privileges as the other non-disabled male cousins/ siblings get.

Table 6.1

Kinds of restrictions faced in family

Restrictions/ Constraints Faced	No of the respondents have faced	Total
Going out for night outs	14	21
Going out for trips with friends	16	21
Going out alone	4	21
Coming home early	3	21
None	0	21

Source: Author's Collection

The first two restrictions remain common for many. The last part of the table is evident in showing that none of the respondents have agreed to have got a restricted free life. In most cases, brothers (even younger) try to control their activities in day-to-day life. Apart from this, women, like sisters or sisters-in-law, keep an eye on making them do things their way. Shyam says*, "My brother's wife often instructs me to do this and that, and she also verbally abuses me*; even if *I don't do anything wrong, she blames me. We have frequent fights on this*". The elder brothers always have the upper hand. Arko laughs and says*, "I feel at times my situation is similar to a girl. I see all the girls are put into so many restrictions and control; other boys do not face such restrictions at this age."*

The allotment of tasks often defines their position within the household. These tasks are determined mainly by the like elderly male members of the house and, at times, even younger members who do not have any form of disability or other ailments. The tasks are done and defined according to the advantage of those men in power in the house. Specific duties are thus assigned according to the degree of importance of the member. Generally, the gender-based division of labor allocates certain domestic tasks for women and non-domestic tasks for men, mainly outside the household. Economy, polity, and other cultural and social institutions are considered a more meaningful and prevalent part of modern institutions facilitating a power difference. (Chafetz 1991:79). Here, the respondents have addressed the 'unimportant' tasks primarily assigned to them. Failing to carry out particular roles and functions within domestic spaces often results in respondents' disapproval.

Table 6.2

Task performance at home

Tasks allotted at home	Respondents	Total
Managing finances of the house	0	21
Deciding on household shopping	0	21
Going to bazaar	2	21
Looking after the house, including supervising any form or repairing /supervising fitters, artisans, mechanics	0	21
Assisting in kitchen	6	21
Assisting fathers or other male members in terms of any household work	4	21
Any other	0	21

Source: Author's Collection

All respondents feel involved in decision-making regarding any household matter as null or minimum. The gendered division of labor is disadvantageous for the respondents as it has pushed them more to the margin. The tasks allocated not only reproduce disadvantages for the respondents in terms of one's status but also focus on systematic domination by the other household members (primarily males) to maintain control. Ritom says*, "I am unaware of many things. Once there was a lot of commotion in the house. The laborers came to color the house. I did not even know that our house was getting renovated. My father, brother even my mother knew. When I asked my mother why I was not informed, she said what will I do by knowing I cannot do anything or help in the process".* Such incidents remained common for many of them. Shyam says*, "I once tried to settle down a dispute at home, between my father and uncle, no one even paid any heed to my mother and me, we both were trying to stop, later my cousin came and settle it, this is true when there is any problem or any brawls anywhere if I intervene nobody pays any heed to me and more often, I have pushed apart, so never try to involve myself, I stay by myself."*

Table 6.3

Tasks allotment during any family occasion/events/ceremonies

Tasks	Respondents	Total
Works like contacting vendors	3	21
Assisting the kitchen and puja area with other female members of the house	5	21
No tasks	9	21
Financial tasks (money-related)	0	21
Any outdoor tasks	0	21
welcoming guests/reception	2	21

Source: Author's Collection

Even during any ceremonies in the house, the respondents mentioned not doing much work. They most get the task of assisting other members of the house. Most of the respondents with LD have expressed interest in being involved in tasks allotted to male members like helping brothers, uncles, or brothers in finances or other heavy works which need huge physical labor, like removing gas cylinders, heavy furniture, and washing machines. But many a time, they are given 'easy' and 'light' tasks with women. Ritom does not like to be clubbed with women of the family always. The same was the response from the rest of LD. Most HD and VD did not hesitate to acknowledge their interest and comfort in sharing domestic work, like assisting mothers whenever possible. Going to shops to buy certain grocery items and assisting in other daily chores of the house. Arko says, *"I have always helped my mother with household chores whenever I get time. I, too, work in an organization that demands time but never backs off from doing household stuff. What's wrong in doing that?"* The respondents with VD and HD feel the concept of household work as the only domain for women is changing, and men too participate in such work. Some of the respondents with LD had not complained of doing any trivial job, but if that works equates to the task given to women in the house, then they have a problem. The statement clearly shows some of the respondents', and LD in particular, justification of gendered division and inclination towards the ideals of patriarchy. For them doing a job is not as crucial as deciding and having a say in it. The less probability of marriage and carrying on the legacy is also another important reason for their marginalized status within domestic spaces. The feeling of being powerless is common among respondents, and there is somehow constant comparison between the respondents with women in their everyday spaces, as mentioned by the respondents. The constant treatment towards the respondents as a woman member rather than a male member in the house is common for most.

1. Issues and concerns around privacy

The instances of constant supervision and surveillance take a toll on their privacy. Maintaining one's own space and keeping privacy is a challenge for the respondents in light of their dependency. Respondents feel they are more subjected to surveillance from their male counterparts than women. The surveillance or restrictions are also imposed on other women in the family. Often the caregiving part puts their privacy more at stake.

Privacy means individual personal spaces. Certain degrees and types of disabilities may need more dependency for everyday activities, for example, for the respondents with blindness, which sometimes leads to an invasion of privacy. VD mentioned how bodies had lost control to preserve their physical privacy for the sake of assistance needed every day. For example, visiting the loo or washroom requires assistance. Regardless of different disabilities, all respondents complained of privacy issues. Ram says, *"At a family outing, I was accompanied by a relative to the bathroom. When I was urinating, he still stood there as there was no hatch in the door, he should have moved away, but he did not; that was awkward. People feel we do not need any privacy"* Some of the VD have mentioned how they felt that being observed while urinating or changing clothes without knowledge is also a violation of privacy and body. They expressed that male bodies are free, having autonomy, but in their case, it is not. Dependency on parents, relatives, and caregivers blurs the line around themselves, restricting them from maintaining a territory around their bodies. Blurring the line between one's private self and what one should show to the public causes embarrassment. Therefore, the perception of privacy among most of the respondents is having their own space without interference or surveillance. Some also expressed that privacy around one's body is the most important. In their home, their rooms are the most accessible ones. Anytime anyone can access their rooms, be it an insider or outsider, irrespective of their resentment.Sovan complained that people used to invade his intimate space too. He says, "*Once my partner (who is not blind) and I were in an intimate position in his room, I could hear some voices in the room. When I asked him what was happening, he said it was his friend who comes there regularly. Later he confessed his friend came to see how a blind makes out"* Sovan got very traumatic after the incident. Another respondent Sovik narrates an incident. He was getting ready for an invitation, but his room was occupied. He had to change in the living room in front of the guests, and his mother assisted him in getting dressed. He was aware of the laughter and talk, which made him realize he was not alone with his mother. These are very common for visually disabled respondents. Suraj mentions how women of the house generally occupy his room. He shares one incident where his sister's friend was getting dressed in his room. It was on the occasion of my sister's marriage.

Suraj says, "*Though I am blind, I am a boy, I can feel too, but they just ignored my presence and started changing in my room without my permission; it left me disgusted."*

The respondents are not used to a private life due to dependency. But such loss of privacy becomes severe with age and time. Most of their family members and friends believe their need for privacy is not viable due to their dependency. Also, the belief that they cannot develop romantic relationships for which they would never need any space of their own. Privacy is not just about physical space but emotional spaces like spaces for expressing resentment and likes. Some HD has complained about how brothers or sisters check their phones. Anshu says, *"If you have a relationship, your privacy is gone. Everyone will be after you, checking your phone and reading your private chats. Anyone can come and see what is happening in my life. So, I do not disclose anything to my parents and cousins.".*

2. Negotiations and resistance within private spaces

Homes as spaces reflect patriarchal ideologies where the patriarchal control remains highest for women and disabled men. Kandiyoti examined women's bargaining within a patriarchal household. Women have shown different strategies to maximize security and optimize their life options with passive or active resistance in the face of oppression (Kandijyoti 1988:274). The respondents, too, have tried to negotiate their subdued position at home through some strategies and resistance. Some of the respondents under the LD category mentioned how they tried to control the younger women in the house to increase their superiority. They have also tried to help financially, got involved more in financial matters of the house, helped other male members, and sometimes protested or refused to follow the rule of the house. Respondents with HD and VD, too, have tried to contribute in some way or the other within their household, be it financially or in any other way like trying to be the 'responsible' son. For VD, not seeking help from family members is integral to their resistance. *As Sovan said, "ask for no help, and they do not ask you for a favor or can control you."* They have attempted not to seek help and do things more independently, preventing any member from interfering or controlling their lives. Some of them also said they have sometimes resisted through arguments, disobeying to do things as told by parents, but it did not help much. They also mentioned opposing the ideas of people said for their good. Those with HD mentioned disobeying things being told to them is a part of their daily resistance. But at the same time, they fear facing both verbal and physical abuse if they do so. In return, the instances of abuse and neglect have reduced their confidence to resist or protest for the respondents.

Table 6.4

Strategies to improve their position within domestic spaces

- Trying to do as much work outside the home
- Trying to involve in all decision-making processes related to finances in the household
- Trying to be supporting male members of the house as much as possible to gain incentives as gaining a better respectable position within the family
- financially contributing to the family
- Controlling younger/female members of the house
- Sometimes, by protesting and resisting back
- Trying to secure the position by obeying other male members.

Source: Author's Collection

These are some ways the respondents negotiate their status within the home. The most common way of negotiating is complying with what they are being instructed to. They do not mind having a subordinated status in the home; in return, their needs are taken good care of. The needs are mostly related to their disabilities. There are instances of resistance as well though the cases of resistance have been less among the respondents. Any active response by non-dominant groups or individuals to discrimination is often labeled `resistance' (Valentine and Skelton 2003:314). Some respondents have resisted by arguing and doing things that could offend others in the family. The main resistance comes from working men in the form of non-contribution of monetary help. Some have also expressed not taking any assistance or caregiving from family. But these are very rare. One of the respondents said he once left the house for weeks and stayed with a friend. The respondents have not mentioned actively resisting back to their family. Instead, they have tried to negotiate in such spaces for their benefit. Sometimes for the care they receive, obeying the dominant authority to gain a 'visible' position and get accepted as a male figure of the house.

III. Abuse and spaces

Abuse is not just restricted to sexual offenses; emotional neglect is more rampant among the respondents. Getting derogatory remarks regarding their sexuality is the most common in public spaces. "*Different names are given to us like apart from calling us kana, Boka, Khora, napunsuk (impotent)is frequent.*" The hearing disabled expressed how they are called out by different names by the male acquaintances in the neighborhood and family. Sexually colorful remarks like "*choto nut bolt*u," which refer to having a small penis or one who has a dysfunctional sex life, are meted to them. VD did not refuse that they, too, have experienced such names at one point in life. Most have complained of emotional abuse in the form of ignorance within the familial spaces. Rahul elaborated on how his mother is non-cooperative. He has been bashed by his mother, uncle, or father over a trivial matter.

Incidents of sexual abuse within private spaces were not uncommon. During physio-therapies, Partho was subjected to molestation. He was not comfortable with the therapist's touch. He could not tell this his family as he was not sure in the beginning whether it was a wrong touch as therapy needs touch. But later, he could understand after repeated actions from the therapist. He was in class ten when this happened. Akash mentions his incident of abuse while his uncle assisted him during bathing. His uncle touched him inappropriately. He didn’t complain or resist as he could not understand whether he unintentionally did it. Sovik said how his father or uncle used to check his private parts to ensure his private organs were not dysfunctional. Anshu narrated a similar incident where his uncle would punish him by hitting his private parts. Sexual molestations during childhood or adolescence from brothers and uncles remained in the narratives of some of the respondents. None of them have asked for help from any professional or family. First, they felt being a man, they could not protect themselves, and second, being disabled, they may not be entertained or will be made fun of.

Sovan says, “*Why always we are seen as helpless, though maybe I am unable to give back at the time when things are happening to me, but later on, I do it my way, I often tried abusing them through phone calls and from my friends' number*."

The respondents with visual disability or hearing disabilities have complained of emotional abuse more than locomotor disabled. LD also did not mention any sexual abuse from within the family. However, emotional abuse in terms of neglect, rejection, feeling unwanted, secondary, and making one feel non-existent were common throughout their lives.

All have agreed that disability, to some extent, has increased their vulnerability in various spaces. The respondents do face a threat from sharing space with able-bodied men. The fear rises from denial of entry and rejection. Respondents other than the VD and HD group have expressed comfort in sharing space with women as they are not very strict and authoritative.

Both private and public spaces represent invisible subordination. Their identities remain invisible and subdued. For example, it prevents them from expressing their views, not by directly rejecting or threatening but by giving unwanted gestures and forcefully imposing decisions on them in the name of showing concern. They feel such actions are a threat to their individualities. It is invisible because respondents have realized but could not always resist it. The dilemma of whether they can fully take charge of themselves often forces them to remain quiet. The respondents still feel private spaces at home and spaces with partners are less threatening than public spaces like streets, hostels, and clubs. They think that in the latter, the threat is from the unknown. The chance of dealing with an unknown person is riskier than dealing with a known.

The level of constraints has been different for all these men. Both VD and HD have experienced a more significant number of regulations in familial spaces as compared to spaces outside the home. On the other hand, respondents with LD, too, have expressed dissent in spaces, mostly in public. Still, their condition is not very different from the rest in exercising complete control over their lives. The only difference is that respondents with LD were hesitant to open up or acknowledge their marginalized identities within these spaces. In contrast, VD and HD are more open about expressing it.

IV. Empowerment and Decision making: What the respondents feel

Empowerment is a process whereby one can manage self-reliance and exercise agency, i.e., to assert one's independent right to make choices and to control resources which will assist in challenging the subordinated or marginalized status. The degree of empowerment lies in the power and its access to material and non-material resources. The latter being the most inaccessible for the respondents, like space for decision making and expressing life choices. Power and decision-making go hand in hand. Power involves decision-making as the central task (Lukes 2005:18). Here, most respondents felt subordinated in terms of taking charge of their lives or expressing their life choices. It is not confined to the house, but everywhere, be it in college or workspace where they take the secondary role. The suppressions take place subtly, where the suppressor could be any family member, partner, or peer. They do not always control or directly by the forceful imposition of decision but by influencing the participant to take a decision that benefits the other person. The respondents see society's values and prioritize those men who are superior and powerful. They do not fall into that group of men.

They feel it is normal for close ones to guide them and give them advice, and they follow it. They have never been approached for advice but instead given. LD has mentioned they are asked before any decision about their lives is taken, but either parents or other kins take the final one, and in the absence of the parents, elder brother-in-law, or brothers. For those employed, their finances are still controlled by their father, and if married, then-wife. The respondents feel that the decisions taken on their behalf are not always for their good, but they do not get the necessary support if they resist. Arko, 34, says, *"In my age, all get pocket money I do get, but my parents guide expenses, many times I don't get pocket money they do things which they think is best for me, I am not asked*." Even with age, the respondents do not feel confident enough to make all decisions independently. Many of their mothers/elder siblings control their finances and do not have direct control over them. Three of VD have mentioned the money they earned and their finances are guided by their parents. They did not feel anything wrong about it. The rest of the respondents did not mention a source of income since most students don't expect their say to be taken. Even if the respondents try to contribute in every possible, they are not taken seriously. Ritom says, "*A boy of my age (35) takes various responsibilities and takes some of the important decisions of life-related to self and others. Though I am asked for it, it's just an option. Others take the final call. Though my (non-disabled) friends have the same complaints about their fathers, that is solved when they have approached a certain age. Instead, their father takes their advice, but this doesn't happen in my case"*.

Most respondents with LD denied being disempowered and powerless. But at the same time felt awkward and not very confident in saying they are empowered. Most visually disabled respondents have openly accepted that they do not find their position close to empowered. Among those with hearing disabilities, the concept of empowerment is blurred. Still, after a few discussions with the individual respondents, they wanted to keep themselves in the category of disempowered. As Anchit speaks, "*Man is all-powerful, then they are empowered, I am not, so I am not empowered also*." Sovik says*, "You (referring to the interviewer) I think you are in a better position than me, whatever I felt after speaking to you, you are much liberated, confident. You are accepted as a full-grown personality, and your family values your decisions and choices. I don't have a similar situation and have to accept it. Yours and my positions are different not just because of my disability but also to privileges. At times many women are in a better place than me."*

In the first part of the conversation, the majority related empowerment with being substantial, spreading authority, and holding a good job. Though empowerment has different meanings, it aims to embrace one's choices and make informed decisions here. Securing their position in a comfortable space where they can themselves take care of their basic needs is more important than gaining an equal footing with the others in their lives. Therefore, the subjugation of the individuals is not always direct but pervasive, i.e., indirect, through certain practices of constraints. Surveillance and excluding the respondents from tasks that signify power and a certain amount of authority, leadership has made them less confident to decide on any matter related to their life.

VD have equated their everyday struggles and challenges with those of able-bodied women. Respondents with HD mentioned they are often considered weak and childlike by their non-disabled counterparts. LD said that disability is a hurdle but does not make them feminine. Interestingly some of the VD respondents have also equated their social situation of struggle with that of homosexual men. But they also mentioned latter's voices are more heard and acknowledged while there are not. Those with HD expressed men in VD and LD categories get a better place than them as they have a better lobby, i.e., are better placed in putting their voices on the platform. Thus, hearing about their degree of marginalization is high and from every corner of society.

From their everyday experiences, the respondents felt that disability is not their actual problem. However, disability has shaped their perception of gendered subjectivities and their peers' and family's attitude toward them. The respondents with VD felt it is patriarchy more than disability, which is more disabling as patriarchy and ableism have constructed the norms of masculinity and sexuality. The respondents with LD feel the society is based on patriarchal values where men are favored, which is normal, as this is how society has been functioning from the beginning. They feel even if they have a disability can overcome the hurdles as they are men. Though they have accepted certain disadvantages that come with disabilities, it is easy to get off those advantages with time. Disability has affected their bodies and in presenting themselves in a more manly way. But disabilities have not affected their mind. They do not wish to identify themselves as marginalized or vulnerable. HD also perceives patriarchy as oppressive. They feel the rules of patriarchy won't favor them as they are not ‘normal’ like other men. They also mentioned how a man who appears to be more masculine is more accepted and well recognized in society. As patriarchy and hegemonic practices of masculinity go hand in hand, both complement each other. Therefore, the pressure to conform to a patriarchy and hegemonic masculinity ideologies to get the privileges to prevail for majorly LD.

Table 6.5
Decision-making and empowerment

	Respondents	**Total**
Less participation in decision-making regarding one's life course, which includes relationship, marriage, health, career, finance	16	21
Family member Seeking advice in any matter	5	21

Source: Author’s Collection

V. The difference in social positions of the respondents: An assessment

A) Locomotor disabilities

The respondents under this category try to distance themselves from being tagged as a 'disabled man' as it not just stains their identity but also prevents their entry to a larger group of men, hence not benefitting them much in terms of privileges. Therefore, they try to comply with hegemonic norms to get some patriarchal dividends. As Connell (2005) mentioned, hegemonic masculinity is a kind that doesn't mean it is to be followed by everyone but can benefit each in some way without being a part of that practice. The respondents under this group do not hesitate to carry orders and petty errands of men who have popularity in friend circles to get favors like protection from bullies and, at times, getting help in studies. From some of the conversations, it is evident that some tend to receive the patriarchal dividends of being a man and disabled. Harsh has mentioned a quota for disability in various government jobs and also expressed some of the benefits of his gender as getting the opportunities to explore and having the 'permission' to go out. Harsh says, *"I can at least go out of my place and explore despite having a disability as am a man, but for a woman, she faces more restrictions."* The respondents here also believe they are not entirely excluded from decision-making, and their choices and decision are accepted within the family.

B) Visually disabled

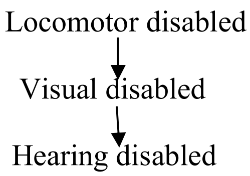
Their experiences are different from respondents with locomotor disabilities. They view patriarchy as constraining more than disability, as men are bound to behave or perform in a certain way, and failure to do so may put some men outside the hierarchy of men. However, they are better at expressing their struggles but face the most coercion in their intimate spaces. They are more comfortable in feminine spaces and with female peers, who understand them, and never bully or try to "*make a fool out of them'* as mentioned by the respondents. However, in private spaces, the scenario remains quite helpless as they feel more controlled and less effective in making their own choices or keeping their opinions. Decision-making participation is significantly less, and they often feel controlled by male figures in the house, thus making them feel uncomfortable in spaces shared by primary men.

C) Hearing disabled

Gender and sexuality both remain somewhat vague among them other than the other two groups. Nearly all the respondents showed detachment from decision-making in any sphere instead of showing a certain amount of reluctance due to the lesser degree of confidence in themselves. As a result, they lack informed decisions and choices regarding their sexual health or relationships. They are deaf, and the stigma already attached to deafness made their opinions non-considerate, neither in-house nor in the workplace. When one cannot hear, one cannot speak or should speak. Such stereotypes about the HD have excluded them from various walks of life. However, their dependency is less, but they have mentioned facing maximum bullies.

Figure 6.6

Hierarchy of the disabled respondents based on their social position.



Each group of respondents (LD, VD, HD) has been positioned in terms of their degree of marginalization. The common part of their struggle is that at one point or the other, all have faced constraints in different spaces in different forms, which questions their agencies. The hierarchy is explored through greater acceptance in the ableist group, exposure to abuse, getting dividends, and better access to non-material resources. For example, in this study, respondents with locomotor disabilities are positioned better than visual and hearing disabled men. A group of disabled men, for instance, the LD respondents (who are in a better position than the other groups regarding privileges, access, and perceived situation), can be categorized within complicit masculinities. They do not fit in hegemonic ideals but get certain patriarchal dividends compared to the other two groups, VD and HD. The hierarchy among the respondents is on the basis of how each group or respondents feel they are superior from others in terms of privileges, acceptance in an ableist and patriarchal society.

VI) Concluding Remarks

Spaces represent power and codes of gender practices. Interaction in different spaces in domestic, public, or intimate spaces reflects a power hierarchy where various symbols of acceptance and denial exist through discriminatory practices. The respondents' experience in both public and private spaces shaped the way they see themselves and how others see themselves. Many have identified their status as being compared to non-disabled women. The respondents' experience in public and private spaces have somehow situated their social positions similar to women based on allocation of tasks, discriminatory practices, lack of decision making. The constant invisibility and lack of inclusion in decision-making within the family, surveillance in the name of care, forceful impositions of decisions, and instances of abuse have somehow put their potion similar to that of women in a patriarchal society. This chapter explores the respondents' experiences in different spaces and how they negotiate their position in different spaces. Most often, domestic spaces, i.e., home, acts as a restriction for the respondents. For most respondents, private spaces are more restricting than public ones. The power inequality/differences are found to be indivisible but exist within private spaces and are reflected prominently upon them. Public spaces are sometimes a space of threat in the form of gaze, exploitation, and harassment. In terms of abuse, incidents of assault are reported by family members. The respondents with visual disability and hearing disabilities have faced emotional abuse more than locomotor disabled. There are power conflicts within their communities of men (between disabled and able-bodied/disabled -disabled). It is wrong to say all the respondents have the same social position in accessing various male privileges. Space represents power, the power which can be negotiated through actions. Men preserve their power through multiple acts of domination in private and public spaces. Such practices put one group of men below the other based on how successfully one can negotiate one's status. It is not the (dis)abled body that is a hurdle in enacting masculine identity. Still, it is the collective practices that have favored able-bodied masculinity over the disabled.

Notes

1. Moral guardianship here refers to a set of rules imposed by the authority. It could be a parent or a caregiver in the case of the respondents to direct their actions as best suited for them.

2. A total institution is a concept first used By Goffman when he referred to certain institutional setups which cut individuality and the rest of the world where the institution and its rules are placed above individuality. Prison, asylums, and boarding schools are examples of the total institution where a group of people of similar characteristics is put together to resocialize them.

3. Gender division of labor is the segregation of work based on sex. Chafets(1991) identifies the gender division of labor within the family and the wider society where men gain easy access to resources and power, making them maintain a gender status quo regardless of women's wishes. Moreover, with the gender division of labor, men often create dominant social definitions and other advantages, contributing to gender differentiation.

4. There is a very negligible difference in the overall participation in decision-making in various household and financial matters. The notable difference among the different groups of respondents is based on where they put them in relation to hegemonic masculinity based on their subjectivities. For example, for locomotor disability, the maximum restraint is from public spaces, whereas surprisingly, for LD and VD, it is from private or domestic spaces.

Chapter Seven

Summary of the main findings

I. Introduction:

The study tried to understand the connection of masculinity, body, and identity among disabled youth through everyday interaction with family, peers, and partners in various spaces. The study explores the gendered subjectivities of the respondents. The study's primary objective is to determine respondents' perceptions of masculinity. Next, to understand the body, intimacy, sexuality, and how they negotiate identities in different spaces. The respondents have physical disabilities-locomotor, visual and hearing disabilities. The age group is from 18-35. The study was carried out in Kolkata. The study was exploratory, and in-depth interviews were conducted with the respondents to elicit data. Respondents were college-going students, and few were employed.

II. Summary of Chapters

The chapter titled 'Disability and Masculinity' deals with respondents' perception of masculinity. The perception develops with their experiences and internalization of gender norms within the family and peer group. Schooling, career and sports have shaped their perception of and association with competition and risk. In schools, irrespective of the type of school, bullies had been a common part of their existence. Sports play an essential role in reflecting power dimensions in school and college. Most respondents were excluded from mainstream sports though special schools have their own sports arrangements. Interestingly, there is vast competition through the display of power in sports among visually disabled respondents.

The chapter also highlights the aspect of risk as an essential construct of masculinity reflected in how respondents have perceived risk in relation to their disabled selves. Non-disabled male peers do not see them as competition, as expressed by the respondents. The peers were interviewed to know their attitudes towards these young disabled men in day-to-day life. The respondents perceived masculinity differently. For Locomotor disabled they related masculinity as something natural to men and not oppressive or limiting. However, by avoiding assistive devices like crutches, they have indulged in different practices to distance themselves from their disabled identity and highlight their masculine selves. For VD and HD, the idea of masculinity is both positive and oppressive. Some have tried to overcome the stigma attached to their identities by doing well in their career. Distancing selves from feminine work and spaces is also a way to disassociate disability with femininity. All felt disability is not a threat to masculinity but a threat to the practices of being a man. Everyday performance comes as a barrier to expressing their masculinity. A few Peers of respondents were interviewed. They nowhere discriminate against them but do not see their disabled peers as masculine. Female peers are more compassionate towards them but at the same time do not see them as the perfect 'man' or suitable as romantic partners.

There exists a hierarchy among the respondents where each group perceives the other differently. One tries to subordinate the other, who is inferior to the former in either type/degree of disability, or other factors like popularity among a peer group, strength, and partial acceptance in ableist-heterosexual culture. Thus prevails, a boundary among respondents LD, VD, and HD in terms of closer association to hegemonic masculinity or distancing from it. The otherization of the respondents is not just based on their relation to able-bodied men but also against disabled men. The invisibility of power politics among different disabled men produces differences in perception of their gender subjectivities.

The chapter titled 'Disability, Body, Sexuality and Intimacy' explores the respondents' perception of sexuality, body, and intimacy. Sexuality and body are interrelated. The respondents' conception of the body during sexual intimacies and their idea of pain and pleasure during intimacy was considered. The chapter also focused on various grooming practices by the respondents in the context of understanding their association to metrosexual practices. Most were not updated with the variety of products available in the market. The respondents with locomotor disabilities and hearing disabilities, though, were conscious of their body and appearance but hesitated to try a new style to escape the judgments of others. Few of them have kept beards and moustache and followed some new styles influenced by some celebrities or from their peer group. The respondents have varied sexual preferences. Regarding their sexual identities, most respondents mentioned having no constraints for their sexual preferences, the main reason being the non-availability of partners. Most said that a situational liaison develops with peers. Engaging in casual physical intimacies among peers is common. Those with LD have distanced themselves from any non-heteronormative practices. Intimacy is not just sex but also perceived as touch, kisses, cuddles, and pleasuring of the body by oneself. There are power dynamics within intimate spaces. There is a dominative-submissive relation between disabled and able-bodied partners also amidst disabled partners based on their degree of impairments/ability and disability. For a deeper understanding of the study, a few of their partners were interviewed to understand the attitude toward the respondents. Most (the partners as well as the respondents) feel it was a kind of exchange and negotiable relation. The partners did not want to take the relationships ahead, the main reason being the disability of the respondents (most among VD) in the context of lifelong caregiving. The misconceptions and myths about their sexual lives often bring more challenges to accessing information on sexual and reproductive health. Sexual agency is the least spoken for men with disabilities, including their agency over bodies, degree of satisfaction in intimacy, sexual coercion, and knowledge about their reproductive health and making informed decisions. The respondents have faced restrictions in expressing sexual selves, and some have experienced coercion around bodies during intimacy.

The chapter titled 'Disability, Identity, Space' put forward the issue of space, identity, and negotiations. The main two broad spaces are private, i.e., family and home. The other space is public, which includes college spaces, streets, and neighborhoods. The construction of identity in domestic spaces was based on allocating tasks within the family. Most were allotted menial tasks or were assigned work with other women of the house. The most crucial challenge faced within familial spaces is a lack of decision-making and maintaining self-privacy. Privacy is difficult when there is constant interference from other family members/others. Emotional abuse and sexual abuse are high in familial spaces. Public and private spaces reveal a power difference between respondents and non-disabled others. Male-centric public spaces like adda zones, clubs, and college spaces have excluded disabled respondents. But each has tried negotiating in those spaces to get accommodated or accepted. A few have resisted.

Most respondents feel they are not close to achieving an empowered identity or are partially empowered based on their social position in different spaces and access to resources, mainly non-material resources like the expression of self, lack of exercising decisions, and taking charge of one's life. These experiences are somewhere common among all the respondents when it comes to self-autonomy. Their circumstances and social position have often landed them in a similar status to able-bodied women in a patriarchal society. Based on their social position and degree of marginalization, they are kept in a hierarchy where the one getting a better share of privileges is placed at the top, followed by others. The invisible struggle in a patriarchal society is a part of their everyday existence. Some have accepted, and some are in a state of denial.

III. Future suggestions/recommendations

Disability is a vast area. Hence further work can be carried out to extend the scope of this research. The study was based on twenty-one respondents, and the findings cannot be generalized. However, the thesis findings gave a deeper understanding of the varied issues of disability. A comparative analysis of the gendered subjectivities between men and women with disabilities can be explored in the future.

It would be also interesting to find out the how perception of masculinity and attitude towards sexuality in everyday life differs between physically disabled men and men with intellectual disabilities from an Indian perspective. The scope of a comparative study on gendered experiences of homosexual and disabled men, given both, have a marginalized status due to compulsory heterosexuality and able-bodiedness, can be done.

Time constraints and difficulties in gaining permission from all the respondents to record their answers on sensitive issues were some of the restrictions of the dissertation. More types of disabilities could be included to broaden our understanding of the issue of disability and eliminate the problems faced in day-to-day life by men falling into different categories of disability.

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APPENDIX

I am Debarati Chakraborty, a Ph.D. scholar of the Department of Sociology, Jadavpur University doing a doctoral dissertation on *Masculinity, Body, and Identity: A sociological study of the Disabled 'other' in Kolkata,* under the supervision of Prof. Bipul Kumar Bhadra, Department of Sociology, Jadavpur University

In this study, I have selected you as a respondent for the above-mentioned research. Your personal information including names given in the in-depth interview will remain secret under all circumstances. The data gathered from the interview will be purely used for research and academic purposes. Anytime during the course of the interview if you feel uncomfortable you can quit the interview and your interview will not be considered for the study.

It will be highly appreciable if you give your consent to undertake the interview for the research.

INTERVIEW SCHEDULE

FOR RESPONDENTS

DEMOGRAPHIC PROFILE

Name

Age

Marital status

Educational attainment

Type of Disability

SECTION A

1. At what age was your disability recognized? (born or acquired later in life)

2. What was the reaction of your family when they come to know about your disability?

3. What was your reaction/feeling when you were getting aware of your disabilities?

4. a) Do you live in a joint or nuclear family?
b) Head of the family?

5. a) Do you have siblings?
b) If yes, then the number of siblings you have and their gender

6. Please tell something about your growing up as a boy having a disability

7. While growing up did you face any kind of discrimination between you and you and your siblings/cousins?

8. What is your daily routine?

9. What kind of hobbies/extra curriculum activities you are engaged in?

10. Do you use social networking sites?
a) How much time do you spend there in a day?
b) Other Leisure activities, if any

11. a) Engaged in any Profession? if yes, what?
b) Do you think Professions or occupations are gendered in nature?
c)Has your disability restricted or confined to any particular occupation?

SECTION B

12. a) From where did you do your schooling-special school or mainstream school?
b) If mainstream school, boys or co-ed?
c)How was your relation with your peers?
d) How did you begin to perceive yourself with your peers?
e) Faced any bully? if yes what kind?

13. a) If you are from a special school, how was your relationship with peers?
b) Did you experience any kind of difference or bullying in special schools as well?
c) If yes what kind of?

14. a) Have you ever participated in sports in school or neighborhood?
b) If yes, what has been your role in sports?
c) Do you think sports are risky for you?

15. a) What do you understand by Risk?
b) What kind of risky behaviour you have indulged in till now?

16. a) Do you have competitors in life? What kind of competition do you face?
b) Do you think competition has anything to do with masculinity?
c) Do you feel pressurised for the competition from friends/cousins/siblings? If yes, how?

17. Have you faced any kind of restrictions in the home from family, if yes what in what sense?

18. a) Tell me about your career, what are your plans?
b) Do parents and other family members have an influence on your choice of career? if yes, why do you think so?

19. a) How you have internalized gender and associated ideologies around it while growing up?
c) How does your peer group help you in understanding gender roles?
c) Do you think such ideas are constraining for you?

20. a) Whom do you see as your role model and why?
b) Are you close to your father or mother?
c)What kind of relationship do you share with your father?

21. a) How do you perceive your body? Are you comfortable with your body in public spaces?
b) What is your idea of body image?

22. a) Have you ever craved a strong, muscular body as shown in media?
b) If yes why?

23. a) Do you visit gyms?
b) If yes how often?
c) How is the reaction of your fellow mates towards your coming to gyms?

24. a) What do you understand by body grooming?
b) Do you indulge in such practises?
c) Are your grooming choices influenced by peers/partners?
d) If yes, what are those?

25. Do you think body and masculinity has a relation? If yes, what is it?

26. a) From you experiences till date what does Masculinity mean to you?
b) What is your understanding of Patriarchy?
c) Does this system benefit you? If yes, why? If no, why?
d) Is it disability or the system of patriarchy that is more repressive for you? If both how? If only one, how?
e) What does Femininity mean to you?

27. Do you think your disability is hampering masculinity?

28. a) Have you ever tried to modify your body in order to reconstruct your manliness?
b) If yes what kind? (Like surgeries, use of prosthetics etc)
c) Have you expressed masculinity through any different medium or mode?

SECTION -C

29. Do you have a relationship? If yes for how many years
30. What comes to your mind when you think of a romantic relationship?
31. What according to you is marriage?
32. Is creating a family necessary for marriage or vice versa?
33. What is your perception of sexual intimacy?
34. a) What do you understand by sexuality and sex?
b) If yes, from where did you first get to know or understand it?
35. What is your sexual orientation?
36. Are you in a relationship? If yes, are you happy in it?
37. Are you happy and comfortable in your sexual liaison?
38. Who in your relationship is more dominating? If you think you partner is, then what makes you think so?
39. What is your idea about family planning?
40. What is the main source of your knowledge on men's reproductive health?
41. a) Have you ever visited any professional (medical) regarding your sexual well-being?
b) Do you feel ashamed to discuss with peers?
c) Does any of you family member has encouraged you to let you know about sexual practices, health and hygiene?
42. Do you feel without proper knowledge indulging in sexual acts is risky? If yes, why do you think so?
43. What are the barriers to exercising your choices and decisions regarding your sexual health and emotional wellbeing?
44. Do you think you are sexually empowered? If no, why?
45. Do you think you will have a say in choosing your partner?
46. Does your family know about your relationship? If no, why did not you reveal?
47. Do you think sexuality and masculinity are related? If so, how?

SECTION D

48. What do you understand by spaces?
49. Do you believe spaces are gendered?
50. a) Have you ever been denied in any "masculine zones" because of your disability?
b) Have you ever experienced violence in such spaces? If yes, what forms?
51. Do you fear traveling alone in public spaces? especially during any particular time?
52. Do you feel uncomfortable to travel in public transport? Why?
53. Have you faced any form of sexual assault in life? If yes, from whom and where?
54. a) Do you feel threatened in your domestic spaces? If yes, in what way?

b) Do you feel secure when you are with your partner? Do intimate spaces give you any form of threat?

55. a) Do you get your own private space?
b) Have you ever experienced any control of your private space?
c)How have you negotiated your position in homes?
d) Have you ever resisted to refused to do anything as instructed? How?

56. Have you faced any form of discrimination in the workplace? If yes, do you think is it for your disability or there is any other reason?

57. Did you suffer from any (physical, sexual, emotional) threats from (able)bodied men and women? If yes, what kind of threat?

58. Do you feel threatened by anyone from your own community of men? If yes, why?

59. How do you negotiate power in everyday spaces with your peers? Do you feel disabled men too have a power hierarchy?

60. Is there any inequality of privileges and unequal power play existing within your own community of disabled men?

61. At any point in time, do you feel your situation is related to able-bodied women? If yes, why it is so?

62. Are you associated with any voluntary associations like clubs or any organization? If yes what kind of work /involvements do you have there?

63. What kind of work you are associated with in home?

64. With whom do you more comfortable in sharing spaces at home (like men or women) (please explain the reason for doing so)

65. In public spaces, like colleges and universities or workplaces, with whom you are more comfortably associated with? Non-disabled male peers, disabled male peers, non-disabled female peers, disabled female peers, homosexual men?

66. How do you differentiate yourself from an abled-bodied male in terms of your everyday challenges and experiences?

67. Do you accept your present status in the dominant male group or wish to change it? If yes, how

68. Do you make any decisions regarding anything related to your life? If no, why?

69. Who takes financial or any other decision at home?

70. What kind of position you have in your domestic space?

71. Are you happy with one you have?

SECTION E

72. Do you think you have a better position in terms of exercising choices and power in relation to other disabled men (disability of other types)? Why?

73. What are the similar situation you all have faced in terms of gender and sexual discrimination?

74. Do you feel there is a hierarchy within disabled men? Why so?

SECTION F

FOR RESPONDENTS' PEERS

1. Name
2. Age
3. Affiliation/designation
4. Gender
5. How long do you know your friend(participant)
6. What kind of relation do you share?
7. Do you have any larger group of friends? If yes is …(participant) apart of that group?
8. If they are a part of the group, what do you feel about their presence in that group.
9. What do you feel about your friend?
10. Do you fee anywhere his disability poses a risk to his gender? if yes how?
11. Tell something about you and where do you stand in the group?
12. What do you feel about your friend his personality and image?
13. Are willing to be his partner in future (for female peers)? If no, why?
14. How much time do you spend with him?
15. Do you think is he is an accepted member in the class or group? if no why?

SECTION G

FOR RESPONDENTS' PARTNERS

1. Name
2. Gender
3. Occupation
4. How long do you know the respondent?
5. How long is your relationship?
6. Do your family or friends know about this relationship?
7. Do you enjoy his company?
8. How do you think of him as your partner?
9. Are you into physical relation?
10. What is the thing you find best and worst about your partner?
11. Who do you feel is a more dominant in this partnership? Why you feel
12. What is your perception of an ideal partner?
13. Do you see that in him?
14. Are you happy in the relationship?
15. Do you think your partner's disability has affected your relationship anyway?
16. Are you thinking of marriage in future? if no, why?

MASCULINITY, BODY, IDENTITY: A SOCIOLOGICAL STUDY OF THE DISABLED 'OTHER' IN KOLKATA

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