THE TYRANNY OF NORMALCY: CHRONIC ILLNESS, GENDERED EXPECTATIONS AND THE SOCIAL CONSTRUCTION OF PRODUCTIVITY THROUGH THE LENS OF HUMAN DIGNITY

by

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ABSTRACT

For women with long-term health conditions, the physical, psychological, financial and gender-related social effects are often a complex experience. While the nature of chronic health problems is ever changing and unpredictable, women are still required to achieve academic success, engaging in successful work life, being financial independent, marry, and then bear the responsibility of domestic, reproductive and caring duties. Those expectations are an institutionalized view of productivity that seeks to validate individual achievement, whatever it entails, over and over again, rather than to differentiate abilities based upon physical and psychological differences. The present paper critically analyses the interplay between chronic diseases, gendered productivity and human dignity from a constitutional and legal perspective with illustrations on Indian constitutional and statutory framework. It examines the Rights of Persons with Disabilities Act, 2016, employment and social security laws as well as privacy/autonomy, equality and dignity doctrines in judicial rulings. It also explores the international human rights standards and comparative methodologies used in the United Kingdom and the United States. The paper draws on a socio-legal perspective based on feminist legal theory, intersectionality, the capability approach and substantive equality to highlight the current shortcomings in law and decisions to safeguard the rights and welfare of people who suffer from invisible and changing illnesses that may not meet legislation relating to disability. It introduces a jurisprudential theory of the Right to Exist Beyond Achievement, which states that dignity has to be acknowledged outside the context of professional accomplishments, economic self-sufficiency, marriage, motherhood or caregiving competencies. The paper ends always with a call for a more encompassing legal agenda of

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reasonable accommodation, reproductive autonomy, and social security and valuable recognition of diverse human capabilities.

Keywords: Chronic Illness, Human Dignity, Feminist Jurisprudence, Gender Equality, Reproductive Autonomy, Substantive Equality.

1. Introduction

1.1 Background of the Study

Chronic illness is not just something that needs to be managed on an ongoing basis; the experience can be significant, and impact how an individual functions in daily life, their economic security, mental, and social health and participation. Maintenance of regular-school attendance, long-term treatment and its associated unpredictable episodes and fatigue make it difficult for many people to struct Wedges to their daily lives.[2]Constant pain, fatigue, chronic and acute recurrence of symptoms often force people to rearrange their daily lives to accommodate their health care. But often, the challenges of living with a chronic condition are not easily discerned. It is not uncommon for women suffering from autoimmune diseases, chronic pain syndromes, neurological conditions, hormonal disorders and other long term health concerns to look physically fit and healthy and feel fine, but face a lot of physical and emotional challenges on the inside. When there are no visible symptoms there can be a social context that suggests that the person's suffering should be called both into doubt and into question.

When analysed and understood on a gendered basis, these experiences can be quite complex. The current society has finally shed the notion on women's part where they have to get high-level education, enter into a professional career, get financially independent, and have balanced personal lives. At the other end, traditional norms around marriage, motherhood, home and family caregiving remain at play as well. As a result, women are often expected to meet the demands of contemporary work standards as well as expectations for family care and duties.[3]Because of this, women are often asked to perform to the standards set for today in the workplace and traditional expectations for family responsibilities.

[2] J. Grue, The Double Bind of Social Legitimacy: On Disability, the Sick Role, and Invisible Work, 46(1) *Sociology of Health & Illness* 78 (2024).

[3] Martha Holstein, *Women in Late Life: Critical Perspectives on Gender and Age* (Bloomsbury Publishing PLC 2015).

These expectations may be undue for those women who suffer from chronic diseases and illnesses. They may have varying abilities and there may be medical appointments that prevent them from working, and illness periods that prevent them from taking on household tasks. Despite this however, there are often social inferences that lower productivity is a lack of commitment, not good time management or not capable. It is not just that this person is sick, it is that social expectations are placed on him or her that everyone should operate on a normal level.

1.2 Statement of the Research Problem

The question that came up in the midst of this research is the condensing recognition or the acknowledgment of the social value of women in society based on productivity and traditional accomplishments. Unsatisfied in these 3 areas for the women may result in discrimination, feeling guilty, dependent and excluded. Law(s) in place offer disability rights, health and healthcare, and employment and reproductive rights. However, those protections do not fully aim to cover the needs of women whose chronic conditions impose significant restrictions, but are not consistent with the legal definition of disablement.

The principle of equality and that of dignity as an element of the Constitution thus poses a major practical challenge. The social and institutional environment in which people live and work often continue to reinforce the value and rewards of sustained productivity while there is recognition of people as equal rights holders as individuals who are limited by ill health.

1.3 Research Questions

1. Gendered expectations of productivity: How do they impact women with chronic illnesses?
2. How much Indian law will protect the women who suffer from chronic disorders not recognized as a disability?
3. Does the current constitutional and legislative structure provide adequate protection of work place equality and/or psychological dignity and reproductive autonomy?
4. Can human dignity be respected without relation to productivity, achievement and traditional definition of the family?

1.4 Research Objectives

The research seeks to understand the association of chronic illness, gender and socially constructed productivity; critically review the Indian constitutional and the statutory regime;

explore the respective conceptions of dignity, autonomy and reasonable accommodation by the judiciary and fill the gaps in the existing law, which it argues needs a more rights-based approach, to comprehensively tackle the issues.

1.5 Research Methodology

The adopted method of the study is doctrinal which is focused on the provisions of the constitution, legislations, judicial verdicts, international conventions and literature. Multiple comparison UK vs. US included to highlight alternative legal solutions. The social impacts of chronic illness are examined using an interdisciplinary approach via feminist legal theory and theories relating to intersectionality, disability and capability-based theories of justice.

1.6 Research Gap and Original Contribution

Chronic illness is often examined through medical treatment, claims of disability or in the context of healthcare accessibility in existing scholarship; existing feminist legal research often centers on claims of discrimination, reproductive autonomy, and inequalities of care-giving. But these issues are not explored in conjunction with each other, such as in the 'social construction of productivity'. In particular the position of women with severe disabilities who are not eligible for recognition of statutory disability is relatively unprotected. This paper fills that gap in the law, with a jurisprudential principle that is articulated from the constitutional concept of dignity, substantive equality, and personal autonomy: “The Right to Exist Beyond Achievement”.

2. Conceptual and Theoretical Foundations

2.1 The Social Construction of Normalcy and Productivity

The definition of normal is not just related to biologic or medical criteria but also socially created by social institutions, economic expectations, and cultural norms. In today's work environments, achieving a high level of productivity is often tied to working consistently and being on duty at all times, performing well, and producing measurable results. Likewise, social norms tie success to education attainment, career progression, and economic self-sufficiency and/or stability within the family.[4] These standards make assumptions about the consistent development of physical and psychological abilities of people.

[4] M. Iyer, *An Examination of How Dominant Notions of Normalcy Inform the Experiences of Non-White Subjects Living with Chronic Illness* (2018).

This puts people without stable health situations who necessarily need longer periods of rest and treatment at a disadvantage. If a woman has a chronic fatigue condition, she might be able to work on specific days, but she doesn't manage to keep up the level of functioning when she goes into medical flare-up. Her lower output, things, then, may be seen as a failure to live up to professional standards, and not as a result of inequitable institutional structures. Normaly is subsequently made a normative concept, a measure by which people are referred to instead of a neutral one describing human behaviour.

2.2 Feminist Legal Theory and Gendered Labour

Feminist legal philosophy shows that apparently gender-neutral social and legal institutions can result in unequal gender relations. There is, of course, never been a period in which women do not have domesticity; women's concerns with professional employment have yet to do away with their traditional domestic duties. Rather, the majority of the women have a dual burden, wherein they not only work for a wage, but also perform unpaid economic activities for their households (housework and emotional labour), as well.[5] In contrast, most of the women suffer from a dual burden, which consists of engaging in paid work along with unpaid economic activities within their household, that is, housework and emotional labour.

This unequal division of labour is important because many women with these chronic conditions are involved in work at home.This imbalance in division of labour is especially relevant for women living with chronic illnesses, who are likely to be engaged in housework duties. They may be held to a kind of double standard in order to maintain their productivity in work, while having to take care of their family at the same time with less physical capability. Moreover, unpaid domestic labour is unrecognized, also leading to economic disadvantages; domestic work does not lead to financial security or social protection for most.

2.3 Intersectionality and Multiple Disadvantages

Kimberlé Crenshaw's theory of intersectionality helps to show the interactions among systems of disadvantage as opposed to their isolation. To fully understand discrimination on the basis of gender, the economic position, disability, social class and other factors should all be taken into account. You might have more money for private healthcare, flexible work and housework, etc. if you are financially secure woman. A woman working in an informal/low-

[5] M. Pieri, The Emergence of the Chroniqueers, in *LGBTQ+ People with Chronic Illness: Chroniqueers in Southern Europe* 137 (Springer International Publishing 2023).

pay job, on the other hand, might only receive minimal medical leave and workplace adjustments, and might not have access to insurance coverage.[6]

This is why when someone talks about chronic illness, it doesn't necessarily make the same experience for all women. Economical disparity and social dependency magnifies its repercussions. This could mean that a legal precedent implies universal access to health services and employment rights will be disregarded.

2.4 Capability Approach and Human Dignity

Amartya Sen's Capability Approach looks at justice in terms of what opportunities people have to do something as opposed to looking at their resources to achieve something. Central to Martha Nussbaum's emphasis are human capacities such as body and health, bodily integrity and affiliation, and practical reason. They indicate that there is not a direct correlation between access to resources and access to opportunities.

The Social Model of Disability also provides an alternative explanation that often, disability is more to do with the barriers in the environment or institution than with the disabled person himself or herself. If implemented when it comes to chronic illness, these understandings imply the potential of workplace dogma and an unwelcoming social structure to turn manageable health limitations into disabling participation restrictions.[7]

As a result, there is a demand for institutions to take into account human capability differences – this is substantive equality. When people have varying physical, psychological and economic situations, they cannot be treated in exactly the same way without being able to safeguard their dignity.

3. Chronic Illness, Gendered Expectations and the Productivity Paradigm

3.1 Everyday Reality of Living with Chronic Illness

Living with chronic illness often means a long-term journey of symptom management, brand distinction, medication and treatment plans and all the flucutations in body function. Things like commuting to work, going to school, cooking the meals or heading to social events and events may seem completely typical, but they can take a ton of planning and physical exertion. Fatigue and pain can make it more difficult to concentrate and/or move about and exercise capacity, as well as medical costs, may be recurrent, leading to financial insecurity.

[6] Sarah Pickard & J. Robinson, *Ageing, the Body and the Gender Regime* (Routledge 2019),

[7] R. Chung, Structural Health Vulnerability: Health Inequalities, Structural and Epistemic Injustice, 52(2) *Journal of Social Philosophy* 201 (2021).

The additional difficulty of invisible illnesses comes into play. People may need to provide evidence that their symptoms are a reality; this is because symptoms are sometimes not noticeable. This places an unequal burden of explanation on women as they have to continually explain their lack of participation in normal activities.[8] Furthermore, the need for the visible proof in the social demand is not fully aware of the uncertainty surrounding many chronic conditions.

3.2 The Double Burden of Professional and Domestic Productivity

The modern successful woman is a woman who has achieved success in the work place along with maintaining traditional family roles. Knowledge and economic self-sufficiency are still regarded as key indicators of empowerment, and marriage and motherhood/care is still regarded as a key indicator of social fulfillment. These hopes and dreams are valid but need to be tempered when they turn into 'musts' imposed on the individual.

Someone who has been diagnosed with a chronic disease might need flexible work times, extra time off work or a decrease in their work schedule.[9] But lack of punctuality and steady work effort often are marked by career promotion at the job site. This expectation of independence may thus create certain incongruities in regards to big outgo of medical costs, but relatively small institutional accommodation.

A domestic disadvantage occurs as well because of domestic expectations. Women have often been perceived as having natural duties in house management, child care and emotional care, responsibilities. If they are unable to do these activities, due to illness, they may be criticized or feel guilty. This burden indicates that professional equality between men and women may be obtained only by stimulating more women to be in work, but must also recognise and overcome the unequal division of unpaid work.

3.3 Marriage, Motherhood and Reproductive Autonomy

The marriage and motherhood is a private and personal matter which should be decided by choice not by society. However, it is common for women to face pressures to marry and conceive children as a key part of a fulfilling life. This sort of assumption is especially noticeable when a girl has an over lasting condition.

[8] L. J. Golder, A Politics of Suffering: Anarchism and Embodiment in the Life of Voltairine de Cleyre, 36(2) *Gender & History* 474 (2024).

[9] Alicia Ely Yamin, *Power, Suffering, and the Struggle for Dignity: Human Rights Frameworks for Health and Why They Matter* (University of Pennsylvania Press 2015).

Medical conditions can potentially impact risk of pregnancy, fertility, treatment options, and parenting options. However, it is imperative that this is backed-up with accurate medical information and counselling for a single individual. They shouldn't automatically rule out a women with chronic illnesses being able to have children, nor should they dissuade her from relationships.

Just the same, the choice for not to marry or have children should be honored. Reproductive autonomy also extends to one's freedom to have children and to her refusal to have children.[10] This legal and social sense of women's dignity must then go beyond the reproductive conformity and acknowledge the power of women to control their bodies, and decide what they want out of their lives.

3.4 Psychological Suffering and the Burden of Justification

Psychological exhaustion can result from frequent negotiations between the limits of health, life and social expectations. When they fail to meet work deadlines, cannot maintain relationships or do not fulfill domestic responsibilities, women might feel certain guilt feelings. Comparisons to healthy people can add to the sense of less than and those who aren't read as symptom-free can lead to isolation.

When illness is thought of as a weakness, the impact on the psychological aspect is heightened. Women are not necessarily given room and board, but show special persistence and grit. These stories can, trouble-makingly enough, victim-blaming on individuals instead of institutions. Social and legal institutions must learn how to recognise alternative patterns of functioning, as should women, but it is not just a question of their resilience.

4. Indian Constitutional and Statutory Framework

4.1 Constitutional Foundations of Equality and Human Dignity

The fundamental rights guaranteed by the Indian Constitution to the women living with chronic diseases based on equality, dignity and personal autonomy are absolutely vital. The principle of equality before the law and equality of the laws is provided for in article 14, which the State must put measures in place to combat arbitrary or discriminatory practices. For women experiencing chronic conditions, the same rules or norms in the workplace or in society can result in inequities. In the first place, there are better bases to challenge gender

[10] Os Keyes, B. Peil, R. M. Williams & K. Spiel, Reimagining (Women's) Health: HCI, Gender and Essentialised Embodiment, 27(4) *ACM Transactions on Computer-Human Interaction* 1 (2020).

construed notions of professional achievement and domestic responsibilities provided by Article 15 than elsewhere. The provisions of Article 16 ensure that in public appointments equal opportunity will be afforded, and Article 19(1)(g), occupational freedom.[11] Such guarantees, however, must be accompanied by effective institutional support so as to not put unnecessary limits on participation because of health issues. The rights for dignity, privacy, bodily autonomy and reproductive choice are the most solid base that will be provided by Article 21. The concept of livelihood, public assistance during sickness, humane working condition, maternity relief, public health are supported by other articles, namely Article 39, 41, 42 and 47. However, disadvantage caused by chronic illnesses will not be eradicated through constitutional change unless there is proper implementation of legislation and institutions.

4.2 Rights of Persons with Disabilities Act, 2016

Sub-section 3 under the Rights of Persons with Disabilities (RPD) 2016, talks of equality and non-discrimination, while sub-section 4 draws special attention on women and children's rights with disabilities, and Section 20 of the Act states that everyone must not have to face discrimination in employment. Social security and healthcare are the topic of sections 24 and 25. It is especially noteworthy that equality should not be met through all means necessary but through reasonable accommodations. However, Section 2(s) and the Schedule outline the statutory conditions that need to be met for a disability to be recognised and are not all chronic conditions considered to be specified disabilities. Therefore, women who continue to live with chronic pain, fatigue or the shifting symptoms could also suffer lack of access to retirement benefits for the condition. The gap between a serious health limitation and a recognised disability under the law means that there is a need to pay more attention to functional limitation and to participate.

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4.3 Employment, Labour and Social Security Laws

There are a number of ways in which employment and social security legislation protects women from income insecurity due to illness. The Compensation framework of benefit under the Employees' State Insurance (ESI) Scheme covers medical, cash benefits for insured employees, while the Employees' Compensation Act, 1923 provided for the compensation in respect of employment injury and occupation diseases. The Maternity Benefit Act, 1961 has

[11] T. N. Boulton, *Embodying Liminality: The Disruptive Potentialities of Medically Unexplained and In/Visible Chronic Illness* (Ph.D. dissertation, University of Leeds 2016).

in the past offered employment rights for maternity matters.[12] These acts have been consolidated or restructured as part of India's four Labour Codes that came into effect on 21st November 2025. The medical benefits and employment injury and maternity protection sections of the Code on Social security 2020 are of particular interest. Such provisions however do not provide a comprehensive protection to all the women who suffer from the same chronic illness and experience it regularly. Restrictions on eligibility, low paid work or low level workplace flexibility can perpetrate the income insecurity. A lack of general framework to support students with chronic illness is a concern.

4.4 Reproductive Healthcare and Family Laws

The Medical Termination of Pregnancy Act, 1971 (amended in the year 2021) is a key Act of Law associated with the legal aspects of pregnancy termination and reproductive health care. But reproductive autonomy is not confined to abortion, it would include the right to choose not to pursue or undergo motherhood. The Hindu Marriage Act, 1955, Special Marriage Act, 1954, regulate matrimonial relations whereas the Hindu Adoptions and Maintenance Act, 1956 and Protection of Women from Domestic Violence Act, 2005 deals with family responsibility and maintenance and protection.[13] Use of their application must not uphold preconceived notions that chronic disease renders a woman ineligible to marry or raise children. Reproduction should still involve informed consent, considering personal body, reproductive systems and individual and familial circumstances – not medical stereotypes or familial pressure.

4.5 Mental Healthcare and Healthcare Protection

Chronic illness-related psychological distress is covered by the Mental Healthcare Act 2017 which establishes access to mental healthcare and treatment as a legal entitlement. Remedies for deficiencies in health care services are found in the Consumer Protection Act, 2019 too. The rules for health insurance also matter a great deal when it comes to obtaining a long-term treatment that is affordable.[14] But having these healthcare rights does not mean that they can always be accessed or that they are necessarily there for ongoing healthcare needs. Limited access to insurance coverage, psychological stress and high costs for care exacerbate women's

[12] . M. Job T. & C. A. Thomas, Ageing with Disability and Family Dynamics: A Social Constructionist Reading of Rohinton Mistry's Family Matter, *Journal of Population Ageing* 1 (2026).
[13] H. Güther & M. Fiedler, Normality and Equality in Self-Determined Living with Chronic Diseases, in *Chronic Care—Science and Practice* 297 (Springer 2026).
[14] G. Wolbring, E. Dhaliwal & M. Kaur, Incivility, Ostracism, and Social Climate Surveys Through the Lens of Disabled People: A Scoping Review, 16(1) *Societies* 12 (2025).

economic and social disadvantage. Hence, the protection of health care needs to acknowledge the clinical and socio-economic effects of chronic diseases.

5. Judicial Interpretation and Human Dignity

The concept of chronic illness within the context of a more comprehensive understanding of human dignity, has important lessons to be learned from the Indian constitutional jurisprudence.

The Supreme Court in K.S. Puttaswamy v. Union of India has acknowledged that privacy is a Fundamental Right under Article 21 of the Constitution, which has strong links with the right to dignity and personal autonomy.[15] This is to argue the idea that social expectations should not dictate decisions over health, bodily integrity and personal life.

During Suchita Srivastava v Chandigarh Administration,[16] Court gave acknowledgment that reproductive choice as a part of personal liberty and autonomy. In a similar manner, the Court re-iterated the cause of reproductive autonomy and downplayed the assumptions of the restricted character of women's reproductive situations in X v. Secretary, Health & Family Welfare Department.[17]

The case of Vikash Kumar versus the Union Public Service Commission is significant with regard to reasonable accommodation.[18] The Supreme Court reiterated that to achieve substantive equality one should provide reasonable accommodation and not do it as a favour. The search for institutional flexibility can be extended to persons with significant health related restrictions as a basis for this criterion to be examined.

In the case of Jeeja Ghosh v. Union of India, the Court emphasised dignity and non-discrimination with regard to the treatment of persons with disabilities.[19] In Anuj Garg v. Hotel Association of India the limits imposed on the powers of a girls' school were objected on the grounds of limiting these powers based on a paternalist view of women, and made the point that this does not meet “substantive equality”.[20]

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[15] K.S. Puttaswamy (Retd.) v. Union of India, (2017) 10 S.C.C. 1 (India).
[16] Suchita Srivastava v. Chandigarh Administration, (2009) 9 S.C.C. 1 (India).
[17] X v. Principal Secretary, Health & Family Welfare Department, Govt. of NCT of Delhi, (2022) 10 S.C.C. 1 (India).
[18] Vikash Kumar v. Union Public Service Commission, (2021) 5 S.C.C. 370 (India).
[19] Jeeja Ghosh v. Union of India, (2016) 7 S.C.C. 761 (India).
[20] Anuj Garg v. Hotel Association of India, (2008) 3 S.C.C. 1 (India).

Last but not least, Deepika Singh v. Central Administrative[21] Tribunal held that the family certainly does not fit into the "box" of what the law thinks it should look like, and that the interpretation of the law must adapt to the realities of the various families.[22]

All these decisions set important principles for the constitution. They do not, however, provide any specific, detailed comprehensive legal right for all women with chronic illnesses. Their ideas need to be elaborated and expanded on for invisible sickness, occupational isolation, and societal pressure to conform to the socially agreed upon definition of success.

6. International and Comparative Legal Perspectives

6.1 International Human Rights Framework

Gender equality, health, employment and dignity go hand in hand in a distinct way, which is supported by the international human rights instruments. According to the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) the employment, health care and family life are covered by the Articles 11, 12 and 16. It presents a challenge to social structures that limit women's involvement and/or their autonomy in reproductive and family decisions.

The Convention on the Rights of Persons with Disabilities (CRPD) is especially pertinent in looking at women with disabilities in Article 6; adequate standards of living and social protection in Article 28; work and employment in Article 27; and health in Article 25.[23]

Likewise, the ICCERC (Covenant on Economic, Social and Cultural Rights) proclaims in Articles 7 and 12 the right to just and favourable working conditions, and high level of physical and mental health. In addition, ILO conventions and standards – including Convention No. 111 on discrimination in employment and occupation – contribute to the goal of equality in working life.

The instruments collectively show that dignity is not just about discrimination prevention. It calls for some conditions that facilitate being part of social and economic life in a meaningful way.

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[21] Deepika Singh v. Central Administrative Tribunal, (2022) 7 S.C.C. 370 (India).
[22] R. Palriwala, Framing Care: Gender, Labour and Governmentalities, 26(3) Indian Journal of Gender Studies 237 (2019).
[23] L. H. Emerson, *Aging, Abandonment, and the Political Economy of Neglect: Social Security and the Ethics of Disposability* (SSRN Working Paper No. 6144588, 2026).

6.2 United Kingdom: Legal Protection and Reasonable Adjustments

A relevant comparably can be the United Kingdom's Equality Act 2010. Section 6 provides a definition of disability as a physical or mental impairment that substantially limits one or more major life activities and has a long-term adverse effect that is present such that they are expected to persist.[24] There is also a legal framework that reflects the various recurring conditions or the changing conditions as a basis for disability.

It is important to highlight that making reasonable adjustments is a specific duty of employers and any other relevant duty-bearer, regardless of whether their actions will result in a disadvantage for an individual, which would need to be reduced. These might include flexible working arrangements, modified duties and/or modified hours of work as appropriate.

The model illustrates that there is no reason why protection against disability should only be those that are permanent, or happen differently on a regular basis. The need to meet the statutory definition of disabled and the limits of enforcement still apply however.

6.3 United States: Disability and Reproductive Rights

The Americans with Disabilities Act, 1990 was enacted and provides that everyone is prohibited from being disabilitied or discriminated against on the basis of their condition, and states that reasonable accommodations must be made for a qualified individual, as well as providing some statutory limits. FMLA, 1993 offers up to twelve weeks of job-protected unpaid leave to eligible workers on the following grounds: family and medical reasons.[25]

These increases provide helpful tools to strike a balance between hiring and keeping employees and addressing health-related concerns. However, the criteria for eligibility and an employer's coverage of leave and the requirement that it be unpaid may make FMLA leave more difficult to access, especially for economically disadvantaged women.[26]

Moreover, the U.S. shows how and when formal autonomy recognition might not demand equal reproductive healthcare access. Since Dobbs v. Jackson Women's Health Organization, the regulation of reproductive health has hinged greatly on state law. This is a representation of how it is vital to have access to health care institutions that assist by upholding constitutional and statutory rights.

[24] T. M. Adams, How Chronic Violence Affects Human Development, Social Relations, and the Practice of Citizenship: A Systemic Framework for Action (Woodrow Wilson International Center for Scholars 2017).

[25] A. Scavarda & B. Grüning, Towards an Embodied and Graphic Based Qualitative Sociology: Methodological Reflections on Reflexivity and Pictorial Embodiment in the Field of Health and Illness, 30(4) *The Qualitative Report* 3458 (2025).

[26] A. Brewis & A. Wutich, Lazy, Crazy, and Disgusting: Stigma and the Undoing of Global Health (Johns Hopkins University Press 2019).

6.4 Comparative Lessons for India

India can learn the pragmatic way of identifying disability – both in the UK and for granting workplace support/medical leave in USA. There are significant differences in India, however, between the formal and informal labor sector, and limited access to uninterrupted health care as well as the economic inequities in the access to healthcare. Social security must be legal and responsive to the need; and institutional enforcement must be effective.

7. Legal Gaps and the Right to Exist Beyond Achievement

7.1 Inadequacy of Existing Disability Recognition

A huge weakness in the law in India is that things don't always work out in a seamless manner between actual experiences of chronic illness and legal recognition thereof as a disability. Although women have functional limitations, may be ill for a long period of time, but may not meet the legislative criteria for a disability to be recognised, they may still be experiencing severe fatigue and/or persistent pain. Therefore, their disadvantages might not fall under the form of legal protection.

This means that there is unequal recognition of an actual health restriction and a legal disability. The potential barriers are obvious, with a much wider definition than purely a medical classification, the Rights of Persons with Disabilities Act, 2016 depends on certification and specified categories of disability. But someone with a fluctuating condition could especially have a challenge establishing the continuous nature of their limitations.[27]

The law should focus on how disability affects a person's life rather than just on a diagnosis and the apparent disability.

7.2 Formal Equality versus Substantive Equality

The principle of formal equality is that people should get the same treatment. But there are no guarantees that equal treatment equals equal opportunity, however. The goal of ensuring that all employees are on the same terms with regard to attendance, working hours and performance can seem fair, but can have an adverse effect on employees with long-term illnesses.

[27] K. Lambert & A. L. Hilton, Reifying the Normate: Disability Representation and Ableist Hegemony in Australian Senior Secondary English and Literature Text Lists, 16(11) *Education Sciences* 1849 (2026).

Institutional responsiveness to these differences and revisions needed for substantive equality will go a long way toward realising an objective of the process.[28] This is not to the exclusion of getting rid of professional standards or making unlimited exemptions. Instead, it must be reasonable, and allow a person to join or be involved without facing unfair 'penalty' for any health-related limitation.

This principle of equality has to take the conditions of fellowships into account which are required for individuals to participate in the society, rather than simply the formal availability of opportunities.

7.3 The Unrecognised Economic and Caregiving Burden

Chronic illness often has significant financial impacts related to accessing health services, working capacity (and the resulting income loss), and lost working time. When in addition to these challenges, females are expected to share unpaid domestic and caregiving duties, women's difficulties are exacerbated.

The impact of the health consequences of permanent and variable illnesses is not totally recognised in existing social security systems.[29] Reducing working time and leaving work can mean women forfeit financial autonomy and their rights to health and safety benefits through their jobs.

In addition, unpaid care work is sometimes seen as a part of women's domain, rather than as a productive type of work. This assumption continues to perpetuate a situation where women rely on others and doesn't account for the extra burden of illness that many women are feeling due to their chronic conditions affecting them in addition.

7.4 Psychological Dignity and Institutional Recognition

Chronic condition symptoms often press down on people's psyche, which can be exacerbated by institutional and social reactions. A frequent occurrence of symptoms, lack of belief and being judged as less productive can have a negative effect on self-confidence and social integration.

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[28] . K. McAllum, Zeroes, Service Providers, or Heroes? Dignity and the Communicative Politics of Care Work, Electronic Journal of Communication (2015).

[29] Francis Fukuyama, *Identity: The Demand for Dignity and the Politics of Resentment* (Farrar, Straus & Giroux 2018).

While the Mental Healthcare Act, 2017 acknowledges important rights in the context of mental healthcare it is not self-contained, and thus does not provide a complete remedy to psychological harm linked to expectations and discus that is attached to long-term illness.[30]

Legal recognition cannot just be regarding physical limitation. It should recognize that dignity also includes being free from the humiliating attitude towards people of being poor when their performance is not at its best, from coercive expectations, from institutional practices that consider people as less than the norm when their capabilities are below.

7.5 Developing the Right to Exist Beyond Achievement

This paper presents a new jurisprudential principle based on Article 21 (analog, not equality), substantive equality and human dignity and the right to exist beyond achievement.

However, the idea goes against the opinion that a person's social value is determined by what they can achieve in measurable terms. The quality of a woman's performance in school, her work, her finances shouldn't be pressurized into proving her worth to justify her worth.[31] Similarly, marriage, motherhood and care giving cannot be imposed obligations when it comes to measurements of her worth in the social market.

The suggested principle embodies 5 basic components. One important matter is that dignity should be separate from productivity towards material things. Secondly, persons have a right to a meaningful freedom to arrange their affairs in accordance with their real physical and psychological functions. Third, reproductive decisions have to be left to the person's own choice. Fourth, not all instances of decreased professional involvement mean that problems are personal ones.[32] Finally, legal and institutional arrangements need to allow for the fact that living with chronic illness is a burden that itself requires many efforts.

This proposition is not proposing to create a new constitutional right outside of the current understanding of the law. Instead, it provides an interpretative lens when rules of the constitution may not readily apply to the particular situation, or rules from existing legal classifications may be vague enough to be misapplied.

The problem is that if people are expected to constantly assert their value in order to be recognised by society, such an understanding of dignity is limited.

[30] C. Bobel & B. Fahs, From Bloodless Respectability to Radical Menstrual Embodiment: Shifting Menstrual Politics from Private to Public, 45(4) *Signs: Journal of Women in Culture and Society* 955 (2020).
[31] T. Undurraga, R. Frei & P. Güell, Cultural Sociology in Chile: The Explanatory Power of Subjectivity, 20(1) Cultural Sociology 3 (2026).
[32] K. Lyons, The Neurodiversity Paradigm and Abolition of Psychiatric Incarceration, 123(7) Columbia Law Review 1993 (2023).

8. Recommendations and Proposed Legal Reforms

Women suffering from chronic diseases need a coordinated action in terms of legal and judicial, institutional and social reforms. The legislature should create a larger framework to include chronic and fluctuating health conditions; insist that access to workplace protection and social security should be based on the health condition itself rather than on simply a list of conditions. Employment laws should ensure the provision of sufficient medical leave and flexible working conditions and continuity of benefits, including for informal workers. Substantive equality, reasonable accommodation and human dignity themes should be used in the interpretation of the words of Article 14 and 21 of the Constitution and stereotypes should be rejected when it comes to women's capacities to work, marry or undertake motherhood.[33] Employers need to address flexible schedules, flexibility in working arrangements – when appropriate – workload adaptations and protection for privacy and confidentiality. Healthcare facilities and health insurance companies need to make treatments more available, less expensive, and provide long term support and counselling to patients. Reproductive health care must be consensual and woman-centred, not being able to presume on a woman's capacity for motherhood because of her chronic illness. Last but not least, gendered expectations about housework and caring for others need to be challenged through public campaigns. Addressing inequitable burden of unpaid duties is critical to minimizing the disproportionate burden women bear with chronic issues.

9. Conclusion

The connection of gendered expectations, chronic illness and productivity reveals a serious shortcoming of the conventional conception of equality and human dignity. Women with chronic diseases (also called long-term health problems) often are required to continuously perform and perform when it comes to maintaining physical health amidst pain, fatigue, medical treatment, financial strain and psychological fatigue. Their problems only get worse when social institutions attribute lowered productivity to individual shortcomings, not noticing the disparity in which these are carried out.

The Indian constitutional jurisprudence offers some important bases for protection of privacy, equality, autonomy and dignity but there are many statutory provisions which are fragmented. But in particular, there can be significant gaps in law and institutions for women whose chronic conditions are not recognized for disability protection.

[33] Marta Russell, Capitalism and Disability: Selected Writings by Marta Russell (Haymarket Books 2019).

The proposed theme "Right to Exist Beyond Achievement" aims to overcome the limitations by stimulating a wider thinking around a dignity other than that of achievement, of independence, of marriage and motherhood, capacity to care. Finally, one must acknowledge that there are different levels of ability and people with chronic conditions may need and need to exert extraordinary effort in coping with life in an ordinary way. Dignity is never a woman's right if she has to try to accomplish more, perform more and give more to meet society's normal standards.



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