EXPERIENCE OF MOTHERHOOD AMONG WOMEN WITH PHYSICAL DISABILITY IN THAILAND

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I also would like to thank women with physical disabilities in Nonthaburi, Chonburi, Sukhothai and Bangkok for providing their rich information of life experiences and wonderful friendships. Without their cooperation I never could have completed my research.

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EXPERIENCE OF MOTHERHOOD AMONG WOMEN WITH PHYSICAL DISABILITY IN THAILAND

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ABSTRACT

This qualitative study aimed to understand the meaning and the experiences of motherhood among women with physical disabilities, and how stigma and discrimination, including gender, influences the way in which women with disabilities experience motherhood and also to explore these women's agency in negotiating their realities. The results show that women with disabilities perceive motherhood as having power to fulfill women's roles and duties in terms of creating life and being a giver. In addition, motherhood is also a meaningful motivating force for women with disabilities to overcome their obstacles and to fulfill their role actively by a commitment to life and love of their children. Regarding mothering experiences, it was found that women with disabilities showed their strong will to become mothers since they decided to have their children. Though they encountered difficulties and barriers regarding their physical limitations as well as stigma and discrimination because of their disabilities and their pregnant disabled status and maternity, they negotiated and exercised their power and control over their body and their needs on motherhood. Mothers with disabilities adjusted their own ways due to physical limitations to comfort and their disabilities' effect on taking care of their children. All of the women who minimized difficulty in meeting their needs and who attempted to overcome difficulties portrayed greater meaning of being a mother. The social misconception that they would probably give birth to "defective" babies pressures their lives in becoming mothers. They all struggle to overcome their worries by taking good take care of their children. Stigma against disabled mothers manifests in a variety of ways in family, health service and society such as negative feelings toward disabled mothers, beliefs that they could not raise the child, criticizing them for their pregnancy. Stigma affects the lives of women with disabilities who become mothers in many ways. It causes feelings of inferiority, depression including discrimination and prejudice in health services. Mothers with disabilities also face inadequately met information needs and inaccessibility of services and facilities.

Recommendations were made in an attempt to improve health care services in working with mothers with disabilities in terms of attitude shifts, awareness training and manuals for women with disabilities. The promotion of empowerment and independent living is needed as a mechanism to develop equal opportunities for women with disabilities in their life settings of motherhood.

KEY WORDS:WOMEN WITH DISABILITY/MOTHERHOOD/AGENCY/STIGMA

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ประสบการณ์ความเป็นแม่ของผู้หญิงพิการด้านร่างกายในประเทศไทย (EXPERIENCE OF MOTHERHOOD AMONG WOMEN WITH PHYSICAL DISABILITY IN THAILAND)

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บทคัดย่อ

การศึกษานี้เป็นการศึกษาเชิงคุณภาพ มีวัตถุประสงค์เพื่อศึกษาประสบการณ์ความเป็นแม่และทำความเข้าใจถึงความหมายความเป็นแม่ของผู้หญิงพิการด้านร่างกาย และศึกษาว่าการตีตรา การเลือกปฏิบัติ และเพศสภาพมีผลอย่างไรต่อวิถีความเป็นแม่ของผู้หญิงพิการ รวมทั้งสำรวจพลังในการต่อรองของหญิงพิการด้านร่างกายจากประสบการณ์ความเป็นแม่

ผลการศึกษาพบว่าผู้หญิงพิการมีการรับรู้ความเป็นแม่ในความหมายเชิงอำนาจเพื่อเติมเต็มบทบาทและหน้าที่ความเป็นแม่ ในรูปแบบต่างๆได้แก่การเป็นผู้ให้ การเป็นผู้ก่อกำเนิดชีวิต นอกจากนี้ความเป็นแม่ยังหมายรวมถึงพลังเสริมของผู้หญิงพิการในการเอาชนะต่ออุปสรรคและแสดงบทบาทความเป็นแม่อย่างกระตือรือร้นด้วยความรักและชีวิตซึ่งเป็นพันธะผูกพันที่มีต่อลูก ในส่วนที่เป็นประสบการณ์การเลี้ยงดูลูก ผู้หญิงพิการที่เป็นแม่แสดงเจตนารมณ์แน่วแน่ที่จะเป็นแม่ตั้งแต่ตัดสินใจมีลูก แม้ต้องเผชิญกับอุปสรรคในการเลี้ยงดูอันเนื่องมาจากสภาพความพิการและการเคลื่อนไหวที่จำกัด รวมถึงการตีตราและการเลือกปฏิบัติอันเนื่องมาจากพิการแล้วตั้งครรภ์และพิการแล้วต้องเลี้ยงลูก แต่ผู้หญิงพิการเหล่านี้สามารถต่อรอง จัดการกับตนเองและควบคุมความต้องการส่วนตัวและสภาพร่างกายของตนเองได้ แม่พิการปรับผลกระทบจากความพิการของตนเอง และปรับข้อจำกัดของสภาพร่างกายตามวิธีที่ตนเองเห็นว่าสะดวกในการเลี้ยงดูลูก ผู้หญิงทุกคนที่ดำเนินชีวิตตามเป้าหมายโดยไม่คำนึงถึงความลำบาก และผู้ที่พยายามเอาชนะอุปสรรค สามารถแสดงถึงความหมายของการเป็นแม่ได้อย่างดียิ่ง การเข้าใจผิดของสังคมที่มองว่าผู้หญิงพิการอาจให้กำเนิดทารกที่ “พิการ” บีบบังคับชีวิตผู้หญิงพิการที่เป็นแม่ ผู้หญิงพิการฝ่าฝันเพื่อเอาชนะข้อกังวลดังกล่าวด้วยการพยายามเลี้ยงลูกอย่างดี ตราบาปมีผลกระทบต่อชีวิตการเป็นแม่ของหญิงพิการในหลายแบบ ก่อให้เกิดความรู้สึกต่ำต้อย ความรู้สึกกดดัน รวมถึงการเลือกปฏิบัติและอคติในบริการด้านสุขภาพ นอกจากนี้แม่ที่พิการยังเผชิญกับการขาดแคลน การไม่สามารถเข้าถึงข้อมูลที่จำเป็น และสิ่งอำนวยความสะดวกต่างๆด้วย

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CHAPTER I
INTRODUCTION

1.1 Problem and Justification

"There are about 500 million persons with disabilities in the world today. In most countries, at least one person in ten is disabled by physical, mental, or sensory impairment." – UN World Program of Action

The number of the people living with disabilities from the above statement shows that disability is a global problem. Disabilities may happen to anybody, the rich, the poor, men, women, even new born babies without considering social status, nationality, race, or color. There can be no doubt that disabled people worldwide have been engaged in the complexity of the globalization. Events, changes, or experiences that happen to the able bodied can be happened to the disabled too.

Since it is the able-bodied or the normal that tries to think, plan, and manage for the disabled without understanding the reality of the disabled person, so the question that the able-bodied often ask is whether the disabled can tackle disability, oppression and disabling practices embedded in the social and economic structure. In Thailand, the right to security of people in the event of disability is provided through the health care system, welfare system, educational system and the social security scheme. Those kinds of services include education, health care, rehabilitation, sheltered workshops, vocational training and so on, are provided in institutes.

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The latest number of disabled people in Thailand according to the National Statistic Office (NSO 2001) show that there were about 1.1 million people living with disabilities. This corresponds to 1.8 % of the total population. The physical disabilities group is highest (46.6%), followed by hard of hearing (21.9%), cognitive and learning disorders (20.2%), blind (11.2%), and people with mental and behavioral disorders (7.4%).

Physically disabled women make up 43.5% of the total disabled. The percentage of disabled women at the age of 15-24 years and 25- 29 years, are 11.3% and 41.6% respectively. This figure shows that there are many women in society with disabilities at the reproductive age.

Since the disabled are marginalized and excluded from the society, they are oppressed by the society. Disabled mothers have to face negative attitudes and are less able to access information on health services. The experiences of disabled women have been overlooked in society. The study of pregnancy, childbirth and motherhood among this group is rare. The voices of disabled women are almost totally absent in sociological work on reproduction and parenting (Thomas 1997, p.632). Moreover, the issuance of laws is based on the medical perspective with heading to normality as the standard that views the disabled to be dependent and rely on professional help. It means firstly there is no room for diversity and secondly that disabled people lack opportunity to participate in decision making about matter relevant to them.

1.2 Why Study on Motherhood?

There is limited data on parenthood amongst disabled parents in Thailand; Srivardhana found that the attitudes toward marriage are positive among the disabled. 78% of the disabled agreed that the disabled should be able to get married. However, among the total of 1.1 million of disabled the highest

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percentage are in the physically disabled group (46.6%) and the marital rate of this group is 51.2 %. (Srivadhana, 2000).

Motherhood is viewed as a valuable and an important experience for women. It is meaningful to women's life in Thai society. Through the role as mother women are socialized and given meaning as individuals. The government holds mother's day to emphasize how important mother is. Good mothers will be honored, glory, and be role models. The public health service promotes breastfeeding as a good practice for newborn babies and if mother is able to do so she will be considered a good mother. As function, responsibility or duty, women have to hold this burden in private sphere and society honors them as valuable person.

Motherhood has several meanings among Thai women in Northern Thailand. It is commonly held that it is not an easy task (Liamputtong P. et al 2004) Women believe that it means self sacrifice and endless concern. But can bring joy and pleasure to their lives and could make them appreciate the love and sacrifice that their mothers have given for them.

Women's traditional roles as nurturers, mothers, wives, homemakers, and lovers are usually not seen as appropriate for women with disabilities. While the ability to acquire women's most traditional roles is usually not regarded as the best measure of women's social success, examining the limitations women with disabilities face within this traditional women's sphere provides valuable insights into the restricted social options available to them.

1.3 Why Physically Disabled Women?

Disabled women struggle with both the oppressions of women in male dominated society and the oppressions of being disabled in a society dominated by the able-bodied. (Wendell, 1997 : p. 261). The former means women are socialized

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to be passive, and play their roles in private where they lose their autonomy. The latter means they are socialized to be dependent, to be judged as the different from the majority and to be excluded from society based on the standard of being able-bodied. Wendell argues that disabled women face double oppression in society. (Wendell, 1997)

According to the able bodied, disability is assumed to be an obstacle for disabled women. Society devalues them by comparing them with the standard of normality and labels them as defective objects, i.e. “the different” or “the other”. From this point of view it could be implied they are discriminated against and in many societies, disabled people are often stigmatized for the same reason; they are different from the able-bodied. The form of stigmatization varies depending on social and cultural construction.

Disabled women who become mothers made their choice even though the social norm and societal attitude or belief tends to question whether they have the ability to raise the child. Most people feel that physically disabled women should not have babies since they are not physically able to raise them. But it is important to let disabled mothers share and voice their choice and to assert their different abilities in raising children. Then we can understand how they view the experience of motherhood. This will be of use not only for other physically disabled women in helping them deal with the issue of being disabled mother but relevant for policy makers and service providers to understand the problems from the disabled person’s point of view and to provide the right access based on their right as human beings.

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1.4 Research Goal and Objectives

1.4.1 Research Goal

This study is designed to understand the value and experience of motherhood among physically disabled women, and how stigma, discrimination and gender construct and influence motherhood of disabled mothers.

1.4.2 Specific Objective

The specific objectives of this research focuses on the experience of motherhood and

1) To study the meaning and experience of becoming a mother for physically disabled women,

2) To describe the influence of stigma and discrimination relate to motherhood for physically disabled women, and

3) To describe how gender role influences motherhood for physically disabled women.

1.4.3 Research Questions

1) What are the personal experiences of physically disabled women on their way to become a mother?

2) What are the meanings physically disabled women attach to their own motherhood?

3) What do women with physical disabilities do as mothers?

4) How does stigma and discrimination influence motherhood of physically disabled women?

5) How does gender role influence motherhood of physically disabled women?

1.4.4 Overall Expected Results

Physically disabled mothers' own words, experiences and their views of motherhood in different contexts could be analyzed. The meaning of motherhood will be described based on their views. Forms of stigmatization and discrimination

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they encountered will be illustrated and how disabled mothers managed with what happened to them will be presented. Their autonomy to perform mother role will also be analyzed and presented.

1.4.5 Definition used in the Study

Agency is a term linked to sociologies which focus on the individual as a subject and view social action s something purposively shaped by individuals within the context to which they have given meaning.

Discrimination means any forms of action, feeling, communization or behavior that someone response to physically disabled women or mother.

Gender Roles are the socially determined behaviors, tasks, and responsibilities for men and women based on socially perceived differences that define how they should think, act, and feel based on their respective sex.

Mother refers women who have had experience of carrying her baby in the womb from beginning till giving birth, and dealing with child bearing and rearing. They are at reproductive age of 20 up to 45.

Motherhood refers to the potential relationship of physically disabled women 1) to their powers of reproduction and 2) to their children.

Physically disabled women refer to women who were born with disability and have had mobility impairment or have got disability since they were young without considering to the medical symptom. They have to use wheelchair. Their disabilities are visible.

Process refers to a series of things/actions that happened to physically disabled women and have particular results on being mother.

PDW refers to physically disabled women

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PWDs refer to persons with disabilities

Stigma refers to feeling of women with disabilities that something is wrong or embarrassing in some way according to their mobility impairments.

WWD refers to women with disabilities

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CHAPTER II
LITERATURE REVIEW

In this chapter there are two parts. The first part is reviewing concept related to disability and motherhood. The concept of persons with disability related motherhood will be reviewed. The second part of this section is conceptual framework for the study. This part will discuss what will be studied in the research.

2.1 Review Concepts Related to Disability and Motherhood

2.1.1 Disability in Thailand

Disability refers to "Pii garn" in Thai language. The meaning is the same as definitions the United Nations defines to "disability". The followings are the definitions for impairment, disability and handicap according to the United Nat ions:

Impairment : Any loss or abnormality of psychological, physiological, or anatomical structure or function.

Disability: Any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for human beings.

Handicap: A disadvantage for a given individual, resulting from an impairment or disability, that limits or prevent the fulfillment of a role that is

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normal, depending on age, sex, social and cultural factors for that individual." . (U.N. 1983 p6-7 as cited in Wendell 1997, p.262)

Handicap is therefore a function of the relationship between disabled persons and their environment. It occurs when they encounter cultural, physical or social barriers which prevent their access to the various systems of society that are available to other citizens. Thus, handicap is the lose or limitation of opportunities to take part in the life of the community on an equal level with others." (U.N. 1983 p6-7 as cited in Wendell 1997, p.262)

On the 20th of November 1991, the new law on rehabilitation of disabled persons passed in Thailand. The Act provides for, inter alia: the composition, powers, duties, and working procedures of the Committee for the Rehabilitation of Disabled Persons, established within the Department of Welfare of the Ministry of the Interior; the registration of disabled persons with the Office of the Committee; the rights of disabled persons with respect to medical rehabilitation services, education, occupational and vocational counseling, and participation in social activities; and the establishment and financing of the Fund for the Rehabilitation of Disabled Persons.

The Rehabilitation of Disabled Persons Act officially acknowledges that people who are termed disabled have legal resource to pursue the same opportunities available to the general population. The Rehabilitation of Disabled Act defines a "disabled person" as "a person with physical, intellectual, or mental abnormality or impairment classified by type and criteria designated in the ministerial regulation. (Rehabilitation of Disabled Act, B.E. 2534 (1991)

According to the Ministerial Regulation, types of disabled persons are classified as follows:

1. Impairment in terms of seeing
2. Impairment in terms of haring or communication
3. Impairment in terms of physical or locomotive

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4. Impairment in terms of mentality of behavior
5. Impairment in terms of intellectual or learning ability

The Act also defines “rehabilitation of Disabled person” as “promotion of competency or ability of disabled persons through medical, educational, and social strategies including vocational training in order to provide opportunity for them to work or live in society like normal person.”

According to the disabled are considered as a valuable human resource as the population in this country. With the idea that the disabled should be protected and in order to let them access to equality opportunity in society the government therefore issue this legislation as remark in the last statement that

“The reason for announce this act is due to disabled person constitutes one of the valuable national resource. It is important to encourage and support them to have access to equal opportunity to live, work, participate in social activities as other individuals in society since her/his handicap condition prohibits the individual from healthful living ,work and participating in social activities.

Therefore, disabled persons should be protected by providing welfare, development as well as medical, education, social and vocational rehabilitation. This includes other strategies to solve the problems and eradicate socioeconomic obstacle against disabled persons and promote social participation in helping them.” Rehabilitation of Disabled Act, B.E.2534 (1991)

The issuance of this Act creates the sphere for the disabled person to negotiate with the state concerning to rehabilitation right. However, in practical, traditional norm, attitude still influence to the interaction of people in society. The reaction on the image of the disabled person is still negative. Since all kind of services are grant, therefore sometimes the quality of aid device or services is poor quality. Good quality of service means to more money spending. They often ask for their equal right from society.

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In 1997, the issuance of the new Constitution of Thailand aims at developing the quality of life of PWDs. According to the Constitutions all restrictions and previous prohibitions regarding persons with disabilities are eliminated over and removed through the following statements.

"Section 30 state that all persons are equal before the law and shall enjoy equal rights and that all discrimination based on physical or health conditions is prohibited.

Section 55 states that the disabled or handicapped shall have the right to receive public conveniences and other aids from the State, as provided by law.

Section 80 indicates that the State shall ensure a good quality of life for persons with disabilities and improve upon their ability to depend upon themselves for health protection and quality of life."

To remove the health gap and promote quality of life of PWDs, Work Plan of Health Promotion for Persons with Disabilities is created as one of the policy help people in society and the disable realize and understand needs potential capability and value of the disabled so that the attitude toward the disable will be change in positive way. They will be seen as valuable social members. (Work plan for Health Promotion of Persons with Disabilities in Thai Society, 2005)

Person with disabilities (PWDs) in Thai society is disadvantage group that should have equal opportunity to access to health and welfare services as the population in the country. The number of persons with disabilities is statistically increased. In 1986 there were 0.4 million of disabled persons or 0.7 % of total population. In 1996 there were 1.0 million which is more than two times increased. The tendency of number of the disabled is increasing accordingly due to social and economical changes. According to the status of Thai Disabled Persons, in 2001 there were 1.1 million of the disabled. Only 0.1% were female while male is about 2.1% of total number of PWDs. Disabled persons in Thailand has positive attitude

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on marriage. Half of the physical disabled persons got married. Therefore it seems to be possible for physically disabled women to become mothers.

2.1.2 Motherhood and Disability

1) The Meaning of motherhood

Generally, motherhood is considered the state of being mother. It refers to women's experience of carrying her baby in the womb from beginning in anticipation of the baby to be born. The mother then goes through labor. Once the child is born, the mother's breasts produce milk to nourish the youngster. Mothers characteristically have an extremely significant responsibility in raising family. Meaning of motherhood is different in different societies. Their persistent adore and eagerness to care of their kids has been realized and be extolled in many societies.

Asch & Fine described motherhood as institution and experience that perhaps has dominated all cultural concept of women (Asch & Fine,1988) While Humm argues that the definition and value of mother is a source of debate in contemporary feminist.(Humm,1995). According to Rich (cite in Humm, 1995) motherhood divided into two meanings. The first refers to the experience of motherhood is the potential relationship of any women to her power of reproduction and to children. The second is the institute of motherhood which keeps that potential under men control. Mothering is considered to be an important role and responsibility of women and will be done in domestic sphere by women role of wife and mother.

In Thailand, image of mother is the women who can do anything for their children, scarify themselves for the happiness of their children and this image has been shaped women to be mother not born to be mother. (Karsmanee, 2005)

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In this connection physically disabled women are view as inability in sexuality, marriage and motherhood due to their impairment of physical appearance.

2) Role of mother

The mother nurturer role is also idea lied in female code of social and sexual conduct. Historically, the Thai tradition has defined a Kulasatrii (virtuous woman) as proficient and sophisticated in household duties; graceful, pleasant, yet unassuming in her appearance and social manner and conservative in her sexuality.(The International Encyclopedia of Sexuality)Year

Yoddumnern-Attig,(1992) concluded that in Thai Society, mothers play the center role as bearers, nurturer and socialize of their children, and women have a high degree of control over their own childbearing and rearing behaviors and decisions.

Whittaker described in her book, “Intimate knowledge; women and their health in North-East Thailand” that women’s ability to bear and nurture children successfully remains important to women’s identity in Isan (northeast).

Thai society valued motherhood as an important role of women. This value has been conveyed from generation to generation through various kinds of activities even through song. (Rosarin, 2001) Songs usually conveyed the values of the society to ensure the harmony among group. There is a famous Thai song that all Thai people familiar with named ‘Kha Nam Nom. It conveyed the great love of mother.

In Thailand role of mother is focused in the sense of closing relationship. Since the characteristic of Thai family is closed relationship or intimated family. Role of mother is never ended. This becomes the social expectation of mother. The universal ideology on mother role is the responsibility of child rearing and bearing or nurturing belong to mother. Thai women seem to be

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proud of this role and this sense of identity. Those who ignore or could not fulfill this responsibility will be judged or punished by society. They become bad women, bad wife and bad mother.

Although the traditional image of the mother as the sole caretaker and nurturer of her child is in the process of change, it is still the image society uses as its reference point or standard. Since women with disabilities are seen as childlike, helpless, dependent and in need of being taken care of, it is difficult for many to imagine how a mother with a disability can fill the caring and nurturing mothering role (Shaul, Dowling, & Laden, 1985).

According to Karsmanee's study, to be good women based on state policy in 1939 means the ability to produce good children in order to be good citizen of the nation. Till now successful mother in child nurturing will be respected as good mother. Her value will be announced as good mother on national Mother's Day. This ideology reflects how motherhood is shaped by state policy.

Thai women believe that they are good mothers, but there are times when they feel ambivalent about being a good mother. A "good" mother has several meanings including the need to follow Thai traditions. Rapid social and economic changes have made a profound impact on women's lives and this in turn has influenced motherhood among Thai women. The experiences of Thai women reflect early feminist writings: that motherhood is complex and multifaceted, and to mother well is not an easy task.

Very rare literature reports about the successful disabled mother but successful mother in raising disabled children are mentioned. It seems the adulthood of those children is disappeared.

3) Attitude toward disabled women

Focusing on attitude, Ingstad and Whyte conclude that disabled people are generally stigmatized and have poor chances to get married, of

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employment and social integration in general. They found that none of the definitions of attitudes really acknowledge the social situation in which they are played out. There is no indication that "attitudes" are dynamic in character and socially as well as culturally constructed (Ignstad and Whyte 1994: 252).

The Chonburi Association of people with disabilities reported that in 1999, Suan Susit Poll conducted a survey on attitude towards disabled persons from people in Bangkok including people in eight big provinces nationwide. Total sampling population was 1,926. Among these numbers, only 483 had ever dealt with disabled people the others never deal with disabled. The result shows that people feel sympathetic toward the disabled (82.51%). Only 8.5% of them were willing to give a chance to disabled to gain an equal opportunity in society. 62.48% felt that the disabled should receive more social support. Attitude toward dependency of the disabled is rather positive since the people thought that they can help and develop themselves potentially. Therefore they are more acceptable in society.(Access at www.rvsd.ac.th/capd/scool,html)

In Thailand, women are socialized to be more submissive and less able to hold responsibility than men. (Boonmongkol.2000) Therefore, their roles were placed in private sphere, let their husbands take family leadership and work in public sphere while they do household work and take care the children. They are not allowed to work as breadwinner which is defined as powerful in society but are expected to be good wife and good mother instead.

A disabled woman often has a different experience. Society thinks that a disabled woman cannot be a good mother. If she cannot fulfill some day-to-day functions without assistance, she may be seen as depriving her child of a "normal" life. A disabled woman may be discouraged from having a child. In fact, some doctors and counselors will suggest she abort the fetus, sterilize herself, or give up the child for adoption.

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Literature on pregnancy in relation to women with disabilities is very limited. Textbooks, popular literature, and medical schools believe that women with disabilities have only high risk pregnancies. These doctors may tend to recommend unnecessary Caesarean sections.

Because of society's attitudes about what makes a good mother, disabled women often cannot access basic services which are available to non-disabled women. Even weight scale for is not available for pregnant disabled women or after giving birth in a hospital, a woman who is a wheelchair user cannot look through the nursery window at her newborn child if the window is too high. Birthing and maternity centres are just now beginning to address the issues of disabled mothers.

In Canada pregnant disabled women now have the option of using the services of a midwife. A midwife will be able to provide care for a disabled woman during and after her pregnancy.

Some disabled mothers may need support services as home care, child care, attendants or technical devices. Many child care centres provide no access for women who have mobility need.

The universal ideology on disabled women seem to be negative, and view them as different from other women, dependent, can not give birth and unable to become mother. However they are women.

Compared to both men with disabilities and non-disabled women, women with disabilities are more likely to never marry, marry later, and be divorced if they do get married (Simon, 1988). While 60 percent on non-disabled women and men with disabilities are married, only 49 percent of women with disabilities are married (Bowe, 1984). Asch and Fine (1988: 15) report only one group of women with disabilities that is more likely to be married than men of the same disability group. This group is women with mental retardation.

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Non-disabled women often feel trapped in unfulfilling or abusive relationships because they cannot imagine how they will survive economically on their own. This may be even more true of women with disabilities who often may have to put up with abusive or exploitative relationships because of their limited social and economical means or because the only other alternative may be a life in an institution. In addition, Asch and Fine (1988) report those women with disabilities may return to abusive relationships because it may be the only intimate relationship they ever had and they may judge it better to have a bad relationship at all.

Many women may not see marriage as a preferred status, nor may they regard the most traditional female roles as desirable. At the same time, non-disabled women are more likely than women with disabilities to have the possibilities to choose between traditional and nontraditional life-styles. Women with disabilities rarely have the same options and their access to even the most traditional female roles is very restricted.

There are only scattered accounts of motherhood as experienced by women with disabilities. These accounts have mostly been written by women who have physical disabilities (Anderson, 1985; Hyler, 1985; LeMaistre, 1985), or based on interviews with this group of mothers (Shaul, Dowling, & Laden, 1985). Mothers with mental retardation have not been represented in this literature. As a result, these mothers are even more invisible than other mothers with disabilities. They very little is known about their lives and struggles. The limited information available has been written by professionals who tend to discuss mothers with mental retardation in terms of the problems they pose for the social welfare services that encounter them (Budd & Greenspan, 1985; Whitman & Accardo, 1990). Few, if any, resources are available that present their own point of views and how they experience motherhood. One of the few resources available about this group of mothers found that 25 percent of them had had their children removed from the care (Whitman & Accardo, 1990).

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Although society's fears that women with disabilities will produce defective children are for the most part groundless, because the vast majority of disabilities are not hereditary, these fears have resulted in severe discrimination against women with disabilities in general, and women with mental retardation in particular. Around the turn of the century, what was then referred to as "feeble-mindedness" was considered a major threat to society. As reflected in the following quotation from 1908, it was generally believed that feeble-mindedness was hereditary: "No feeble-minded mother will ever have a child absolutely normal in every respect" (Johnson, as quoted in Wolfensberger, 1975: 38).

More important, these women were thought to lack moral restraints concerning sexual activities, and it was believed that as a consequence they would produce a large number of illegitimate and deficient children. The preventative measures taken against this threat included large scale forced sterilization and establishing institutions for "feeble-minded women of child-bearing age, "where women with mental retardation were segregated from society as well as from men with mental retardation. In 1960, 26 states still had sterilization laws and as late as 1980, 33 states still had laws that prohibited people with mental retardation from marrying'' (Scheerenberger, 1987). No group of women with disabilities has been as severely discriminated against in terms of their reproductive rights as women with mental retardation and some of the myths surrounding women with mental retardation, such as the myth of their uncontrollable sexuality, are unfortunately still very much alive today (Sank & Lafleche, 1981).

It is widely documented that women with disabilities are typically seen as asexual (Finger, 1985). This is true of society in general as well as of most professionals with whom women with disabilities come into contact. Because women with disabilities are seen as asexual they are not seen as in need of information about birth control or what is possible in terms of having a sex life and children.

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Sexual abuse of women and children with disabilities is an area that has received growing attention in recent years (Sobsey, et al., 1990; Watson, 1984). Much of the literature in this area is based on studies which show that women with disabilities are at a much greater risk of being sexually abused than other women (Senn, 1988). This is true in society in general, and within residential facilities in particular.

It may seem like a contradiction that women with disabilities are not seen as sexual beings at the same time they are at a much greater risk of being sexually abused. Those who have studied sexual abuse, for example Cole (1984), have documented that sexual abuse has more to do with oppressive use of power than it has to do with sex. Based on their work with sex offenders, Longo and Gochenour (1981) report that sexual abuse is more related to issues of control and power than to sex. They claim that abusers look for and use vulnerability to create the opportunity to rape. This vulnerability is increased in people who are marginalized, dependent, and in need of affection. Thus, the more vulnerable and powerless people are, the more they are at risk of being sexually abused. Existing studies have documented that women with disabilities are at a greater risk than any other group of women of being sexually abused. Yet, professionals within the human service system continue to ignore this widespread abuse. These chilling realities have led Asch and Fine (1988: 23) to wonder "...how many of these same women have been sterilized to keep the effects of rape from the public eye."

2.2 Research Conceptual Framework

With the perspective on stigma and discrimination, gender and the variables that influence to the process of becoming mother of physical disabled women, my conceptual framework is shown as follows.

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2.2.1 Stigmatization and Discrimination

Stigma is defined as the co-occurrence of labeling, stereotyping, separation, status loss, and discrimination. Further indicate that for stigmatization to occur, power must be exercised.

Stigmatization

Disabled persons are considered as "the other" to the able bodied people. As Goffman describe in Selection of Stigma that there are three grossly different types of stigma, abomination or various physical deformity, blemishes of individual character and tribal stigma of race, nation and religion "….. We believe that person with stigma is not quite human. On this assumption we exercise varieties of discrimination, through which we effectively, if often unthinkingly, reduce his life chance. We constructed- a stigma theory, an ideology to explain his inferiority and account for the danger he represents, sometimes rationalizing an animosity based on other differences, such as those of social class. We use specific stigma term such as cripple, bastard in our daily discourse as a source of metaphor and imagery, typically without giving thought to the original meaning." (Goffman, 1963)

Following the above idea the disabled women suffer from the stigma and deprivation of second class. It is as a double discrimination. It is not only due to the physical appearance but the hidden meaning attached with malfunctioning and inability that make them be discriminated and struggle in the society. Social discrimination protects them from reaching a healthy right of reproduction health and other human right.

Ablon and other researcher use the concept of stigma contribute significantly to the understanding of the socio-cultural construction of certain chronic illness and impairment. These research show that people with various chronic illness and impairments in different societies can often be stigmatized, that is, marked as different by others and socially devalued because of these difference. (Shuttleworth & Kasnitz : 2004). Her study in 2004 highlight the sources that

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create and perpetuate the stigma of particular condition such negative attitude by family, educational environment, the medical establishment as well as through public opinion, media representation and interpersonal social interactions.

Discrimination is the act of showing partiality, to make a difference in the treatment of a person on a basis other than individual merit. Action based on prejudice against age, physical abilities, class, ethnicity, sex, race, or religion.

In this regard I would like to use stigma and discrimination as lens to explore how physically disabled persons make decision to become mother.

2.2.2 Gender

Gender is a concept that refers to the differences between males and females that are socially constructed, changeable over time, and that have wide variations within and between cultures. As opposed to biologically determined characteristics, gender refers to learned behavior and expectations to fulfill one's image of masculinity and femininity. (A socio-economic and political variable with which to analyze roles, responsibilities, constraints and opportunities of people)

Connell describes the meaning of gender that it is the structure of social relation that centres on the reproductive arena, and the sets of practices (governed by this structure) that bring reproductive distinctions between bodies into social process(Connell,2002)

Gender as a relationship between sexes in society, is usually seen as operating hierarchically – men being more powerful and dominant while women are less powerful and weaker. These power relations produce stereotype of masculinity and femininity trait and behavior that are expected of men and women. Role of women as nurturer, men as breadwinner and so on, define approve way to perform gender (Meekosha : 2004)

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Disabled people have often been represented as without gender as asexual creatures as freaks of nature, monstrous, the other to social norm. (Meekosha, 2004 : p.3). Society does not expect them do mother role, nothing to do with sexuality or motherhood for disabled persons. According to gender role, some authors have characterized women with disabilities as "roleless" because of the limited social roles available for them and the absence of institutional means to achieve valued adult roles (Fine & Asch, 1981).

In Thai society, role of Thai women in family as mother and wife are inseparable. (Yoddumnern-Attig, 1992) Girls will learn how to be dress, behave and react to others through socialization which concern to societal expectation. For the disabled girls, disability is the reason parents gave special protection and not allow them to play their role as other girls.

Being women are naturally placed to the role of giving birth, mothering, child bearing and rearing but women with disabilities are not seen as fit to fill the traditional roles of mother, wife, homemaker, nurturer, or lover and economically productive roles are not seen as appropriate for them either. (In vocational training center sewing, dress making is considered fitting for disabled women).

In the rural area, Thai man as father controls key family decisions and he is consider as household head whereas in urban Thai society ,the relations between husband and wife are more egalitarian. Their roles, duties, and obligation to family are shared equally. (Suvannathat, 1979 cite inYoddumnern-Attig, 1992) This reflects women as mother can negotiate and share responsibilities on their roles with men.

Therefore, the traditional picture of wife‘s roles in Thai society as homemakers can be changed. Historically Thai women were confined to the house and were silent and passive partner of men. The present situation, although women are not household head she plays an important role in household management especially concerning the economic matters. She serves family as family treasurer

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and financial manager in addition to the roles of mother and wife. Those changes can happen to the disabled women too. She can raise her child if her husband shares to perform this role.

Gender norm and Stereotype

Women and men with disability face pervasive negative stereotypes that call into question their ability to function as independent, competent, sexual adults**.** Studies suggest that women with disabilities perceive more negatively than disabled men or non disabled women. Women with disabilities are not perceived as the **ideal** female. Myths about their sexuality and nurturing capacities bring into question their ability to assume the traditional female roles of wife and mother. This suggests that they are less likely to have partners and face more barriers to having children than do non disabled women or men. Perception as asexual made them fail to meet the standard of beauty. This assumption is used to strict their sexual expression and childbearing.

However I believe that there are some women who are able to create new identities that move beyond the stereotypes and negative societal expectations, taking pride in their inhabiting and exhibiting their bodies exactly the way they are, disability and all.

2.2.3 Agency

Agency is a term linked to sociologies which focus on the individual as a subject and view social action as something purposively shaped by individuals within the context to which they have given meaning. This view is usually contrasted with those sociologies which focus on social structure and imply that the individual is shaped and constrained by the structural environment in which they are located**.** (Glossary; Gender Sexuality and Reproductive Health)

Ramazanoglu and Holland (2002) explain about agency in their book that agency is individual's capacity and freedom to choose their goals. Individual are free to choose in this assumption: their behaviors are not merely defined by

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their social status or other background. Since individuals are free, including women. They have their own way to act and negotiate with their competing discourse.

To understand individuals' agency, we need to understand their context. We cannot merely detach individual from their underlining context, and their context could be political. (Morris, 1992; Lewis, 1994)

2.2.4 Socio-cultural Determinant of disability

I would like to apply the map of reproductive health of Myntti and Cottingham to my research to see how gender, power and disability influence to being mother of disabled women.

1) Family/peer

Family/peer is the first level of the social world surrounding the disabled person and it has a profound influence on reproductive health, gender role and aspect concerned disability. The girl with physical disability receives her first education about identity, self-worth, and relationship from parents and other close relatives at home and grows into social networks.

Alexander CJ, Karen Hwang and Marca L.Sipski carried out the research on impact on marital family and children adjustment of mother with spinal cord injuries. They found no significant differences between mother with SCI and able-bodied mothers. Moreover, there were no significant differences between children raised in families with mother with SCI and children raises in families with able-bodied mothers. Therefore SCI in mothers does not appear to affect their children adversely in term of individual adjustment, attitudes toward their parent, self-esteem, gender role, and family functioning.

According to the study of Thai folk literature especially in the Northern, Warunee argued that it was not only mothered who is nurturer. Nurturing is the role of relatives and community. (Warunee, 2002)

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According to the research, it could be assumed that children could be grown up in family with disabled mother. Disability may not be the barrier for nurturing. In some culture such as in northern part of Thailand nurturing is not only role of mother but relatives and community as well.

2) Community

Closed factor and environment surrounding the disabled is community. A wide range of messages that shape behavior and opportunity of the disabled persons could be transmitted through community. The meaning and value given to motherhood will always be strongly influenced by cultural norm. Certain practice may be defined as taboo. The idea of masculinity and femininity can be create defined what is appropriate character for men and women. Community in this study refers to people who live in the same area or environment with the disable and directly or indirectly deal with or spend time in the same environment with the disabled, such as school friends or villagers. They may be the disable or be able bodied. This community influence to their way of life.

The disabled women are expected to be dependent. They should be at home and should not express their sexual desire. Being mother is not suitable for the disabled since they may face with the difficulty in giving birth and nurturing. Through language, community tries to shape the idea of “inappropriate behavior for the disable” such as “You are not the same as the others (able-bodied).” People feel pity on the disabled persons but not agree with their idea of marriage, motherhood or sexuality.

In the past community members paid respect to mother who successfully raise their children to adulthood and consider her as community leader who possessed special abilities and knowledge. Community member could consult her on many different types of problems. (Yoddumnern – Attig, 1985)

There is an attempt not to exclude the disable in community led by NGO in Thailand through the equal opportunity campaign to let people realize that

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even thought there is only one disabled in community he/she is the member of community who has the same human right as the others. A group of mothers who have disabled children gather together to share, discuss and learn how to struggle in society such as the pilot work plan of independent living of persons with physical and movement disability in community. (Health promotion for persons with disability in Thai Society, 2005) This can create the understanding of disability issue to the people and can form network among the groups of the disabled vary by types of disabilities. The point is the disabled issue is inclusive and people should realize them as one of member in community. In this connection women as mother or disable mother has to share knowledge as resource person of community and she will be valued by community.

3) Health sector

Disabled women need health services as the others women. The problem is they are not expected to take the role of mother or pregnant. Therefore they face with the limited access to parent role because of negative assumption about sexuality and nurturance. Because the professional fear that disabled women would produce children with similar condition have mingled with conditions that disabled women would harm, deprive or burden children they attempt to rear, many professional urge or coerce the women into being sterilized. (Wedell,1997 p. 248)

In Thailand women with disability still face with limit access to health service. They often faced with power relation of hospital‘s staff as knower and themselves as care receivers. The disable has to rely on the medical doctor or the institute that they receive health services. There is rare book for disable women to find health information mentioned about pregnancy and disability.

Whittaker points out that there are numerous stories circulate of the hospital staff’s rudeness and lack of concern for patients in the northeastern. These criticisms of care and services received in hospitals centre around the staff’s failure to provide nurturing relationship. (Whittaker, 2000) Therefore, during staying in hospital, massages or moral support will not be assisted to women patients since

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births are considered as routine medical events. This situation could happen to the disabled women who got pregnant too. They may face not only the rudeness but the ignorance of their right as well.

4) Religion

Most of Thai people are Buddhist. The disabled persons are viewed as the weak who should receive the mercy from the stronger. Looking to the disabled women from Buddhist Perspective, Thai culture has traditionally viewed people with disabilities as suffering from a punishment in a previous life. According to Roeder who studied on educational status and facilities for physically and mentally disabled in Thailand mentioned that this common belief has allowed a show of generosity to the disabled by the non-disabled, for ensuring the non disabled who help the disabled good fortune and avoidance of being disabled in the next life. (Roeder, 2001)

In some rural area Thai people view person with disabilities as a sinful person who has to go to temple for doing more positive to compensate for their sin. Being motherhood therefore is not encouraged for the disabled. The disabled will be sheltered and protected by their family. They are pitied and looked down on by the society. Due to their disabilities, Disabled women are viewed as incapable or less capable of functioning in society which the same as the western that viewed disabled women less likely than the non disabled women to be married ,more likely to marry later and more likely to be divorced. Karma is influent to the condition of aloneness of the disabled women. It means those who make decision to get married and be mother should have their own agency.

In Thai traditional culture, it seems to be more advantageous for men than women in the context of religion especially for “Bun – Karma”. Thai men can pay gratitude to parents by being monk-hood once in their lives and women, as mother will receive “ Bun” which will lead them to heaven. Disabled mother can be included based on this concept if she had son.

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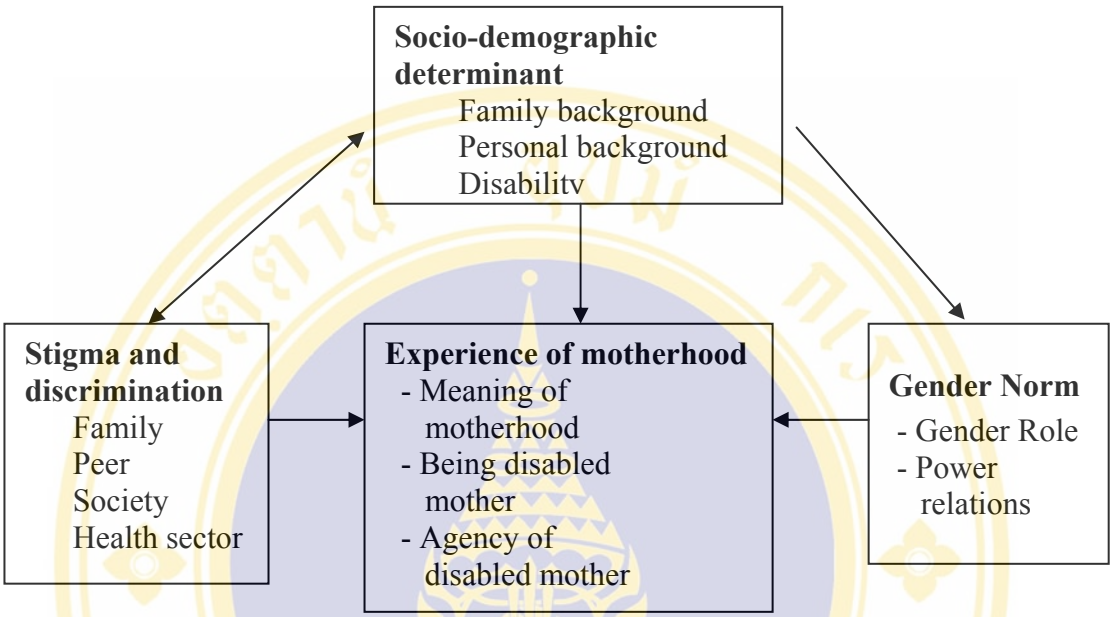
Conceptual framework



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CHAPTER III
RESEARCH METHODOLOGY

3.1 Research Design

This study aims to understand the value and experience of motherhood for women with physical disabilities. In order to gather women's accounts of their experiences of motherhood, Tina Miller (Ribbens and Edwards, 1998) highlighted that it was necessary to choose a research method which enabled the women's voice to be discernable and distinct, particularly, the voice of women with disabilities who experienced motherhood. Therefore, a qualitative research design was employed in this study in order to explore experiences and meanings of motherhood among women with physical disabilities. Moreover, a qualitative approach encouraged women with disabilities to share and spell out their voice in making choices and tell stories about their life and motherhood experiences embedded, as they were, within their own context Interviews and participant observations were conducted to explore what they perform as mother, what motherhood means to them from their own perspectives and how stigma, discrimination and gender influence the process of becoming mothers.

3.1.1 Study Site

In this research study, the study site was considered in accordance with the case studies selected through the documentary resources. The directory of the government and non-governmental organization published by Ministry of Social Development and Human Security were utilized to seek relevant organization or institutes that provided services to people with physical disabilities.

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Nonthaburi was a province near Bangkok which the Association of the Physically Handicapped of Thailand recommended for study. The Redemptorist Vocational School for the Disabled located in Pattaya, Chonburi is another place where women with physical disabilities receive vocational training and graduate. Suhkothai was taken into account since one participant moved to stay there with her parents after giving birth.

3.1.2 Sample and sampling procedure

Purposive sampling has been applied for this study with the aim to select information–rich cases whose study will illuminate the question under study (Patton: 169 cite in Guerrero p 206). The samples consisted of women with physically disabilities who had experienced of maternal life or pregnancy or were in the process of prenatal care or the postnatal period.

Woman with disabilities who were participated in this study were selected under the following criteria: 1) women with physical disabilities or with mobility impairment were chosen, 2) disability is visible, 3) wheelchair user and 4) a mother of at least one child or be in the process of prenatal care or pregnant.

Three techniques including networking approach, direct approach and snowball techniques respectively were used in the process of recruitment.

3.1.2.1 Networking Approach

Two weeks before going to the field, the preparation on finding participants was planned. The criterion was set and sent through email to the Thai Disabled Development Foundation for screening. Five physically disabled women were scrutinized by the Thai Disabled Development the Foundation. Their name lists were returned to the researcher within two weeks. Contacting started through telephone calls to seek for the disabled who willing to directly reveal and to share their experience.

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Among five, one of them could not be contacted, three of them refused, and the last one accepted but her disability was invisible. According to this result, I found out that the recruitment from the list did not meet the criteria. This approach seemed to be problematic. Therefore the technique to seek a sample was shifted. A direct approach for finding women with disabilities was considered for recruitment. Interviewing staff in relevant institutes was combined with this approach.

3.1.2.2 Direct Approach

Directly approaching women with physical disabilities in relevant institutes was applied after networking approach failed to recruit a sample. Two Institutes in Nonthaburi were chosen as first priority then followed by the Redemptorist Vocational School for the Disabled (RVSD) in Chonburi. At the Association of the Physically Handicapped of Nonthaburi Province, Disabled People International, and RVSD in Chonburi, the participants were selected through observation combined with interviewing staffs in both offices. The 7 participants were recruited by this technique.

3.1.2.3 Snowballing technique

Selection of a sample using snowball technique, starts from asking for introduction from one to another through the stage of trust-building with some participants were made for the last set of participants. The previously selected participants in the first set of participant were asked to recommend their friends for participation in the research. Two of them helped the researcher deal with their friends. Telephone numbers and addresses were given for further contact. Then two disabled mothers who both stay in Nonthaburi were recruited.

In conclusion, purposive sampling was used in this research. The final sample consisted of nine physically disabled mothers aged between 25 and 47 years. All of them had mobility impairment and were wheelchair users. Among the nine, two of them were five months and eight months pregnant. The names of the participants and their families have been replaced by pseudonyms in order to

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protect their identities. Table 1 (on pages) displays demographic and other descriptive information for each of the nine participants.

3.2 Data Collection Methods

3.2.1 In-depth interview

Studying the experiences of mothers needed technique that provided the researcher insights into participants' views on being disabled women, becoming mothers and relevant issue that affect the decision of being mother. Face to face interviews were used as a main tool with nine participants to explore their experiences. The interview was done due to an appointment made by the participants. Time for interviewing was flexible and depended on tone of feeling, issue discussed and availability. Guideline questions were used to let them voice out what they encountered in their experiences. Interviews were conducted with all nine cases to explore the interaction and perspective of women with physical disabilities about motherhood. Almost all of the interviews were conducted at participants' resident. However, workplaces or places that participants felt comfortable to answer or tell her story were also chosen.

The personal narrative was applied with some cases who could not adjust time for further interview. This tool helped to get a holistic picture of experiences of motherhood management such as ideas of being a mother and reaction from others toward her disability in the past based on her memory. In addition, using communication technology such as telephone and email was needed. One of the participants in the study preferred to chat through email since she stayed in a very small room in Child Foundation Center. She often told her story and shared opinions every week. This method could maintain the relationship and kept consistently communications between the researcher and participant.

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3.2.2 Participant observation

Participant observation was used not only during interviewing but also during visiting their home or their workplace if the participant allowed. In addition, observations were made during participants' activities. Participants who were pregnant and needed to receive health services at the hospital were also observed when the doctor made an appointment for prenatal check up. In some cases, observation was done during the postnatal period at home.

Two cases had been observed during the preparatory training period before joining a sports competition. Sometimes, accompanying them to somewhere for a particular purpose was necessary. Those activities provided opportunities to understand their way of life, way of thinking and some other aspects. Participation observation along with their daily life activities was applied with the permission from the participants and then casual interviews were conduct on that occasion.

3.3 Data Analysis

Analysis of data was done along with collecting data. Every personal experience became important data to be reflected, to be analyzed, and to be redesigned topic guideline.

3.3.1 Filing

The procedure of data analyzing started during the collecting period. Each interview, information was recorded and filed. Field notes transcriptions were added to the files. This process was done from time to time to accumulate raw data.

3.3.2 Transcribing

After interviewing, information was transcribed from tape recording to edited notes and then transcriptions were reviewed by the interviewees.

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3.3.3 Categorize / Content analysis

Notes from in-depth interviews and observations were categorized according to the conceptual framework and the research objectives. Manual line by line content and context were conducted.

3.4 Ethical Considerations

The ethical issue was considered for conducting research and dealing with disabled persons. As a social research, the participants are human being; this issue was considered during field research. In the study field, awareness of the privacy and confidentiality of the disabled person both in terms of personal information and experiences shared were considered. Their feelings, behavior and opinions were respected. Data collection was done with the permissions from respondents and in some cases from their family members. The aims of the research, the process of data collection were explained to all the participants. Participants were offered anonymity and informed that they cold withdrawn from the research process at any time. With respect to the ethical consideration, all data collected and personal information had been kept carefully.

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CHAPTER IV
RESEARCH FINDINGS

This research uses qualitative methods aimed at examining the meaning and experience of becoming a mother for physically disabled women and how stigma, discrimination and gender role influence the process of becoming mothers.

In this chapter, the data collected will be presented in five parts. The first part introduces the socio-demographic characteristics of the purposive sample. The second part describes stigmatization and discrimination of women with disability. The third present's gender norm related to women with physical disabilities. The fourth part introduces meaning of motherhood among women with disabilities and the experience of motherhood among women with physical disability. The last part presents the influence of stigma, discrimination and gender on the process of being mothers.

1. Socio-Demographic Characteristics

The respondents of this study are women with physical disabilities aged between 29 and 47 years**.** Most of them are between 30 and 33 years. Almost all of the respondents (8 women), were born in the rural Thailand. Only one is from Bangkok. There are three from provinces in central Thailand, one from the south, two from the north and the other two from the northeast. All of them moved to Bangkok, Nonthaburi and Chonburi because of employment for disabled people (See table 1).

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Most of the women with disabilities in this study are from poor families. Most of their families are farmers living in rural areas. Only one respondent comes from a business family and another one is from a rich farmer in the village but later when faced with the economic crisis became insolvent.

Regarding the education level of the respondents, most of them (six women) finished secondary high school from the non formal education system. Two of them graduated from public universities. Another two graduated from a Vocational College. Moreover, most of them were trained in Vocational Training Programs for the disabled.

The study also found that all the women who received education from non-formal schooling were acquired a disability at birth or at an early age while the women who finished higher education acquired a disability later on. The study found that all of the women with congenital physical disabilities, such as polio faced difficulties to access compulsory formal school. The difficulties that they faced depended on the status of the family. One of the women, who were born in a Chinese family, was not allowed to study as they thought it was not necessary for women with disability. One of them had to quit school as a result of the higher level of classroom that she needed to climb up and down the stairs.

Regarding their occupation, all of them are employed and have monthly incomes of 3000 - 10000 baht. Their occupations vary due to their educational background. One of them is a general administrator and two of them are accountants. Some of them are self-employment, such as a dressmaker and a food shop owner. There is one athlete, one official and two clerical workers. The official is also wheelchair tennis player and she can earn from joining the national and international sport competitions for people with disabilities. With respect to their husbands, seven of the women with physical disabilities are married with disabled men while the other two are married with non-disabled people. The disabilities of he seven disabled men are different, two of them have polio, two have lost a leg, below the knee, two have weak arm and the last one has lost a hand. According to

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occupation, most of them are merchants and there are two athletes and the others are clerical worker, instructor, guard, and computer technician.

According to the findings, most of them are living together, range between 1 and 10 years. It has been found that one couple lives together during weekend since during weekday husband has worked in another province.

Almost of women with disabilities in this study have one child and there is one woman has two children. Among one-child mothers, their child aged between 3 months to 7 months (3m, 5m, and 7m), three to six years and 26 years. Regarding to two-child mother, the younger child is 5 years old and the elder aged 7. All of them raised their child by themselves during the first three months since they would like to breastfeed them and then the finding showed that there are only two families are raising their child by themselves currently. The others sent their child to be raised by their parents.

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Table 1: Demographics of the sampling

	Wife						Husband	
Age	**Disability**	**Ed.**	**Occupation**	**Wage**	**No. of Child**	**Age**	**Disability**	**Occupation**
Pla, 47	Polio with broken leg	Vocational College	Official, GO	5000-10000	1	50	Non disabled	Merchant
Jane, 30	SCI, paraplegia	Bech.	Accountant Father Ray Foundation	5000-10000	1	na	One leg lost	Merchant
Tang, 32	SCI, paraplegia	M3 (grade 9)	Dressmaker	4000	2, 7y, 5y	35	Polio	Athlete
Noi, 30	SCI, Quadriplegia	Vocational college	Accountant, NGO	7000	1, 5m	24	Non disabled	Guard
Mint, 29	Polio	M6 (grade 12)	Clerical worker	4000	1, 8m	34	One leg lost	merchant
Maew 33	Polio	M6 (grade12)	Food Shop owner	4000	1	27	Weaken arm	Computer Technician
Yam 39	Polio	Elementary P4 (grade 4)	Clerical Worker	3000	1	28	Hand lost	Clerical worker
Sao 32	Encephalemia Hemiplegia	Bech.	General Administrator	10000	1	30	Deformity arm	Instructor
Or, 33	Polio	Elementary P6 (grade 6)	Athlete		1	Na	Polio	Athlete

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Regarding disability condition of the respondents, the 9 women interviewed had a variety of physical impairments. Five had polio; one had polio with broken leg, three had Paraplegia and one had Quadriplegia and one had Hemiplegia. Five women who had polio had congenital impairment; the other three had become disabled later as a result of car accidents and leakage of blood in brain tissue at the age of 17 and 20.

Their disabilities were visible. They all used wheelchair in daily activities. The study found that they can do almost all routine activities including transferring from wheelchair to bed and traveling by themselves.

Besides the disability, some of them have illness or chronic problems as the side effect from being paralysis. Those problems included breathing difficulty or short breathing, spastic, pressure sore (bed sore), leaking urine (Urination control or urinary incontinence), encephalemia (leakage of blood into the brain tissue), and bladder infection or urinary tract infection.

2. Stigmatization and Discrimination of Disability

Disability is a stigmatizing phenomenon occurring in both the family and the society. Women with disabilities in the sample faced with perceived stigma in term of embarrassment, guilty, shame, resentment and worry toward their disabilities from the family. Moreover they experienced with discrimination against by others in the community including institutional discriminations in term of inaccessibility to education and social services.

2.1 Stigma and Discrimination of Disability in the Family

Family views towards disability and women with disabilities are important as they will determine the role of disabled persons in the family and opportunities for persons with disabilities should be given. This study found there were three categories of attitudes toward disabilities in the family. The first one is

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the feeling of "pity" toward daughters who had disability and thus support them, as they are vulnerable in the society. The second is that family felt "ashamed" and kept them in the house, not allowed them to go anywhere whereas some family felt "burden." then left them to the welfare center

2.1.1 The feeling of "pity"

It is found that prevailing family attitudes towards women with disabilities in this study is the feeling of pity. "Pity" is found in the family that daughter with disabilities was needed special attention due to their vulnerability and weakness. Women with disabilities are likely to be raised in overprotective environment. During their childhood, the parents did not let them go out or move around, as they were afraid that their daughters would be endangered. However the study found that families tend to support disabled daughters to be independent in doing basic things such as personal routine activities, house chores, going to primary school. Some parents trained them to involve in household work and attended sibling, as needed them to be independent in later life. Most of the parents in this category felt concern that if they passed away who would good take care of their disabled daughter. The family reaction toward their disability in their prior life was directly affected to their self- perception.

One woman mentioned that

"*I got polio since I was young. My home town is in Sukhothai Province. My Dad is a farmer, Mom is a housewife. We are poor. My parents have three daughters; I was the second and the one in the family who got polio. I can not work so I crawl when I need to move. I helped Mom do the housework and raised my younger sister since I was young. I got up early in the morning, around three a.m., and helped Mom making dessert for selling. I helped her grind rice into powder, tore the banana leaf and washed the dishes. I went to school only one year then had to quit because there was nobody sent me to and pick me*

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up from school. However I kept studying l studied at home practiced reading at home. My parents never complaint or made me sad about my disability. My parent and my sister are very kind to me. They never talk bad word to me even make me sad. They also feel concern and worry about my future life if they pass away.

(Mint, polio, 29)

Another woman mentioned her life

"*I was born in Lamphun Province. I had polio when I was 2 years old; I was the oldest daughter of the family. My parents were farmers. I move by crawling. As I was the only disabled person in the village, I felt different and was ashamed that my body was different from other people. However my father took good care of me, my parents did not allowed me to go out. He hired his friend to ride a bicycle to send me to school and back home in the evening. However i could not continue my secondary level at the same school since the classroom was on the 2nd floor and me parents could not carry me since they had to work. Later, I found that there were vocational school for disable people in Chieng Mai and I wanted to further study. My parents allowed me to study there though it was far from then. They thought that this would make me to be able to look after my self after they died. My parents always support my decision on things that would improve me. When I decided to work together with studying, my father supported my decision and I think he got proud of me." (Maew, Polio, 33)*

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The way that family members supported women with disabilities to manage in daily activities and provided opportunities to involve in social activities would provide self- reliance and self-esteem for women with disabilities in the later life including as being wife and mother.. Regarding to Yam's life, she described that she was the only one daughter of her family thought that they were able to raise their disabled child. When going to school, she was taken by her father as the school is not far from her house. Since she could not walk, her father bought her wheelchair for her convenience but she felt shame to use it amongst the eyes of people in province. Her parents wanted her to have occupation so they opened the grocery store at home for her in order to make her earn some incomes. Her father also made a handcar for disabled as to facilitate her to shop things by herself. She thought that her parents took good care of her.. She views her disability is not an obstacle to go out and join the social activities.

"Or" had polio weakened her right leg told her story

"I wondered why I could not walk like the others. When I grew up my attitude was changed. My parent allowed her to study as I wanted. I could go to be trained in another provinces located in Northeast, Khonkaen and Nongkhai, even went to Bangkok to find job. My parents supported me and I inspired to fulfill my intention. I think "... Any things can be competed but not from luck." I considered my disability as an inspiration that if I do not have success I will not go back home. (Or, Polio, 33 yrs)

The same as Sao's family, Sao got accident when she studied in the last year of vocational school. She had to drop for medical treatment. It was two years she tried to walk, practice writing and received physical therapy from the hospital. After she got accident her parents and her sister took good care to her until she recovered.

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"Sometimes I depressed and too tired to practice walking, my mom and my sister assisted me and encouraged me to fight as much as they ca. They kept encourage me to walk with parallel bar as doctor said I would regain with in two years. With their support, I could continue my life and finish studying BA in the Open University." (Sao, Hemiplegia, 32)

In conclusion, feeling pity toward women with disabilities was found commonly in the families of respondents in the study. Parents protected daughters with disability as they perceived that their disabled daughters are vulnerable and unfortunate. However they tried to support disabled daughters to be self reliant particularly in their personal routine. Such affection in the family furnished positive social support which itself serves an important function in the lives of women with disabilities in the future.

2.1.2 The feeling of "ashamed"

Some families view toward disability in a negative way. Physical impairment is viewed as the wrong/defective thing that brings embarrassment of the family. Parents judged thru the appearance of physical body and viewed it as the weak attributes that could not bring any pride to the family as other family member. Therefore, the feeling of "ashamed" falls to the disabled daughter. The situation may be worse when the disability attributions were combined with women's devaluation in the family, particularly traditional Chinese family. Parents not only excluded disabled daughter from family activities such as eating outside but limited her opportunity to participate in other social activities because parents felt ashamed.

"Pla" was born in the Chinese family. Her parents had an electrical appliance shop in a Chinese community. Her father was the leader and controlled all aspects in family. She expressed her childhood life as followed.

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"I have five siblings in the family, I, my brother and four sisters. I was discriminated in the family in many ways., All of my siblings studied in private schools but only me, had to study in a government school. When I finish primary school, I liked to further study but my father was not allowed. My father always told me that normally Chinese people didn't allow female children to study and that I was handicapped so I should be at home or our shop. He always called me "A Kha P." (Cripples). He said that no need for me to study I should be only at the shop and should hide my legs to avoid other people's knowing of my condition. He also said that if there had been a man who begged to marry me, he would have given him 100,000 baht."

During Chinese New Year everybody went out to celebrate but I had to be home. They gave me one hundred baht to be home when they came back they just brought me fried chicken. I felt so sorry about my disability. Sometimes my mother dressed me up, my father saw and blamed her as he always disallowed me to go outside… I remembered once, my mother took us out to have dinner. I observed my father did not eat any food. He might be ashamed or thought that I was a jinx. Even my father-in-law, when he got drunk, he likes teasing me by mocking up my limb."(Pla, Polio and broken leg,47)

As a result of discriminative relationship in family she revealed how she was stigmatizes and devalued her dignity as human being.

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> ...“*Normally, I didn’t pay attention to it. I was always sad for being handicapped and when they showed discriminative actions. When I was young, I remembered I cried everyday. I would like to get beautiful dressed and go out during Chinese New Year because it is the day of relatives’ gathering. ….I felt ashamed when someone teased me or called me “ka kra plek”.*

To conclude, the feeling of ashamed that family viewed toward women with disability occurred in negative form could shape women perception of inferiority complex. However, the initial drive was created as a mechanism to overcome the weak point and to seek for equality and it finally shift her prior negative perception into positive to find her potential later.

2.1.3 The feeling of “burden”

Some families view disability as the “burden” of the family. This is considered the most severe stigmatized form in the family. “Abandon” is the manifestation of an underlying set of “worthless” belief toward disability. Discrimination is shown thru way parents choose to bring up the normal daughter but left the disabled daughter with grandparents in rural village.

“Tang” told her story how she was stigmatized and discriminated by her parents. She grew up with grandparent and thought that her parents abandon her due to her disability. She thought her parents did not want her and think that she could not get along well with them.

> “*I grew up with my grandparents. My family, parents, could not accept my disability. They raised only elder sister but they did no raise me. In my room there was strong smell of urine, when they visited, they could not stand for that. They visited but could not accept what happened to me. Grandparents raised me. Mom could*

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not accept my smell from urine. I felt hurt when I was young and remembered that Mom could not stand with smell in her room. I think they could not bare my stinky bedroom. I guessed I had problem with them .We never spent time together for long. I did all my cleaning, washing and bed lining. We can't be able to tune and live together. I was so ashamed. I talked to no one, avoid talking but stayed at home all the time. I had no friends.

….When my father had a new wife, he took me from grandparent when I was 14. At that time, I was illiterate. While I was staying with him, he taught me how to read and write at home. I stayed with him for 4 months then he sent me to public welfare center and never visited her again. I feel be abandoned again. (Tang, Paraplegi,32)

The same situation happened to Noi, she became disabled after having lower limb paralysis, which made her have difficulty in urination. Her disability was caused by a passenger car-truck crash. She got low paraplegia. She was left lonely when she really needs help from family and she view her disability as the cause of burden her family. She mentioned about her thought of 'burden' that

"…When I got accident I was 21, during that time my ex-husband had another girl. There was nobody with me at that moment. I did not contact Mom or my closed friends. I had called only my Dad to pay for medical treatment fee. ….I had no place to stay after medical treatment therefore I make decision to call my uncle (Mom's brother) in Nonthaburi to stay with. At earlier period, my ex-husband took me from uncle's house to hospital and later he told me he would like to separate.

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> *My son was sent to be with his mother. Since then he had disappeared from my life. Aunt in law was caretaker. I could not do anything and did not want to do anyhow, just lived day by day. I depressed almost 3-4 years. I had stayed at home for 5-6 years. When I resumed working, I practiced leading life by using a wheelchair and traveled to learn about disabled people. Six years before that, I had not been able to help myself even feeding and bathing at the hospital, it was only me whom doctor talk to. No parents, husband even relatives were with me when doctor want to consult about my treatment." (Noi, paraplegia,30)*

Negative outcomes including shame, depression, lack of self-esteem and social isolation resulted directly from the perception and discrimination that parents abandoned women with disabilities. "*I have family but it seems I was alone when I was sad or happy….It's just only me. Nobody feel concern.*

In conclusion, the above mentioned characteristics showed attitudinal barrier happened in the family and affect to women with disability perception on their own disability. The feeling of burden occurred in some parents who view disability as helplessness then seek for another resource to support. Women with disability perceive this negative attitude as irresponsibility of parents. Moreover the negative attitude has been internalized to women with disabilities which made them held concept on disability and lack of self esteem.

2.2 Stigmatization and Discrimination of Disability from Society

According to the sampling, being women with disability in Thai society often faced with negative attitude and lack of educational opportunity that lead them unable to access to their right as population in this country. Stigmatization

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and discrimination still influence their self-confidence. However, they had a chance to participate with other persons with disabilities therefore their "self determination" had been formed. Their views were broaden and shifted since they learn more information and fight for their own goal.

Most of the respondents reported that in the regular schools they were teased by their friends due to the disability. One of the respondents told about her friends' reaction.

> *".At the regular school, there were some friends who always mocked up my limp but it was not so serious for me since I would rather be concerned with playing. From Prathom 1-5, I studied with normal children, with whom I could participate in all activities with no embarrassment." She furthered her story that, "...At school, there were some students ridiculing me for my condition. But I didn't pay attention to it. I could play everything with them without using canes. Sometimes, I ran so fast that my friends didn't want me to play with them. They sometimes mocked up my limp, which made me ashamed.*

> *I would like to further study in vocational school since I liked merchandise and number. But I thought that the prospect career would be a secretary or accountant and that it needed persons beautiful and active. Then, I gave up there and decide to study in a college, I could pass a test but on the admission day, the headmaster said that he wouldn't allow me to study there because he was afraid that I couldn't study there. His refusal made me cry. On that day, I went there alone since my father didn't want me to study. When the manager of the college*

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saw me, he asked me what happened. When I told him that I was disallowed to study there, he took me to see the headmaster and told him that I could study there since there was a handicapped student in high-vocational college studying there as well. Finally, I could study there; however, in the depth of my mind, I still recalled my handicap." (Pla, Polio with broken leg, 47)

This study also found that women with physical disability, as wheelchair user, experienced with lacking of choice to choose due to accessibility for the disabled has been ignored by society.

"I started studying here through non-formal education until grade six then further higher levels up to grade nine. At first I would like apply computer course but they rejected. They claimed that my type of disability was not fit the work since nobody hire wheelchair people. It was hard for them to invest the work place modification for just one w/c workmen." She thought it is about environment problem not her disability. Nowadays,

In some cases, women with disability resulted in great stigma if their disability created visible chronic illness. They may have to suffer not only with disability and illness but also the stigmatization and discriminations from others. In order to cope with such stigmatization they have to hide the nature of problems.

"I had undergone sphincter correction surgery. The problem was that the operation wasn't completed. The sphincter was made to reduce in size which mean I can control it when I am awake but the volume restore is limited, not more than 1 Ltr. The doctor suggested that the artificial sphincter could be better for me. Any way

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it's too expensive. So I try to manage by myself, still I can't control it at night because I don't feel it. Therefore, I have to prepare mats before I sleep. For those who understand it'll be ok while for some people it can be problem. I can accept my disability but the others can't. I'm scared that other people wouldn't understand and accept me so I have to hide it." Due to the difficulty in urination control, urine made skin irritated and infected. I also have difficulty in urination control. It's hard for me to live my life normally, going here and there freely. Sometimes my heart was so down. I've asked my self ..isn't it enough for me to bear this and that, over and over again all the time. Sometimes my friends said something offensive. Sometime look at me insultingly when they smell something. Even among close friends who lived, learned, stayed in the same room, they didn't understand and don't realize how hard it is to become like this. They all blamed it on to me that I didn't be aware of my self, doing it without doing something protect it. They didn't invite me to their house because they afraid that I would mess it."

Not only the negative reactions but the positive reactions also have been found in some places in the society. Women with disabilities in the study had experiences positive relationships from friends and staffs in the schools for disabled people. They have been empowered and provided spirit of living during attends in the Institute for the disabled people. Some experiences had been revealed.

"I saw we had something in common. Living with other disabled people made me have friends and more expressive. I studied in Srisangwal School, where I

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studied with physically disabled students, which allowed me to see a society of people with physical disabilities. This made me want to prove that I could do. "(Tang,paraplegia,32)

Maew told her positive experience that her friends in the school for disable people always supported and affectionate her. Studying with friends at Yad Fon School made her feel self-confident without feeling of inferiority as she saw many types of disability. Some students had the same condition of hers, some were worse. The experienced and the impact of the feedback about her value from friends were positive and strongly influenced to her self cognition.

"During the time of studying in the school for disabled people, I was very happy since I had a lot of friends. I felt better when I was adolescent and I could accept disabled condition. I could do as normal people do. Yat Fon is the place I learned about rights of disabled people. After finishing studying there, I worked in a sewing factory for 4 years, during studying in Non-formal Education School. This made me think mainly about occupation" (Maew, Polio,33)

One of the respondent viewed that Institute for the disabled is the place that the physical disabled persons have a chance to access for education, to be trained vocational program and met the other person with disabilities.

"My attitude toward disability has been changed when I had grown up and attend the Christian foundation for the disabled at Khonkaen. I wished not to burden my family because of my disability. I had 9-10 friends. Among them there are 2-3 closed friends and we often went around together." (Or,polio,33)

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Another one respondents told about her positive view during studying in School for the physically disabled. She felt self-confident without feeling of inferiority. She received support and acceptance of her disability from friends and school staffs in this school. Moreover she learnt the spirit of valuable life in the school.

"Noi" is the one who ignored the attitude from other people and viewed that she could live as other people in society after the disable group came to promote Independent Living for the disabled at her place. Noi said:

> *"I depressed almost 3-4 years until IL group visited at uncle's house. My view on disability was changed after joining with group activities. I had new hope. I learnt her disability and felt a bit better at earlier and then better and much better. Finally, I accepted my disability after participating through IL process, how to live in society independently, develop individual potential and working skill." (Noi,paraplegia,30)*

> *"I felt Independent living program was help create my own view, self- determination and realize what my goal was. What I would like to do, how to cope with when something occurred, and how to struggle. Independent living program help me accepted and lived with my disability…"I felt my self could do useful things for the disabled even that thing is viewed as unseen, voiceless issue from other people….I hardly pay attention to other people's reactions. I views that I can lead my life as normal people. I can show that I am not disabled; any way, I view that I am disadvantaged in this society and I use a wheelchair instead of my legs, which relates to physical and environmental obstacles. I think that self-adjustment to an obstacle is a good struggle."*

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The same characteristics appeared thru the conversation with Sao.

> *"I attended vocational program at the school for the disabled in Pattaya. At the school I met the disabled friends and while I was studying I learned about my disability and learned how to struggle in society. I could accept my disability. I ignored people attitude toward my disability, instead, made my own wish to save as much money as I can then one day I could pay gratitude to parents when they are getting old. I feel proud of myself.. I earned money by packing small light in plastic bag (10 bath a day), peeling and slicing green banana (to make crispy baked banana) 100-200 B. a day. Some people in the village borrowed my money and gave me some 5 percent interest when they returned.* I thought that if the other disabled people could do anything I might be able too.*" (Sao, Hemiplegia,32)*

Some women with disabilities had positive experiences from their employer, friends at work and relatives. This led them to have a sense of self and see themselves as worth persons.. .

> ".*I used to work at the factory; I earned 1,200 baht a month. In the factory, out of 300 employees, 12 were disabled employees. This was the first time for me working with normal people. I was shy when being among normal people. However when I fell down, my friends helped her. I was very ashamed when I depended on other friends. At that time, I could walk with canes but when I fell down, I could not lift myself. Some of my friends viewed that I had a difficult life but some viewed that I struggled for life and admired me, which made me*

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happy. Luckily, the factory owner provided facilities to disabled people, including toilet, domicile and slope between the dwelling and factory, which made it more convenient to work. Working independently at the factory made me dare to go back home alone. I remembered that when my relatives saw me get off from the bus alone, their tears burst out. They wondered how I could return home alone. At that time, I was very proud of her ability to help myself to some extent…I used to be stimulated by some of my friends at the factory, who stated that I could not bear difficulty. This made me want to prove that I could do so. I thought I am able to survive without surrendering to any obstacles." (Maew, Polio,33)

Such social supports can offer an important validation of one's worth among women with disabilities. Yam told that she views her disability as mild compare to the other disabled friends in the village. She had given consultation to disabled friends who used to think of committing suicide because of family problems. She provided her ideas to encourage them that *"If you wanted to commit suicide, it was useless to die now. It should be better to die in the future. Go with me to die in the future together*"

In conclusion, pity, burden and shamefulness women with disability perceived in family together with societal reactions toward their disability made them felt of unworthy, dependence and inability in life settings. While experiencing positive relations from friends and family, made them gain more confidence and felt worth in involving with people.

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3. Gender Role in the Family

3.1 Intimacy Relationships

Most of women with disabilities have partners as disable men, two have non-disable husband. They met their husband at the vocational center for the disabled and some women met each other in the welfare center. Regarding their husband, two are polio; two are one- leg lost while the other two are weaken hand. There is one man who lost his hand. Two women with disability in this study married with non disabled men. The marriage age of them were 20 (2), 24-25 (2), 27-28 (2), 29 (2), and 35 (1)

They have been together for 1year (2 couple), 3 years (3 couple), 4-8 years (4 couple).

Women with disabilities in this study felt that their impairment prevents them from fulfilling their role as women, as wife. They see themselves as unattractive.

> *"I always thought that no one liked me. In fact, I had dreams as other people do, such as wearing an academic gown and having a family. But it is difficult for me to gain these things" "I did not think I would be able to get marry, to be as a woman who could love somebody and to be loved" "I dreamt about having boyfriend that he should be good a guy. In the beginning of dating, I did not tell my boyfriend about the chronic problem because I was afraid that he could not accept and be disgust."*

Most of the respondents developed intimate relationships with disable men where they met each other in the institute for disable people. They see as women when boyfriends wanted to marry them, loved them and accepted their disability.

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> *"My boyfriend was a playboy but when he knew me, he changed himself. This made me think that he was a good man and sincere to me and loved me. When he asked me to marry him, I went to live with him. There were many men flirting with me seriously but I didn't know their background. At that time, he was very good. He met me when my legs were broken due to a car accident. I decided to marry him since I thought that there would be no one interested in me since I had polio and was handicapped. When he begged to marry me, I decided to marry him and quit school." (Pla)*

Noi has the difficulty in urination control. In the beginning of dating relationships, *she did not tell her boyfriend about the chronic problem because she was afraid that he would disgust her but later she decided to tell the true to prove his love toward her.*

> *My close friend suggested me not to tell my boyfriend regarding my chronic problem but I finally told because I wanted to know that he really loved me. But he said he used to live with a friend whose problem was the same as mine"*

Sao made decision to live with her boyfriends because she thought that her boy friend chose her instead of choosing non disabled girl. "At first it likes friendship but he is very kind to me. Due to my disability I never think about marriage. But he help me everything and can accept my disability" (SAO)

Another one Mint told the story how her boyfriend was sincere to her.

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"I asked him to look for the other girl but he refused and kept the relationship on and on. He told me after graduate he will marry me. I was hesitated because I was not sure whether my parents would agree. However, he had done everything for me which proved that he did not disgust what I had for example he did not mind washing my cloth stained with menses. Then later I had to find out the reaction of my parents and whether my parents and his parents agree with the marriage. When each parents had no objection we built a house, saved money and planned for wedding ceremony. They married. He keeps the relationship along with the sincerity proving. Even though I refused my boyfriend but he pursues to marry me and try to meet my family to prove his sincere."
(Mint)

Similar to Yam, she decided to marry her boyfriend who was a disable man because he showed his love to her and her family

"When I studying at school, I had lots of friends and was flattered by some friends. I never thought of getting married as I had heard from my disabled male friends that women they would like to get married should be a normal one. I thought that I would not have had a boyfriend and of course my parents could not accept it. Having boyfriend who was also disabled would be a burden. I met my boyfriend at the same office of Nonthabhum Home's cooperatives. He was alone and discarded by parents. During dating together, my boyfriend would give me savings from his salary every

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month. When my parents got problems from financial constraint, my boy friend gave her parents all his savings for hiring labors to harvesting. My parents therefore believed that he was a man that Yam could rely on and allowed them to live together. (Yam)

The findings show that women with disabilities all have a sense of being women in term of having intimacy relationships, fulfilling perfect family and being a wife. However

3.2 Being Wife

Regarding to Thai society, the role of woman in family as wife and mother were inseparable. Daughter will learn how to dress, behave and react to others through socialization which reflects society expectation. Women who could fulfill this role would be considered as good wife.

According to the finding role of women with disability in family is the same as the other women in Thai society do. They do the household work, taking care of kid, and financial management. One of respondent response to question how they manage responsibility in family that she has just only managed family finance while her husband help do household work such as washing cloth ironing and cleaning room. They seldom cooked, just steamed rice and took free food from the center. However, during weekend it is her who cook.

"He has never kept money, he give me all his wages and let me manage. When he would like to buy things he asked then I gave. We haven't spent much. Talking about I am the deader but for the household work he took part almost every things."(Yam, Polio,39)

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Another respondent shared her experience that she is Hemiplegia therefore her right part of body weaken and effect to her role as wife so her husband will take part to fulfill her role. She mentioned her role in family that she felt guilty since she could not fulfill this role. She talked about her role as wife and mother that it was difficult for her to fulfill as other disabled women. Her husband took part in this role, she could use washing machine while he cleaned the room and washed the dishes. He often told her to ignore when she heard somebody talk wife and mother role and confirmed that he could lived with her happily.

> *".. Normally I can use washing machine to wash cloth but sometimes when I weaken my husband do household work. He did everything cooking, washing and cleaning. Some friends teased that he is a housewife." (Sao, Hemiplegia, 32)*

During observation at Mint's house in the village she went to the market by wheeling her wheelchair to buy vegetable and something for cooking. When she came back her Mom would cook for family. Her husband swept the floor and made the place for each meal.

> *"Pi (way to cal husband who is older than her) does everything that he could do. Before marrying he assisted me in personal activity in daily life, even buying sanitary napkin, after marrying he is very kind to me. He cleaned the house, prepared and cooked, washed our clothes especial cleaning our room he has never let me done."(Mint*, Polio, 29)

Women may perform as a daughter in law when living in the extended family. One of respondent who stayed in parents in law expressed her feeling during staying with husband family that

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"At home, I have to do household work cleaning, almost every things in the house I have to do except cooking. My mother in law will do that since father in law did not ease for food to eat. Therefore I did not do that. Any way the others things I have to do especially washing clothes. It is hard work since I earned some money by washing neighboring clothes too."

Wife role would be difficult for women with the disability if she had the terrible partner. Pkug married twice, her first marriage was failed and she left her husband and her child with parents in law family. When she mentioned about wife role with her present husband it was terrible since the new husband is the disable younger and irresponsible men a. She revealed that

"Boy (husband's name) is from the poor family. He has never pay attention to his clothing I will do that for him, buying shirt, pants, and so on. He is stingy. You know. He got only 200 baht during studying. He never spent money on women. I live with him happily, he is very kind to me, and does everything. If I want to eat crab or fish, He will take all fish bone out. He never let me do such a thing like that. …You know…he always gives me his wages, every baht he gave. I never consider this matter before living with him. I realize now he never kept money. If I gave him twenty baht he would spend twenty baht. Gave a hundred he spent a hundred. Even money he often gave to his parents he let me manage. He never made decision on family finance. I handle all financial problem even economic problem of his family. He told his parents and sister that …talk with Pla. That's the way he often does."(Pla, Polio with broken leg, 47)

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One of respondent shared her experiences that in her family, her husband is a breadwinner. He looks after the house and child. She always consults with him before making decisions on things. She thinks that in family system, family members have to talk with one another; unless, they will not be able to solve problems. She is a hot headed person. She always does what she wants but her husband is not. Nevertheless, when he becomes bad-tempered, she will be calm.

> *"Regarding roles in family, I am a housewife. Two years ago, she decided to run a restaurant business because a child grew up and I would like to lessen my husband's burden. I do not have high expectation but I would like to try doing things. If I succeeds, I will continue; unless, I will give up. When I had a husband, I always thought about how to avoid disturbing the family but when I had a child, I always thought about how to avoid making the family be in difficult." Maew*

Similar to Tang, she thought that as women she has responsibility to household work her husband is breadwinner.

> *"I wash the cloth then he hang on the line. I often cook while he wash the dishes clean the room buy things for cooking esp. on weekend he almost things will be done by him."*

However, finding showed that one couple lived together but husband and wife responsible for their own budget but sharing in budget for children.

> *"Since we were working parent and my husband and I did not live together, our responsibilities shared were not adjusted completely. We work in different province and quite far from each other; I stayed in the Children center,*

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Pattaya, our baby lives with Mom in Korat, he stay in. However, budget we shared for our children was saved. I gave to my Mom as baby-raising expenses. He also sent some money back to his parents. Every month he will deposit to baby account. We took care each other whenever we met. (Jane)

The same as Noi, she said in the family there is no leader. She can live independently by when She stay with him she would like him to do something for her like go to the bank or market. She often does housework.

"I learned how to live independently. When I stayed alone I could easily adjust my self with the environment. When I was with my husband, he was a great partner. He fully exercises his role as husband and father."

"After urinating, he will empty the cuspidor. Massage my swelling feet after long sitting on wheelchair. Prepare napkins before going out he knew how many pieces to use for short or long period. He often controls my eating, what and how to eat spicy or not. I often got sick because of bladder infection. He also felt concerned my sickness." (Jane, paraplegia,30)

In conclusion, according to the observation during home-visiting women with disability in this study could negotiate and share their role as wife with husband. Sharing responsibility in household work was found in every couple without rely on traditional role of male or female or between husband and wife. Most of women with disability took lead in family financial as wife role.

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4. The Experience of Motherhood Among Women with Disabilities

Most people in the society may feel that women with disabilities should not have the baby since they are not physically able to raise them. However from their points of view we may know how they made their choice and asserted their different ability in raising their children as a “mother”. This part demonstrates experience of motherhood among nine women with physical disability. How they encountered becoming mothers, made their choice including their meaning toward motherhood and ways they take care of baby as mothers.

4.1 Meaning of Motherhood

In Thailand, motherhood has been constructed as social institute that people view as a valuable and an important experience for women. It is meaningful for women’s life in Thai society. The government holds Mother’s day to emphasize how important mother is. Giving birth, taking care of children, and doing the housework are natural role of women. Motherhood is a biological production, and the children are the labor product of the society. Being motherhood is thus regarded as a job and children activity is one of the achievements of mother as creating labor product.

Women with disabilities’ role were shaped by the society by their ways as a woman and as a disabled person. Although women with disabilities have been socially discouraged or even denied the opportunity to have children, as women, they wanted to fulfill their female roles as well.

All women with physical disability in this study gave meaning of motherhood based on individual experience and different background. Besides, it also meant fighting with skepticism regarding their ability among health professional.

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4.1.1 Fulfilling women role and duty

There are four respondents gave meaning of mother as valuable experience with their aim to fulfill family and women role. They perceived that women have the role to build up warm and perfect family in term of having a baby. Raising a child is a great duty of being women. One woman said that being mother is the way to show that she could be able to play mother role and had an ability to be mother as other women.

If it could be done by the other, why could not by me I realize my motherhood since I decided to have baby." (Yam)

"It might be trouble but it's worth having it, most valuable" (Noi)

"I'm women. I want to be mother and having baby" (Sao)

"I thought it was time to fulfill my own family. I got job, got marry. My Mom would like to have grand child." (Jane)

The paralyzed mother view motherhood as the duty of women to take care of their children with love and care. She viewed disability as part of her life. She told that she had to adjust her body to fit for each activity and planned what to do and how to do all the time. Many things could be done in order to reach her intention.

"It is a great duty, to take care your children with love and care. In my opinion, there is no difference between the disabled mothers and the others mother since it is mothering instinct. It might be depended on individual difference and how impatient they are."(Noi)

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4.1.2 Creating life.

There is one case that gave meaning of motherhood as the ability to generate and give new life intentionally which is meaningful and bring great pleasure and happiness to her own. Motherhood for the disabled mother is the valuable present that reflect clear point of view of potential to be partner, to have baby, to be mother and able to raise baby as a woman.

> *"Being mother is women duty in Thai society. Women are obligated to produce baby. A new life is great values that bring joy and happiness to mother and family member. Total meaning of motherhood could not be described even by poem or poetry for clearly understand since it is women experience and could not compare to various precious things. Motherhood means women giving of life, love, care, concern, affectionate relationship to her child. Being mother of women with disability is the same as general women means great value and meaningful to her own. However, societal expectation on disabled women indicated societal attitudes, many of thought, myth and belief of social member toward PWDs. It could be good lesson for non disabled person of paradigm shift, women with disability are able to have family, to be pregnant, to be mother, to give birth and to raise baby as a women can do." (Noi)*

4.1.3 Being a giver

Most of disabled mothers in this study gave meaning of motherhood as giver. Comparing to the non- disabled women it is the same as the notion of self sacrifice of Thai women found in the research of Liamputtong P. that concluded that motherhood has several meanings among Thai women in the Northern Thailand. It is common that it is not easy task. Women believe that it means self sacrifice and endless concern. It can bring joy and pleasure to their lives and could

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make them appreciate the love and sacrifice that their mothers have had to them. (Liamputtong P. et al, 2004)

Tang explained her opinion that

"For me, motherhood means to giver; gave everything to my child. My need, my desire came later. Give affection, warmth, best choice for child such as her education; my child is poor at learning skill, I, therefore, searched for experienced teacher who could develop her learning skill. I selected school that provide good environment to support the studying. My child is the first priority in the family. Once, I needed to be operated because of pressure sore at my buttock while school was going to start. With limited budget, I spent it on tuition for my daughter and refused the operation. I did like this two to three times in my life. For the sake of my child's studying, I could give up everything I wish to do for myself." (Tang)

Similar to other two respondents who view motherhood as women's giving of everything the best and safety for their baby even they had to exchange with their own life.

"We are considered in the high risk, both my self and my baby, I made decision to look for professional that could safe my baby, I wish it alive instead of me." (Mint)

"I told the doctor I wanted to be operated since I could not stand and held heavy belly even it was before due date." (Sao)

"What I think is good I will give to my child." (Jane)

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"I tried my best to look after my child. When he was young I gave what I think it was the best to him. I paid more attention on food. I tried to cook or to buy food that (Pla)

The respondents considered their babies' safety as first priority. Though the above meanings focus on mother's feelings regarding to their babies, other meaning also were found. Considering to their own self, as women with disability who played mother's role, the respondent gave the meaning of motherhood as follows.

4.1.4 Challenging the obstacles in life

As the wheelchair user who has to play the role of mother, Mint, told that she overlooked her mobility impairment. She thought being mother is the challenge for women with disabilities. She always thinks of what she had to plan, what she wanted to do for her child and how care safely for both the child and herself.

"Physical limitation is not my obstacle to mothering. I have to tackle how to hold the baby and carry it safely and comfortable. A plan is needed. It is like setting a series of things to do and manage your limitation to do those things.

I could breastfed, carry, dress, and take bath the baby while I am confined on the wheelchair. Sometimes I had to be off before doing something for my child "

In order to overcome the obstacles in life. The respondents stated that children could be the spirit and power to fight and cope with any kinds of obstacle in future life.

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"The baby is as spirit and courage." I thought that having baby made me more patient to struggle. (Tang)

"I fight with high risk to have baby. I could die for her. She is my great spirit" (Mint)

"My son is as my drive to overcome the obstacle" (Maew)

4.1.5 Having someone taking care of when getting old.

Two respondents described motherhood as having someone taking care of her when she got old. The expectations concern disabilities and their future life. They hope that children will take care of them when they are getting old. This idea consists in Thai culture of paying gratitude to parents. There is traditional believe and practice in contemporary society that children are obligated socially and religiously to assist their elderly parents later in life.(Yoddumnern 1992,p74) They perceived that having a child means having someone to take care of the dependent elderly disabled parents.

Two of them mentioned the similar words that :

"I want somebody take care of me when I am getting old he is as morale". (Or)

"I hope to have good child and can take care of when I am old." (Pla)

In conclusion, the meaning of motherhood among women with disabilities is similar to able women in term of fulfilling women role and duty, being a giver and having someone to take care of when getting old. However being motherhood of disable women is different from able women in term of proving their worth and challenging their difficulties.

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4.2 The Experience of Being Mothers

The experience of being mothers is a process. This part shows how women with disabilities manage to perform as mothers from the pregnant period until raising children.

According to the findings, none of their children was defective, including two pregnant women with disability (5, 8 months) could labor a healthy baby, and both of them are baby girls. Seven of them are one-child mother whereas only one of them is two-child mother. Regarding one-child mother, there are four baby aged less than one year, two for 3-5 months and the other two for 7 months. Another three aged 3-6 years and the other one aged 25years. (Please check the number again) Two-child mother has two children ages 5 years and 7 years accordingly.

4.2.1 The determination of having baby

With respect to their self determination in having a baby, it was found that most of disabled women intended to become pregnant and have a baby. However two of the respondents had initially unexpected pregnancy as a result of physical conditions, but later they changed their mind to continue pregnancy

4.2.1.1 Expected pregnancy.

There are seven disabled women with disability expected to have baby. Some respondents combine her self-expectation with the cultural idea of producing. They perceived that having children is a precious thing in life. Moreover giving birth is expected for womanhood.

One of respondents, Jane, overlooked her disability and believed that she could have baby since she is ready. She planned and waited for the baby for 2 years she said:

> *"I would like to have baby for years, I think I was ready to have baby. I meant the readiness of my physical and finance."* (Jane,paraplegia,30)

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"My parents might think that they can not live with me forever and want me to have someone that I can rely on and take care of me. I then decided to get married with him. After having been together for 2 years, we then decided to register for marriage. At the beginning, I was scare of having baby, but my parents have no grandchild. I then decided to have baby." (Yam, Polio,39)

"I am scared of having baby as my back was not straight. Since I have seen my other disabled friends could have a baby, I became to realize that i could do it too." (Yam)

"I wanted to have baby but should before thirty of age."(Or)

"I didn't use any contraceptive. I knew nothing about it. I dreamt to have baby boy. Be good boy to take care of me later." (Pla)

"My husband and I would like to have baby. We plan to adopt my sister daughter if I could not have baby. We did not control child birth then six months after marriage I got pregnant." (Mint)

"I want to have baby. The non disabled may think having baby is burden for the disabled but it is a kind of encouragement." Tang

"After marriage my husband and I want to have a baby. We wait for 5 months and thought that I might not have the baby." Noi

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According to the findings, all women with disability have their own expectations, which are closely related to the reaction or attitude they experienced before. Some of them wanted to fulfill mother role as other non-disabled women do while some associated with their own perceptions of health risk including meet with offspring requirement of parents.

4.2.1.2 Unexpected pregnancy

Two respondents indicated they did not initially intend to get pregnant but later they decided to continue with their pregnancy and became mothers. One respondent had Hemiplegia and doctor suggested her not to have baby since it would be endanger to her life. Her husband agreed to use condom for birth control. However, as women she would like to have baby. She said

> *"Although I became disabled I want to have a baby and never changed my mind."*

The second one, got polio. She lived with her husband before the marriage but did not use any contraceptive

> *"We had not planned to marry, just wanted to be friends to support each other. I did not use contraceptive because I didn't know how to use it and I did not think I will get pregnancy. But when I knew that I got pregnant, I was glad. At that time, I didn't want to have a child but it was all right to have one."*

Though both of them had unexpectedly found themselves pregnant, their feelings were changed with a strong bond to her unborn child. Their initial reactions are the same in term of accepting the pregnancy with great pleasure and nourish their pregnancy. Although one of them worried about the risk of the baby due to her weakened body, she often saw the physician for doing ultrasound and looking for the developing of baby growth.

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In conclusion, being mother among study sampling had found as almost their willingness in order to fulfill women identity with their own view. Moreover they asserted their ability that they were able to bear and rear their children.

4.3 Pregnancy

Almost of the pregnant women with disabilities in this study experienced the first pregnancy. They were worried as being at risk for producing children with disabilities. They tried everything to ensure that they will give a health birth. They often go to see doctor continuously and looked for more information on pregnancy. Two of them prefer to use computer to search information through internet.

> *"I preferred searching things through internet, looked for anything relevant to pregnancy and motherhood in order to learn about the development of the baby in my belly. I searched for some baby pictures even it is for non-disabled women. It was very exciting and interesting. Sometime there is good suggestion then I followed all suggestion then observe my belly…then prepare things for new born."*

Jane is another respondent often searched some information and baby pictures from the internet and often saw doctor based on appointment. She wait for the baby for long years, therefore when she realized her pregnant she was very happy.

> *"When I knew I was pregnant I was very glad because I waited for years. When I realized my pregnancy, I was so glad. I thought I was ready to have babied….I loved children. In my opinion the first thing to think of having*

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baby was your readiness concerning to both your physical and financial aspect. You know… having baby for the disabled… it was like something, which was terrible. I had many difficulties to access the hospital facilities during pregnancy. It was rather difficult to move on and off a wheelchair when I went to toilet or went to see doctor at hospital. Self care and self management was very complicated. My bladder got infection twice due to seldom drank water. ...Because it difficult to piss. It is about controlling my bladder not to urinate"

Moreover it was found that the mothers not only merely faced with the illness problem but also took the worries toward the health of the baby due to the side effect of the illness.

"I faced with high blood pressure. Hypertension It caused blood to be toxic. I took much medicine and was afraid that it would affect to the baby. However, the doctor confirmed there was no side effect to baby." (Jane)

Another respondent has her own idea that special care is needed for her case because she is athlete she told the researcher that she realized her pregnancy while she was attending athlete selection match for wheelchair tennis competition among people with disabilities. She feared with falling down, going out and car accident. She preferred staying home.

During pregnancy, she was more careful and thought about what to eat for the baby.

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"Everyday I drank 4 boxes of milk, two in the morning and the other two in the evening to make my baby healthy. I gave up when I could not walk. I also took vitamin as doctor prescribed." She asked for special prenatal care from doctor with great hope that doctor would pay more attention during pregnancy and delivery. "...we pay more money, doctor pay more attention...."(Or)

Similar to Or, Noi was very nervous but she planned and did everything supportive to the baby. She hoped her child would be strong and complete without complications and risks. She did not care if her baby would be male and female. She planned to breastfeed her child and reared him during the first period. After that, she would hire someone to take care of her child.

"I had prepared herself for becoming mother for many months. During that time, I wondered whether I could rear a child and he would be safe until birth. I had many questions in my minds. I read many books and prepared myself by selecting nutrient food for my baby and buy clothes, listen to the music and relax. I tried not to be tensed and often talk with the baby."(Noi)

It is very interesting to find that, the combination consideration between her disability and her pregnancy had been planned by doctors. According to the observation this case lost her feeling from her abdominal but she used her hand to feel baby movement.

Maew told her experience was nothing much she took care herself with out going out just work in her room. She felt the baby was healthy.

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Yam often shared feeling the baby move with other pregnant women with disability. She felt little movement and worried about her disability may cause baby's movement, therefore, she asked doctor to check up by ultrasound.

Some women with disabilities facing with family problems may think about the burden of having a child. Two cases of respondent thought about doing abortion as a result of family problem. The first respondent had to made more money during pregnancy while her husband often drunk and spent money on gambling.

> *"I signed up for prenatal care as general pregnant women. During pregnancy, I fell down once but this did not affect to the baby, my husband always went out and drank when my pregnancy was 5 months old. His society was that of playboys and gamblers. He went out frequently; I decided to drink alcohol to terminate her pregnancy. I followed him to the place where he visited. I sat on a different table of his. I drank a lot to terminate my pregnancy because my life is failure, which was not in line with what I had expected. I thought my child would be a social burden. Before marriage, I thought he would take care of me and my child but he didn't…Sometimes, I had nothing to eat. I never thought about motherhood; I only thought about what to do to respond to husband's conduct." (Pla)*

Another respondent talk about the idea of abortion that her husband felt concern on her risk since during pregnancy she faced with breathing difficulty.

> *"My family and my husband's family were very happy when they knew the news; however, my husband asked if I would like to have an abortion since I had a problem in*

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respiratory system. The doctor advised me to have a caesarean section since then my husband no longer talked about abortion." (Noi)

In conclusion, pregnancy experience of women with disabilities showed their role and ability of becoming mothers for example notice the changes of belly, look for more information, and consult doctor and sharing with friends. The feeling of care and carefully concern reflect the way they became mother. Some of respondents faced with family problems and that affected the feeling of having baby and the way to become motherhood.

4.4 Delivery

During delivery is very important moment since society view women with disability would have a problem on giving birth. New born might be defective. Some of them face with complications. Seven of them had delivered by cesarean section and the other three gave birth through regular labor.

4.4.1 By operation (cesarean section)

Among seven who gave birth by operation, they told about their feelings and complication that happened in labor room.

The first case felt giving birth is painful.

"During giving birth, my husband was abroad at a swimming competition. I stayed home alone. My friends took me to a public hospital on Saturday but I was operated on Monday. It was so painful. I don't want to have any more." Her pelvis is rather small therefore she could not go through the normal labor. " ...at first seen I did not think it is mine baby girl…skin is so dark like my husband. I was afraid when she grew up she will be teased." (Tea)

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The second case, Sao, gave birth by operation because she could not stand because her belly is big. She negotiated with doctor to operate before due date for two weeks.

> *"....I could not stand... My gaining weight was too heavy for me to manage myself including knee-ache and pain at my hip. I make decision to ask doctor to have operation before due date. He agreed with my request....I was surprised and excited till now. I did not see baby face but look at toe and finger to make sure nothing missing. I could see my baby later at new born room " (Sao)*

Similar to second case, Mint and Jane found the same things when they know the complications from doctor. Jane made decision to have operation before due date, on the eighth mount while Mint often changed the hospital as a result safety for her baby.

> *"I gave birth before the due date. I found small amount of fluid came out so I contacted the doctor. He told me a special problem was pregnancy- induced hypertension. With this condition, the operation was needed. Doctor and nurse were kind to me and they encouraged me. They are seldom faced with a paralyzed mother. They hurried up to help" (Jane)*

According to Mint, she had prenatal check-up at a private hospital. Doctor told her that diabetes and high blood pressure made her in high risk to deliver a baby. She worried about delivery cost so she changed to public hospital but the hospital referred her case to provincial hospital where she faced with bad attitude toward woman with disability of ability to raise the baby. They let her wait there one day and one night and did nothing.

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> *"I could not wait. I told the nurse I did not want to give birth in this hospital. She got angry and told that the hospital would not responsible if something occurred*." She went to the fourth hospital and waited for two hours then went to labor room. *"...At that moment I wished my baby safe. Doctor told it was necessary to have cesarean section and nurse informed me that it was possible for me to stay in intensive care unit after the operation." When awoke after operation she wanted to know whether her baby was safe. "I wanted to asked but could not" She heard the nurse tell her husband and her sister that her baby was a girl she was safe and healthy. "At that moment my pain went and I was very glad." (Mint)*

The other there cases giving birth by operation immediately went to hospital when they had pain.

Maew had pain four days before due date. She cried because of pain. After waiting in the labor room around one hour, she gave birth. Three day later she met her baby boy then she asked her mother "*Are there any part of it missing?"*

Or shared her experience proudly that because of pain she went to hospital but it was not the real pain so she spent one night waiting for cervix to be opened.

> *"The next morning doctor came to see me and told me to give birth by operation in the afternoon. I wished my baby of having no disability. I wondered whether I would be survived. It was very painful. When the baby came out I was very proud of my self and the doctor."*

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The last case stated that she wanted to learn how painful her mother was since she often heard her mother talked about it. She went to hospital due to the water came out but the cervix was not opened so she had to wait. I had pain but told doctor that it may not the real pain. However, I could not stand for that pain so I have to give birth by operation.

> *"I think my motherhood occurred since I made decision to have baby. Some feelings happened when you got pregnant. It was about your love with the baby" (Yam).*

In conclusion, women with physical disability faced with different complications occurred and made decision to manage as best as she could along with their desire to give birth safely.

4.4.2 By regular labor

There are two cases gave birth through vagina. One case got polio with broken leg while the other case was paralyzed. The polio one went to hospital when she had pain whereas the paralyzed one went when the water came out.

Noi, the paralyzed, went to hospital alone by taxi when she notice there was some fluid came out and she felt the belly was stiff. She admitted at hospital and spent one night before gave birth. She had no pain since she lost her feeling downward from her abdomen. She thought that no feeling of pain was advantage. She was very happy when nurse told her baby was safe and healthy.

Another case was the polio with broken leg. She had labor pains at 3 p.m. She told her husband to take her to the hospital. She had thought she should look after herself and have to be strong. He took her to hospital and left her there alone. She was in labor room at noon. The nurses told her that she should not bear her force; however, her baby's head was already been at the cervix. She had severe pains but when the doctor arrived, he worried about her, not her baby. When the baby was born, he didn't cry out. She heard that they forgot to take the afterbirth

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from her baby's mouth, which almost made him die. After her baby was removed, a nurse carried baby to her and told her that he was male. He weighed 3 kilograms and 2 grams. At that time, she said she felt strong and proud of herself as for the disabled women like her could be able to give birth.

In conclusion, all respondent both the polio and the paralyzed could be able to give birth as pregnant women could do. They faced with the complications occurred but they could manage and all of them were happy when their baby were safe and found no disability. According to the findings, all of them had babies without disability.

4.5 Raising the baby

Women with disability were discouraged from having children as they have been perceived that they can not be a good mother. Society tends to view women with disability as un-able beings and therefore they are not able to raise independently the child. Sometimes people take a baby away from the disable women or they do not let her care for the baby. This part presented women with disability how they exercise their role of taking care of their baby as a new mother.

4.5.1 Breast feeding

The findings show that a new mother with physical disability has been told breast milk is the only perfect food to help a baby grow healthy and strong. Therefore, all of women with disabilities in this study intended to breastfeed their babies. Some of them are working as employees, and then can take a leave for three month. As a result of regulation of delivery leave. During the breast feeding and the first period of rising, it was found that the feeling of motherhood was emotionally increasing with a strong bond to her baby. Some tried to be independently raising the child by seeking any appropriate information by themselves in term of taking experience in the family of origin, seeking information from books and internet.

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Pla raised her child with her strong will and believe in herself

"I took care of my son on my own because I did not rely on anyone. I did not trust the others. I remembered the way my mother raised my sisters. I washed his navel, cleaned and bath him. I used a small plastic bucket to take water from bath room to bed and put in baby bath. I had to walk 3-4 times till water is enough and bathed it. I took care of him as naturally as I had seen. Nature taught me what to do. I breastfed him until he was one year old. Mother in law thought I could not raise and often told me not to do this not to do that but I did as I have seen from my Mom." (Pla)

Maew received the strong bond to her baby during raising her child. She intended to raise her child as she wanted her child get used to her disability.

"At first I planned to raise him for three month but I did love my baby. I could not allow my Mom to raise him. Taking care of him by my self he could learn and get used to parents' disability… I never let him far from me. When Mom took him away somewhere I really missed him… I breastfed him by myself, bath him in a small baby bath in the rest room. I could carry him and put on the diaper on the bed. I took care of him as natural as I could do. Luckily, he did not keep on crying. Easy to rise. " (Maew)

"I thought breastfeeding is important for new born baby. When I breastfed I put the pillow on my lap then put my baby on the pillow. This is the comfortable position for me and the baby. (SAO)

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Some could not continue provide breastfeeding for three months as they expected One respondent intended to take care of baby by herself but her mother took her child since he was 1 month.

> *"I breast fed him one month then my mother asked me to help take care of him I hesitate to allow. My mother strongly requested to take care of my baby. I did know how to refuse. I cried so much but finally I allowed my mother to raise my baby. I told my self that Mom cold take good care me till now why she could not take care of my baby…She took him since after breast feeding one month. (Yam)*

Jane told us that she faced with difficulties with breastfeeding.

> *"There was not much milk in my breast to feed my baby. Breastfeeding took around one and a half month after birth, after that I changed to bottle-feeding. When I became mother…then I knew…and realized how mother love her baby more than herself." Being mother was miracle, especially case of the paralyzed. I thought I could not have baby. I waited for pregnancy for years without control."*

Noi revealed that there was little milk from her breast so she combined breastfeeding with bottle-feeding for her baby.

> *"After giving birth I breastfed it for one month and a half then changed to bottle-feeding. I also needed child care assistant during daytime and at night time I breastfed it in bed by myself." (Noi)*

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According the difficulty to breastfeed, women with disabilities in this study has adjusted herself suitable for her baby due to mobility impairment. It means they could breastfeed the baby but in different way from the able women. The respondents explained how to do activities concerning to breastfeeding bathing dressing and carrying on their own way as shown in following details.

Tae explained that she needed to lean against the wall before breastfeeding. It is easier for her and it comfort the baby as well. Sometimes she put the rolled-up towel under her arms. This helped her breastfeed as long as she wanted. When the baby slept she held it on her shoulder then rubbed its back to make it burp.

Another respondent explained step of breastfeeding for 1-3 month after giving birth in two ways. The first one is feeding on bed and the other one is feeding on the wheelchair. When she fed on the bed she said she would find the place where her back could be support by something such as room wall then she hold the baby on the lap, carry it in the arms to breastfeed, put small pillow under arms to comfort the baby However she considered in sitting position that should be comfort both mother and child as well as lying position would be applied sometimes to avoid pressure sore or to ease breastfeeding.

She explained ways to feed her baby on the wheelchair that she started with confining in the wheelchair sometimes may need other people to put baby on the lap, then hold the baby up to your breast and then breastfeed, sometimes she put small pillow or role-up cloth to support under her arms

When the baby has grown up, after first three month, some of disabled mothers prefer to choose bottle feeding instead of breastfeeding.

The problems they faced are baby crying. Breastfeeding could be done continuously. If milk sucking was interrupted, the baby would keep on crying.

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During the delivery period, women with disabilities could gave breast milk to the baby but when they had to go back for working, raising baby fall to grandparents or other family member, then artificial milk was given to the baby by family members who would taking care of the baby.

Disabled mother who raise the babies by themselves revealed their experience of taking baby bath that it was necessary to set every things close to the place of taking bath.

> *"I thought that because mom and baby sense the temperature differently so I dip my hand in the bowl then touched on its body to communicate that it was going to take bath. Then dip his/her leg in the water and slowly put its' body in the bowl. Hold its head with one hand and then took a bath. After bathing, I move the baby to the mattress to rub with towel. Clean the navel and put the powder on his/her body before dressing."*

For mothers who had physical limitation would face with carrying or following the baby when it was active or toddle. Mint chose to raise her baby only in the room and ask her husband to assist when the baby cried while Tang shut the house's door to avoid her child falling down the stair. Sometimes she needed help from next door neighbor to assist her carry the child or take out for walk when her husband was absent.

4.5.2 Raising children

Two women with disabilities in this study raised the children by themselves, and seven women sent their children to be raised by family members or neighbors.

Two respondents who kept on taking care of their baby by themselves they shared their experience that it was such a hard work as she has to

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work for earning income, take role in the housework including take care of her baby.

> *"It was terrible for me; the baby became active so I need help from husband. When we were together not only house chore he did but also bathing, caring as well, my husband often took part. On weekend I often got up late. He got up since six o'clock and swept the floor, washed the dishes, washed the clothes. He often did like that."*

She took her daughter to school by herself by using her hand car. She wheel from her house to school. It took around ten- twenty minutes. In the evening she will pick her up. If her husband freed from the competition, he will take care of her.

> *"He loves her so much. My daughter also preferred to be with him. Once she fell down from because she was very active. I took her to hospital but she was safe. My husband complained me, and paid more attention on her safety." (Tang)*

Though they are tired, they overwhelmed with the feeling of pride and attachment to their children, Maew, another respondent raised her baby since her child was new born. She initially thought that she might not be able to raise her child since she had inexperienced in looking after children. She had planned to breastfeed her baby for 3 months and took him to live with her mother after that. But finally, she looked after him on her own.

> *"Nowadays, I get up at 5 a.m. to dress my child. I send him to wait for school bus at 6 a.m. and pick him up at 6 p.m. After that, I cleans house and washes clothes. During day time I work at my food shop and goes to*

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sleep at 11.00 p.m…..Sometimes, my husband helped look after him. When he was sick or petulant, he would carry him."

The feelings of motherhood substituted overwhelm her disability difficulty.

"I got proud of being able to raise him. I tried to do everything as other people do. I did not think that my disability would deter her from doing so…..After my child was born, I could accept my disability. I thought I had to do everything for him… I stopped thinking about disability as an obstacle when i have my child due to duty and responsibility. Having a child was meaningful for me. My tiredness disappeared when I saw my child. My child is such a lovely and naughty boy; I can say that my child was main source of her spirit. I do not think i will let other people look after my child in the future. I have to bring him up to be a good man and have good work by myself not somebody else. I think all parents rear their children and that I can make it as well"(Maew)

There are four respondents who breastfed for three month and then ask help from parents or neighbors as they need to earn money for living. Or and her husband are both athletes, they have to go for tournament. Therefore they have to leave their child with her mother in law.

Or, the polio, breast fed her baby for three months at her home town, Loei. She agreed with her husband to let his mother raise her baby since they had to back to work.

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"When I was with my family after giving birth, I drank herbal juice to make my womb faster recovered after labor. Neighbors in the village visited and congratulate for the new born child….I breastfed my baby for only first three month then I have to join the competition. I think about making money more since I have the baby to rise I would do the best for my baby…… I thought that I could not fulfill mother role but I have to earn much money for her baby. Both of us had to be on the tournament. We wish to look after our child by ourselves and hope to have our home and spend life in Loei together." (Or)

Sao was in the same situation since they could take deliver leave only for three month, after that they have to return to work. They made decision to let their family members help taking care of their baby after three month.

"After three months Mom helped me raise and change to artificial milk. I have limitation to move my right hand so I used my left hand do things for baby. Sometimes, during daytime the baby had artificial milk then night time it had breast milk. I sometimes could hold it on my lap but could not bath; I need help from my husband. He rock the cradle while I sang the baby to sleep" (Sao, paralyzed)

Jane and Noi had the same idea that they needed somebody to take care of their children after three months of breastfeeding because they had to go back to work. Jane chose to asked help from her Mom whereas Noi asked help from neighbor who is volunteer for child caring in Christian church near her resident.

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Jane told that

"I trusted on my mother that she could take good care of my child as she is clean, soft-spoken, careful and attentive. .....After gave birth I sought for maternity manual and what I realized was this (the characteristic of looking for particular thing) might be feeling of being mother. I tried to seek for the best thing for my baby. Talking about food to eat, presently, what I read and found in the book I would called Mom that what kind of food I would like my baby eat. Let her eat this kind or that kind. It was good. Then my Mom would buy or cook for my daughter."

"After having baby I did love Mom more. More than I ever loved. I realized what she had done for me, donated something for me. I realized from being mother…. I admired my family so much. They all help raising my little baby that my baby was with my mother during daytime. During night time, the baby slept with another relatives or grandmother. I got good supports from my family."

"There were five houses in the same areas. They helped nurturing my baby. Great mother, 84 of age, had never let my baby far away from her, be with her all day. She was very healthy I could not raise by myself, however I do it through my Mom, communicate thru Mom. When she heard my voice through telephone, she will look for me. Mom will take her to my picture and let her know me. When my Mom ask her where mother is., she turn her face to my picture. I saw this behavior by my self. I

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was with her on New Year. I ask her where mother is. She turn her face to my picture. Right now she was very naughty ..She could crawl. Creep around. She preferred going out ....” (Jane)

“After giving birth Mom and my younger sister helped me to take care of my child. I could hold my baby with two hands and breast fed for three months. My husband help washing diaper, rock the cradle. However I kept on working during daytime, I have to make money too since we need more money for raising the baby. I earned money by packing small light in plastic bag (10 bath a day), peeling and slicing green banana (to make crispy baked banana) 100-200 B. a day. Some people in the village borrowed my money and gave her some 5 percent interest when they returned. ...While I was working my daughter was in the cradle when she cried I rock the cradle the she slept then I could keep on working. (Mint)

During observation at her house, the harmony in her family was found in this family. They are poor, after harvesting rice they earned money by peeling and slicing raw banana. There are seven persons, Mint’s parents, her husband and daughter, her younger and niece in one storey house. Dad is as breadwinner, Mom did house chore, younger sister, Mint and her husband and her niece peeled, sliced, and separated raw banana while the baby was sleeping in the cradle. When she cried anybody could rock her. At that period Mint breastfed at night time and during daytime the baby had artificial milk. There is a ramp for Mint to enter the house while other family used ramp as a ladder to step to the house’s floor. It is less than 1 meter height.

Tang experience differently since she was separate from the original family and rent small house to stay. She raised the baby by her own. She thought

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that general mother and the disabled mother could be able to take care of children indifferently in term of love. However, the disabled mother faced more the limitation of moving their body to do things. Generally, mother without disability could take care of baby step by step as suggestion in manual, while the paralyzed mother had to find way that fit her body and comfortable for both herself and the baby de to physical limitation. Comparing to the regular mother, the paralyzed mother paid more attempt to take baby bath, spent more time in doing things, or had to learn more technique to overcome their disability to do each activity. It means the disabled could be able to do things the same as the regular mother does but different in how to do.

Sometimes Tang could not do something she planned to do for her daughter she felt unhappy and considered her physical limitation as the barrier.

> *"When I took her out with me by our modified tricycle, I could not get off and walk with her like other mother did. I had to let her walk, buy or o things alone. I felt unhappy and felt guilty that I could not be with her at that time. I seldom took her out for sight seeing to learn things s other child. I make decision not to let her visit anyplace without me or her father. I had to pay for assistant and it was too much for me to earn and paid on this matter. It is too much for me to afford."*

In conclusion, women with disability could take care of baby by themselves. The study found that all disabled mothers have their own way. They may need some assistance, but almost of them are free to be a mother of her child. According to finding detail of comforting was less presented than breastfeeding.

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5. Stigma and Discrimination Influence to Motherhood Among Women with Disabilities.

The disabled women who had experience on motherhood in this study faced with negative attitudes and discrimination from their family, society, particularly health care providers. People in the society including family and health care providers feel that physically disabled women should not have the baby since they are not physically able to raise them. Stigma against disabled mothers manifests in variety of ways such as negative feelings toward disabled mother, beliefs that they could not raise the child, blaming for their pregnancy. Stigma affects the life of women with disabilities who became motherhood in many ways. It may cause feeling of inferior, depression including discrimination and prejudices in the health service. Stigma perpetuated by health care providers may affect the quality of care for mother with disabilities. In term of facing with a stigmatized label, women with disabilities may develop coping strategies, some may try to hide their pregnancy from others, and some may face with stigmatization with her strong will.

In the study, it was found that health care setting was the place that stigmatized women with physical disabilities in term of discouraging their ability to be mother instead of informing choices or information related to their disability and motherhood. Sao, one of respondents who got disability caused by the leakage of blood into the brain tissue, told about her negative experience from healthcare provider she faced with impolite reaction at the hospital during her pregnancy that:

> *"They talk about my pregnancy and then started to criticize and asked me why I let my self be pregnant. Some of them thought I was raped. I got angry at them. I worked their reaction changed especial when my husband arrived and told them he was a teacher. We were looked down on and I was judged not to have baby because of disability." (Sao, Hemiplegia,32)*

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The respondent continued her disappointment that she got angry with nurse for her badly reaction and talk. Hospital should provide the same standard of services to people without considering only physical appearance or who she is or what she does. She explained to the doctor and consulted to doctor whether complications of her illness increase high risk to her baby. She often asked for more information relevant to her risk before making decision to do things relevant to her baby. Her bad impression often came from nurse.

> *"On the day I gave birth I did not want to be sterilized but nurse blamed me. She referred to doctor's suggestion but I disagreed with them. Since then she talked to me curtly."* (Sao, Paralyzed)

According to the finding things happened to wheelchair user who wanted to have baby are complicated. Sao normally suffered from being paralyzed. After she realized of her pregnancy she became much worried about taking care of baby because could not hold the baby by her own. She could gave birth to healthy baby and breastfeed it, but sometimes she needed somebody assisted her.

> "*I felt inferior. I could not do what I wanted to do for my son. I only breastfed for three month and that period I stayed with my Mom. Right now I left him with my elder sister and Mom. You know…there are many things I wanted to do for him but I could not, taking bath, changing diaper, dressing, bottle-feeding. I wanted to do everything as same as other mothers do for their children but I could not. Only one thing I could do right now is talking with him on mobile phone. It reduced my suffering of being to be good mother. I do love and miss him. Anytime I miss, I phone and talk and talk. Listening to his voice made me happy."* (Sao, Paralyzed)

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According to Sao's perception, being good mother is not just being pregnant, and giving birth but including closed relationship between mother and child and big task of mothering as well. Way she coped with her suffering on doing mother role is trying to reduce stigma by doing everything she could do for her son. Though she needed to rely on her husband or her family to assist her but it is herself who decided to do things for her son.

A similar reaction of stigmatization happened to Mint, a mother of six years old son, when she went to public hospital. She found some reactions toward her pregnancy from the nurse in the "blame sense" of unawareness of being pregnant because of her disability and her ability to take care of baby.

> "*I did not care for what they complained. It is my life. I am a mother of my baby. It is me who know how to raise my son. "Burden" is their thought, not my thought"* (Mint)

Mint ignored on that negative reaction. She faced with stigma and learned how to deal with it by herself. She thought that she could do the same as other mother do for a child. Way she thought is different to Sao who still be inferior due to her disability that effect to carrying out her responsibility of mothering. Mint has never thought that she is disabled. Her disability challenged her to find way to overcome any obstacle or difficulties.

> *"I have never thought I can hold the baby but when I try I know I am able to hold it even on wheelchair. General mother is in sitting position during breastfeeding, I confine in the wheelchair but in the same position. The different is way to manage how to do such activity because I might take more time to transfer my body to my wheelchair. Wheelchair is like my feet. While others walk I wheel." (Mint)*

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Noi, another respondent has the same idea on this matter. She compare wheelchair as her feet. She said that she could be able to walk by using wheelchair instead of feet. Barrier can be free if attitude toward is changed. According to the finding two of respondent fight with negative attitude by showing that they could do mother role.

Or is another person who encountered attitudinal barrier from health care provider. She was asked from the nurse why she would like to have baby since she got disability. She told the nurse that she was a woman and wanted to have a baby after marriage. She positively thought that there are few pregnant women with disability received the medical treatment therefore the nurse did not know how to treat.

Yam, mother of 6 years old boy, told that after giving birth doctor and other staff suggested that one child is burden enough for her disability. They convinced her to prevent the future pregnancy. Doctor also suggested her husband to have vasectomy operation but her husband refused.

Sometime, a question doctor asked during medical checked-up reflected professional skeptical thought of ability to carry out responsibility. It made pregnant women with physical disabilities upset to that skeptical ideas. When Noi, the paralyzed with respiratory problem, was asked whether it was her wanted pregnancy, she answered to doctor that "*Of course I want to have the baby."*

Noi told us that she learned to live with her severe disability and had intention to have the baby. Her work related to health right for the disabled. After realizing her pregnancy she carefully took care of herself. She read more books, listened to more beautiful song, and tried to control her emotion since she realized it would effect to her baby. She carefully selected things to eat and carefully transferred her body from wheelchair to some place in order to avoid accident. When she went to see doctor, she informed him what happened to her and consulted doctor about the possibility to deliver by herself before due date. She

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planned with doctor to stay at hospital a month before due since she needed somebody to assist when the belly is larger. She ignored societal skeptical react on her body and her ability but planned how to overcome the difficulties.

Tang revealed a negative reaction and discouragement from health care provider that

> *"I went to hospital for prenatal check-up, my husband got angry at the nurse when she reacted toward my pregnancy as I did something wrong and concluded that pregnancy increased burden to me." (Tang)*

During the period of pregnancy they seek for model of pregnant women with disabilities to share experience. Comparing to general pregnant women, pregnant women with disabilities hardly find other pregnant women with disabilities to share experience or to be the model. Therefore she relied on the doctor. Some of them followed doctor's suggestion. Some of them seek for more information from internet, mothering manual and books. However, those resources are provided for the general women. Some of them asked the disabled friends who experienced motherhood to share the problem and how to overcome.

Talking about raising the baby when it was active, Tang told that she needed help from her husband to help her take care of the baby and sometimes she took the baby to the workplace and her disabled friends help take care of it.

All women with disabilities were judged that restricted mobility is the cause of her inability to play mother role. Individual's characteristic of personal context certainly effect to methods women with physical disabilities used to cope with social stigma and discrimination. However the study found the struggle of facing with stigma in order to fulfill their intention of being mother. According to the findings it can be illustrated coping strategies in dealing with stigmatization: avoiding stigma, and facing stigma and discrimination.

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Avoiding Stigma

Some women with physical disabilities realized how negative people think about their ability to carry out responsibility as a mother; they select the supporting resources where they might not face stigma and discrimination. Tang decided not to tell her parents when she realized her pregnancy. She kept in mind that she was seen as the burden of her family. She decided to tell her disabled friend who had maternal experience. Although it was new experience so she seek information among the disabled friends even how to overcome the difficulties, how to take care herself during pregnancy. She raised the baby by herself by asking her disabled friend's experience of motherhood. She managed mother activities by her own.

Normally, Tang did not want to contact with other people she considered they did not understand her disability and her complications. She avoided going out for recreation. The only place she preferred to go is the Association of Physically Disabled People at Nonthaburi Province. She learned that she was not alone there. She chose to contact with those who were supportive and avoided from those who were unsupportive.

Similar to Pla who select not to deal with her own family but raised the baby by her own without seeking any assistance from family. Regarding the health care sector, she chose to go to private hospital instead of public sector.

Facing Stigma

According to the findings, all respondents are unexpected to be a mother and are discredited attribute i.e. unable to be pregnant, to give birth and to raise baby. However, all of nine respondents are able to give birth to healthy babies. Some of them never paid attention to the one who negatively reacted toward them. They ignored and dealing with other as they are able body. Noi, the paralyzed who just gave four month baby boy explained how to managed her difficulties to perform mother role that she has to plan what to do and how to get it

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done, even sometimes she needed assistance from other people she will direct it by herself.

> "*It is great to be mother. Disability might be the difficulty but it is not too difficult to manage. The disabled women are able to do anything to their baby but might be in longer time so a suitable plan and activities' management are needed for me. I stayed alone during pregnancy. Although I can help myself but sometimes I have to ask somebody to help me doing something. I can transfer my self from wheelchair to some other place but getting on the taxi I always need help from the driver to lift my legs and to lift my upper part to get off. During pregnancy, I take care of my self like the other pregnant women, but the difference might be adjusting my bigger belly within wheelchair. "*

When the researcher asked about way to raise her baby she explained that she prepare and plan what to do and how to get it done. She said it is challenged to get it done.

> *"I don't have much money so I prepare some necessary things for new born baby during pregnancy such as baby powder, diaper, small bowl for bathing and things as other mothers prepare for a baby. I plan to take care of my baby on my bed so I need to adjust things suitable for me to pick up easily. I moved my bed to the room's corner. So I can lean against the wall and it can block my baby not to fall down. After delivery I spent almost time in the room with my baby. Breastfed in bed, take bath and sleep in bed."*

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In conclusion, women with physical disabilities in this study encountered the different form of stigma and discrimination. Women with disabilities experiences negative attitudes and discouragement of being mothers from family, society and health care providers. Moreover they faced with lack of accessibility to health care service and insensitivity of health care providers toward their motherhood. The results of these barriers are often uncomfortable, embarrassing and painful experience for women with disabilities. However, their disabilities are not the barriers for doing their mother role. With great intention of fulfilling mother role, they could find their own strategies to manage the difficulties to overcome social stigma and discrimination they faced. Some of them avoid stigma, some preferred to select dealing with other people whereas some of them choose to face with any obstacles and ignored societal reactions toward them.

6. Gender Influence to Motherhood Among Women with Disabilities

In Thai society, the role of mother is the most important role assigned to Thai women. Although women are able to work out for familial economic support, they are expected to take the responsible for all domestic chores even in present contemporary society. Women with disability would face difficulties in fulfilling their expected gender role as they faced with enormous responsibility as working women, being wife and being mother. Regarding being mother, a disabled woman is perceived as one who is unable to perform the role of mother because of her disability. This is common due to negative attitudes and stereotypes about what disable women can or can not do

Women are judged according to their physical appearance and their ability to look after home, their husband and children. Women can have a profound impact on an individual's ability to carry out traditional expected gender roles, particular for women. Women with physical disabilities also have a profound impact but on an individual's ability to carry out unexpected gender role.

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Regarding the responsibility of motherhood, the paralyzed respondents reflected their experiences on doing this duty- the mothering role. All respondents in this study showed their strong will to perform mothering role as a giver. One respondent said "I want to give everything to my child, give affection, warmth, best choice for my child. My need, my desire came later." However some faced with difficulties in taking care of the child due to their physical limitations. They started to seek support from their own family or other resources, husband or peer.

> "*My younger sister helped me to fulfill this role. She is like my personal assistant. She help me carry the baby prepare things for mothering. My husband also shared responsibility on parenting with me. He washed baby's clothes, sometimes he took a baby into the cradle." Maew, mothers of four month baby*

Sao and Jane managed her responsibilities by seeking support from their own family; grandmothers who experience this role help them fulfill the role of mother. Tang was expected from her disabled husband to bear and nurture baby girl by herself. Both of them have two children but needed to leave the youngest child with husband's brother because they could not afford enough to raise two children. And Tang felt guilty till now.

Four husbands shared opinions on doing mother role of their wives that being mother made women be valuable.

Some of them showed his expectation that

> *"I wanted my wife to raise my son by herself but we have to attended sport competition sometimes. However, if possible I hope my wife keep closed relationship to my son. But she wanted our son be proud of her ability on being champion on wheelchair tennis."*

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"When I returned home I would be with my child and assisted my wife taking care of him when she needed help." Mint's husband

"Understanding is very important in our family. We exercised parenting role as much as we can. I also help her do household work. She could not clean the room so I would. When she was weak I took her duty when she get better she did it. However, we needed assistance from her mother since we have to work for our family she could do this role." Sao's husband

Respondents in this study showed their own great intention and potential to deal with any circumstance. Regarding going regularly for prenatal care at the health service, Pla and Noi can go by herself whereas Mint and Sao needed somebody to assist.

"I went to hospital alone to see doctor on appointing date." Pla

"I always called Taxi when I went to hospital" Noi

"Sometimes I went to hospital with my Mom, sometimes with my husband." Sao

"My friends dropped me at hospital but sometimes I came with my husband" Tang

"My husband went with me but I also needed help from my younger sister, she often accompanied me to hospital too." Mint

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While most of husbands are bread winner, all respondents can also earn money for family too. Therefore, some activities women might not do by themselves, such as cooking or washing clothes. They bought food to eat instead of cooking. They went to laundry instead of washing clothes by themselves.

According to the finding mothers with disabilities in the study have their own strategies to exercise their power and find way to manage with stigma and discrimination against them. They considered themselves as women who are able to be a mother of child. Their disability was considered as physical challenge to take mother role. Though negative attitude toward their disability is common in society, positive attitudes help encourage their attempt to claim their dignity of being mother as other women.

In sum, women with disabilities in this study showed that they can perform women's traditional roles as nurturers, mothers, wives, homemakers as able women. Though they have physical limitation, they tried to minimize the obstacles by seeking support and find their own strategies in coping with physical obstacles in related to raising child.

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CHAPTER V
CONCLUSION AND DISCUSSION

The study uses a qualitative design to understand the meaning and experience of motherhood from the perspectives of women with physical disabilities and to describe how stigma and discrimination, including gender, influence motherhood of physically disabled women.

Nine women with physical disabilities aged between 29 and 47 years participated in the study. The women in this study all used wheelchairs. Five of them were polio patients whereas four had spinal cord injuries with restricted mobility. However they were able to do almost all routine personal activities by themselves, including taking care of the child. Almost all of them had completed high school and all were employed and had a monthly income. Eight of the women had a spouse with disabilities and were first time mother. One woman had two children.

1. The Meaning of Motherhood

Motherhood is commonly regarded as a duty of womanhood. According to the study, the meanings of motherhood for disabled women are similar to non-disabled women. They perceived motherhood as fulfilling women's role and duty, creating life, being a giver, and challenging obstacles in life and having someone to take care of them when getting old. These meanings are similar to those given by any other women. However, motherhood seems to be an especially meaningful experience for women with disabilities. They are able to assert their right as women who are or could be, `good and fit mothers'**.** In other words, motherhood means for

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women with disabilities being able to define themselves as an “able mother” rather than as “disabled women”.

In addition, pride derived from motherhood can be a powerful motivating force for women with disabilities. The findings show that women with disabilities were motivated to actively fulfill their social role by the commitment towards life and love of their children. Though they have to face difficulties regarding their physical limitations and the prejudice from society, they regarded such barriers as a challenge in life.

2. The Experience of Motherhood

Experiencing motherhood is viewed as valuable and important for any individual woman including disabled women. Motherhood offers the opportunity to develop competencies in a major female role. Women with disabilities in this study showed their strong will to become a mother since they decided to have a child by her own decision. The study also found that women with disabilities were able to become pregnant, give birth and take care of the baby. They presented themselves as competent mothers, capable of looking after themselves and their children. They managed their own ways to raise their children; one raised the child by using a day care service while another three raised their children by themselves as they worked at home. Five of them sent their children to their parents after three months breastfeeding. However they still kept the mother’s role by sending money, calling and visiting them consistently.

Women in this study showed their self-determination to become mothers .Some of the respondents faced with the complication of chronic illness or problems related to their disabilities which effected their pregnancy or taking care of children, managed these situations by giving priority to their child. The study found that they found their own way to be comfortable when taking care of the child. As they were on wheelchair, bathing the baby in a baby bath on the bed was

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found to be comfortable and safe for the baby. Women could wheel the wheelchair to take water from the rest room and bath their baby. In addition, when they wanted to breastfeed the child, they leaned against the wall and put a rolled-up towel under the arms. This helped her breastfeed as long as she wanted. Moreover, the respondents chose to raise the baby in the room in order to be able to look after the child and avoid her child falling down stairs.

It can be said that most of women with physical disabilities do not see their disabilities as obstacles. They minimized difficulties to meet their needs and the attempt to overcome difficulties portrayed greater meaning of being a mother. Two respondents revealed that being confined in a wheelchair did not mean the inability to be a mother. Everything could be managed. Some of them needed to use a lying down position to comfort their baby and themselves. Carrying the baby seemed to be the problem but some respondents could manage by putting the baby on the wheelchair. Some hold a baby by wearing a sling around the neck so she can hold baby safely as she wheel. As a mother, when she saw her child enjoyed it she was very happy. *"My son is happy when I put him on my lap and wheel around. When he is grown up I let him stand on the footrest of my wheelchair and hold the armrest then I wheel around. That is the way I applied. I was happy when he joked that doing like that is the way his Mom ran with him."*

Mothers with disabilities worried about the impact of their illness, including their disabilities, on their children and felt guilty about what they may have "done wrong" regarding their disabilities. They were concerned about their children's health from when they became pregnant until they gave birth. The misconception that they would give birth to "defective" babies put pressure on them becoming mothers. They all struggled to overcome the worries by seeking information and taking good care of their babies. One mother in this study was blamed "*what kind of mother you are*" when her daughter fell down from a height because the child was so active. She was depressed and felt guilty. She requested her husband to participate in taking care of the baby and to adjust some environment in the house.

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Mothers with disabilities needed care specific to their particular disabilities and their maternity as they were concerned about risk taking toward their babies and their health. However, the study found that women with disabilities faced inadequately met information needs from the health professionals in terms of special needs to take of the babies. Women with disabilities encountered inappropriate information about their pregnancies and mothering from the health services. According to the study, the disabled women expected health care providers to be primary resources of such information however their pregnancies were considered as physically disabled complications rather than maternal needs. Health care providers are likely to concern about risks, either to the disabled women or to their babies. When women with disabilities experienced negative stereotype and social barriers toward their motherhood, some of them coped by avoiding those reactions, some faced it by minimizing the harmful effects regarding their disabilities. They denied the label and offered different meanings for it. One respondent stated that it was good for her to be paralyzed because she did not fell painful after birth as other mothers did. She could use breastfeeding but needed to adjust her position to comfort her baby.

According to care taking of their children, They may need help from parents since they all have to work for the family as other women do, however the have her own option chosen to fulfill their role of as mother. They communicate with their children through telephone, directing to mother their child through their own Mom and seeking for healthy nutrition to feed their baby and breastfed their baby during delivery leave. All choices they chose are common to other contemporary working mothers.

Regarding seeking for support; informal support from peer groups and family has been found and were helpful for physically disabled women to exercise their role as mother. Five of them got family support. Two respondents chose to talk with disabled close friends when they had problems taking care of their child or when they wanted to release their stress. One received assistance from her friends at the Foundation for Physically Disable Persons whereas the other received

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artificial milk, diapers, baby clothes and things for bathing the baby from a Christian Church. This implies that family and peer support play an important role in helping women with disabilities to fulfill their motherhood.

Their own agency has been created and developed along with their experience of childbearing and motherhood. The agency of women with disabilities in this study was shown in their education needed, being a wife and particularly becoming a mother. Though they were devalued by their family and society as a result of their physical impairments, their self perception of their disability as being worth less than others was not embed for their whole life. The experience of women with disabilities in this study showed their struggle to be recognized as human beings and as females. It is true from the study that women with disabilities face difficulties and barriers regarding the stereotypes due to disabilities. However they tried to negotiate and exercise their power and control over their body and their needs.

3. The Impact of Stigma and Discrimination on Motherhood of Physically Disabled Women

Women with disabilities encountered double discrimination by society. Firstly, as women they are discriminated against on the basis of gender and as people with disabilities. Secondly, they are discriminated against on the basis of their disabilities. This discrimination is embedded in Thai cultural societal values that limit women's opportunities for self improvement and self development.

Society perceives women with disabilities as asexual, unmarriageable, ill-equipped to parent and undeserving of motherhood. This study indicated that women with disabilities are the victims of stigmatization and societal attitudes even before they become pregnant. The study found that stigmatization of disabled women manifested itself in the forms of pity, shame, rejection and taunts in the family. Women with disabilities faced discrimination and rejection to access

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schools due to stigma. When they became pregnant, the normal desire to bear and raise children is undermined by negative societal attitudes, society in general and health service provider in particular.

Stigma is an opposite aspect to the supportive environment needed for women with disabilities. The more stigmas manifest it toward women with disabilities, the less likely there is to be a supportive environment to provide for women with disabilities who become mothers. In the families that perceived disabled women as a “burden”, the findings found that women with disabilities did not seek support from the family. They avoided asking help from their own family but sought for external resources such as peer group non-profit organizations or Christian Churches. These supports were considered as first hand helpful resource to fulfill their role of mother. When they got pregnant, they consulted their friends, went to the hospital with a friend and shared their experience with friends without asking help from their family. Those, whose family perceived disability as “shame” faced a similar situation as the ones whose family viewed disability as a burden. Own family paid less attention and thought husband’s family allowed to raise the son and got help from mother in law but they could not get along well with. She could not develop closed relationship with son.

One woman with disability whose family perceived her as “pitiful” believed that her family would not ignore her when she needed help. Therefore, when somebody said that having baby and raising a child was a burden, she disagreed since she realized that if she needed help she could approach her parents.

It is clear from the study that women with disabilities are not seen as prospective mothers by those around them, particularly in the health care service. These perceptions are evident in the maternal service and health care provider’s perspective toward women with disabilities. The stigma and discrimination as associated with disabilities is pervasive in the health service. The health care providers discouraged the respondents to be mothers. Most of them are seen as unfit or not good enough to carry out the traditional responsibilities of

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mothers. They felt dissatisfied with this reaction. In addition, women with disabilities faced barriers to access appropriate maternal care. Disabled pregnant women who did not want to face stigma and criticism of being disabled mothers would avoid seeking such health care services. Therefore they chose to change the hospital and seek for health care providers who were likely to provide positive attitudes toward their motherhood.

The finding show that stigmatizing and discrimination happened to all respondent in the health care provider. Providers were described in this study as uncomfortable treating women with disabilities, and insensitive to their needs. Health care services also lacked appropriate information for women with disabilities, and had inaccessible services and facilities. There may be several reasons why health providers fail to work with women with disabilities around common women's health issues. Health care providers are well-steeped in clinical training that focuses on treatment and cure of illness. When these providers treat women who have chronic and disabling conditions, they may focus on the disability and fail to see that these women may have individualizing needs.

The impact of stigma and discrimination appeared in their concerns about their children. Three mothers felt worried that their children would be stigmatized and discriminated against at school. They are afraid that other children could not accept their mother's disabilities. There was a question or a conversation their children raised comparing their mothers with normal mothers whom made disabled mothers unhappy such as "Why Mom cannot walk?" "I preferred going to school with Dad." Respondents solve the problem by telling them about their disabilities. One of them taught her child to be aware of accidents that might cause impairment to the child.

Fear of acceptance by their children when they were grown up was of great concerns to mother with disabilities. However this study found that mothers with disabilities developed strategies to manage their fear, one respondent intended to raise her child by her since she wanted her child to realize and accept

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her disability. Two disabled mothers raised their children among others disabled parents so their children could see others children had disabled parents too. These could create not only the mother and child relationship but also the acceptance of her disabilities in the family. Another one chose to further her studies in order to make her daughter proud of her. The other wanted to join sport competitions for the disabled so her daughter would be proud of her career.

4. Gender Influences Motherhood of Women with Disabilities

Traditionally, women's role has been considered that of homemaker, child bearer, nurturer and rearer. However, the role of women with a disability is commonly perceived as being unfit for such expected role, and even more constrained. Women with disabilities are often perceived to be unable to fulfill the cultural expectations of 'good' mother. It is found from the study that women with disabilities struggle to be regarded as a woman in terms of being mothers. Although they had traditionally been subjected to the beliefs of society regarding their ability to care for their children, the women in this study showed their determination to advocate for the needs of their children and families. As a woman, women with disabilities in this study perceived that motherhood was a desirable part of life in order to fulfill women’s role and duty. Motherhood from their perspectives is as a giver for the sake of their children’s life. All respondents in this study performed the mothering role as a giver. Like other mothers, mothers with disabilities performed the role as a mother in term of sacrificing their own well-being to meet the perceived needs of their children. They placed priority on their children's needs and put their own needs last. One respondent chose not to have an operation in order to have money for her children, compromising her own long-term well-being to meet her child’s short-term needs. Another woman was concerned about her child when she had to take medication for her illness.

Mothers with disabilities may confront role-strain issues as a wife, a working woman and as a mother, accompanied by stress from their social roles.

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Stress of performing role-strain is likely to be found in the experiences of mothers with disabilities. Some of them had to manage their chronic illness together with taking care of the children. Most of all respondents made decisions to do things or activities concerning their children on their own, such as breast feeding, raising and schooling. They considered what is safe and good for their children. Some mother with disabilities let her husband be the leader of the family but her opinion would be shared on issues concerning children and finances. Sharing of family responsibilities between themselves and their spouses was found to be helpful for a mother with disabilities. One noted that whilst her husband tended to do the bulk of child entertaining, she carried out most domestic tasks. Another woman said that her husband helped with household chores so that she could look after their child.

In conclusion, the experience of motherhood among women with physical disabilities demonstrated that they are, or could be "good enough mothers". They perceive motherhood as a power of fulfilling women's roles and duties. They do mothering by means of life creating, being giver. In addition, motherhood is also a meaningful motivating force for women with disabilities to overcome their obstacles and to fulfill their role actively by the commitment towards life and love of their children. Regarding mothering experiences, they decided to have their child by their own will. Although they encountered difficulties and barriers regarding their physical limitations as well as stigma and discrimination against disabilities and pregnancy and maternity, they negotiated and exercised their power and control over their bodies and their needs concerning motherhood. Mothers with disabilities adjusted their own way due to physical limitations to comfort her disability together with taking care of the child. All of the women minimized difficulty to meet their need and attempt to overcome difficulties portrayed greater meaning of being mother.

The social misconception that they would give birth to "defective" babies put pressures on their becoming mothers. They all struggled to overcome the worries by taking good take care of their children. Stigma against disabled mothers manifests itself in a variety of ways in the family, health services and society as a

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whole, such as negative feelings toward disabled mothers, beliefs that they could not raise children, and blaming for their pregnancy. Stigma affects the life of women with disabilities who became motherhood in many ways. It causes feelings of inferiority and depression. Mothers with disabilities also face inadequately met information needs and inaccessible service and facilities. However, husbands support and social network supports were found to be an important part of helping women with disabilities to perform the role of mother.

Recommendations

1. Given the lack of accessibility to health care services and insensitivity of health care providers, there is a need to improve health care service to work with women with disabilities. The attitudes toward disabilities have to be shifted from merely health concerns to human rights concerns. Disability awareness training should be provided for health service providers with disabled women involved in the training so that providers can become sensitive to these issues from the perspective of disabled women themselves. Better communication skills with sensitization about disability issues should be improved as well.

Improved accessibility, both in terms of affordable health care and physically accessible locations and equipment are needed in the health care service. Health care manuals for women with physical disabilities are also needed. Role models of mothering from experienced disabled mother are needed for other new mothers with physical disabilities.

2. Stigmatization and discrimination toward disability prevails in the society. Attitudes toward disabilities are primarily negative, feelings associated with such attitudes ranged from aversion, shame to sympathy and pity which lead to isolations or marginalized of disable people. Their effects are profound when society devalues women. Women with disabilities experience discrimination both for being women and for being disabled.

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The result showed that intervention aimed at changing social acceptance and understanding of disabilities is urgently needed. The intervention should begin at all levels in society, including the family level, the educational level and the policy level. Public media can take an active role in changing attitudes toward disability by showing the strengths and positive attributes of disability to the society.

Empowering women with disabilities is needed. According to the findings, women with disabilities lack the opportunity to access the formal education system. They lost the childhood experience that other children received in school. However they had a chance to study in the school for the disabled where they received encouragement and vocational training. It could help them shift prior negative perception on disability to be positive and lived in society independently. This study showed clearly that all women with disabilities in this study positively shaped their self-concepts during their study and training in the institutes for the disabled. Assertiveness training for women with disabilities about their rights, their abilities and appropriate skills is suggested. Health advocacy training and networks that link together women with disability is also needed so they can share their experiences and spirit to support each other. Self independent, including education and employment are necessary to enable women with disabilities in this study to perform maternity.

Research Recommendation

Research relating to women with other type of disabilities should be conducted to explore their needs and the social barriers they face.

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APPENDIX

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APPENDIX A

Interviewing Guideline

I will introduce myself as master degree student and do research on motherhood for physically disabled women. The purpose of the research is to understand the experience of being mother. All information using for the thesis will be kept confidential and their identities will not be revealed. I will let them tell me about the experience of being mother, what make them decide to be mother, attitude of themselves, their friends, family, community and reactions of health service providers toward being disabled mother. Then some questions will be asked as follows:

Background of information

Job, age, education, history of disability, income, religion, number of children, health card, connecting details such as address, phone number

Meaning of motherhood

What is motherhood in your opinion?

How does it mean to you?

Have you ever think on being mother before?

What is good mother in your opinion?

Do you think you are good mother? Why?

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How do you feel about your pregnancy/ being mother?

What did your husband think about pregnancy?

What is the reason to become mother?

What did you plan for mothering?

What is the reason for marrying?

How do you feel of being mother?

What do you think about good mother/bad mother?

What do you feel when you see the picture of women with disability got pregnant?

What is your opinion about it?

Family

How does your family think about your disability and your motherhood? What did they say?

Do you stay with your family or separate? Any support from family? What kind?

What does your family feel about your motherhood?

What is the problem you faced with your family?

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How do you think about your family due to your pregnancy/motherhood? Do they agree? Why?

Is there any family member support you during pregnancy?

What kinds of support did you get?

What did your family teach you to behave as a disabled woman?

Peer

Do you have any disabled friends/ able body friends?

How do they react toward your disability/motherhood? What did they say?

What did they do for you? (Encouragement, advice or sharing experience)

Whom do you talk and share with when you faced with any problem

What are their opinions on your pregnancy?

What kind of help you got from your friends?

Religions

What do you think about your disability as Buddhist?

Do you believe in Karma?

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What do you think about Karma and motherhood?

How does religion help you in your daily life?

How often do you go to temple?

What do you do when you go to the temple?

As women with disability, what do you think you can do for your religion?

What are your obstacles for religious practice?

Have you ever offer food to the monk during pregnancy?

What do you wish when you offer food to monks/go to temple?

Health sector

Where do you go when you have health problem during pregnancy? What kinds of help did you receive? How often?

How do you deliver your baby? Where?

What kind of health card do you use? What do you think about your benefits claim from the card?

How health officer response toward your disability, pregnancy, children, and doing mother?

What do they say on your pregnancy?

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How do you feel when you go to receive health services?

How do you feel with the health staff?

What kinds of support do you get? From whom/where

How do you do mothering?

Gender

What do you think about mother role? What is your role as mother?

Who raise the children?

Who help you nurturing your baby?

What do you and your husband do in your daily life?

Do you have any problems during pregnancy? How does your husband help you?

How people/family/friends and your husband response to your role of mother?

What is your role as women and as women with disability?

Who do the house works?

What is your attitude toward women's roles as women with disability?

What did you do for your mother, as being women?

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What do you want your children, as a boy/girl to do for you?

How did you teach your children to do as a boy/a girl?

What did your family teach you to do as disabled woman?

What is the most important thing in your life as women and as women with disability?

What do you think disabled mother should do for children? How about you?

What are the important things for being mother?

What do you think or plan when you know you got pregnancy?

What do you plan for raising child?

What family does for you during pregnancy?

Does family support on raising child?

Any social barriers you faced when you go out during pregnancy?

How do you manage with that problem?

Should I focus on method of raising child?

What did husband do for you during pregnancy and after giving birth?

How did he feel about having baby?

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He wanted to have baby or not, why?

How did he support to you during pregnancy?

What did you want him to do for you during pregnancy??

What did he do in daily life at the time you got pregnant??

Did he accompany you for prenatal check-up?

Any expectation he want you to do for your child?

How he raise the baby / child?

Last time I let them tell about what her husband do for her becoming mother but the answer I got is they are helpful to them. Should I ask husband directly or ask from women's view.

Is it necessary to trace from husband view?

Stigma and discrimination

How do you think on your disability? How do you feel when you deal with medical profession, nurse or staff in hospital?

How do they say when you become mother?

How do people behave to you?

What do you think about yourselves about your disability and pregnancy/being mother?

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What is the response of the nurse or medical staff for your pregnancy? How did you feel?

How did your family, friends other people react to your pregnancy / children? What did you think on that and how did you feel?

What do you think when people said that you are unable to raise the children?

Did you want to have baby? How did you feel?

Did you hide your pregnancy during going out? Why?

What do you think about the other people attitude toward your pregnancy/ giving birth/ raising baby?

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APPENDIX B

DEMOGRAPHICS OF THE SAMPLING

	Wife						Husband	
Age	**Disability**	**Ed.**	**Occupation**	**Wage**	**No. of Child**	**Age**	**Disability**	**Occupation**
Pla, 47	Polio with broken leg	Vocational College	Official, GO	5000-10000	1	50	Non disabled	Merchant
Jane, 30	SCI, paraplegia	Bech.	Accountant Father Ray Foundation	5000-10000	1	na	One leg lost	Merchant
Tang, 32	SCI, paraplegia	M3 (grade 9)	Dressmaker	4000	2, 7y, 5y	35	Polio	Athlete
Noi, 30	SCI, Quadriplegia	Vocational college	Accountant, NGO	7000	1, 5m	24	Non disabled	Guard
Mint, 29	Polio	M6 (grade 12)	Clerical worker	4000	1, 8m	34	One leg lost	merchant
Maew 33	Polio	M6 (grade12)	Food Shop owner	4000	1	27	Weaken arm	Computer Technician
Yam 39	Polio	Elementary P4 (grade 4)	Clerical Worker	3000	1	28	Hand lost	Clerical worker
Sao 32	Encephalemia Hemiplegia	Bech.	General Administrator	10000	1	30	Deformity arm	Instructor
Or, 33	Polio	Elementary P6 (grade 6)	Athlete		1	Na	Polio	Athlete

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APPENDIX C

Summary of in-depth interview cases

Case 1: Pla

Pla had polio when she was born, which caused her to have imbalanced walking. Now, she is 47 years old. In the past, she got married and had a son but finally her married life failed. She separated from her husband and left her son with him. After that, she worked in organizations involving children and disabled and vocational training school for disabled. At the present time, she is an employer of Bangkok Metropolitan Administration in investigation section. She has been a delegate of wheel-chaired tennis player, who participated in various national and international sport competitions.

Her spouse life began when she was in Matthayom 6. Her ex-husband was not handicapped. He had Chinese race and worked in a cloth shop. She had a son with him; however, she decided to cut her relations with him because he was a playboy and had no responsibility for her family. Her present husband is 12 years younger than her. He worked in computer. She met him at a vocational training school for disabled, where she worked. She does not have any children with him. She did not finish her study in Matthayom 6 because she had an accident, which made her bone broken. Therefore, he underwent an operation, which caused her to have handicapping complications. Now, she can walk by using canes and wheelchair. From Prathom 1-4, she studied with normal students but after that, she studied at Srisangwal School, a school for handicapped students until when she finished Prathom 7.

Case 2 : Tang

Tang is paralysis. Her major problem is unable to control urination. She always uses adult napkins due too leaking urine. Sometimes she faced with pressure as a result of leaking urine too. She is 32. She got disability by birth. Her parents left her with grandparents in rural village at Roi Et province until she was 14. Her parent has two daughters. She was the youngest.

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Her father took her to Kaoyai, Pissanulok to practice reading for 4 month then sent her to public welfare center. While she was studying at the welfare center she studied grade 1-6 through non formal education and received the leg operation. She faced many physical problems “It is terrible. Not only physical disability I faced with another disease including pressure sore that made me lack of self confident when I go around.”

After complete grade nine she further her vocational skill at Prapadaeng, welfare center for the physically disabled persons for 1 year. She always thinks her disability is the problem. “I found myself inferiority.”

She lived with the disabled boyfriend whom she met in the center and has two children, one girl and one boy. The girl lived with her but the boy stayed with husband’s family. Now she live her husband in apartment where her husband bought after he got money from swimming competition in FESPIC game , sport competition for PWDs. They registered marriage after

Case 3 : Maew

Maew was born in Lamphun Province. She has a younger sister. She had polio when she was 2 years old, which made her move by crawling. After she finished Matthayom 6 from Non-Formal Education School, she studied computer. In 1999, she married a man with weak and lean arms, with whom she had a child. Her husband and she were employers at a software company. After her child was born, she dismissed from the company and opened a restaurant at a condominium in Muang Thong Thani.

When she studied in Prathom 6, she received treatment at Maharat Nakhon Chiang Mai under the queen’s patronage so that she could walk. She studied sewing at Yat Fon. And then, she worked in a doll factory in Chiang Mai Province for 3 years. After that, she studied in Non-Formal Education School in Mae Taeng District, from which she finished Matthayom 6. For 2 years and a half, she had studied “programmer” at the Redemptorist Vocational School for Disabled

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in Patthaya, where she met her present husband. They finished their study from the school at the same time. After that, they worked at Smart Finder Co., Ltd. When she had a child, she dismissed from the work to look after him and run her restaurant business.

Case 4 : Yam

Yam, a woman living in Nakorn Sawan and handicapped since she was born due to the polio syndrome. In the past, her family was rich but later got bankrupt. Prayat is 39 years old, youngest child with one brother. She has husband who is younger than her and handicapped. He has no fingers since he was born. The Office of Public Welfare has suggested Prayat's parents to send her to the social welfares home but her parents insisted that they could take care of their daughter.

Yam completed her grade 4 of elementary school in Nakorn Sawan province. She later continued her study at the vocational training centre for disabled people in sewing. After finishing training, she was trained at the tailor shops for earning. Her husband, younger than her, works as staff of Nonthabhum Home's Cooperatives. Their only one son, 6 years old, was raised with the help of grandmother (Prayat's mother) and studying in Nakorn Sawan province.

Case 5 : Or

Or is 33. Polio weakened her right leg. She could walk but imbalance. Her family is in Wangsapung, Loei province. Her parents are farmers. Her parents have three children. She is the only one who got disability. She finished grade 6 from elementary school in Loei.

She had a chance to attend vocational training program at Khonkaen. She chose to study sewing and spent one year there. After that she spent one year at home.

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She wanted to earn money so she applied another vocational program at Chiengkan and studied for three months then found a job at Nongkhai province. She sewed clothes but got low wage then she quit from that job and went back home. Then she was in the disabled center in Wangsapung and attended training program of mushroom planting.

Case 6 : Noi

Noi is 30 years old. She became disabled after having lower limb paralysis, which made her have difficulty in urination. Her disability was caused by a passenger car-truck crash. She married at 2 times. Her first marriage occurred when she was not disabled. In 1997, she had an accident and separated from her first husband, with whom she left her single son. In 2005, she remarried a man (her present husband), who is 7 years younger than her. He began relations with her when she was already disabled.

Case 7 : Mint

Mint was 29. She was born in Sukothai. Polio caused her both legs weakness therefore she could not walk. She confined on the wheelchair. She was the second child among three daughters. Her family was poor. Her parents were farmers. After harvest, parents earned more money by selling Thai dessert. She often helped parent making it. She quit from school since she was in grade one because her friends teased her about her disability. Though she had stopped studying, she had never stopped reading and writing. She could read and write.

When she was twenty she further her education and graduate grade nine thru non formal education. Once, while she was requesting for People with Disabilities Registration Book, staff in the office introduced the vocational school for the disabled in Pattaya to her for studying and applying for job then she went there to study and has got job in private company.

In 2004, she married with the disabled boyfriend whom she met at school her husband is a driver. He has been a soldier but got accident and lost one

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leg. Both of them met each other at vocational school for the disabled. Mon got high risk to give birth due to the condition of diabetes and high blood pressure. Finally they were safe. She got baby girl, right now she is with her grandmother.

Case 8 : Sao

Sao has been paralysis after she got accident in 1993. This cause her right parts of body weaken. She is 32. She can not walk. Once she tried to rehabilitate to recover the function but not success. She has marriage registered in 2002 and she unexpectedly got pregnant in the same year. The big problem of her health is blood leaking.

Sao is the youngest daughter among 6 children, 4 female and 2 male. She graduated from Open University. She got job in Khonkaen but it was temporally employment. She then found new job in the cooperative unit at school for the disabled.

She met her boyfriend at the school for the disabled since they were the student. After graduated they were separate to work but still kept on loving relation. He worked at insurance company in Rayong province for 2 years then returned to Pattaya and has become vocational instructor at school for the disable. They lived together and has one eight months son.

Case 9 : Jane

Jane was paralysis for 13 years. She got accident when she was 17 years old. Motorbike overtook her car and then her pick-up car turned over. Now she was 30. After getting accident she received medical treatment in the hospital for 6 months. She lost her leg movement but has some partial feeling from sexual organ and pelvis upward, about 6o%. She could not control urination so she uses adult napkins.

In 2001, she studied in Vocational School for the Disabled. She met her boyfriend there and married him two years ago. Before marry, she spent life with

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him for 2 years. She has just had a little baby, 8 months. Ja and her husband are working parents and work in different provinces, Samut prakarn and Chonburi.

This is the cause of living separately. Her mother helps them raise their baby. She works in orphan center and stay there. She will meet her husband during weekend and visit her baby occasionally.

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BIOGRAPHY

NAME Mrs. Nawarat Boonpiam

DATE OF BIRTH 6th August 1962

PLACE OF BIRTH Bangkok, Thailand

INSTITUTES ATTENDED Srinakarinwirot University 1980-1984
Bachelor of Education
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