

Women with Locomotor Disability: A Qualitative Analysis



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Abstract

People with disabilities face many obstacles in their struggle for equality. Although men and women with disabilities are subject to discrimination because of their disabilities, women with disabilities are at a further disadvantage because of the combined discrimination based on gender and discrimination based on disability. Disabled women and girls are commonly stereotyped as sick, helpless, childlike, dependent, incompetent and asexual, greatly limiting their options and opportunities. Discrimination is an enduring issue for all people with disabilities. Women and girls with disabilities however, are subjected to double discrimination: sexism as well as disability bias. The present paper pertains to locomotor disabled women residing in Panchkula District, Haryana. Locomotor disability means disability of the bones joints muscles leading to substantial restriction of the movement of the limbs or any form of cerebral palsy. The main objective of the paper is to highlight the problems and challenges faced by the locomotor disabled women. In the present paper 10 case studies have been analyzed. Results indicate women with disabilities are constantly faced with discrimination and are subjected to neglect, prejudice, revulsion, rejection and pity. They face economic, educational, architectural, legal and health barriers, which prevent them from leading a fulfilling life and achieving their full potential.

Keywords: Locomotor Disabled Women, Stereotype.

Introduction

Historically in India as elsewhere in the world, there has been a deep-rooted cultural antipathy to persons with disabilities. Throughout the ages the disabled have been looked down upon with disdain, almost as if they were sub-human. They have been portrayed as medical anomalies, helpless victims and a lifelong burden for family and society. Disability is viewed by many people as bringing 'disgrace' or 'stigma' upon a family. In Indian context disability has been linked to a religious belief in 'Karma', the idea that being born or becoming disabled is a result of wrong doing in a previous incarnation. Persons with disabilities are amongst the most socially marginalized groups. They constantly face discrimination and are subjected to neglect, prejudice, revulsion, rejection and pity. They face economic, educational, architectural, legal and health barriers, which prevent them from leading a fulfilling life and achieving their full potential. Indeed, the majority of persons with disabilities pass their lives in total isolation, abject poverty and absolute misery. Needless to say the plight of women with disabilities is even worse, since they face the double burden of being female and being disabled. Women with disabilities are at disadvantage because of the combined discrimination based on gender and disability. The present paper pertains to Locomotor Disabled women residing in Panchkula District, Haryana. The main objective of the paper is to highlight the problem and challenges faced by the locomotor disabled women.

It is argued that like gender, disability is also a social construct, that is, that women's experience of disability is determined by society's attitudes and perceptions of disability itself. Thus gender and disability combine to create a situation of double jeopardy where physical impairment can have a profound impact on women's ability to carry out traditional or non-traditional gender roles. Underlying the double discrimination is negative attitudes about women compounded by negative attitudes toward disability that often cut across cultures and level of development.

Disabled women and girls are commonly stereotyped as sick, helpless, childlike, dependent, incompetent and asexual, greatly limiting their options and opportunities. Discrimination is an enduring issue for all

people with disabilities. Women and girls with disabilities however, are subjected to double discrimination: sexism as well as disability bias. Research is limited in this area and consists largely of small qualitative studies. Through present study an attempt has been made to identify the joint impact of gender and disability bias.

What is Disability?

According to the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995, "Person with Disability" means a person suffering from not less than forty percent of any disability as certified by a medical authority (any hospital or institution, specified for the purposes of this Act by notification by the appropriate Government). Thus in the Persons with Disabilities Act "disability includes (i) Blindness; (ii) Low vision; (iii) Leprosy-cured; (iv) Hearing impairment; (v) Locomotor disability; (vi) Mental retardation; (vii) Mental illness.

Definition of Locomotor Disability

In case of 'Locomotor disability' the definition given under Persons with Disability Act itself is simple. Both, census and NSS definitions are in accordance with the definition under the Act except NSSO definition includes dwarfs and persons with stiff neck of permanent nature who generally do not have difficulty in the normal movement of body and limbs, as having locomotor disability..

For the purpose of analysis terms locomotor disabled, physically handicap and orthopedically handicap have been used interchangeably.

Causes of Locomotor Disability

It has been reported that polio and injury other than burns are the two major causes of locomotor disability contributing more than 50% of cases. Out of the rural and the urban sectors, stroke, arthritis and injury other than burns are more prevalent in the urban area and polio is found more common in the rural area. The females, in comparison to males, acquire locomotor disability more due to arthritis, other illness and old age. On the contrary, among the various causes of disability, males suffer more due to polio and injury other than burns.

According to National Human Rights Commission (NHRC 2005) there are some indirect causes of locomotor disability such as Malnutrition, Conflict Occupational Hazards and Accidents etc. Some common conditions giving raise to locomotor disability are poliomyelitis, cerebral palsy, autism, amputation, injuries of spine, head, soft tissues, fractures, muscular dystrophies etc.

Review of Literature

Women with physical disabilities live near or below the poverty line (Mudrick, 1988; Ridington, 1989b; Russo & Jensen, 1988). Fewer women with physical disabilities are married, more are separated and divorced, and if they have children, these women often raise them alone (Asch & Fine, 1988; Harrison & Wayne, 1986). When compared with other women, disabled women have a lower level of education (Asch & Fine, 1988).community has failed to adequately address the problems of abused women with disabilities (Krotoski et al., 1996). The

combination of both gender and disability give rise to controversial social attitudes, stereotypes and stigmas (Minner, 2000); stereotyping, discrimination and prejudice often accompany medical labeling of disability (Rothman, 2003); disability is a major cause of social exclusion and it is both the cause and consequence of poverty (The British Department for International Development {DFID}, 2000); recent World Bank studies contend that "half a billion disabled people are undisputedly amongst the poorest of the poor" (Metts, 2000) and are estimated to comprise "15 to 20% of the poorest in developing countries" (Elwan, 1999); in India, disability is associated with lower socio-economic status (World Bank Report, 2007).

Being a woman with disability can be paradoxical experience for all. In the past, women with disabilities knew their place in society-out of sight and out of mind (Mohanty, 2005). In a male dominated society like India women's sexuality is totally controlled by patriarchy as well as the state and therefore the situation of women in general is not good so it can be easily understood that, the situation of disabled women is very vulnerable (Mohanty, 2005).

Objectives

1. To explore the background of the locomotor disabled women
2. To highlight the problem and challenges faced by the locomotor disabled women.

Methodology

In the present study disability refers to

Disability

A Person with restrictions or lack of disabilities to perform an activity in the manner or within the range considered normal for a human being was treated as having disability. It excluded illness/injury of recent origin (morbidity) resulting into temporary loss of ability to see, hear, speak or move.

Locomotor Disability

A person with (a) loss or lack of normal ability to execute distinctive activities associated with movement of self and objects from place and (b) physical deformities, other than those involving the hand or leg or both, regardless of whether the same caused loss or lack of normal movement of body- was considered as disabled with locomotor disability. Thus, persons having locomotor disability include those with (a) loss or absence or inactivity of whole or part of hand or leg or both due to amputation, paralysis, deformity or dysfunction of joints which affected his/her "normal ability to move self or objects" (b) those with physical deformities in the body (other than limbs), such as hunch back, deformed spine, etc. Dwarfs and persons with stiff neck of permanent nature who generally did not have difficulty in the normal movement of body and limbs were also treated as disabled. (Available at:http://mospi.nic.in/.../chapter%203%20Definition_%20Disability.pdf)

The present study was done at District Panchkula, Haryana. For the present paper 10 case studies have been undertaken. In present study the locomotor disability has been divided into three

different categories, congenital i.e. by birth, acquired i.e. disability occurred after birth or later on due to any reason and accidental i.e. disability happened after meeting with an accident.

There were 4 cases that had congenital disability, 2 had accidental disability and remaining 4 had acquired disability.

Results

In order to know the background of the cases, various variables like age, sex, marital status, caste, religion, education, occupation, income etc. were discussed.

Profile of the cases

In order to know the background of the cases, various variables like age, sex, marital status, caste, religion, education, occupation, income etc. were discussed. The main objective of the paper is to highlight the problems and challenges faced by the locomotor disabled women. An effort has been made to relate the socioeconomic and demographic background of the cases with their medical history like type of locomotor disability, onset of disability, causes, treatment taken for their disability and difficulties faced during the course of treatment.

Type of Disability

In our study we have divided locomotor disability into three different categories i.e. congenital (by birth), acquired (disability occurred after birth or later on due to any reason) and accidental (disability happened after meeting with an accident).

Out of 10 cases, 4 cases i.e. (case A, C, H and J) were congenital, while 2 cases i.e. (case F and G) were accidental and remaining 4 cases i.e. (case B, D, E and I) were acquired.

Onset of Disability

Out of 10 cases, 4 cases i.e. (case A, C, H and J) were disabled since birth like congenital anomaly; paraplegia; congenital shortening of limb and congenital talipes equinovarus (CTEV); 2 cases i.e. (case B and E) became disabled in early childhood due to osteomyelitis and PPRP. And 4 cases i.e. (case D, F, G and I) became disabled in adulthood; due to rheumatoid arthritis, amputation of right hand; amputation of left leg and paralysis respectively.

Causes of Locomotor Disability

It may arise from the following conditions i.e. cerebral palsy, amputation, paralysis, congenital deformities, joint disease, bone infection, abnormal curvatures, post burn contractures, fractures (operated and malunited) and weakness of limb.

Out of 10 cases, 4 cases i.e. (case A, C, H and J) were congenital anomalies, case B was of bone infection, case D was of joint disease, case E is of PPRP, 2 cases i.e. case E and F were of amputation and case I was of paralysis. Out of all these 2 cases i.e. case C and I were totally dependent on others, 3 cases i.e. case D, F and G are less dependent on others whereas remaining 5 cases i.e. case A, B, E, H and J were totally independent in their household chores and daily activities.

Treatment

Out of 10 cases, 8 cases i.e. (case A, B, C, D, E, F, G and I) took treatment for their disability.

Remaining 2 cases i.e. (case Hand J) could not get good or any kind of medical treatment. As in their families most of the people were illiterate. And they were unable to understand these things medically. As both the cases were congenitally disabled they were considered a burden. Their families and even society was to think that this disability is due to bad karma in their previous incarnations. Remaining 8 cases i.e. case A, B, C, D, E, F, G, I received medical and surgical treatment. Cases A, B, C, D, E, I at a local level i.e. their place of residence. Later on when they did not get satisfactory result, they moved to various local hospitals. Whereas case F and G received immediate surgical treatment after accidents and later on was medical treatment.

Any Other Disability

Sometimes people have multiple disabilities. Out of 10 cases, only 1 case i.e. case D was once at home and she fell from the staircase, due to which a vein in her backbone got blocked, which resulted in a hunchback or disc protrusion, and she has to do self cauterization.

Age

Out of 10 cases, 2 cases i.e. case A and J were between the age group of 18-27yrs and 3 cases were between age group of 28-37yrs. Out of which case C is congenitally disabled, case E is acquired disabled and case G is accidental disabled. Whereas case H, belongs to age group of 38-47yrs. She is also congenitally disabled. Rest 4 cases i.e. case B, D, F and I were between the age group of 48 and above. Out of which case B, D and I were acquired disabled and case F is accidental disabled.

Marital Status

In the present study both married and unmarried cases were included. Out of 10 cases only 2 cases i.e. case C and J were unmarried. Rest of the 8 cases i.e. case A, B, D, E, F, G, H, I were married. Many of the married cases were married to normal partners without any disability and such marriages have different reasons. Out of these common reasons was dowry, disabled girl working in a govt. job and earning good salary; parent's pressure to marry a disabled girl on their son in lieu of dowry. Out of the 8 married cases, 4 cases i.e. case D, F, G and I have become disabled after marriage.

Reasons for not Getting Married

In present study out of 10 cases, 2 cases i.e. case C and J were unmarried. Case C was highly qualified and belonged to a upper middle class and upper caste family. But she was suffering with paraplegia. Her lower body was not working. She cannot stand and walk of her own. So her parents never tried to search a match for her. According to them nobody wants to get married such a girl who cannot bear her own responsibility. Case J's parents are looking for a match for past 4 yrs, but they were unable to find a mach for their disabled daughter. They are looking for some nondisabled and even a disabled match for their daughter. But now a day's disabled male also want a non-disabled life partner.

The above quality analysis of marital status reveals that it is very difficult for locomotor disabled females to get a suitable match. Their locomotor disability which

is visible to everyone and non competence of handling their responsibilities alone are the major hindrances for the disabled females to get married.

Mode / Arrangement of Marriage

In this study an attempt has been made to find out whether married respondents faced difficulty in finding a match / life partner. The qualitative data reveals that those cases who were married, half of them were the females who became disabled after marriage and they did not face any kind of difficulty in getting married. Marriages of most of the cases were arranged by the relatives and parents. 1 case i.e. case E selected her life partner on her own.

Number and Health Status of Children

All the married cases had children. Only case A is having 1 daughter and remaining all the cases have 2 to 3 children. All are having normal children. This show there is very less chance of transmitting the locomotor disability to their children.

Caste

Out of 10 cases, 4 cases belonged to upper caste category i.e. case A, B, D and H, 4 cases were from middle caste category i.e. case E, F, G and I and remaining 2 cases were from lower caste category.

Out of 4 upper caste cases, 2 i.e. case A and H were congenitally disabled and remaining 2 cases i.e. case B and D were having acquired disability. 4 cases that were from middle caste category, 2 cases i.e. E and I were acquired disabled and remaining 2 cases i.e. F and G were having accidental disability. Both the cases from lower caste category were congenitally disabled.

There was no striking relation in the caste background and type of disability in the cases under study. It has been assumed that congenital deformities are more prevalent in lower caste group which is related to the lower socio-economic status of the family. People belonging to the lower caste have low socio-economic status thus, are more prone to disabilities because of poor hygienic conditions and lack of preventive measures.

Analysis of case studies indicates that the problem of locomotor disability was prevalent in all the caste groups. For the present study, the respondents of all types of disability i.e. congenital, acquired and accidental were taken. And it was found in the study that people with low or no education lack the awareness to good hygiene, care of mother while pregnancy, care of child born such as proper immunization and vaccination. Further they don't have knowledge about the treatment of locomotor disability and about the welfare schemes and scholarships provided by the government.

Residential Background

Out of 10 cases, 6 cases were from urban background i.e. Case A, B, C, D, F, G and 4 cases i.e. Case E, H, I, J were from rural background. Whereas case A, D, F, G were born in rural areas and after their marriages they were residing in urban areas.

Religion

Qualitative data indicates that there were 9 cases i.e. case A, B, C, D, E, F, G, I, J who were Hindus. There was one case i.e. case H who followed Sikhism. But most of the Hindus were not rigid about

their religion. They pay visit to Gurdwara and Mosques also.

Education

Out of 10 cases, 4 cases i.e. case A, B, C, D were post graduate. 3 cases i.e. case F, H and J had education up to high school. Case H and J was trained in stitching, embroidery and knitting. Both of them were self employed as tailors. Remaining 2 cases i.e. case E and G had education up to middle school. And case I was illiterate because her parents were never able to send her school due to poverty. This analysis of case studies shows that locomotor disability was not any kind of hindrance in attaining education rather poverty or the low financial status of the families was the biggest issues.

Occupation

Out of 10 cases, 2 cases i.e. case B and F are employed in government sector. Case D was employed as a teacher, but left her job after acquiring disability. Case H and J were self employed as tailors. Case G was also employed as a house help before getting disabled in an accident. Rest of the 4 cases i.e. case A, C, E, I were unemployed. Out of these cases, case C was unable to walk and case A, E and I never tried to do a job.

Income

Income determines the social status of individuals. There were 3 cases i.e. case B, D, F who were earning more than Rs.25000 per month (Case B and F as salary and case D as pension). 2 cases i.e. case H, J were earning up to Rs.5000 per month. Their qualification was not that much but they were self employed. Analysis of data reveals that with educational qualification, self efforts are also acknowledged for earning livelihood.

Problems and Challenges Faced By the Locomotor Disabled Women

As the main objective of the paper was to, highlight the problems and challenges faced by the locomotor disabled women. Results indicate that women with disabilities are constantly faced with discrimination and are subjected to neglect, prejudice, revulsion, rejection and pity. They face economic, educational, architectural, legal and health barriers, which prevent them from leading a fulfilling life and achieving their full potential.

Educational Barriers

There are very few special institutes or organizations which cater to the needs of locomotor disabilities in the country. The normal visibility of the peoples is to focus on the needs of the other categories of disabilities like people with visual disabilities, hearing impaired, and cerebral palsy as their needs are considered more crucial than the locomotor disabilities where the need is associated with limbs and mobility. Russo and Jansen (1988) suggest that the women with disabilities are encouraged to take most traditional female roles. As a result, women with disabilities are unlikely to have the educational opportunities that will allow them access to highly valued, well-paying professional positions. In our study it was found that Case I, face difficulties in getting education due to poverty. Many illiterate and less educated parents and relatives believed that the

disabled girls should not be educated much. Because the money spent on their education can be saved for their marriages because for marrying a disabled daughter they have to give heavy dowry. Case F, H and J had education up to high school. The non availability of senior secondary schools in their nearby rural areas and their parents never preferred to send them alone to far off places.

Architectural Barriers

In our study it was revealed that due to architectural barriers, cases like Case E, H and J didn't pursue their higher education and they never preferred to go out alone as they were not able to climb the stairs. One case, Case F who's hand was amputated. She told that she can't travel alone to her work place because of her disability. Someone from the family has to drop and pick her to the work place. Other case, Case B who was working in a school, told that she only commutes to her work place by the school bus. Due to lack of means of transportation and architectural barriers the women with disabilities are dependent on others for commuting from one place to other.

Problem of Family Acceptance

In our study it was revealed that Case A, B, C, H and J faced problems of family acceptance. Case A's grand parents didn't accept their granddaughter's disability and they were more carrying towards her non-disabled siblings. Case B face problems in her in-law home as her parents-in-law were accepting but the brother and sister in-law were not supporting. Case C's father was not being able to accept her daughter's disability and he was more loving and caring towards her non-disabled siblings. Case H belonged to rural area so her grandparents believed that her disability is a result of her evil past karma. So they never loved her and accepted her. Case J's grandparents believed that she is ill fated and never allowed her to be there in any auspicious event at home. So the problem of family acceptance is still there with the disabled girls and women.

Problem of Prejudice

In Indian patriarchal society, there are different yardsticks for perceiving and judging disabled men and women, and the treatment given out to them is definitely discriminatory. Women are often perceived as objects of beauty who bestow services to their husbands and families. Their contributions are seldom calculated in numerical terms. Their role as producers are overlooked and they are perception of non disabled women as beautiful objects, delivering services free of cost, which interferes with the development of disabled women. Disabled women struggle with both the oppression of being a woman in male dominating societies and the oppressions of being disabled in societies being dominated by the able bodied (Ghia,2002; Mehrotra, 2004).

In our study it was revealed that almost every case faced problem of prejudice at one or the other point of time. Sometimes the disabled women were compared to their brothers and sometimes even with their able

bodied sisters. And these disabled women were neglected sometimes due to their own siblings.

Problem of Neglect and Comparison

In our study, out of 4 congenitally disabled women only case A and B didn't face this problem at their family of orientation. But almost every married case like Case A, B, D, E, F, G, H and I faced the problem of neglect and comparison at their family of procreation. But unmarried cases like Case C and J faced this problem at their family of orientation even by their own family members like grandparents, parents and siblings.

Problem of Employment

Employment policies have devoted little attention to the disadvantaged employment status of women with disabilities. Burke. (1999) argue that disabled women tend to have more negative work experiences, possibly due to previous education problems, discrimination and the nature of roles offered which lead to lower income levels in lower status roles. Baldwin & Johnson (1995) have found that the wages differentials attribute to disability discrimination are relatively small, perhaps because the women in the study had disabilities that are subject to little prejudice. However, they point out that the total burden of discrimination is large because these employees also experience gender discrimination. Women with disabilities often have with fewer employment opportunities than both women without disabilities, and men with disabilities. In our study only two cases, Case B and F were employed in government sector, where two cases, Case I and J were self employed. And rest of the cases, Case A, C, D, E, G and H were unemployed. These unemployed cases feel that they don't have much employment opportunities for the disabled women in government as well as in private occupational sector.

Problem of Stereotyping Disabled Women

The combination of both gender and disability give rise to controversial social attitudes, stereotypes and stigmas (Minner, 2000); stereotyping, discrimination and prejudice often accompany medical labeling of disability (Rothman, 2003). There are few positive role models for women with disabilities, many myths prevail about them. As a result, many disabled women come to consider themselves as 'non-person' with no rights or privileges to claim, no duties or functions to perform, no aim in life to achieve, no aptitudes to consult or fulfill (Shah, 1989); women with disabilities are perceived as being unable to fulfill a caring and mothering role (Shaul et al. 1985); disabled women also are seen as unfit to reproduce, unable to be caretakers, and as lacking the ability to perform domestic duties (Asch and Fine, 1997). It is commonly believed that all disabled women are heterosexual (Loulan, 1987; Rubin, 1981); that disabled women who are not married follow celibacy (Anderson, 1985); that disabled women cannot be mothers (Pastina, 1981); that children who have disabled mothers are getting shortchanged (i.e. not a whole mother) (Ferris, 1981); that in disabled/nondisabled partnerships, the nondisabled partner defines when the relationship begins and ends

(Lenz & Chaves, 1981); and that disabled women are too fragile for sexual activity (Daniels, 1981).

In our study it was revealed that all the congenitally disabled women like Case A, B, C, E, F, H and J face difficulty in getting married. As a result Case C and J are still unmarried. Whereas Case A, B, E, F and H got married but after facing lot of difficulties in getting a suitable match, as other people think that disabled women are not able to play the role of a homemaker, wife and a mother who can fulfill their roles and duties. They are stereotyped as asexual and non competent in performing their duties.

Problem of Stigmatizing Disability

There may be misconceptions about a woman's disability being inherited by her children (Shaul et al. 1985); a disabled women is tend to be judged with the conventional stereotypes of 'beauty' in her culture (Franklin 1977); women with disability may not competent in any sphere, and that a disabled women is also unable to think, learn or work (Franklin 1977); Women with disabilities are often viewed as belonging to two minority groups having two handicaps, or two stigmatizing conditions: being both woman and having a disability (Hanna & Rogovsky, 1991; Lloyd, 1992; Scherer & Dicowden, 2007).

In our study it was found that all the disabled women were able to perform their household tasks and their occupational duties and responsibilities very well. They were able excel in every tasks as compared to their able bodied counterparts. The results depict that the disabled women are just the victim of our society and they are tend to be judged with the conventional stereotypes of beauty in their culture.

Challenges Associated with the Stigmas

Another stigma or assumption associated with physically disabled women is that they are childlike precisely because they are viewed as unable to take on adult roles. In the case of disabled women, they are viewed as unable to produce quality offspring or care for others. The disabled are viewed as asexual (Taub et al. 2003). In short, they are treated like children or dependents regardless of their ages. But in our study it was observed that the disability is nontransferable to the kids from their mothers. Because no married and congenitally disabled case had disabled children.

Problem of Violence

In review of literature we read that the women with disabilities face problem of violence but in our study it was observed and revealed by the cases in informal ways that the problem of verbal abuse was there and the problem of violence was totally absent. In our study only one case, Case I face the problem of violence in her marriage and that is also before acquiring the disability. Which concludes that our study negate the findings that problem of violence is prevalent with locomotor disabled women.

Low Self Esteem in Women with Disabilities

In our study Case C faced the problem in her family of orientation. As she is just confined to the four walls of her room as she is not able to walk of her own. Whereas married and congenitally disabled cases like Case B, E, F and H faced this problem in family of procreation as they were not consulted or

allowed to take part in the family discussions and decision making. They are always kept aside of all the big family matters and decision making.

Lower status of women

In our study it was revealed that almost all the cases experienced lower status. As every case we studied, revealed that at some point of life they felt they were not treated at par with their able bodied female counterparts. And they said may be if they were able bodied they would have enjoyed better social status in family and even at their workplace.

Discussion

The interview method used for the study made it possible to reveal that the women with disabilities face more problems than the normal women. As disability can have profound impact on the individual's ability to carry out traditionally expected gender roles, particularly for women (Thomas & Thomas, 1997). A disabled woman tends to be judged and found wanting in appearance, in comparison with the conventional stereotypes of 'beauty' in her culture. She is perceived on who is unable to perform her traditional roles of wife, mother and home maker because of her disability, even if she may be able to do so in reality.

Findings of the present study coincide with Franklin P (1977), as it revealed that women with disabilities are less likely to be married than disabled men. In our study only 20% women were unmarried and those who were married also faced difficulties in getting married. This is largely due to negative attitudes and stereotypes about what disabled women can or cannot do, particularly in societies where marriages are arranged by the elders and is a contract between the concerned families rather than the individuals. Many people carry the misconception that because of her physical disability, a woman may not be competent in any sphere and that a physically disabled woman is also unable to think learn and work. In addition to that our study revealed that the women with disabilities also have less chances of meeting potential marriage partners, because of restricted mobility and freedom. While conducting this study I came across few instances, where disabled women were married off by their families to wrong persons, such as men who were already married or who were drug addicts or alcoholics, so that the families can get rid of the burden of caring for them. There may be higher demands for dowry in case of woman with disability (Shah F (1989) & Franklin P (1977)).

Our study revealed that there are very few positive role models for women with disabilities because of which many myths prevail about them which coincide with Shah F (1989), who says because of this many women come to consider themselves as 'non-persons', with no rights or privileges to claim, no duties or functions to perform, no aim in life to achieve, no aptitudes to consult or fulfill.

Our findings coincide with Shaul. S, Dowling PI and Laden BE, that woman with disabilities are perceived as being unable to fulfill a caring, mothering role. Additionally there may be misconceptions about her disability being inherited by her children. Our

findings revealed women with disabilities tend to have fewer opportunities to participate in community life than disabled men, mainly due to cultural reasons. Restricted mobility and absence of access provisions in the surrounding environment can also be a hampering factor in the participation of women with disabilities in community life.

Our findings coincide with Hema N.S. (1996), as there are superstitions in village communities about the presence of disabled women being inauspicious in community gatherings. It is also believed that their presence in the family can block the changes of marriage of their female siblings. As a result many women with disabilities remain confined to their parental homes. This can lead to feelings of isolation, loneliness and low self esteem in women with disabilities. Many families prefer to ignore the existence of feelings, emotion and the need for emotional support in women especially if they are also disabled.

Our findings indicate that exploitation and violence against women with disabilities coincide with Dreiedger D (1996) and UNDP, Human development report, Geneva, 1995, that woman with disabilities are twice as prone to divorce, separation and violence as able bodied women. Disabled women are easy targets of sexual exploitation, particularly if they are mentally retarded. In general, disabled women tend to be in state of physical, social and economic dependency. This can lead to increased vulnerability to exploitation and violence. Because of the relative isolation and anonymity in which women with disabilities live, the potential for physical and emotional abuse is high.

Conclusion

People with locomotor disability are different in nature. These differences can be in the form of onset of disability, degree of disability and dependence, socio-economic and demographic background. These differences have significant effect on the kind of social support one receive in the family and community. These differences also affect the kind of challenges one faces in the family, relatives, educational institution, neighborhood and workplace environment. In qualitative analysis an effort was made to study the problem and challenges faced by the locomotor disabled women.

It has been noticed that the reactions of parents and other family members towards their locomotor disabled women in family are varied, according to the onset of disability and literacy rate. Parents of congenitally disabled female feel more socially stigmatized than the parents of disabled male child. The female disabled child is considered as a burden on whole family. They are blamed for anything happening bad in the family. Whereas the parents and family members of acquired disabled have different experiences and more over if the parents are literate and understand their disabled child well, they help them to overcome the disability and becoming independent. In case of accidental disability the disabled female need more and more emotional support from family members and society, to overcome her disability and be self dependent. In any

case of disability if the family members are illiterate and they link the disability with karma in past incarnation makes the life worse for the disabled.

Different variables like family literacy rate, family support, class, onset of disability and marital status of the disabled females play a crucial role in shaping the family environment and their successful integration in society. Qualitative analyses of data reveals in case of congenitally disabled females, these cases faced discrimination in their basic needs and were considered permanent liability, non-productive, asexual and stigma on the family. Additionally it has been noticed that the positive attitude of the family members and socio-economic status also play a crucial role in the life of disabled females. Those cases whose parents were educated with moderate or higher economic status had positive attitude gave ample support to their locomotor disabled females. They help their locomotor disabled daughters in their treatment, learning daily skills, getting education, escorting them to educational institutions and even workplaces. On the contrary those cases who were from lower socio-economic background and who faced negative attitude of parents and family members suffered a lot. In cases of locomotor disability the higher the disability, more the dependency on the others and more the abuse in the family. In some exceptional cases; where in spite of harsh and stressful circumstances, the disabled females focused on their abilities and fought for their rights. They were able to earn a livelihood, become independent and achieved success in life.

Through qualitative analysis it has been indicated that many individuals with locomotor disability are leading a successful family as well as social life. They are good in the field of education and their workplace. And those who are not working are aptly handling their household responsibility. In some exceptional cases were the impact of disability is more and the dependency rate is higher, it results in higher suffering. In majority of the cases in the present study were less dependent on others for their daily living and hence there was less suffering. And it shows that the locomotor disability does not pose a barrier in their lives. Rather it motivated them to move according to themselves and help them call themselves as the differently abled.

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