

H-Net Reviews

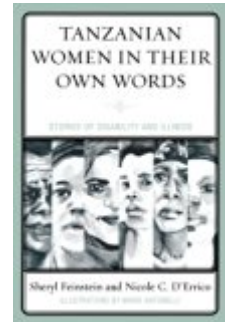
in the Humanities & Social Sciences

Sheryl Feinstein, Nicole C. D'Errico. *Tanzanian Women in Their Own Words: Stories of Disability and Illness*. Lanham: Lexington Books, 2010. xii + 116 pp. \$24.95 (paper), ISBN 978-0-7391-4057-4.

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Tanzanian Women in Their Own Words is a collection of oral contemporary histories by Tanzanian women living with a wide range of disability and/or chronic illness. This relatively short book, which includes fourteen life narratives, is a rich resource for disability scholars seeking to globalize their course curriculums. The stories simultaneously provide examples of the culturally and historically specific meanings of disability, and reveal how, regardless of culture, relationships, education, class, religion, and gender can shape disability experiences.

Many of the women whose stories are told in this book spoke extensively about family and relationships. Families sometimes served as sources of great social and personal strength for Tanzanian women making their way through sexism and ableism; at other times, however, families abandoned or exploited women with disabilities or chronic illnesses. The women chronicled here often found romantic relationships difficult to attain or sustain. Devalued due to their disability or illness, often considered inadequate women, and living in a culture in which heterosexual marriage and children are highly valued, the lack of such relationships had a profound economic, social, and emotional impact on these women.

Atu, for example, a young woman with facial tumors, mourned the likelihood that she would never marry due to her disability. "If I had a husband I would have two or three kids," she explained. "The dream of getting married is done—to some men it [her disability] might be a burden to him" (p. 6). Faustina similarly said that "women with spinal cord injury do not get married; men do." Disabled women, she went on, "are looked at as a burden" (p. 94). Rukia, who had polio as a child, first turned down a mar-

riage proposal because she was ashamed of her mobility disability. Her suitor persisted, and the couple married happily and had a child. Her family, however, opposed the marriage and refused to accept a bride-price for her because they felt her to be worthless and assumed the groom would eventually ask for his money back.

Because marriage was assumed impossible for a young woman with a disability, families of several of the Tanzanian women whose stories are told in this book provided them with a rare education. Paulina's mother, for example, sent her to school because she had a disability: "Difficult for me to watch cattle when I can't walk," Paulina stated (p. 25). For some women, the resulting status, stability, and money of employment brought great pride. Paulina became a physical therapist and Faustina worked as a secretary.

In Tanzania, disability often carries shame and stigma. Reflecting on her childhood, Paulina thought herself lucky: "In my village everyone thinks it's polio, not a curse that makes me paralyzed.... Some disabled are hidden, they never leave boma [house]. It does not matter if born with disability or get one later, the family is embarrassed. I was never hidden, but I didn't leave our boma often. I knew to stay" (p. 24). Rukia's mother deserted her daughter, once Rukia contracted polio, saying, according to Rukia, "I like babies, but not if they are disabled" (p. 38).

Despite this shame, many of these women have forged lives of pride, joy, and community. Atu, scarred and altered due to facial tumors and several facial surgeries, worked as a nurse at a rural hospital. "I am proud to be here in the village," she explained, and noted that she

was appreciated because the people “know I will help” (p. 8). Faustina and Helena became disability activists. Aided by the Kilimanjaro Association of Spinally Injured, Faustina was taught daily life and employment skills by other wheelchair users. “I was not alone,” she remembered. “It changed me” (p. 93). Maliamu learned from other deaf people that “deaf people can have a good life” (p. 77). Helena started an advocacy and support group for other albinos. “I am a leader in the community,” she claimed proudly. “They all accept me. My presence is as a mirror which challenges other people to see me and then feel responsible to tell others that I am normal” (p. 111).

The chronic illnesses of HIV/AIDS, tuberculosis, and diabetes, however, coupled with limited or no eco-

nomie resources to access healthcare, left women significantly impaired and unsupported. Mary, diagnosed with HIV/AIDS, stated, “some people are loving, but not to me. I’m sorry ... I am too ashamed to tell you anything more” (p. 100). Limited financial resources, physical pain, and heavy social stigma made the empowerment of education nearly impossible. These are sad but rich examples of the overlaps between and interrelatedness of chronic illness and disability.

Tanzanian Women in Their Own Words provides little analysis, but that is not its purpose. While each oral history is followed by a series of discussion questions, the compilers of this book wisely recognize that its strength lives in the richly personal and profound oral histories.

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