

Disability in and through Rural Worlds

By [Vandana Chaudhry](#)

This article is part of the series: [Disability from the South: Toward a Lexicon](#)

The vast majority of disabled people in the Global South inhabit rural worlds and their experiences are shaped by material, relational, and social specificities of rurality, and yet disability at the intersection of rurality remains under-theorized in the Southern context. I use the term rurality to describe a phenomenon that encapsulates the cultural, social, and spatial dimensions of rural lives, worlds, and sociality. My conceptualization of rurality developed through ethnographic research in rural Telangana (a state in South India), where I examined the effects of disability development projects by investigating the World Bank's organization of large-scale microfinance self-help groups of disabled people and other marginalized communities. Rurality provided a key site to theorize disability in and from the Global South. Drawing on ethnographic insights from my fieldwork in Telangana, this piece argues that the relational epistemologies of personhood, rural materiality, and structural divide that inhere in rural experiences of disability go beyond Northern theoretical frameworks marked by dichotomies of physical and social, individual and collective, and medical and social. Theorizing disability from the perspective of rurality allows for the disruption of dominant liberal binaries and, in doing so, provides new vantage points from which to conceptualize disability and access.

As highlighted by postcolonial disability scholars (Grech & Soldatic 2016; Meekosha 2008; Parekh 2008; Sherry 2007), the binaries that define dominant Euro-American "medical" and "social" models of theorizing disability, problematic even in the Northern contexts where they have been developed and deployed, remain inadequate in capturing the complex and interconnected nature of collective oppression that defines the experience of disability in Global South contexts. In rural Telangana, disability is experienced within impoverished and under-resourced material conditions that are intrinsically relational and collective. Bodily impairment in villages interacts with infrastructural frailties such as broken roads and dilapidated transportation, perennial shortage of electricity, running water, sanitation, and poor health facilities—all of which limit opportunities to navigate bodily difference. Located at the interstices of global inequalities, nationhood, uneven development, and deep-rooted social hierarchies of caste, class, gender and impairment, rural disability is structurally entrenched, and it is experienced as a form of debility and social suffering. Lack of effective support and access failures encountered by rural disabled people are not disability-specific; rather, they are linked with the collective marginalization experienced by the community as a whole.

Further, studying disability in rural contexts pushes us away from an individual-centered notion of access towards a relation alone. Access in rural areas represents a deeper attitudinal acceptance, an intangible entry into social life worlds, and not just to physical spaces, material resources, or infrastructures as is commonly understood within Northern disability studies paradigms. In light of dilapidated public infrastructure and uneven development in villages, human-to-human mediation itself facilitates access to the physical world. For instance, during my fieldwork, I never came across blind people using canes, for they were always escorted by their kin and community members. Similarly, rather than automatic wheelchairs, there were

manually operated tricycles (hand operated wheelchairs with three big wheels), which were better suited for a rural landscape and economy. Children helped push the tricycles through rugged village roads and terrains. It was a source of fun for children, and it also made it easier for disabled people to navigate through the uneven surfaces. When rain, mud, and slush on the kachcha (unpaved) roads made it hard to navigate tricycles, people carried disabled family members on their backs and shoulders. Relatives and neighbors also helped with everyday chores, such as getting firewood from the farms and forests, fetching water from the wells, or standing in long queues from the taps that supplied fresh drinking water at only certain times in the day. In an interdependent cultural context of rurality, “help” embodies a form of co-constructed accessibility, rooted in epistemologies of personhood that are relationally scripted—that is, constituted by an inter-subjective orientation, in comparison to Northern standards of personhood that define personal autonomy around practices of maintaining interpersonal boundaries (Chaudhry 2018).

These interconnections were powerfully articulated by a disabled interlocutor in a disability awareness workshop in response to a question about what disability access meant, who said, “Access means acceptance... that people should accept you.” Grounded in rural sociality, access was understood as being “accepted” by and included in the community, being able to navigate relational landscapes without stigma. In rural Telangana, it was impossible to conceive of access through a dichotomy between the physical and the social, for here access meant entry into social lifeworlds, or relationships that in turn also facilitated access to physical spaces. While in Northern contexts, the notion of access represents a barrier-free environment—often a physical environment—that a disabled person can navigate independently, in rural south India popular conceptions of access cohere with a holistic notion of community, signifying people’s desires to be a part of the whole and part of the social relationships that allow entry into communal, social, psychological, and affective spheres. Access is not imagined in individualized terms, but rather in terms of belonging to the multiple.

This collective and belonging-based notion of disability also produces its own contradictions, for a strongly collectivist cultural context demands conformity and strict adherence to social rules, norms, and expectations. When unable to conform to such norms of proper embodiment, disabled people experience excessive social shame and distancing, removals of access which, fueled by cultural and religious ideologies of stigma, contagion and pollution, may also be mediated by barriers of gender, caste, and class that interrupt access to the public as a social space.

Studying the intersection of disability and rurality from the perspective of the Global South might actually push us to question the term “access” altogether. I suggest that we need to think through how the notion of “access” as it has traditionally been conceived fails to transfer in the context of the Global South where local and global inequalities are at play and epistemologies of personhood and sociality are vastly different from those of the Global North. Theorizing disability through the Global South pushes us to consider access in different terms, such as through the broader registers of basic needs, infrastructure, and survivability, and in so doing, disrupt the dominant liberal binaries that are at the center stage.

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