



# Women with locomotor disability: Issues and Problems

**Prof. Madhurima Verma**

CDOE, Panjab University, Chandigarh

**Ms Samita Chauhan**

Research Scholar

Department of Sociology, PU, Chandigarh

## Abstract

The main objective of this study was to explore the problems faced by women with locomotor disability. The present study was conducted in Panchkula district of Haryana. A list of registered locomotor disabled was procured from the office of the Civil Surgeon, Panchkula. A sample of 210 locomotor disabled females was collected. They were above the age of 18 years. For the present study, interview schedule was used to collect data. Findings indicated that 94.3 percent respondents faced multiple health problems related to loco-motor disability. 13.3 percent respondents reported various occupational problems. 48.7 percent of the respondents faced problems in their family of orientation. 20.4 percent respondents faced discrimination at hands of their husbands and in-laws. 36.2 percent respondents reported that they faced mobility related problems.

**Keywords :** Locomotor Disability, Locomotor Disabled Women, Health problems, Mobility related issues

## Introduction

In India disabled women constitute around 44 percent of the total disabled population (Census, 2011). They are most marginalized in terms of their social, economic, political and health status. They are not considered as a priority group in any kind of research, state policies and programs, mass movements and rehabilitation programs. They face isolation in social and political field due to stigma and discrimination attached to their disability.

World over disability data shows that the number of disabled men is more than the number of disabled women. Even the research works on the disabled men exceed that of disabled women. Until recently disability research and debate has tended to focus almost exclusively on the experience of disabled men. There are different yardsticks for perceiving and judging disabled men and women, and the treatment given out to them is definitely discriminatory. 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 (Ghai, 2002; Mehrotra, 2004).

According to Madhurima and Kiran (2015) WWD are considered to be second class citizens. They are discriminated against and denied most of their rights. They are devalued firstly because of their gender, and secondly because of the myths and misconceptions about their impairment. WWD are often stigmatized both for their gender and disability (Hanna & Rogovsky, 1991; Lloyd, 1992; Scherer & Dicowden, 2007). According to Gurung (2013) familial discrimination against WWDs is a bitter reality in Nepali society. The parents feel reluctant to understand disability and provide services to their disabled child, especially girl child and WWDs. Disability affects both men and women; it is more prevalent among women, largely due to their longer life span and greater risk for problems such as osteoporosis (Murtagh & Hubert, 2004; Oman et al. 1999) and some mental health problems (Murtagh & Hubert, 2004). Widespread cultural biases based on gender and disability greatly limits educational opportunities for WWD. UNESCO, the World Blind Union and others estimate the literacy rate for disabled women as one percent, compared to an estimate of about three percent for people with disabilities as a whole (Groce, 1997). Statistics from individual countries and regions, while often higher, nonetheless confirm the gender inequities (Nagata, 2003). Disabled women have a lower level of education (Asch & Fine, 1988). According to Bowe (1984) only 12 percent of WWD have full time employment. WWD are also significantly poorer than men with disabilities, partly due to the fact that they are more likely to be unemployed and partly due to the fact that when they work, they receive considerably lower wages than men with disabilities. Burke (1999) argues that disabled women tend to have more negative work experiences, possibly due to previous education problems, discrimination and the nature of roles offered which led to lower income levels in lower status roles. Baldwin & Johnson (1995) have stated that WWD often have fewer employment opportunities. WWD have more negative employment experiences, face discrimination and are routinely assigned to stereotypically "female" jobs. (Feist-Price & Khanna 2003; Rao, 2017). The Present study tries to fill in the gap by focusing on the problems faced by locomotor disabled women (LDW).

### **Objectives:**

1. To highlight the socio-economic profile of LDW living in Panchkula district of Haryana.
2. To understand the problems faced by LDW living in Panchkula district of Haryana.

### **Methodology**

The present study was conducted in Panchkula district of Haryana. Panchkula district is the 17th district of Haryana. A list of registered locomotor disabled was procured from the office of the Civil Surgeon, Panchkula. A sample of 210 locomotor disabled women was collected using simple random sampling. For the present study, interview schedule was used to collect data. Locomotor disabled women refers to 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 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. Women suffering from Cerebral Palsy and Spina Bifida were not included in the study due to their inability to respond. For the present study, interview schedule was used to collect data.

## Results

The study sample consisted of 210 locomotor disabled females. 84.3 percent of the respondents had non-congenital locomotor disability and 15.7 percent of the respondents were congenital locomotor disabled. A majority of the respondents were in the age group of 18-27 years and more respondents had non-congenital locomotor disability. 72.9 percent respondents belonged to rural areas whereas only 27.1 percent of women belonged to urban areas. 22.9 percent respondents were illiterate, 10 percent respondents had education up to middle standard, 17.1 percent respondents were matriculate, 27.6 percent respondents had education up to senior secondary level, 19 percent respondents were graduate and 2.9 percent respondents had education up to post graduate level and above. Only 13.3 percent of the respondents were working and 87.7 percent were not engaged in any work. About 49 percent were married, 46.7 percent were unmarried and 4.3 percent were widowed.

### Problems faced by respondents

In most parts of the world, women with disabilities (WWD) encounter attitudinal barriers, including prejudice, low expectations, and even fear. Negative attitudes about disability affect all aspects of their lives, including their ability to access education, participate in non-exploitative work, choose where and with whom to live, marry and start a family, and move freely within the community. Specifically, women with locomotor disabilities (LDW) face movement restrictions and mobility challenges. They encounter difficulties related to their social, economic, political, and health status. The respondents were asked to specify the problems they face in day-to-day interactions.

**Table 1 Distribution showing the problems faced by respondents**

Type of Problems	No.	Percent
Health problems	198	94.3
Educational Barriers	94	44.7
Occupational Barriers	28	13.3
Problems in family of orientation	102	48.7
Problems in family of procreation	43	20.4
Mobility Issues	76	36.2

\*Multiple responses were given by the respondents; thus, total exceeds 210.

Table 1 illustrates the diverse challenges encountered by a subset of respondents in the current study. Out of the 210 respondents, 94.3 percent faced multiple health issues associated with loco-motor disabilities. Common health problems reported included pain in limbs, bones, or joints, limping while walking, movement restrictions, limb stiffness, and limb shortening.

Approximately 44.7 percent of respondents reported problems related to education. Illiterate respondents mentioned that their parents never allowed them to pursue education, while those with limited education stated that their parents did not encourage further studies. Educated respondents faced various issues at educational institutions, with some citing the lack of secondary or senior secondary schools near their homes as a significant hurdle. Parents' reluctance to send them alone to distant places for education further contributed to their lower educational attainment, irrespective of their health status.

Occupational problems were reported by 13.3 percent of respondents. The majority of disabled women, being mostly illiterate or less educated, lacked vocational skills, limiting their employment opportunities. Some respondents even had to leave their jobs after acquiring a disability.

Problems within their family of origin were faced by 48.7 percent of the respondents. Challenges in this domain were linked to the lack of parental support and discriminatory behavior from grandparents and parents. Family members who were not highly educated held rigid stereotypes about disability.

A total of 20.4 percent of respondents encountered discrimination from their husbands and in-laws. Mobility-related problems were reported by 36.2 percent of respondents, with joint pain causing difficulties in movement, particularly among those with rheumatoid arthritis. Additionally, aging posed an additional barrier hindering the movement of women with loco-motor disabilities. These problems have been discussed in details.

## HEALTH PROBLEMS

Many LDW face health related problems such as pain in limbs, limp while walking, movement restriction, fixed flexion, flail limb, malunited etc. causing movement restriction or stiffness in limbs or shortening of limb or pain in the joints in rheumatoid arthritis. Additionally, women also face mental health problems e.g. depressive disorders account for close to 41.9 percent of the disability from neuropsychiatric disorders among women compared to 29.3 percent among men (WHO, 2011). Respondents who reported health problems were asked to specify their problems.

**Table 1.1 Distribution showing the type of health problems faced by respondents**

Response	No.	Percent
NA	12	5.7
Functional or activity limitations	67	31.9
Physical or mobility limitations	98	46.7
Mental health Issue	33	15.7
Total	210	100

The data indicates that 31.9 percent of respondents experienced functional or activity limitations due to pain in limbs, bones, and joints. Additionally, 46.7 percent of respondents encountered physical or mobility limitations. Among these, 29 percent reported limping while walking, and 17.6 percent experienced movement restrictions. Furthermore, 15.7 percent of respondents faced mental health issues, feeling incapable and inadequate due to their disabilities. As a result of these loco-motor disabilities, many respondents struggled to perform their work effectively and lead a normal life.

## EDUCATIONAL BARRIERS

Education of typical children within a family often takes precedence over the education of children with disabilities. Parents tend to place less emphasis on the education of disabled girls, viewing their education as a liability and an additional strain on family resources. Meekosha (2004) reported that in developing countries, disabled women attain lower educational achievements due to discriminatory attitudes towards

them. It is within this framework that information was gathered from respondents who reported encountering educational barriers.

**Table 2 Distribution showing educational barriers faced by the number of respondents**

<b>Educational barriers</b>	<b>No.</b>	<b>Percent</b>
NA	116	55.3
Parents did not allow to study	48	22.8
Parents never motivated to study further	25	11.9
Problems faced at educational institutions	21	10.0
Total	210	100

There were 94 respondents who mentioned facing problems in the educational field. Among them, 22.8 percent were illiterate, revealing that their parents did not allow them to pursue education. These respondents explained that their parents were unaware of the importance of education in the lives of disabled girls. Others mentioned that they were not provided education because their parents, being poor and illiterate, did not encourage their daughters to seek education. Another 11.9 percent of respondents stated that their parents did not encourage them to pursue further studies, and they only attended primary school, which was located nearby.

10 percent of respondents reported encountering difficulties in educational institutions. They felt they were not considered as competent as other typical girls of similar age in their respective institutions. Some admitted to being bullied by their classmates, with a few even leaving studies due to the humiliation caused by bullying.

Since there were no special schools for children with disabilities, they had to attend regular schools alongside typical students and often became victims of bullying. They frequently experienced teasing and ridicule, with students mocking their limping. They were labeled as "Langari" and became subjects of discussion, with their teachers and classmates failing to offer assistance. The data indicates that many respondents did not have favorable conditions at educational institutions.

These findings align with the World Report on Disability (2011), which states that education and training are essential for securing good and productive employment with a reasonable income. However, young people with disabilities often lack access to formal education or opportunities to develop their skills, resulting in limited occupational opportunities. These individuals with disabilities lack the necessary education and skills for better job prospects.

### **OCCUPATIONAL BARRIERS/ OCCUPATIONAL PROBLEMS:**

Globally, the United Nations reports that 80-90% of persons with disabilities of working age are unemployed in developing countries. In industrialized countries, this figure is between 50% and 70%. Many employers are still afraid to employ disabled workers in their organization and most of the time, disabled people, not even given chance to apply for the job in the particular organization. Keeping these in mind information on occupation related problems was obtained.

**Table 3 Distribution showing type of occupation related problems faced by respondents**

Work related problems	No.	Percent
Absenteeism	12	42.8
Underpaid	24	85.7
Lack of awareness	16	57.1
Left the job due to mobility related problems	02	7.1

\*Total exceeds 28 as multiple responses were given.

In the present study, only 28 respondents were engaged in paid work, and they revealed facing multiple problems. Among them, 7.1 percent reported leaving their jobs due to acquired disabilities, as they encountered health and mobility issues in their daily lives. They struggled to commute independently from one place to another, and one respondent even mentioned that her own family members were unwilling to assist her after she became disabled. 42.8 percent of respondents reported being irregular with their jobs, often needing to take leave for medical appointments. They felt that their frequent absences labelled them as shirkers in the workplace. 85.7 percent of respondents reported being underpaid due to their disabilities while engaged in menial jobs, while 57.1 percent mentioned not being able to secure any job due to discrimination or ignorance.

#### **PROBLEMS IN FAMILY OF ORIENTATION:**

The behaviour of parents towards female children, especially those with disabilities, in our society is often poor. They are not treated well and do not receive proper care. They are subjected to negativity and stigmatization. Disabled females are sometimes considered a punishment from God for the past 'bad karmas' of themselves and their families. According to Ghai (2009), for families who are not financially stable, the birth of a disabled child or the onset of a significant impairment in childhood is perceived as a fate worse than death. Furthermore, Devkota et al. (2019) state that many women with disabilities face stigmatization and discrimination in various forms from society and even within their own families.

**Table 4 Distribution showing the number of problems faced by the respondents in family of orientation**

Response	No.	Percent
Lack of Parental support	27	26.4
Discriminatory behavior by parents	34	33.3
Refusal to accompany them in social gatherings	42	41.2
Non- acceptance	32	31.3

Total exceeds 102 as multiple responses were given

The table illustrates the problems faced by the respondents within their family of origin. Among the 94 respondents who acquired a disability after marriage, issues related to disability within the family of origin were not discussed. Among all unmarried respondents, those living with their parents, and those who acquired a disability before marriage, 26.4 percent reported a lack of parental support. This problem was

more prevalent in lower socioeconomic strata, where parents who were poor, illiterate, and ignorant about disabilities tended to be less supportive. They often adhered more strongly to societal stereotypes regarding disabled females and did not treat them equally to their non-disabled children. These findings align with those of Ghai (2009) and Devkota et al. (2019). Additionally, 33.3 percent of respondents faced discrimination within their family of origin. They reported that their parents discriminated between them and their non-disabled siblings, considering them inferior. Parents were often partial in displaying affection, showing more love towards non-disabled siblings. Some respondents even mentioned that their non-disabled sisters received more affection than they did. Furthermore, 41.2 percent of respondents reported that their parents and siblings did not include them in social gatherings, as they were ashamed to be seen with them. Some respondents noted that their grandparents also favoured their non-disabled siblings. Not only parents and grandparents, but siblings also displayed negative attitudes towards them. 31.3 percent of respondents stated that their parents believed that the birth of a disabled girl is a punishment from God for past 'bad karma.' Some respondents mentioned that their siblings also did not accept them, distancing themselves due to their parents' negative behaviour towards them.

#### **PROBLEMS IN FAMILY OF PROCREATION:**

According to SenGupta and Ghosh (2003), "the marital status of a girl often acts as a determining factor of her position in society and family. A girl's life is perceived as ruined or incomplete in Indian society if she remains unmarried all her life." Disabled married females reported facing problems in their marriages. The respondents who were married admitted to making several compromises to get married. These compromises included the health status of the spouse, the age gap between the couples, and financial disparities between the family of origin and the family formed through marriage. 44.8 percent had a normal spouse (without any disability), while 8.6 percent were married to disabled spouses. Among these, 4.8 percent of the spouses of the respondents had congenital disabilities, and 3.8 percent had non-congenital disabilities.

The respondents were asked to specify the types of problems they faced in their family formed through marriage.

**Table 5 Distribution showing problems faced by the respondents in their family of procreation due to disability**

<b>Problems</b>	<b>No.</b>	<b>Percent</b>
Marital conflict due to disability	21	48.8
Unsupportive nature of spouse	21	48.8
Problem of intimacy in marital relationship	15	34.8
Problem in conception after marriage	09	20.9
Problem of having disabled children	01	2.3

Total exceeds 43 as multiple choices were used.

Table 5 indicates the problems faced by the married respondents in their family of procreation. There were 103 married respondents in the sample and 48.8 percent respondents admitted conflicts with spouse due to their disability. Interestingly, these respondents acquired disability after marriage. They also revealed that

the frequency of conflicts has increased after their acquiring disability. They reported that since due to disability they were not able to perform household chores efficiently, conflict with their spouses increased. 48.8 percent respondents reported unsupportive behaviour of their spouse towards them. There were a few respondents who reported that although their husbands married them in spite of disability but they never felt comfortable in this relationship. They were not of understanding nature. Thus, non-co-operative and unsupportive attitude of their husbands disturbed them.

34.8 percent respondents reported that they faced difficulty in making physical relations with their spouse. There were a few respondents who had normal partners and they faced difficulty in developing physical intimacy. These respondents revealed that they had apprehension about their physical abilities and they were hesitant to develop intimacy with their husbands. There were a few respondents who developed disability in later years of marriage and due to severe pain and discomfort they were not indulging in any type of physical intimacies and thus felt miserable at times due to their disability.

20.9 percent respondents faced the problem of conception. There was one respondent who had a disabled child. The child was male and had polio, which he acquired in early childhood. The respondent revealed that they did not provide oral polio vaccine to him due to their ignorance. The respondent also disclosed that the reaction of her in-laws to the birth of a male child was overwhelming. However, when the child acquired the disability, they became very indifferent, and sometimes blamed her for his disability.

#### **MOBILITY ISSUES/ MOBILITY PROBLEMS:**

People with loco-motor disabilities face the problem of mobility. Rheumatoid arthritis and degeneration of bones is very common among elderly women. Information related to mobility was obtained from respondents.

**Table 6 Distribution showing mobility issues in the respondents**

<b>Response</b>	<b>No.</b>	<b>Percent</b>
Physically mobile	134	63.9
Immobile	07	3.3
Mobile but dependent on others	25	11.9
Mobile with aids	44	20.9
Total	210	100.0

63.9 percent of the respondents acknowledged that they experienced physical mobility, with their only limitation being a slight limp during walking; otherwise, they maintained complete independence. A noteworthy portion of these individuals even operated two-wheelers. Another group, constituting 20.9 percent of respondents, utilized specialized aids such as crutches, prosthetic limbs, special footwear, walkers, and walking sticks to facilitate their movements. Additionally, 11.9 percent of respondents were mobile but required assistance from others for tasks like moving, standing, or sitting. This subgroup primarily comprised elderly participants grappling with severe conditions like osteoarthritis or rheumatoid arthritis. Seven respondents were entirely bedridden, including 4 married individuals, 1 widowed, and 2



married. These findings suggest a direct correlation between the level of mobility and the marital status of the respondents.

## Discussion

The current study focused on the various difficulties encountered by the respondents. Among all participants, many faced multiple challenges, which were linked to their specific disabilities and when those disabilities occurred. Respondents disabled since birth or early childhood experienced distinct issues compared to those who acquired disabilities later in life, such as during adolescence, adulthood, or old age. The latter group had to adapt to their disabilities and cope with physical limitations in their daily lives. These challenges encompassed health issues, educational obstacles, occupational hindrances, family dynamics (including orientation and procreation), and mobility constraints. Specifically, locomotor disabled women encountered a myriad of issues related to their disability. A staggering 94.3 percent of respondents reported facing multiple health problems associated with locomotor disabilities. The data revealed that women in adulthood and old age experienced more health-related challenges, likely due to acquiring disabilities later in life. Coping with disabilities and their associated health issues posed significant difficulties, compounded by increased reliance on others with age, leading to heightened mental health concerns.

The second major issue raised by respondents was educational barriers, including being denied access to education due to factors like gender, disability, poverty, or ignorance. Lack of nearby schools also deterred some from continuing their education. The third problem highlighted was occupational challenges, with some respondents reporting being marginalized or discriminated against in the workplace, being overlooked for important tasks, or facing bias.

Respondents also discussed family-related problems, including lack of parental or spousal support. Mobility issues were also prevalent among some respondents due to pain or limitations in limbs, bones, or joints. Additionally, aging compounded mobility challenges for locomotor disabled women.

In conclusion, despite over seventy years of independence, many women in our society still face inequality. Women with disabilities experience a "double disadvantage," being discriminated against based on both their gender and disability. This study aimed to shed light on the struggles faced by women with disabilities in patriarchal regions like Haryana.

## References

Asch, A., and Fine, M., (1988). Disability Beyond Stigma: Social Interaction, Discrimination and Activism, *Moving Disability Beyond: Stigma, The Journal of Social Issues*, 44(1), 1.

Baldwin & Johnson (1995), Labour Market Discrimination against Women with Disabilities, *Industrial Relations: A Journal of Economy and Society*, 34 (4), 555-577.

Bowe, F. (1984). *Disabled women in America: A statistical report drawn from census data*. Washington, DC: President's Committee on Employment of the Handicapped.

- Devkota, H.R., Kett, M. and Groce, N. (2019). Societal attitude and behaviours towards women with disabilities in rural Nepal: Pregnancy, childbirth and motherhood, *BMC Pregnancy Childbirth*, 19(1), 20.
- Feist-Price, S., & Khanna, N. (2003). Employment inequality for women with disabilities. Special feature: Women and disability [Part II]. *Off Our Backs*, 33(1/2).
- Hanna, W. J., and Rogovsky, B. (1991). Women with disabilities: Two handicaps plus. *Disability Handicap & Society*, 6(1), 49-63.
- Ghai, A. (2002). Disabled Women: An Excluded Agenda of Indian Feminism. *Hypatia*, 17(3), 49-66.
- Groce N. E. (1997), Women with Disabilities in the Developing World: Arenas for Policy Revision and Programmatic Change, *Journal of Disability Policy Studies*, Sage Journals, 8(1 2).
- Gurung, P. (2013). A Study on Familial Discrimination against Women with Disabilities and their Response. and their Response. [http://www.socialinclusion.org.np/new/files/Pratima%20Gurung\\_1380091217dW9W.pdf](http://www.socialinclusion.org.np/new/files/Pratima%20Gurung_1380091217dW9W.pdf)
- Lloyd, M. (1992). Does she boil eggs? Towards a feminist model of disability. *Disability, Handicap and Society*, 7(3), 207-221.
- Madhurima and Kiran (2015). Women and Disability: A qualitative study of visually impaired women. *Kerala sociologist*, 43(2), 105-119.
- Mehrotra, N. (2004a). Understanding Cultural Conceptions of Disability in Rural India: A Case from Haryana. *Journal of Indian Anthropological Society*, 39, 33-45.
- Meekosha (2004), Gender and Disability. Sage Encyclopaedia of Disability
- Morris, J. (1997). Gender and Disability in Disabling Barriers- Enabling Environments, (eds.) Swain, J., et al, The Open University, Sage, London.
- Murtagh, K. N., & Hubert, H.B. (2004), Gender Differences in Physical Disability Among an Elderly Cohort, *American Journal of Public Health*, 94, 1406–1411.
- Nagata, K. K. (2003). Gender and disability in the Arab region: The challenges in the new millennium. *Asia Pacific Disability Rehabilitation Journal*, 14, 10-17.
- Oman, D., Reed, D., & Ferrara, A. (1999). Do elderly women have more physical disability than men do? *American Journal of Epidemiology*, 150, 834-842.
- Rao, I. (2017). Equity to women with disabilities in India. A strategy paper prepared for the National Commission for Women, India. Available at: <http://standindia.com/wpcontent/uploads/2017/01/7667871Equity-to-women-with-disabilities-in-Indi2012-october.pdf>
- Scherer, M., J., & Dicowden, M., A. (2008). Organising future research and intervention efforts on the impact and effects of gender differences on disability and rehabilitation: The usefulness of the International Classification of Functioning, Disability and Health (ICF). *Journal of Disability and Rehabilitation*, 30(3), 161-165.
- SenGupta, S., and Ghosh, J. (2003). Socialization of Women with Disabilities: A View from West Bengal, India. Kolkata: Action Aid India.
- World Health Organization; 2011. Available at: [https://www.who.int › disabilities › world\\_report › 2011 › report](https://www.who.int › disabilities › world_report › 2011 › report)
- World Bank Report on Disability (2011). Available at: [whqlibdoc.who.int/publication/2011/9789240685215-eng.pdf](http://whqlibdoc.who.int/publication/2011/9789240685215-eng.pdf)