

Disability and Stigma: The experiences of the Meitei-Pangal of Manipur

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Abstract: Stigma acts as a major barrier in the lives of PWD. Stigma is the negative labels that are used to identify a person. It can occur in different form and a person may get easily stigmatized because of their culture, race, obesity, gender, illness and disability. And it could be rightly said that PWD are one of the most stigmatized groups in the world. Because of this, negative attitude are build up by the people towards PWD which are called public stigma that results in the rejection, discrimination and avoidance of PWD because of their disability and as an end result leads in the internalization of negative attitude by the PWD which in other words is called self-stigma. But not all public stigmatizing attitudes are internalized by all PWD. It depends on person to person. The current study therefore is an attempt to highlight the perceptions held by Meitei- Pangal regarding disability and also to explore the experiences of the stigma faced by the PWD.

Key Words: Disability, Stigma, God, Meitei-Pangal.

1. INTRODUCTION:

When a person is suffering from any type of disability there will always be a stigma attached to that person. Therefore, stigma acts as a major barrier in the lives of PWD. Stigma is the negative labels that are used to identify a person. Stigma can occur in different form and a person may get easily stigmatized because of their culture, race, obesity, gender, illness and disability. And it could be rightly said that PWD are one of the most stigmatized groups in the world. Stigma is derived from Greek word which is used to refer to marks or bodily signs that were cut or burned into people's body to indicate that there was something immoral, unusual, or bad about them and they should be avoided (Goffman,1963). Goffman's seminal work on *Stigma: Notes on the management of spoiled identity* defines stigma as an attribute that discredits an individual, makes the person different from others, and essentially reduces the person's status from a "whole and usual person to a tainted, discounted one" (Goffman, 1963, p.3). He also asserts that stigma is embedded in a "language of relationships"(p.3) and describes stigma as "a special kind of relationship between an attribute and a stereotype". According to Goffman's view, stigma is a conflict between "virtual social identity"(how a person is characterized by society) and "actual social identity"(what the person actually is) resulting in spoiled identity for those who are stigmatized. Therefore the greatest threat towards PWD is not only the limitations that they had because of their disability but also the society's perceptions and the negative labeled given to them.

According to Thornicroft et.al., (2007) stigma includes three elements: problems of knowledge (ignorance), problems of attitude (prejudice) and problems of behavior (discrimination). Moreover, Link and Phelan also stated that discrimination of PWD is the end result of stigmatization and this has always been a problem in the lives of PWD and that the attitudes of people without disabilities were always stigmatizing and discriminating. Stigma affects social, cultural and biological growth of the individuals, as these stems from superstition/ignorance, lack of knowledge and empathy, old belief systems and a tendency to fear and exclude people who are perceived as different making the lives of the stigmatized to live uncomfortably. Therefore, stigma emerges as one of the most widespread and tangible social barriers. As a result of which PWD are excluded socially at home, in personal life, in social activities, in healthcare and in the media (Thornicroft, 2006). It has been known that stigma arises when an individual's social identity does not meet the society's normative expectations (Kurzban & Leary, 2001). As a result of which two types of stigma were form one is self-stigma and the other one is public stigma. Therefore stigma has an effect on the individual who is stigmatized (PWD) and to those who are the stigmatizer.

Therefore, those negative attitudes that the people had towards PWD are called public stigma which results in the rejection, discrimination and avoidance of PWD because of their disability and as an end result leads in the internalization of negative attitude by the PWD which in other words is called self-stigma. But not all public stigmatizing attitudes are internalized by all PWD. It depends on person to person. Therefore, some may suffer greatly from the public stigma and some may not as they have the power and the will not to be bothered by others perceptions. The current study therefore is an attempt to highlight the perceptions held by Meitei- Pangal regarding disability and also to explore the experiences of the stigma faced by the PWD.

2. MATERIAL AND METHOD:

For the present study, three Meitei-Pangal villages has been selected: Kairang-Muslim village (semi urban), Lilong (Urban) and Sangai-Yumpham (rural) of Manipur. Meitei Pangal are the Muslims of Manipur residing in Manipur and they are so absorbed in Manipuri culture and ethos that they are called Meitei-Pangal. They speak Manipuri as their mother tongue and not only in language, they were also immersed in the mainstream Meitei's customs and traditions that they adopted the dress, food habits and moreover ways of constructing houses. They constitute about 9% of the total population of the state. They usually inhabit in the valley areas and they became an integral part of the Meitei society during the reign of King Khagemba (1597-1652) when Muslim soldiers which was led by a General Muhammad Shani, from Taraf in Sylhet were captured. Because of their capabilities they were allowed to stay in Manipur and were given land and local Meitei women as wives. And thus similarity exists in the perceptions and beliefs regarding the causes of disability.

In- depth interview, focus group discussions (FGDs) and survey questionnaire was employed as tool for data collection. Nine PWD were interviewed along with *Moulubi* (Imam) from Kairang Muslim Village who has the knowledge of the Qur'an as well as the traditional belief regarding the causes of disability. The interviews were transcribed and different themes were identified. Each interview was deconstructed sentence by sentence to identify the key themes, names were assigned and as an example some quotations which were related to each theme were presented in the paper. The survey questionnaire was taken from the three respective field sites so as to know the general attitude of the people towards PWD. The following table shows the frequency and percentage of the people that were surveyed through random sampling from the three field site.

Table 1

	Frequency	Percent
Rural	548	65.1
Urban	149	17.7
Semi-Urban	145	17.2
Total	842	100.0

From the above table no.1, it could be seen that a total of 842 sample were taken from the three field site out of which 548 (65.1) consist of rural area which is Sagai-Yumpham, 149 (17.7) from Lilong which is urban area and 145 (17.2) from the semi-urban that is Kairang Muslim village.

3. FINDINGS AND DISCUSSION:

Understanding of Disability:

There is no clear cut definition of what disability actually is, as it has been defined and interpreted in various ways from various perspectives. As for instance, disability can be explained from functional or medical perspective emphasizing that disability is a lack of or restrictions of bodily functions. The medical model in which disability was viewed as physical or mental impairment of the individual that is the biological body is the proximate cause of disability and regards that the limitation faced by PWD was the result of their impairment (Hughes & Paterson, 1997). The social model on the other hand blame the social organization in which the society were built in such a manner that erected barriers which produced a systematic patterns of exclusion that were built into the social fabric (Hughes & Paterson, 1997). The administrative definition of disability originates from the distribution of welfare benefits and supports to disabled people and is used to categorized and separate people who are eligible for enough support from the state depending on their disability status (Grönvik 2007). Though disability has been explained from these various perspectives to meet certain demands and according to certain situations moreover the understanding of disability has also been imparted mainly by the age old traditional beliefs system of the society which also differs from society to society.

4. TRADITIONAL KNOWLEDGE REGARDING DISABILITY:

A brief discussion of the traditional knowledge regarding the causes of disability is necessary as from such beliefs stigma and discrimination arises. From the study it has been found that Meitei-Pangal holds various superstitious beliefs and perceptions regarding the causes of disability. And therefore certain practices were tabooed for the married people when the wife is pregnant. As for example, killing of animals either by pregnant woman or by the husband was not allowed. In this context, the *Moulubi* recall an incident where he advised a young man not to kill a snake as his wife was pregnant. Despite his advised he killed the snake and as result after some months the child was born and shows the symptoms of *marei tamba* (protruding tongue). Mocking at PWD by the pregnant woman or the husband is not allowed as there is a belief that their fate will befall upon them or to their child. They also belief that teasing to a monkey will also make their child resemble with that of the monkey. Hammering of nails into wall by pregnant woman was also not allowed as there is general beliefs that when the baby is born there will be birth mark resembling with those of the nails mark or on the other hand such actions by the pregnant woman may also cause other

type of disability. To support these beliefs, the *Moulubi* elaborated an incident which was faced in his own family. He narrated as follows

“I have a lovely grandson who is only one years old and when my daughter in law was conceiving she hammered nails on the wall and because of that my grandson’s one eye is small”.

Not only these, stealing of ginger and turmeric stem by pregnant women as they belief that the child will be born as polydactyl. Other than the above mentioned beliefs, there was also an emphasis on supernatural causes of disability. The following are also some of the most common beliefs related to the causes of disability.

Punishment from God:

Regarding the causes of disability based on the religious text of Muslim that is Qur’an, the Meitei-Pangal holds the beliefs that a person is disabled because of Allah’s will so as to test their faith, to realized god’s threat and promises in the hereafter and also to proof god’s existence and oneness (Hassanein, E.E.A., 2015). As such, disability is regarded as an act of God’s will. They generally expressed their beliefs based on the Islamic philosophy that one should have a positive attitude towards needy individuals and those who are in a disadvantaged situation (Al-Aoufi, H. 2012). But in actual practice this saying does not work. This can be illustrated from this quote given by a 57 years old Amzad who was a locomotor disable from Kairang Muslim village

“I am very tired, sick and want to die a lot instead of staying like log of wood in the bed. I have become a burden to my family. What have I done wrong that Allah is punishing me”.

Sultana, 45 years old who is mother of a deaf male child from Lilong further illustrated

“To my knowledge I have always feared God and because of that I have at my level best tried to be very good and helpful towards those who are in need. I have a doubt that my forefathers might have committed sins that God is punishing me and my child by making him deaf.”

From the above quote it can be seen that the causes of disability were believed to be punishment from God which totally diverts from the religious teachings of Islam.

When the statement ‘**I sometimes feel that people with disabilities were punished by God for something they did**’ was put forth and the following findings came to light.

Table 2

	I sometimes feel that people with disabilities have been punished by God for something they did					Total
	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree	
Rural	125 (22.8)	4 (0.7)	61 (11.1)	35 (6.4)	323 (58.9)	548 (100)
Urban	37 (24.8)	1 (0.7)	35 (23.5)	3 (2)	73 (49)	149 (100)
Semi-Urban	30 (20.7)	4 (2.8)	16 (11)	15 (10.3)	80 (55.2)	145 (100)
Total	192 (22.8)	9 (1.1)	112 (13.3)	53 (6.3)	476 (56.5)	842 (100)

Figure in parentheses indicate percentage.

From the table above it could be seen that 24.8 percent of the urban area strongly agree with the statement that disability is a form of punishment by God for something they did. This was followed by 22.8 percent residing in rural area and 20.7 percent of semi-urban area. While 58.9 percent of the rural area strongly disagree with the statement that disability is a punishment from God which was followed by 55.2 percent by semi-urban area and 49 percent by the urban area.

Gift from God

A theme contrast to the theme mentioned above is the belief that disability was a gift from God so as to test one’s will to endure the pain happily. This theme was much less found common among the Meitei-Pangal which supports their religious beliefs. A 68 years old Asifa, mother of a blind male man from Kairang village asserts that

“We tried very hard seeking to traditional healers and also consulting doctor but our effort were in vain. But it does not mean that we should blame to God. Why should we be angry at God? There might be some reason that God has blessed us with our lovely child. We are taking good care of our child and we are happy.”

PWD along with their parents claim that though their religious teachings taught them to have perseverance towards the suffering that God has given so that for the hardship that they had face they might receive a good reward from God but many fail to stick on to these teachings and gave up easily. The above quote also shows the influx between the traditional belief and the scientific knowledge from the approach that the parents made to find a cure for

the disability. Thus, showing that there is duality of beliefs regarding the causes of disability and because of this reason it has been found to a great extent that parents first approach the traditional healers and only after that they seek help from doctor.

Fate:

It was also found that fate also played a significant role in the lives of the people that when asked about the causes of disability most of the Meitei-Pangal PWD and parents holds the belief that a person is disabling because of their fate which was already destined to be and from which no one can escape. This is due to the influence of their religion Islam, almost all the Meitei-Pangal holds the belief that people are disabled because of their fate or destiny, which works on the idea that what is meant to be, will be, and what is not meant to will not be (Hasnain *et al.*, 2008). As such, almost all the Meitei-Pangal does not blame God for their disability. As they think that there is no point of blaming to God for their disability since they holds the belief that God has done because of some purpose so as to test their perseverance.

Black magic:

Another very much common belief which the people hold is the belief that disability was cause due to the black magic so as harm others. To support this *Moulubi* recollected an incident which happened with his relatives; he stated

“One of my cousin’s sons was forcefully eloped by a girl for making her pregnant before marriage.

The boy does not want to marry her but having no means he married the girl and did not even look at her. Because of this the girl after staying for some months went back to her parents’ home and after some months gave birth to a baby boy. It was just after that, my cousin’s son gone mad. We believed that the girl’s parents had done black magic to take revenge from her husband”.

Therefore, the *Moulubi*, even though having enough religious knowledge about disability still belief in such superstitious beliefs. Such, beliefs regarding the causes of disability which were hold by the Meitei-Pangal resembles with those of the mainstream society of Manipur that is Meitei. Such false beliefs and perception leads way for the development of stigma towards PWD.

5. STIGMA TOWARDS PWD:

Stigma affects social, cultural and biological growth of the individuals, as these stems from superstition/ignorance, lack of knowledge and empathy, old belief systems and a tendency to fear and exclude people who are perceived as different making the lives of the stigmatized to live uncomfortably. Human by nature has always opted for the best and chooses only those who are the best and rejected those who are not fit. Rejection of PWD starts from the family itself in which PWD are born by distinguishing them as different where those who are not-disabled was considered favorable thereby stigmatizing those who are disabled. Disability related stigma may cause a great hindrance in the lives of those who are disabled. As for example, they may experience difficulties in getting married and setting up their own family. But findings reveal that not always PWD are stigmatized. It was also observed that most of the PWD were encouraged by the family members to get married and marriages were usually arranged for them. FGDs among the PWD reveals that Meitei-Pangal were more inclusive towards PWD and holds the belief that all men are equal and has the right to reproduce so that to keep the family generation going on. Ahmed Hussain, 38 years old orthopedic disable from Sangai Yumpham who used either his both hands to crawl or wheelchair illustrated like this

“I was disable at the age of around 4 years due to polio attack but my family did not lose hope they continuously tried searching for my bride as they belief that at least there will be someone to look after me after my death and also emphasis were also given to spread my own future generation. Finally, I was married in 1996 and God has given me three child.”

Another respondent who was the wife of an orthopedic person from Lilong stated:

“I could remember that when I was engaged with my husband all my friends and elders of my locality scolded me and my family to think twice. They said that I would not lead a happy life. But my family and I did not listen to them thinking that it was already written in my fate.”

Therefore, it is obvious that people will always have negative stigma about PWD that they cannot have a better life and that they will depend on others for every single steps. However, it was observed that for the type of disability that is easily visible (physical disability) and the one which is not (mental illness or emotional problem). Generally, it has been found that people held more negative attitude towards those PWD whose disability was not visible, like mental or emotional problems. It was also reported that people seems to be much more comfortable around PWD with more visible disabilities (physical or sensory) (Aiden & Mc Carthy, 2014). For those people who are suffering from depression, anxiety or schizophrenia people have less knowledge about it and blames person who are suffering from these. The following exemplar quote from one of the Meitei-Pangal from Kairang muslim village (semi-urban) highlights the stigma towards PWD with mental illness or emotional problems as

“There is no such thing as emotional problems. It is true that those who claim to have emotional problems are faking because according to me they are just acting because of laziness”.

Another participant also jokingly replied

“Emotional problems are for those whose mind is idle and who did not have any work to do. Therefore, those who are busy did not have time for such problems.” Therefore the following table will shows the attitude of the people regarding the statement **I sometimes think that people who claim to have emotional problems are faking it**

Table 3

	I sometimes think that people who claim to have emotional problems are faking it					Total
	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree	
Rural	224 (40.9)	2 (0.4)	102 (18.6)	52 (9.5)	168 (30.7)	548 (100)
Urban	54 (36.2)	1 (0.7)	33 (22.1)	1 (0.7)	60 (40.3)	149 (100)
Semi-Urban	60 (41.4)	33 (22.8)	25 (17.2)	8 (5.5)	19 (13.1)	145 (100)
	338 (40.1)	36 (4.3)	160 (19)	61 (7.2)	247 (29.3)	842 (100)

From the table above it could be seen that about 41.4 percent of Semi-Urban area strongly agrees with the statement that people who claim to have emotional problems are faking it which was followed by the rural (40.9 percent) and urban (36.2 percent) area. However, only a few that is 13.1 percent of the semi-Urban area strongly disagrees with the statement.

6. IMPACT OF SELF-STIGMA:

Naturally the public stigma leads to the formation of self stigma and the effects of self- stigma were found to be very negative. From the findings it has been classified into various themes. The important themes which emerge will be discussed separately

Shame

From the study it was found that though not all of them but some of the PWD internalized self stigma and as much as possible tries to socially exclude themselves from others. A 51 years old leprosy patient Kayamuddin, from Kairang Muslim village poignantly stated

“There is very much lack of knowledge about leprosy in Manipur that people of our locality fears to have contact with me. Even my family members also avoid me. They think that it is contagious and will spread to them. Even though I know what it is but because of their negative attitude I also started hating myself. I feel ashamed to extend my hand because of the skin patches. Sometimes I think of cutting off my hands.”

It could be seen here that though PWD are aware of their condition as in the quote cited above but the public stigma becomes more dominant that even though they like to overcome their feelings of self stigmatization they found it impossible to do so.

It could be observed that the feelings of shame also vary in degrees from one person to another participant who was a locomotor disable from Sangai Yumpham stated:

“I tried my best to stay confined at home as I do not want my body to be laugh at or stare by the people. I know that, when I walk people will feel like laughing at me especially children. I do not want to be laugh at and get ashamed in front of others. Sometimes I heard children asking their parent; why is he walking like that, isn’t it funny?” (Amzad Khan, 40 years)

Self -isolation

Most of the participants wanted to feel normal. They did not want to be treated differently. But because of their physical differences which they cannot hide self- isolation was the only way out for some PWD. In order not to draw attention to them they avoided social situations or reduced their social association with others. One participant from Sangai Yumpham named Shahir Ahmed, 33 years stated:

“Whenever there is any function or social gathering I usually try to stay apart and make some excuses because I do not want people to treat me differently. I know it is not their fault. Seeing my body everybody will feel pity and sympathy”.

Guilty

From the study it has been found that most of the PWD feels that they are a burden to the family. Participants reported that their family is suffering both emotionally and financially.

Amzad, 57 years old locomotor disable from Kairang Muslim village expressed his feelings like this

“I have lost both of my legs due to an illness. Because of this I have been lying in bed for about one year. But the problem does not end here, I need further operation as its spreading upwards and amputation is needed above the knee. Before I used to earn money but now my wife took the whole responsibility. She has to look after me, my children as well as she has to earn money for our living. I am a burden to them and I think it is better to die as they are suffering a lot because of me.”

Having a disability in a family is not a problem only for the PWD but it is also a problem of the family. From the quotes above it could be seen that PWD are suffering a lot not only from their physical pain but also from the pain that they had inflicted upon their family members (emotional and financial). They often feel guilty for being a burden on their family.

Self-hatred

One of the most fundamental tension or thought that haunts in the life of PWD was that of their body image. In the mind of the people certain image are set up of what constitute to be called a perfect body and distortion or diverting from that norms means that the person feels less worthy than others. From the study also it was found that most of the PWD hated their body.

7. CONCLUSION:

This paper has highlighted Meitei Pangal perception and causes of disability which were totally based on superstitious and traditional false beliefs. And it was observed that regardless the religion that is Islam, which was followed by Meitei Pangal of Manipur their thoughts and understanding were deeply influenced by the mainstream society of Manipur. This may be due to the lack of scientific knowledge towards the people or maybe they found it hard to abolish such beliefs as it has been deeply ingrained into the mind of the people from generation to generation.

To conclude the present study reveals about the knowledge that people had in understanding the concept of disability and that as such false beliefs and misconceptions generates a profound social barriers towards PWD along with their family members creating a stigma. The narratives described in this study also shows that the nature and the consequences of stigma vary. Most of the PWD were very much found to be supported by the family but even though not all but some PWD were profoundly affected by the stigma that the society had developed leading to the internalization of it which as an outcome leads to lowering of self- esteem, social isolation, a feelings of guilty and self- hatred. Thereby, PWD are prevented from availing themselves of the opportunity that they might get in their lives. Finally, emphasis should be made for the sensitization of services which will influence in the change of the attitude of the people towards PWD and also PWD self attitude towards themselves.

REFERENCES:

1. Aiden, H., & McCarthy, A. (2014). *Current attitudes towards disabled people. Scope About disability*. Retrieved from <https://www.scope.org.uk>
2. Al-Aoufi, H., Al-Zyoud, N. & Shaminan N. (2012). Islam and the cultural conceptualization of disability. *International journal of adolescence and youth*. 17:4, 205-219.
3. Goffman, E. (1963). *Stigma: notes on the management of spoiled identity*. Englewood Cliffs, NJ: Prentice-Hall.
4. Grönvik, L. (2007): *Definitions of Disability in Social Sciences. Methodological Perspectives*. [https://uu.diva-portal.org/Acta Universitatis Upsaliensis. Digital Comprehensive Summaries of Uppsala Dissertations from the Faculty of Social Sciences 29, Uppsala](https://uu.diva-portal.org/Acta%20Universitatis%20Upsaliensis.%20Digital%20Comprehensive%20Summaries%20of%20Uppsala%20Dissertations%20from%20the%20Faculty%20of%20Social%20Sciences%2029,%20Uppsala).
5. Hasnain, R., Shaikh, L.C., & Shanawani, (2008). *Disability and the Muslim Perspective: An introduction for rehabilitation and health care providers*. Centre for International Rehabilitation Research Information and Exchange, University at Buffalo, State university of New York. Retrieved on 16 march, 2016, from <http://cirrie.buffalo.edu/culture/monographs/muslim.pdf>
6. Hassanein, E.E.A. (2015). *Inclusion, Disability and Culture*. Rotterdam, Netherlands: Sense Publishers.
7. Hughes, B., & Paterson, K. (1997). The Social Model of Disability and the Disappearing Body: Towards a sociology of impairment, *Disability & Society*, 12:3, 325-340.
8. Kurzban, R., Leary, M.R. (2001). Evolutionary Origins of Stigmatization: The Functions of Social Exclusion. *Psychological Bulletin*. 27:2, 187-208.
9. Link, B., & Phelan, J. (2001). Conceptualizing Stigma. *Annual Review of Sociology*, 27, 363-385. Retrieved from <http://www.jstor.org/stable/2678626>
10. Thornicroft, G. (2006). *Actions Speak Louder*, London: Mental Health Foundation.
11. Thornicroft, G., Rose, D., Kassam, A., Sartorius, N., (2007). Stigma: ignorance, prejudice or discrimination? *British Journal of Psychiatry*, 190, 192-193.