



**UNIVERSITY OF
KWAZULU-NATAL**

**INYUVESI
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**Perceptions of Female Students with Physical Disabilities at the
Pietermaritzburg Campus of University of KwaZulu-Natal towards
Intimate Relationships**

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A thesis submitted in fulfilment of the academic requirements for the award of a Master of Social Sciences in Gender Studies, School of Social Sciences, University of KwaZulu-Natal, South Africa

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2021

DECLARATION

I declare, Gugu Madlala that this study is the result of my own work. The study is being submitted in a fulfilment of the requirements for the Degree of Master of Social Sciences in the discipline of Gender studies, University of KwaZulu-Natal, Pietermaritzburg. I declare that I have not previously submitted this study for any qualification or examination at another Institution of Higher Education. In this study, I made use of the American Psychological Association (APA) conventions for citation and referencing, thus acknowledging all sources of secondary data. Each significant contribution and quotation from the work or works of other people used in the study, has been cited and referenced accordingly.


Gugu Madlala

30 June 2021
Date

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Date

ACKNOWLEDGEMENT

I would like to acknowledge the important role played by my supervisor Dr. Janet Muthuki in mentoring me towards the successful completion of this study. I am truly grateful for your support, expertise, guidance, constant motivation; and thank you for making this journey and process possible.

I would also like to thank the participants who volunteered to be part of this research project and assisted me to fulfil the requirement necessary to conclude this degree. The topic for this research was rather very sensitive and you, my participants, showed the willing to share your experiences and thoughts with me. Without each and every one of you, this research would not have been successful.

My sincere appreciation goes to my family especially my life partner who encouraged me when things were really tough, to my family friends and my children for their endless support and encouragement through this entire academic journey. I remain forever grateful to you for the support and love.

Lastly, I would like to appreciate my colleagues from the School of Health Sciences who were there with me through this process despite the busyness with their own research. Special thanks to Prof. K. P. Mashige and all my other colleagues from the Optometry and Audiology disciplines for their encouragement and support.

ABSTRACT

Background: Societal, environmental, and negative attitudes encountered by women living with physical disabilities is a reality that reflects the way society construes their human and social environments. Not only are women with disabilities faced with issues of infirmity, but also isolation due to their disability especially when it comes to matters of love and intimacy. Negative social attitudes towards women with disabilities can have a negative impact on their daily lives, more so on their perceptions of intimate relationships. Not much has been explored, written, and published about the perceptions of female students living with physical disabilities towards intimate relationships. In the light of this, this study researches the perception and experiences of female student with physical disability at the University of KwaZulu-Natal's Pietermaritzburg campus.

Purpose: To explore the ways in which university female students living with physical disabilities perceive themselves, their sexuality and intimate relationships.

Methods: Qualitative research design was used for this study and one-on-one interviews was conducted with 20 female students living with physical disabilities from the University of KwaZulu-Natal's Pietermaritzburg campus. The participants were selected by convenience sampling.

Results: The study found that women living with a physical disability perceived themselves as strong individuals capable of engaging in loving intimate relationships. The participants also raised other concerns such as the issues of trust in intimate relationships.

Conclusion: The views expressed in this study may be useful in educating society about understanding issues of intimate relationships and disability as well as foster improved relations.

Key words: Perceptions, Women living with physical disabilities, Female university students, Intimate Relationships.

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CHAPTER 1

INTRODUCTION TO THE STUDY

1.1. Background and Outline of Research Problem

According to the World Health Organization (WHO, 2011) about 10% of the total number of people around the world live with disability. Of this number, 80% live in developing countries and in communities where poverty remains a hard reality and no basic needs are accessible to people living with disabilities (WHO, 2011). Human Right Watch also suggested that approximately 75% persons with disabilities are found to live in terrible conditions and the majority of them are females (United Nations, 2006). Many women living with disabilities, particularly in Africa, face prejudice, rejection, and social stigma. Other challenges that confront them include humiliation and alienation by family members and society, negative and biased attitudes as a result of society's norms, marginalization because of their persona, and maltreatment by the parents who feel guilty for having children who are living with disability, among others. In most communities, disability is seen as an illness, a weakness, impairment or defect that does not allow an individual to be recognised, viewed and seen as a normal human being who can perform normal duties as would any other human (Avoke, 2001). A study by Boezaart (2012) indicates that most women living with physical disabilities face different forms of discrimination and trauma from their societies, such as humiliation and name calling even from health employees who often have access to sensitive information about them.

According to a United Nations (2006) report, the experience of females with disability, in most cases, becomes a huge hurdle from a very young age and eventually the disability itself becomes a disadvantaged not solely as a result of being physical disabled, but because of what the society at large perceive of them. Often, society turns to treat them as aliens and limit their access and participation in community and development activities. Similarly, women living with disabilities (WLWD) are more likely to experience harsh and non-consensual sexual abuse and gender violence because families together with members of society tend to look at them as weak individuals, and these violations often go unreported and remain concealed in the families (United Nations, 2006).

Studies by Rugoho and Maphosa (2015) and Shuttleworth (2007) also revealed that women with disabilities are more exposed to different forms of psychological, mental, emotional, physical, and sexual mistreatment and exploitation to an extent that they are victimised not only

by the abuse but society's consideration of them as not women enough because of their condition Rugoho and Maphosa (2015) further detail that the sensual privileges of WLWD with disabilities are more compromised and harmed by family and society's dynamics, , and surprisingly they get similar treatment from some of their religious members, and these are coupled with other cultural, ritual, and traditional practices. The unpleasant treatment from those who are in power and unwillingness to assist persons living with disabilities also goes beyond what is practiced by health providers and health workers that always gives personal opinions and judgement towards the WLWD (Bath, 2008).

In many instances, people without disabilities often speak on behalf of WLWD, and WLWD are treated as 'subalterns' meaning that they have no voice, no power (Spivak, 1987). In her book "Can the Subaltern Speak?" Spivak (1987) talks about different methods in which western cultures explore other different cultures. The author made an illustration of the Indian Sati rituals of woman who have lost her partner through suicide. However, the focal point and significance of "Can the Subaltern Speak?" illustrates the ethical challenges, which are examining a nation that practices different philosophy and based it on universal philosophies. Spivak (1987) further laments western efforts that seek to speak for the others or try to present their own voice without living the same experiences as the others. Apparently, WLWD experience similar challenges as indicated by Spivak (1987) because they are, in most cases, seldom afforded the opportunity to express how they feel or about their own views and perceptions on issues of intimacy, health education, and sexual feelings. Through her cultural and critical theories, Spivak (1987) tried to fight and contest the legacy of colonialism that has been created by the society. She refused totally to agree and admit the notion that the Western World is having an upper hand and has more control and power over the Third World. The focus of the critique unpacks the issues of marginalised individuals such as the place of the subaltern women, and why women are seen as the lower class in the society, lack visibility, and find themselves being side-lined and their empowerment taken away by the law makers within the society.

Gender and disability are both socio-culturally constructed identities which surpass biologically determined categories ((Matthews, 2009; Oliver, 2013). WLWD in most cases live in low-income societies and are found in areas that are poverty stricken, they experience social segregation and are usually faced by a "gender neutral" attitude to their conditions that makes them unrecognisable and treated as non-existing by the society (Asaka, 1994). Research suggest that WLWD are less likely to be find partners, date, and eventually get a chance to even

get married; more likely to find partner and get married at a very later stage, and more likely to be quickly separated from their partners within a very short space of time ((Avoke, 2002; Agbenyega, 2003; Baffoe, 2013; Badu, 2016; Gregorius, 2016).

Literature on WLWD in the western world indicate that it is very difficult to recognise WLWD as sexual beings with sexual rights. Nelson (1995) discovered that teenagers with debilities might find themselves being secluded from their teenage peers. A research study conducted at the University of Illinois by Deegan & Brooks (1985) came with findings that during the first few years at College, female students living with disabilities fight to express themselves when it comes to issues of romantic relationships due to low self-esteem. A comparison of older women who had disabilities and those who did not have found that women without disabilities scored higher and better points in terms of sexual activity and sexual responses, while their counterparts with physical disabilities scored lower points (Deegan & Brooks, 1985). Literature on WLWD also suggests that that there is gender discordance in disability issues with men having structural power and more rights compared to women, which is unfair (Helmius, 2000). Helmius (2000) further pinpoints that emphasis has always been on how to avoid shame and rejection for WLWD, instead of highlighting their distinctive capabilities, observations, perceptions, and self-defined possibilities. A research conducted on Hispanics who had debilities indicated that an unpleasant and malicious behaviour and segregation from community members without disabilities towards the disabled made it very tough to be involved in intimate affairs for the individual living with disabilities (Miller et al., 2009). The findings from the study also indicated that the more complicated the physical disability, the higher the chances and difficult it was to have an intimate relationship (Miller et al., 2009).

A study that was conducted in the Philippines also indicated that 80% of WLWD had no formal education and no formal jobs, and in most cases, persons living with disability were fully reliant on others for meeting their simple basic needs such as and health and sexual education (UNESCAP, 1995). Women who did have some type of low-income job and would work in cheap labour industries were naturally employed to work in labour-intensive and very low income jobs sectors like plaiting, embroidery, creating handmade bags, creating toys or manufacturing handicraft items. The UNESCAP (1995) study also revealed that though the Nepal community regard marriage as a social norm for women, 80% of disabled women were recorded as not married or engaged with any intimate partner.

A study conducted by Feinstein (2009) on WLWD among the Maasai tribe in Tanzania found that WLWD were perceived by the community members and the society at large as cursed and

bewitched and consequently faced isolation, humiliation, and banishment. This study by Feinstein (2009) also found that WLWD were perceived negatively and seen as unfit to be married or have children in their lifetime. Rousso (2003) revealed in his study that females and teenagers with disabilities may experience “multi and uncalled discrimination” such as gender, race, social class, physical disability which may result in gender-based violence, abuse and marginalization.

Kiani’s (2009) study on people with disability in Cameroon established that WLWD felt that parents of young women with disabilities needed to comprehend the good impact and positive benefits which could accrue from their children attending school and acquiring education. The benefits of such training as indicated by Kiani (2009) could mean children building a better future, getting great learning opportunities and skills that would assist in enhancing their lifestyle. It further revealed that sending their daughters to school could create the opportunity to possibly find their life partners with the likelihood of them ending up married. Kiani (2009) noted that the women who participated in that research study felt that it is rather important and could be informative for women to be accorded the opportunity to learn more and start to understand how they can make decisions based on the knowledge that they have acquired through sex and life education, which should be the information that the WLWD have from the young age. The same study revealed that contrary to popular belief by many of the local population that women are not predominantly ‘disabled’ by bodily restrictions; the biggest restricting were the unreceptive treatment they received from the members of the society who created unnecessary limitations towards WLWD.

Morris (1993) observed that most research would often adopt opinion of the males who are disabled as a uniform to treat all genders instead of allowing the females to express their own feelings. This then become a challenge, and a general reflection on the different literature presented about also necessitate a paradigm shift in terms of issues involving WLWD. This is important noting that women and men face different challenges, be they disabled or not. Further on the subject of the challenges faced by WLWD, a report by the World Health Organisation (WHO, 2012) observed that disability is hardly seen as an important concern by many public health institutions or addressed by public guidelines in many small and underdeveloped countries. This attitude towards the people living with disability, especially women, makes them feel helpless and without the sufficient and adequate resources and a voice to share and express their views and opinions on issues affecting them (WHO, 2012).

In addition to the above, many studies have probed topics that are focused on issues affecting WLWD and factors that prevent WLWD to have access to sexual and reproductive health. Literature reveals that the important issue in the 21st century for women living with disability is to get sexual health where it is convenient for them to assess freely. A study done by Rugoh and Maphosa (2015) revealed that women with disability are more in danger of becoming victims of sexual physical and emotional abuse than a normal woman because their disability makes them defenceless and susceptible to abusers.

A report by the WHO (2013) stated that WLWD may need to have a higher access to health facilities that deal with matters of sexual and reproductive education than people without disabilities. This is necessary, especially considering the finding by Rugoho and Maphosa (2015) that most women with disability encounter various challenges in getting help on reproductive and sexual health issues.

Recognising the many challenges that confront women living with disability Rugoho and Maphosa (2015) recommend that Government should start to work on addressing the shortcomings and challenges that are faced by disable women by collaborating with non-profit organizations and improving the infrastructure that needs improvement. These include installing ramps, lifts and user-friendly toilet for disable people, especially in hospitals and clinics so that it would be easier for women living with disability to visit such facilities when there is a need to do so. They further suggest that different programmes such as sign language and basic training needs should be taught to Government staff so that it could be easier to communicate better between the mentors who are teachers of life orientation programs in schools and other special centres that take care of WLWD (Rugoho & Maphosa, 2015). Other recommendations are that transportation for women with disability should be accommodative to allow those using wheelchairs to travel comfortable to local clinic in order to access information on contraceptives. They also propose that Government should prioritize and give hundred percent support to all non-profit organisations that are dealing and assisting women with disability by investing more funds into programmes that capacitate them on intimate sexual and generative health for women (Rugoho & Maphosa, 2015). Further suggestions are that women with disability should be invited and get more involved in political debates on issues that are important to their needs and health issues, and they should take a front seat rows when discussing matters that affect their well-being especially health education and sex education.

1.2. Challenges faced by women living with disabilities in tertiary institutions

The research estimates that over 180 million people worldwide are living with disability. Most of the individuals with disabilities are found in the underdeveloped nations of which day-to-day living is very difficult and tough (WHO, 2011). The number of people living with disability are increasing daily, due to malnutrition, epidemics, and poor living condition especially in African countries whereby an estimated of 60 million to 80 million have different disabilities challenging (Nel, Rankoana, Govender, Mothibi & Moloantoa, 2015).

Having and living with disability can be considerably unsettling in getting the education and work opportunities after finishing school or starting a profession that will create a potential permanent economic and social standing for the individuals. A research by Fossey, Chaffey, Venville, Ennals, Douglas & Bigby (2015) revealed that internationally, the number of students living with disability is growing at an alarming rate and there is a tendency that their academic may not be as good those of other students. However, students with disabilities may require an extra provision to make sure that their participation is more focused as other students.

It is important to note that the “first draft report on persons with disabilities for the United Nations was released in South Africa for public comment in 2012 (Department of Women, Children and People with Disabilities, 2012).” The policies for the disabled in South Africa indicate that a lot of work and initiative have been made, especially on White Papers, but not much has been done to ensure that these policies are adhered to in daily life (Fossey et al., 2015). A study by Fossey et al., (2015) on the top educational institution revealed that the effective and efficient way of integrating students living with disabilities in the academic and social life requires optimistic behaviour starting from the top management level down to departments.

The struggle of students living with disability started long time ago, as far as Apartheid Era, where disable students were excluded in education programmes such as sexual education. A study by Department of Education (DoE) (2001) found that more than 80% young people with disability were not cared for by Government programmes, hence those who had access to education were put in special schools and those schools were under-resourced especially black special schools and the curriculum did not cover education on sexual and reproductive health.

Bell, Healey, Venter and Bell (2011), and Pretorius, Maunder and Rickert (2012) found that an absence of proper and acceptable building structures for students who had disabilities at institutions of higher learning in South Africa could get in the way of their education. Students living with disabilities had the tendency of being discriminated based on their personal and social life. This not only affected their performance but also resulted in learners living with physical disabilities being kept at home by parents who viewed teaching sex education to so called normal children as a taboo, talk less of the children growing up with physical disabilities.

According to Healey, Pretorius, & Bell, (2011) the challenge faced by students living with disabilities are the non-accommodative infrastructure and buildings that lack lifts, and some lecture venues are too far apart for these students to access from one lecture to another and be on time. University of Kwazulu-Natal Pietermaritzburg site is a good example where an office that deals with *HIV and AIDS* programs is situated on the second floor of a building that does not have lift and only have staircases that are not accessible to everyone, especially to most of the disabled students. Also, clinics in some tertiary institutions are in buildings that cannot be accessed most disabled students, and this prevents them from also being able to consult or speak to health care workers or nurses.

The lack of student support from Academic Development Officers also make disabled students to feel discriminated. A study by Onasanya, (2002) revealed that their academic performance is poor because they feel unimportant even to associate themselves with other students and it would be difficult to create relationships among peers making it very hard for them to socialise with students of different genders where there could be a chance to find a partner or someone that they could end up dating. Furthermore, these students lack friends and are perceived in a different way by some lecturers as compared to other students.

The above highlights some of the complexities faced by students living with disability in South African Higher Education (SAHE) system. According to Onasanya (2002), SAHE has not considered the question of social fairness when it comes to issues of disability. In the light of this, Onasanya (2002) recommend that some issue confronted by students with disabilities can be resolved through institutional programmes, the assumption being that programmes that earmark 'students with disabilities', will assist similar students with chances that they will meet other students who also have some form of disability. Onasanya (2002) also recommend that the institutions of high learning, must, through its disability support structure and management

work together in order to deliver an appropriate and efficient sex education learning programmes and support for individual students living with disability.

Furthermore, Onasanya (2002) indicated that students living with disabilities find some sort of support from other students with similar disabilities. The Foundation of Tertiary Institutions of the Northern Metropolis (FOTIM) is an association of nine universities and universities of technology established in 2001. FOTIM participate in debates, capacity building and share challenges faced by students and individual who are disabled and uninformed when about the topics of reproduction, health, and sexual education. The (FOTIM) Disability Interest Group was also part of the group that was very much influential in fighting for the sexual rights of students living with disability. The FOTIM Disability Interest Group helped in the formation of Higher Education Disability Services Association (HEDSA) back in November 2007.

Thus far, the FOTIM division has greatly helped students who had disabilities in addressing some of the issues connecting with other peers. More studies should be done especially in Technical Vocation Education and Training (TVET) Colleges also, as most of them lack infrastructure and student support in terms of aligning with Government policies on programmes in addressing the challenges facing students living with physical disabilities.

There are limited studies that have investigated perceptions of female living with disabilities towards intimate relationships. An investigation of the perceptions and opinions of female students living with disabilities towards intimate relationships should therefore be undertaken to activate steps toward addressing various factors affecting this group. Society believes that women living with physical disability can never get married, have children and live a healthy romantic life because they are disabled.

This study examines the perceptions of students living with physical disability at the Pietermaritzburg Campus towards intimate relationships.

1.3. Motivation for the study

Not much has been written about the perceptions of WLWD towards intimate relationships. The absence of information on these issues results in an uncoordinated response from the relevant stakeholders. There are a number of assumptions about the subject and it would be interesting to find out whether the assumptions are true or not by getting first-hand information from the women living with physical disabilities. This study will provide some insights into

some of these factors. In addition, some of the recommendations of Spivak (1987) for educating and making the voices of WLWD will be examined in this study.

1.4. Research questions and sub-questions

The main question for this study is: What are the perceptions of the female students living with physical disabilities at the Pietermaritzburg campus of the University of KwaZulu-Natal towards intimate relationships?

This main question is followed by sub research question like:

- i. What are the experiences of female students living with a physical disability on intimate relationships?
- ii. What are the female students living with a disability's perceptions of intimate relationships?
- iii. What are the perceptions of female students living with a disability about their body and how do those perceptions influence their attitude towards intimate relationships?
- iv. What factors influence female students living with a disability's choices of a partner in an intimate relationship?
- v. How do female students living with a physical disability negotiate sexual expectations in an intimate relationship?

1.5. Research Objectives: Broader Issues Investigated:

The objectives of this study are:

- i. To explore female student's living with physical disability's perceptions based on their experiences of living with disability.
- ii. To investigate female students' living with a physical disability's perceptions of intimate relationships.
- iii. To determine what the perceptions of female students living with a physical disability is towards their body and how these perceptions influence their attitude towards intimate relationships.
- iv. To examine factors that influence female students living with a disability's choices of a partner in an intimate relationship.
- v. To analyse how female students living with a physical disability negotiate sexual expectations in an intimate relationship.

1.6. Underlying assumptions of the study

The following are key assumptions of the study:

- In a society obsessed with perfect bodies, certain body looks, and types are accepted and healthy and are intolerant of different kinds of bodies. Non-disabled people have certain stereotypes and beliefs when it comes to women living with physical disability.
- The society is quick to judge a pregnant blind woman and expect that a woman living with physical disabilities cannot be expected to be involved in a romantic sexual relationship. So, stigmas are associated with disabilities by the society.
- Women living with disabilities face double persecution in a society dominated by men and persecution and comparison of living with disability in a society with women who do not have any form of disabilities.
- Women living with a physical disability cannot be involved in normal intimate relationships and have their own biological children as they fear to be judged by the society as if they have committed a crime because of their physical disabilities.
- Women living with a physical disability are not ‘women enough’ to engage in intimate relationships because they live with physical disabilities and are seen as different by the society and communities among them.
- Male-controlled culture has kept tight regulations over females’ sexuality, what sexual activity is publicly tolerable and to who has a right to that kind of educational information.

1.7. Value of the study

The study contributes to knowledge and insights on gender and disability as it explores the feelings and perceptions of women living with physical disabilities. Not many studies have been conducted at the University of KwaZulu-Natal focusing on female students living with physical disabilities and their experiences towards intimate relationships. Most studies have focused on access, employment and support from the University. This study will provide an opportunity for more researchers to focus on the issues of gender and disabilities. The study will add to the ongoing discourses regarding issues of gender and intimate relationships.

1.8. Structure of the thesis

The thesis consists of six chapters.

Chapter 1: Introduction

This chapter introduces the study. It presents the background of the study, discusses the research problem, questions and objectives, motivation for the study, underlying assumptions, and presents the thesis outline.

Chapter 2: Literature Review and Theoretical Framework

This chapter will review relevant literature on the subject of WLWD, perceptions about society's attitude towards disabled women, sexuality and gender and disability, and WLWD sexual rights. The chapter will also present the theoretical framework for the study by examining feminist disability theory and feminist intersectionality theory.

Chapter 3: Research Methodology and Methods

This chapter will discuss the qualitative research methodology adopted by this study to gather data and arrive at research findings, as well as the study design and population, and sample method and size. It would also discuss the method of data analysis used, issues of validity and reliability, ethical considerations, as well as limitations of the study.

Chapter 4: Perceptions towards their bodies and intimate relationships

This chapter will present the findings on the perceptions and experiences of living with disability towards their bodies and sexuality and perceptions towards intimate relationships

Chapter 5: Choice of a partner and negotiation of sexual expectations

This chapter will present research findings based on participants' responses on how they choose their partners in an intimate relationship, negotiate sexual expectations, and how WLWD negotiate safe sex.

Chapter 6: Summary, Conclusions and Recommendations

This chapter will present the summary of the findings on the research questions, discuss contribution to study, provide conclusions based on the findings of the study, and make recommendations for further areas of research.

CHAPTER 2

LITERATURE REVIEW AND THEORETICAL FRAMEWORK

2.1. Introduction

This chapter defines physical disability, reviews literature on perceptions of non-disabled persons on the sexuality of disabled people. It also reviews literature the perceptions of people with disability on their sexuality. This chapter also traces developments on the treatment of the issue of intimacy and sexuality of people living with a disability to ascertain whether there have been any major shifts in the way people with disabilities perceive their feelings towards intimate relationships. An attempt is also made to see how issues of sexuality and intimacy have been treated among different races in South Africa. Furthermore, a review of the barriers that hinders progress of living a normal life towards people and more so women living with disability is examined.

2.1.1. Definition: Physical Disability

The WHO defines physical disability as a state in which a person experiences a move from what is known as normal state or an injury in their body function or structure that results in restrictions in physical motion and normal movement (World Health Organisation, 2001). Disability could be mild or severe and this can have implications on perception and sexual esteem (McCabe, & Taleporos, 2003). Disability is often defined from dual viewpoints; the medicinal (Kaplan, 1999), and the social perspective (Oliver, 2013). The health viewpoint describes it as a defect or a sickness that requires health interventions (Kaplan, 1999). According to Basson (2010), the medical model of disability portrays disability as a disease or deformity and describes the impairment as a significant factor that limits an individual living with disabilities from attaining societal ideals of health and functionality. Unfortunately, this point of view negatively impacts on the personal agency (self-efficacy) of people living with disability. Recently there has been a move from defining ill health as a health model to a community model (Oliver, 2013). The social model portrays disability as a social construct and describes disability from a human rights point of view (Basson, 2010; Oliver, 2013). The social model posits that a person's impairment is not the disabling factor but rather the psychological and physical barriers constructed by the society (Shakespeare, 2006).

2.1.2. A historical preview of issues relating to intimate relationships and women living with physical disability

WLWD are usually not given a chance to be part of the group that can be seen going out to enjoy outings with partners, going to date, participating in social parties and eventually becoming sexual intimate with their partners (Lottes, 2013). The members of society usually play a significant role in the “inclusion or acceptance” of WLWD. Many studies have come to the conclusion that WLWD seem to undergo a deeper pain than others and even worst when comparing to the male counterparts. WLWD are more at risk of experiencing unconsensual sexual encounter from someone they do not know, a family member or even a colleague when compared to able-bodied friends or colleagues (Nosek, Howland, & Hughes, 2001).

Historically WLWD were secluded from the rest of the people, especially when issues of intimate relationships were involved. According to Naidu et al., (2005) WLWD in general unlike their male counterparts, had to undergo a great deal of struggle just to earn their livelihoods, coupled with unequal treatment and humiliation from society because of their disability and gender. Such humiliation and isolation could also be perpetuated by poor family setup, race and socio-economic hindrances. It can thus be claimed that WLWD as minority, are one of the most secluded and defenceless groupings in society. African women as a whole are known to constitute the majority of the poor in South Africa, WLWD in their ranks are the most likely to be poor and impoverished, starving and highly uneducated.

Notwithstanding, the current philosophical that moves in the direction of acknowledging the sexual independence for women with disability as there are ongoing through social and cultural blockades to sexual appearance and sexual preferences. The ups and downs on the idea and philosophy that relate to the privileges of women with disability have been the driver in the transformation of relationships (Barr et al., 2003).

Women with disability have been prejudiced, marginalised and where most are depending to life partners for decision making and to drive and lead the relationship ((Löfgren-Mårtenson, 2004). An argument made by Rogers (2009) states that most of the cases regarding intimate partner violence on women with disability which took place in the last decade were not confirmed since the situation needed clarification on the practicality on clinical impact. Most of the incidents were not even reported, mostly because women with disability feel the resemblance of emotional and financial constraints. Therefore, policies aimed at people with disabilities can tackle such occurrence.

Women with disability frequently experience suppression on sexuality since the society has perceived their sexuality as being innocent and nonsexual. However, such performances can be viewed to disregard the Human Rights under the Convention on the Rights of Person with Disabilities (CRPD) that approves the rights of women with disability to completely express their sexuality (United Nations, 2006).

The pressure remains, for various groups within society, which comprising of women with disability, ethnicity, religion or other cultural practices, such liberty is not cheered and braced. The suppression and control of women with disability from voicing feelings towards intimate relationships can be seen as a rejection of human rights. The general approach regarding the views towards intimate relationship need to be confronted in order to achieve the human rights obligation and responsibility as defined in the CRPD (United Nations, 2006). The general approach to the intimacy of women with disability that contain positive acknowledgement and equal opportunities as general public needs to be addressed and be identify (Löfgren-Mårtenson, 2004). For women with disability who experience relationships, sexual intercourse, affection and care are not constantly done private especially when sharing accommodation which is against human rights itself (Rogers, 2009).

Several relationships for women with disability contribute to the beliefs that endorses the person-centred planning, as a main element of decision-making which affects the individual decision making whether to be involved in an intimate relationship or not (Parley, 2001). The women living with physical disabilities should decide if when, how, with who, what are the expectations in a relationship without any feeling of inferior. Notwithstanding, such theoretical changes as sexual partners tussle with bad assertiveness and preventive practices of families towards sexual privacy (Abbott & Howarth, 2007). Therefore, women with disability seldom get satisfactory sexual intimacy or sexual consideration (Szollos & McCabe, 1995).

Sexual partners face moral tests and legal sanction, in given chances for sexual expression. The lack of conversation on sexuality turns to inadequate information about sexual stuffs (McCabe 1999), which hinders the establishment of sexual connections (Szollos & McCabe 1995). A woman with disability may have a compromised considerate of sexual consent (McCarthy & Thompson 1997; O'Callaghan & Murphy 2007), may be unable to differentiate abusive from non-abusive affair (Murphy & O'Callaghan 2004) and are consequently, extremely vulnerable to sexual abuse (McCarthy & Thompson 1997; Owen et al. 2000; Murphy 2003).

2.2. Perception of disability among the able bodied

Despite the emerging shifts in human and social development, people living with disabilities are still faced with several societal stereotypes and discrimination, particularly females living with disabilities. A study by Miller et al, (2009) indicated that individuals who had disabilities were treated by society as having some kind of physical weaknesses, which made it very difficult before them to have any form of a relationship with those who had disabilities. Based on the research findings, the undesirable treatment showed that the serious the physical disability, the more difficult it is to have a relationship specifically in the case of WLWD (McCabe & Talespros, 2003).

Moin & Duvdevany (2009) assert that “the public segregation and shame of the non-sexuality of women with disabilities impacted the women’s self-perception as a sexual partner and an attractive person”. Generally, women experience profound discrimination and social disadvantage at different levels ranging from within the family, social institutions, to the community at large. Thus, while disability affects people of both sexes, it has a bigger impact on females than it has on males. According to Nosek et al (2011), people living with physical disabilities are marginalised and degraded in several cultures across the globe. Based on cultural myths and ideologies, low status is ascribed to people living with physical disabilities and they are positioned as an out-group in different ways (Milligan & Neufeldt, 2001).

To Hossouneh-Phillips & McNeff (2005), they are often perceived as psychologically, socially and behaviourally atypical and undesirable and this creates an unequal power split between people living with disability and the rest of the community (Basson, 2010). People living with disabilities particularly women are often regarded as incompetent of living a complete and effective lives because of their conditions (Majiet & Africa, 2015). These misrepresentations and devaluing notions from the society result in the violation of the human rights of WLWD (Shakespeare, 2006). It is believed that most of the challenges people living with disabilities are faced with can be traced to these prejudices. Basson (2010) further argued that the cultural representation of disability and the act of discrimination based on disability status impacts on the capability of individuals living with disabilities to access certain resources and participate actively within their communities, thus resulting low quality lives than the rest of the community.

The studies on self confidence among males and females who have disabilities establish that it is not just the disability alone that affects the self-confidence of the individual who have disability, but the background, the appearance, and emotional proportions that may have effects of the self –confidence and the value of life as well (Moin & Duvdevany, 2009)

Also, there are different useful and societal barriers that hamper the sexual expression of people with physical disabilities. For example, reduced mobility has been reported as interfering with sexual expression in people with physical impairments (Taleporos, 2001)', as cited in (McCabe, & Taleporos, 2003).

Relying on other people for assistance can also seriously impact an individual's chances to freely showcase their sexuality, because of an absence of solitude and overprotective parents or those who are taking care of the individual with disabilities. (Bach & Bardach, 1997; Knight, 1983; Taleporos, 2001). Especially those individuals with physical disabilities who live and stay in communal accommodation, being taken care by strangers and employees of that particular institution, social isolation and a lack of privacy can also present boundaries in sexual expression (Daniels, 1978) as cited in (McCabe M & Taleporos, G, 2003, p. 360).

Women living with disabilities often experience far reaching and severe consequences of misconceptions. According to Meekosha (2004), gender intensifies the image of disability, for women with disability it is associated with mental state of isolation and helplessness which in turn impacts on their psychological wellbeing. Women living with disabilities are likely to experience a multidimensional form of stigmatization which may include gender, class, race etc. which often result in low educational achievements, unemployment, poverty, poor living arrangements, victimization, and abusive relationships (Gerschick, 2000; Rousso, 2003).

2.3. Perception of disability among people living with disabilities themselves

There are mixed views regarding perceptions on intimate relationships by WLWD. This is probably related to the varying degrees of disability. Despite the misconceptions about disability and the stigmatization people living with disability experience, many of them describe their lives as satisfactory. They rate the quality of their lives as above average or even good/excellent in some cases (Albrecht & Devlieger, 1999). This is however, in contrast with the perception of most external observers. To them people living with a disability is associated with uncomfortable and less undesirable lives. According to Goode (1994), "a good quality of life implies being in good health and experiencing subjective well-being and life satisfaction".

Contrary to popular beliefs, a study conducted by Mitra (2006) revealed that WLWD had the infatuation, sensation and sexual need and love same level of sexual needs and desires as females who did not have any bodily impairment.

In view of the above perspectives on WLWD having similar desire as any other women, one can argue that WLWD can be described as in perfect shape, mind-set or experiencing a high level of enjoyment pertaining to individual sexual desires. In most cases individual who have any form of living disabilities particularly those individuals who have impairment are assumed to lack the physical capability to carry out certain functions or roles and are often deprived of certain privileges (Mitra, 2006). To the observers, people living with disabilities lack the physical capacity required in establishing and maintaining relationships, interactions, and participation that people without disabilities have. One of their greatest is fear of failure to satisfy their sexual partners because of limited mobility resulting from physical disability (Hossouneh-Phillips, & McNeff, 2005).

Unfortunately, the personal perceptions of health, well-being and life satisfaction of WLWD are usually in conflict with individual objective of fitness status and disability (Albrecht, 1994; Idler, & Kasl, 1995). Quality of life is broad and not limited to health status but extends too many other circumstances, such as bodily, psychological and public operational as well as sociodemographic conditions (Lerner, & Levine, 1994). It is important to bring all these aspects of life into perspective when assessing the value of life expectancy, particularly for the individuals who have debilities. According to Albrecht & Devlieger (1999), the domain of disability is broad and should be viewed from a holistic point of view which encompasses the health, physical, social, psychological, cultural and spiritual well-being as well as individual definition of self, daily living activities and social position and the geographical background of an individual. Furthermore, people with disabilities have assumed a minority status due to discrimination and as a result contest strongly against being reduced solely to a group with poor health and diminished function (Benyamini, Idler, Leventhal & Leventhal, 2000; Albrecht & Devlieger, 1999).

Albrecht & Devlieger (1999) further argue that factors such as education, strong social support and a sense of coherence could influence the quality of life of people living with disabilities. According to Albrecht & Leventhal (1999), education improves well-being because it results in financial or economic security and improves access to social relationships; both factors potentially impact a sense of balance and control over life.

Albrecht & Leventhal (1999) further argue that women living with disability are viewed as people who need to be taken care of even in their adult lives. It becomes even more difficult for them to secure good romantic relationships especially when they are not empowered to take care of themselves. Thus, education improves the prospects of employment to the extent that they will not be viewed as being dependent on others for help. Likewise, the availability of a strong social support system further improves the sense of balance for people living with disabilities and it buffers them from the stress associated with their daily activities (Pescosolido et al., 1995). Furthermore, persons who possess solid intelligence of consistency will exhibit a high level of understanding of the structure of their social worlds and will be to make rational decisions in it (Antonovsky, 1987; Jossey-Bass, Eriksson, & Lindström 2006; Eriksson, & Lindström, 2005). Moreover, those individuals may feel able to easily to make use of the resources required in order cope adequately in their condition. This potentially develops their ability to treasure meaning, values and the motivation to persevere in the face of adversity with a disruptive condition such as incapacity (Antonovsky, 1987). According to Albrecht and Devlieger (1999) women living with disability will be able to maintain a balance in their emotions. One can therefore argue that these factors can impact on the way the women living with physical disability express themselves towards intimate relationships. In short, the authors suggested that positive perception increases if persons living with disability are empowered to take care of themselves.

2.4. Sexuality of women living with disabilities

In most cases WLWD are often observed as asexual, sexually unattractive and undeserving of sexual intimacy and getting involved in any intimate relationship (Howland, & Diana, 2001; Philip, 1990). A study conducted by Feinstein (2009), among the Maasai tribe of Tanzania revealed that WLWD are perceived as individuals which brings bad luck within the family or brings bad spell in the family and within the community and are faced with a lot of stigma. Feinstein's (2009) study indicated that women living with disabilities are believed to have very little or no possibilities of marriage as compared to male counterparts who also have similar conditions. Contrary to these perceptions, WLWD are equally sexual beings and can live a functional sexual life (De Giulio, 2003).

The desire for sexual affection and intimacy is intrinsic to human existence especially the expansion of individual identities (Boyle 1994; World Health Organization, 2007). Unfortunately, for individuals who have debilities particularly females, issues around sexuality

are often ignored or overshadowed by more immediate health concerns (East & Orchard, 2013). People living with disabilities are often referred to as lacking biological sex drives. Furthermore, the sexual aspect of life for women living with disabilities is viewed as unimportant because they are perceived to stray from the traditional norms of physical appearance, emotional and behavioural abilities as well as other bodily functions (Berman et al., 1999; Greydanus, Rimsza, & Newhouse, 2002; Neufeld et al., 2002). Deloach (1994), argues that these assumptions serve to marginalize the individuals who have debilities.

Research has discovered that WLW tend to internalize these negative assumptions, thereby constituting major barriers to achieving a full functional sexual life (De Giulio, 2003). They are highly sensitive to the way other people look down upon them and feel sorry for them, as not human enough and feel sorry for them (Rohleder, Braathen, Swartz, & Eide, 2009). These misconceptions affect women living with disabilities in more profound ways particularly how they perceive themselves, which unfortunately suppresses their sexuality. A study conducted by Yoshida, Li & Odette (1999), revealed that negative perceptions of disability and rejection (whether actual or perceived rejection) lead women with disability to refrain from intimate or romantic relationships thereby denying themselves of sexual pleasure. According to Milligan and Neufeldt (2001), in some cases these misconceptions around the sexual functionality of people living with disabilities can become a “self-fulfilling prophecy” leading them to refrain from any form of sexual activity or intimacy.

Moreover, these factors limit their access to sexual information as they are not provided adequate sexual education. However, several studies have found that people living with disabilities develop negative attitudes towards intimate relationships because they have limited knowledge on the subject matter (Chou, Lu & Pu, 2015; Esmail, Darry, Walter, & Knupp, 2010; Hassouneh-Phillips, & McNeff, 2005). Consequently, women living with disabilities become vulnerable to risky sexual behaviour, low sexual esteem, sexual exploitation as well as abuse (Hassouneh-Phillips, & McNeff, 2005). Decisions making and choice of sexual and intimate preference among women living with disabilities is often not informed by their knowledge of love and intimacy but the longing for acceptance, and companionship (Wazakili, Mpofu, & Devlieger, 2006).

Women living with disabilities are faced with overwhelming challenges on their journey to self-discovery, identity formation as well as to acknowledging their values and womanhood (Nosek, Howland, Rintala, Young, & Chanpong, 2001). According to Liddiard (2014), women

living with disabilities tend to hold on to the societal views of their physical deformities and perceive themselves to be merely fortunate whenever they get romantic advances or sexual propositions or even a chance of getting into an intimate relationship regardless of the nature of the relationship whether abusive or extortive (Phillips, 1990). Moreover, Rohleder (2009) argue that people living with physical disability view themselves as potentially unattractive and feel that romantic advances are interpreted as a sense of pity from the suitor and not because of romantic motivations.

2.5. Sexual and body esteem among women living with disabilities

A study conducted by Bernert, & Ogletree (2013), revealed that most women living with disabilities have negative perceptions of sex due to negative stigma. In a study conducted by Taleporos, & McCabe (2005), impairment had a damaging impact on individual physique satisfaction and women's perceived attractiveness of their bodies. These authors found that women were more likely to experience low body self-esteem and most of the female participants living with disabilities in the study by (Taleporos, & McCabe, 2005) regarded their bodies as being only half as beautiful as those without disabilities. Taleporos, & McCabe (2005) also found that people who have more complicated physical disabilities personal felt high levels of depression and low self-esteem, these coupled with a severe physical disability result in low levels of body esteem. However, another study conducted by Bogart (2014) found that people who have lived with their incapacities for a long period of time demonstrated some degree of satisfaction with their bodies. They had accepted their impairment over time, and therefore reported higher levels of body esteem than those who had experienced their physical disability for a shorter period.

Research findings by Taleporos, & McCabe (2005), revealed that women living with disabilities related that their physical impairment made them feel that their bodies were physically and sexually unattractive or undesirable and tried as much as they could to hide their impairments. The study also suggested that the social construction of disability by the environment was a powerful determinant of body esteem in people with physical disabilities. According to these authors, this had a significant implication for the psychological well-being of people with physical disabilities. Furthermore, several studies have found a direct relationship between body esteem, sexual esteem and sexual desire (Taleporos, & McCabe, 2002; Seal, Bradford & Meston, 2009; Wiederman, & Hurst, 1998). Seal, Bradford, & Meston (2009) in their study, found that higher body esteem was significantly and positively related to

sexual esteem and vice versa. Sexual esteem is believed to be an important psychological aspect of sexual health (Maas, & Lefkowitz, 2015). Moreover, Taleporos & McCabe (2002) found that women who reported low levels of sexual esteem had found themselves to get frequently experienced lots of sadness related to sexual need and lack thereof of sexual engagement intimacy and were deprived of opportunity to be intimate with partners.

Observing from the findings, one would then assume that people living with disabilities will have low sexual esteem and low sexual drive due to low body esteem. Body esteem actually impacts on an individual's self-esteem (Mendelson, White, & Mendelson, 1996). Positive feelings about one's body image results in positive perception of oneself, a higher level of self-esteem, & self-worth. Taylor-Seehafer, & Rew (2000) postulated that factors such as self-efficacy, self-esteem, sexual knowledge and communication skills contribute to risky sexual behaviour. According to Taylor – Seehafer, & Rew (2000) self-esteem plays significant roles ensuring a growth of a strong intellectual sexuality and could impact individual in making proper decisions when it comes to sexual desires and sexual needs especially for young women. Women who think before engaging in any sexual intimacy usually make best and credible decisions on safe sex practices and can make crucial decisions when it is time to get involved in unprotected sexual intercourse unlike other female who without full self-confidence may find themselves unable to protect themselves (Brown, Webb-Bradley, Cobb, Spaw, & Aldridge, 2014; Maas, & Lefkowitz, 2015).

Unfortunately, most young women living with disabilities are prone to low self-esteem due to low body and sexual esteem, which consequently exposes them to risky sexual behaviours (Taylor-Seehafer, & Rew, 2000). Another important aspect to consider is the quantity of sexual training women living with disabilities have at their disposal in relations to their male counterparts. According to East, & Orchard (2014), intimacy is one aspect of health and growth that is often not given sufficient time among WLWD, particularly younger generation. More attention is paid to their disabilities and other health concerns while neglecting this essential aspect of their well-being and growth. Research have shown that young females who have disabilities have considerably low knowledge of intimate related topics because of the limited amount of information around sexuality as well as social and sexual relationships made available to them (Hough, Warren, & Crehan, 2015; Wilson, & Frawley, 2016; Seburg, McMorris, Garwick, & Scal, 2015).

A study by East, & Orchard (2014) explored the perspectives of young women living with physical disabilities, caregivers and health professionals regarding their experiences as well as the barriers and challenges associated with sex education. The findings of the study revealed that close relative, teachers and health specialists often move the duties of providing sex education to young women with physical disabilities among themselves, each group believing that the other group possess more competencies in this aspect. As a result, young WLWD would not continually get “the necessary combination of comprehensive sex education within school environments, specialized information from health professionals, and informal sex education from family and peers required to gain sexual knowledge and skills needed to understand their own intimate capabilities and make informed decisions about their sexual health and intimate relationships” (East, & Orchard, 2014).

2.6. Gender and disability as socio-culturally constructed identities

Both gender and disability are socio-culturally constructed identities which surpass biologically determined categories. Women living with disabilities are often faced with public rejection, perpetuated by a “gender neutral” attitude to individuals who have debility that makes them invisible (Asaka ,1994). More often WLWD are often treated as “others”. As a result, the experiences and perceptions of issues around WLWD disabilities are frequently excluded from participating in mainstream discussions (Thomson, 2017). Men’s standpoints have become the widely accepted stance therefore the subjective reality of women living with disabilities has found no place in disability discourses (Morris, 2013).

Women living with disabilities are not given the opportunity to express their views and perceptions on different issues. Consequently, they experience difficulties fitting into the general community and even the community of women (Mejias, Gill, & Shpigelman, 2014). Moreover, their needs remain unknown and are therefore not put into perspective when discussing issues around gender, intimacy and disability. Therefore, women living with disability are treated as subalterns making them voiceless and powerless. Often women without disabilities take up the role of speaking on behalf of women living with disability. Although they try to speak or project the voices of women living with disabilities particularly about the challenges they encounter and their experiences of living with disability especially towards

issues such as romantic relationships and intimacy, their projections are however, limited as they are sometimes inferred and not a perfected description of a lived experience.

A study conducted in Zambia by Wickenden, Nixon, & Yoshida (2013) reported similar sentiments as those of Spivak (1987), that people living with disabilities are not afforded a chance to speak for themselves but instead the people living without disabilities talk for them without taking into consideration their experiences and feelings. This because of the low position the society has put them in as females and as people living with disability. This makes them vulnerable to sexual abuse and HIV/AIDS than men. Even though WLWD have been recognized as a group that fit low level in the society and several advocacy measures have emerged in recent time, there is still little to be found on their lived experiences of community participation, empowerment and intimate relationships.

2.7. WLWD as sexual beings with sexual rights

According to Lottes (2013) sexual rights have been used in different disciplines including health matters such as contraceptives, health education and health education services campaigns for many years. World organizations have used sexual rights in their agenda when addressing inequality among women and WLWD. Many scholars still argue that it is not very clear what the meaning of sexual rights is. Lottes (2013) describe sexual rights as a term that is used to describe sexual ideologies that explains what is expected behaviour among women men, man and man or women and women.

The findings from studies on people living with disabilities in western perspective has indicated that their society still fail to recognise WLWD as sexual beings with sexual rights. Nelson, (1995) established that young people with disabilities may get seclusion from counterparts of the similar stage. A study conducted at the University of Illinois, by Deegan & Brooks (1985) found that during first few years at College, female students living with disabilities may struggle to express themselves when it comes to issues of romantic relationships due to low self-esteem. When comparing the adult females with and without disabilities, the study found that females without disabilities had higher scores when it comes to sexual activity, and sexual response compared with their counterparts with physical disabilities (Deegan, & Brooks, 1985). Young WLWD have very limited disability models that are useful to them. Even though the WLWD are among the highest population in America, the young women have no sense of

identity as they are raised by family members who have never experienced what it feels like to live with a physical disability. It is not surprising that most young WLWD find solace in media and television productions in America to try and find identity in the society and what role they could play as women (Ferri, & Gregg, 1998)

However very few depictions in those media and films would depict any positive outcome relating to WLWD especially when it comes to sex and intimate lesson and information which are being depicted as people who have no idea what it feels like to be a sexual being. Many represents tragedy, sadness, and negative stereotypes. Few images that are depicted in those films even in the Bible would only portray surge of negative events and trauma among communities which may lead to the young WLWD becoming more confused, left with many questions than answers, and unable to identify who they are truly are (Ferri, & Gregg, 1998).

2.8. The patriarchal structure in communities and its influence on women with physical disability

In recent times, feminism and feminist research have taken interests in issues concerning disability. The perception focuses on the patriarchal structure in the social order where the men have power over females (Helmius, 2000). Helmius (2000) highlights that WLWD and their circumstance have often been debated as filled with difficulties and challenges. Emphasis has been on what can be done to evade humiliation that include rejections and maltreatments towards WLWD instead of emphasizing the women's exceptional competences, views, insights and self-defined opportunities.

Miller, Chen, Glover, Graf, & Kranz, (2009) found that the damaging attitudes from people without disabilities towards people living with disabilities makes it difficult to engage in relationships for the persons living with disabilities. The study specifies that existing attitudes suggest that the more severe the physical disability is, the more difficult it is to get into a relationship. A study carried out in the Philippines disclosed that 80% of females with disabilities had no jobs and were solely dependent on others for meeting their basic needs (UNESCAP, 1995). Another study that was done in Nepal, where marriage is the norm and highly celebrated for women, the findings indicated that 80% of disabled women were reported to have never got a chance to be in an intimate relationship or even a chance to get married (UNESCAP, 1995).

A research that was conducted in Zambia found that women with disabilities are often excluded from generative healthiness learning programmes as there is an assumption among the society

that WLWD are not sexually active and do not require reproductive health services (Wickendon, Nixon, & Yashida, 2013). Contrarily, a study carried out in Tanzania by Oliver (2009), found that people living with physical disabilities can express their relationships and sexuality in satisfying ways. However, the attitudes and support of other people are essential in enabling people with disabilities to have healthy personal and sexual relationships. A study conducted in KwaZulu-Natal province by Muthukrishna, Sokoya, & Moodley (2009) revealed the views and fears of disabled women in dating relationships with able-bodied men. The study found that disabled women experience different challenges when they are in a dating relationship with able-bodied men. According to the women in the study, able-bodied men could be two-timing, or after a few years, leave them due to their disabilities. Similarly, a study carried out by Cole (2009) revealed that women living with disabilities experienced several difficulties in a romantic relationship and were vulnerable to abuse particularly sexual exploitation.

Several studies relating to students living with physical disabilities have been conducted at the University of KwaZulu-Natal (UKZN). Futshane (2009), Sithole (2013), studied students with disabilities around UKZN campuses with focus on employment issues and lack of access, prevalence and risk of violence against adults with disabilities. The studies mentioned in above only focused on investigating lifestyles, living conditions, finances, and how poverty affects persons with disabilities in developing countries as well as an impact of HIV/AIDS among humans who have disabilities. There has been limited studies on the views and perceptions of female living with disabilities towards intimate relationships. This study is therefore significant as it aims to explore the perceptions of female students with physical disabilities at the Pietermaritzburg Campus of the University of KwaZulu-Natal towards intimate relationships.

2.9. Theoretical Framework

2.9.1. Feminist Disability Theory

Bordo (2003) states that Feminist Disability Theory combined both Feminist and Disability together to debate whether social beliefs, customary attitude, social institutions work against the right of women. Feminist Disability theory move away from the core belief of social construct and recognizes and treat debility as a traditional issue instead of treating it as a personal or medical issue. They insist on probing supremacy relations rather than assigning unconventionality when analysing traditional portrayals of oppressed groups. This theory will inform this study in answering whether the social beliefs and attitudes of society as argued by

the Feminist Disability Theory affects WLWD when it comes to making personal and individual choices about getting involved in intimate relationships. This theory will inform this study in clarifying how social and attitudes affects them as women. It will also assist in clarifying whether the society treats WLWD as patients instead of normal human beings, since the theory argues that disability is a cultural and structural rather than an individual issue.

Feminist Disability theory seeks to enhance and correct traditional feminism, which sometimes overlooks, misrepresents, and undermines the concerns of women with disabilities (Weitz, 2003). For example, disabled women must defend and protect themselves against those who judge WLWD and critically analyse and assess their bodies as unfit for motherhood or blame the WLWD when it happened that they carry a child. Feminist disability theory protects WLWD from being treated childlike objects and on most occasion Feminist disability theory look to prevent a situation where WLWD become another people's virtue and avoidance of being judged by the society. Whereas becoming a mother is often seen as compulsory for women as most women dream of falling in love, express themselves through love and intimate relationship, becoming mothers and therefore potentially oppressive, the opposite is true for disabled women, who are judge and worst denied such natural gift or discouraged by the society from performing such significant reproductive role. The simple core basic values of feminist disability theory are that depiction of organizations of reality; that the boundaries define the centre; that gender and disability are ways of telling relationships of power; that human identity is multiple and unstable; and that all analysis and evaluation has politics of its own regardless whether the person is living with disability or not (Weitz, 2003).

This theory will then inform this study in highlighting factors that influence the choice of a partner as some culture stipulates that women have certain duties to perform. Could those perceptions hinder WLWD to be able to negotiate safe sex and what could be their expectations in an intimate relationship? In other words, feminist disability theory will inform this study to understand how disability operates as a personality category and cultural concept that enhance how one understands what it is to be a female living with a disability. It will assist in understanding what it means to WLWD be in a relationship with one another person, and the experience of one's feelings through WLWD.

2.9.2. Feminist theory of intersectionality

According Mason (2010), an intersectionality perspective, inequities are never the result of single, diverse factors. Rather, they are the outcome of intersections of multiple and different

social locations, power relations and different experiences (Mason, 2010). Human lives cannot be explained by considering single dimension categories, such as gender, race, and socioeconomic status. People's lives are multi-dimensional and are very multifaceted. Lived realities for different people from different backgrounds are made and shaped by multiple diverse factors and social dynamics operating together at a certain period, at a certain stage in the lives of different people (CRIA W, 2009).

This theory will inform this study in indicating whether the WLWD are at the intersection of various forms of discrimination on the grounds of race, class, gender and disability, background and exposure to different situations in life. The disability theory will highlight whether relationships and power dynamics between social relations are linked or not. This theory will also inform this study in highlighting issues of multi-level dimensions of experience that shape social exclusion, from individual identity and circumstances. In feminist theory, intersectionality has become the main way of theorizing the relation between systems of oppression which construct multiple identities and social locations in hierarchies of power and privilege. Different multi-level analyses that link individual experiences to larger dimensions and systems are crucial for revealing how power relations are shaped and experienced by different people at different stages of their lives (CRIA W, 2009).

2.10. Conclusion

The literature discussed above shows that in South Africa and other countries worldwide, it is harder to find a partner, fall in love and have a normal sexual partner when one has disability'. The literature also indicated that society plays a huge role in building and breaking self-esteem for women living with disabilities as it still believes in the patriarchal system. In the review of literature, it was also shown that society believes that there is no need for women living with physical disabilities to be exposed to sexual education or to be allowed to explore their sexual and intimate sides freely without being judged by anyone.

CHAPTER 3

RESEARCH METHODOLOGY AND METHODS

3.1. Introduction

This chapter explains the research methodology used in this study. It discusses the research paradigm, research design, sampling strategy, data collection strategies, validation and reliability, method of analysis, ethical considerations, and limitations of the study. The researcher relied on information obtained from 20 female students who are living with physical disabilities who are currently studying at the University of KwaZulu-Natal Pietermaritzburg campus.

3.2. Study design

This was a qualitative research study design aimed at investigating the perceptions of women living with disabilities at the University of KwaZulu-Natal, Pietermaritzburg Campus, towards intimate relationships. The qualitative approach is the most suitable method between people, spaces and objects (Terre Blanche, Durrheim, & Painter, 2006). Babbie, & Mouton (2005) defined qualitative research as a form of social inquiry that focuses on the way people interpret and make sense of their experiences and the world in which they live. An interpretive perspective within the qualitative research paradigm centres on the way in which people make sense of their subjective reality and attach meaning to it (Terre Blanche, Durrheim & Painter, 2006). This approach critically allowed the researcher to investigate these issues through guided interviews.

3.3. Study area

The study was conducted at the University of KwaZulu-Natal (UKZN) (Pietermaritzburg Campus), KwaZulu--Natal Province, South Africa. The interviews were conducted at the Disability Unit for student with disabilities, Pietermaritzburg Campus.

3.4. Study population

The study population comprised women of all races living with physical disabilities studying at the University of KwaZulu-Natal's Pietermaritzburg Campus. It is estimated that there are 119 female students living with physical disabilities on this campus according to the Disability Unit coordinator and the Disability register. The researcher chose to phone and confirm with each and every student on the list and out of more than 90 confirmed registered students, the researcher was able to interview the 20 of the students. The student participants were recruited from the student population of the University of KwaZulu- Natal's Pietermaritzburg campus

from the second-year level to postgraduate level. The reason for that selection is that students from second level have been in the university for a while and there is a believe that they have matured since joining the university unlike first year students who are still new and trying to find their way around the university.

3.5. Subject recruitment

Following approval of the protocol by the University of KwaZulu-Natal's Human and Social Sciences Research Ethics Committee, the researcher contacted the subjects and informed them of the study purpose, the procedures involved and their role as participants. The list and contact details of women living with physical disabilities at the Pietermaritzburg Campus were obtained from the Disability Unit of the University.

3.6. Sampling method

This research used non-probability (convenience) sampling. According to Terre Blanche, Durrheim, & Painter (2006), non-probability sampling refers to any kind of sampling where the selection of participants is not determined by principles of random sampling. As a result, purposive and convenience sampling was adopted as methods to access relative information from the participants for this research project. Terre Blanche, Durrheim, & Painter (2006) defined convenience sampling as a method of sampling that is based on selecting people who are available and willing to participate. Female students who were currently registered at the second year level of study to postgraduate degree level and living with physical disability were then the subjects of this research.

3.7. Sample size

The number of people required to make an adequate sample size for a qualitative research project can vary from one to a hundred or more (Baker, & Edwards, 2012). A minimum of twenty individual interviews were conducted on twenty female participants who had different types of physical disabilities from the University of KwaZulu-Natal, Pietermaritzburg campus.

The participant ages ranged between 21 and 48 years. The participants were predominantly Africans (n=15), three (n=3) were Indians, the remaining two were coloured (n=1) and white (n=1), respectively. Five of the participants (n=5) were confined to wheelchairs, five (n=5) participants were living with visual impairments, another five (n=5) were living with albinism, three (n=3) of the participants were using crutches as they had expressed that they had been

using crutches since they were born, and the remaining two participants (n=2) were living with hearing impairments. The findings of the study were categorized into 4 major themes with associated sub-themes. A summary of the themes and subthemes emerging from the data is presented in chapters four and five of this study.

3.8. Study procedures

In-depth interviews were used. This research instrument, interview, is a qualitative research technique that involves conducting individual interviews with several participants to explore their perspectives on an idea, programme, or situation (Yin, 2011). The use of this instrument of research was because some people usually withhold information in group interviews and express themselves more freely when they are not surrounded by a crowd, hence only individual interviews were conducted in this study. This assisted in giving the WLWD the platform to express their experiences without fear or prejudice. The subject of intimate relationships is a sensitive issue and participants were more comfortable when they were interviewed alone by the researcher.

All interviews were recorded after obtaining permission to do so from the participants. The initial questions were of a personal nature probing the demographic details, followed by general questions regarding participants' perceptions of intimate relationships. Thereafter specific questions regarding their perceptions and opinions of intimate relationships were posed. Follow up questions were asked to clarify the participant's initial responses and as a result, this as indicated by Flory, & Emanuel (2004) will usually vary from one participant to another.

Immediately after the interview, member checks were performed with each participant. This assisted the researcher with preliminary themes interpreted in each interview to be reviewed with each participant (Flory, & Emanuel, 2004). To ensure credibility of the data, transcripts were played back to each participant for verification of the accuracy of the interview. Also, a summary of the analyses was given to each participant for member checking. Each participant was asked to comment on the correctness or accuracy of the descriptions and impressions derived from the interview. The participants were further advised that if the transcriptions did not reflect the contents of the interview as they remember it, arrangements will be made for the recording to be heard together with the researcher and the transcription amended.

3.9. Inclusion criteria

Only women of all race groups living with some form of physical disability and registered at the Pietermaritzburg's Campus of the University of KwaZulu-Natal were included in this study.

3.10. Method of data analysis

3.10.1. Planning for recording data

Silverman (2000) states that is vital important for the researcher to plan the interviews thoroughly before embarking on the data collections itself. In the case of the study, a unit exists that is accessible and ready to accommodate the student living with disabilities. The researcher had to draw a 'to do' list before starting the data collection such as timetable with the list of the participants for that week, send reminders to the participants and make sure that the recorder is working properly.

The statistics supervision phase was challenging and time-consuming. After every interview, the researcher transcribed the tapes into computer files to ensure that the information obtained from the participants was not lost. An advantage of this was that it was done while the researcher's memory of the interview was still new, and she reserved a more immediate understanding of what the participants had communicated. The process took about ten to twelve hours, subject to the context of the data collected.

In transcribing the recordings, the researcher had to pay attention to the whole tape repeatedly to ensure that the words of the participants were accurately captured. The recorded individual interviews were transcribed verbatim. The researcher also ensured that master copies of the information were kept as indicated by Silverman (2000). This was to make sure that should information get destroyed, there would be back up. Accordingly, the tapes along with hard copy printouts were kept in a secure place, and the computer files were copied to separate computer systems.

3.10.2. Managing Data and preliminary analyses

The transcriptions of an individual interviews were analysed using thematic analysis. Thematic analysis is an informative investigation technique of analysing information. It is defined as a

methodical procedure which yields detail and appropriate understanding and focuses on the evident content of the data (Terre Blanche, Durrheim, & Painter, 2006). In adopting this system of information analysis, the original phase of analysis commences during the data gathering stage because that is where the researcher should develop ideas and theories about the phenomena being studied (Terre Blanche, Durrheim, & Painter, 2006). Therefore, it is in the transcription process where the researchers start to induce themes that arise from the interviews. According to Silverman (2000), after transcription, the text is broken down to catchphrases or sentences, which can be viewed as articulating information on the research question. Terre Blanche, Durrheim, & Painter (2006) refer to this step as a phase of inducing themes.

This procedure includes carefully going over the text, accentuating and highlighting words, phrases, or sentences in relevance to the research questions. After the thematic identification and coding was done, the word, phrases and sentences were assigned under different headings and were determined by content relevance to each research question. This was followed by elaboration and the final phase of interpretation, which is a written account of the phenomena being studied (Terre Blanche, Durrheim, & Painter, 2006). It is the discussion of results which focuses closely on the questions which guide an inquiry and highlight the relationships and contradictions between themes in the data and its meaning for related studies. Thus, the study used the interpretive paradigm which according to Silverman (2000) involves taking people's subjective experiences seriously as the essence of what is real for them. It assumes that reality is constructed intersubjectivity through the meanings and understandings developed socially and experientially (Braun, & Clarke, 2006). That is, what people know is socially constructed and what they know creates meaning and understanding of the external world. As a result, people cannot separate themselves from what they know. Thus, what they know is always negotiated with cultures, social settings, and relationships with other people.

3.10.3. Reading and writing memos

In understanding and writing memos, Agar (quoted in de Vos, 2005) recommends that the researcher should "recite the transcripts in their entirety several times. Submerge in the specifics, try to get a logic of the interview before dividing it into parts". The researcher followed this commendation, re-reading all the transcripts and writing memos to make sense of the data. This was helpful as it allowed the researcher to have a strong understanding of the data collected.

3.10.4. Generating categories, themes and patterns

In the procedure of investigation, the researcher trademarked the data into themes, and noted any recurring subjects in the participants' responses, thus recognising broader themes that arose from what the participants said. The researcher then gathered all the responses into those subjects, noting outlines of related responses. This allowed the researcher to develop subthemes to analyse the data.

3.10.5. Coding the Data

According to Marshall, & Rossman (quoted in de Vos, 2005) "Coding is the formal representation of analytical thinking and codes may take several forms: abbreviations of key words, coloured dots, and numbers-the choice is up to the researcher". For this study, the researcher formulated tables that divided the information into sections, themes and subthemes, allocating suitable headings to identity the sections and the themes that emerged from the responses and the sections were numbered.

3.10.6. Testing emergent understanding

Once the information was categorized into themes and sub-themes, the researcher started to examine whether the themes were in line with the framework of the research and whether they were relevant to include in the analysis. This investigation enabled the researcher to focus on the importance and key issues rather than on less meaningful information.

3.10.7. Searching for alternative explanation

The researcher searched for other clarification of the information obtained. For example, going back to the literature review to search for comparisons in previous research studies. This enabled the researcher to provide explanations for the information presented by the participants.

3.10.8. Thesis writing

Finally, the researcher wrote a thesis on the findings arrived at, discussed the themes, and analytically interpreted them. The researcher also interpreted and presented the data using direct responses of participants throughout the writing process to provide clear descriptions of the findings.

3.11. Validity and reliability

Lincoln, & Guba (cited in de Vos, 2005) state that there are basically four ways to ensure trustworthiness of qualitative findings.

3.11.1. Credibility

“Credibility is the alternative to internal validity in which the goal is to demonstrate that the enquiry was conducted in such a manner as to ensure that the subject was accurately identified and described” (de Vos 2005). For this study, credibility was boosted when the researcher shared the information with peers who were knowledgeable on disability issues. This study also used one of the previous studies that had been done by another researcher to check for congruency and knowledge which assisted in increasing credibility. The researcher looked for the information diverging from the rest of the data to see if it answered the research questions or not.

The researcher also obtained authorization from the participants through verbal and written consent. In addition, in-depth interviews were used by the researcher to collect the data. This promoted credibility because the participants did not just state their experiences but could engage in discussion freely and were not scared to discuss the topic.

3.11.2. Transferability

As stated by de Vos (2005), one of the weaknesses of qualitative research is that it can provide information that is too generalized. De Vos therefore insists that the researcher must provide vivid descriptions of what the participants have said and state the theoretical approaches used to formulate generalizations. The researcher in this study ensured that the descriptions from participants’ responses were articulated throughout the analysis process.

3.11.3. Dependability

Dependable research is research that would produce related results if it were conducted again in a similar context with similar participants (Babbie, & Mouton, 2005). Dependability was ensured by having the same questions which guide researchers in the interview process. In establishing dependability of the study, the researcher created an audit trail. This allowed other researchers to review the analysis and discussions. Also, all the methods used to undertake the study were clearly stipulated.

3.11.4. Confirmability

Finally, the researcher had to check the trustworthiness of the outcomes. Following de Vos's (2005) recommendation, the researcher accordingly asked a number of questions. Were the research findings in conformity with other research findings? Were categories well developed? In addition, the researcher also verified the information by asking the participants to establish whether the information obtained was making sense and whether all the aspects were comprehensively covered.

3.12. Ethical and Legal Considerations

Ethical approval for undertaking the study was obtained from the University of KwaZulu-Natal's Human and Social Sciences Research Ethics Committee (HSSRE).

All the participants were given a copy of the information document which explained the purpose and procedures of the study and informed consents were obtained from all participants in the study.

Permission to recruit the students for the study was obtained from the Registrar of the University of KwaZulu-Natal.

For confidentiality, it was agreed that participants' names and details was not be used outside the study.

During and after the study project, all the data and related documentation was kept securely in the office of the researcher in a locked cupboard. The data will be destroyed by shredding five years after the completion of the study. The electronic version of the data will be stored in a password protected computer and deleted after five years of the completion of the study.

3.13. Dissemination of information

The results and recommendations of the study will be made available to the various relevant stakeholders. This will be done through presentations at professional conferences if the chance present itself. A copy of the thesis will be made available at the University of KwaZulu-Natal library.

3.14. Limitations of the study

While the researcher was able complete the study, few challenges were, however, experienced. The first challenge that the University system and Disability unit data base indicated that there were more than 119 disabled students registered with the University. However, when the researcher was contacting the students for appointments, many students who names were still on the list were no longer students at the University, with some having completed their degrees, some had transferred to other campus and others were no longer registered under the Disability unit. The data base of the students was therefore not a true reflection of the number of registered students living with disabilities who were in the system. The researcher decided to use the sampling of 17%of the total students who were registered under the Disability Unit after confirming with the students who were on the list provided by the Disability unit.

3.15. Demographic information about participants

Pseudonyms are used instead of the participants' real names. A fictitious name is a false label given to give anonymity to an individual participant, group, or place. Various moral codes explain the importance of anonymity and confidentiality. So, pseudonyms are used by researchers in order to protect the participants from exposure (Given, 2008).

The demographic information about participants is as follows: (Not their real names)

<i>No.</i>	<i>Pseudonyms</i>	<i>Age</i>	<i>Race</i>	<i>Type of Disability</i>
1	Unathi	21	African	Cerebral palsy
2	Nelisiwe	29	African	Multiple sclerosis
3	Zamadonda	35	African	Neuromuscular impairment
4	Zethu	30	African	Albinism and visual impairment
5	Kim	24	Coloured	Hearing impairment
6	Reenay	23	Indian	Albinism and visual impairment
7	Zama	21	African	Muscular Dystrophy
8	Alicia	27	African	Blind

9	<i>Zinathi</i>	36	<i>African</i>	<i>Blind</i>
10	<i>Kamvelihle</i>	29	<i>African</i>	<i>Musculoskeletal problems</i>
11	<i>Thokozani</i>	30	<i>African</i>	<i>Blind</i>
12	<i>Queen</i>	24	<i>African</i>	<i>Mobility Impairment</i>
13	<i>Xolile</i>	30	<i>African</i>	<i>Albinism and visual impairment</i>
14	<i>Zinathi</i>	31	<i>African</i>	<i>Blind</i>
15	<i>Simmie</i>	28	<i>African</i>	<i>Albinism and visual impairment</i>
16	<i>Roshnie</i>	23	<i>Indian</i>	<i>Mobility impairment</i>
17	<i>Ayanda</i>	22	<i>African</i>	<i>Albinism and visual impairment</i>
18	<i>Manini</i>	48	<i>African</i>	<i>Blind</i>
19	<i>Janet</i>	25	<i>White</i>	<i>Hearing impairment</i>
20	<i>Christina</i>	23	<i>Indian</i>	<i>Mobility impairment</i>

The participant ages ranged between 21 and 48 years. The participants were predominantly Africans (n=15), three (n=3) were Indians, the remaining two were coloured (n=1) and white (n=1), respectively. Five of the participants (n=5) were confined to wheelchairs, five (n=5) participants were living with visual impairments, another five (n=5) were living with albinism and visual impairment, three (n=3) of the participants were using crutches as they had expressed that they had been using crutches since they were born the remaining two participants (n=2) were living with hearing impairments.

3.16. Conclusion

This chapter provided an insight into the methodology used to undertake this study. It showed that the research study was qualitative in nature and that the approach was explorative. The sampling method comprised of female students living with disabilities who were registered at the University of KwaZulu- Natal, Pietermaritzburg campus. The researcher used in-depth interviews to collect the data for the study. Audiotapes were used to record the data with the authorization of the participants. Participants were properly consulted and consented to

participate in the study. In addition, this chapter discussed various techniques used to ensure that the data is valid and reliable. Lastly, the researcher also indicated factors that had to be considered for her to undertake the study without causing concern for the participants. The results of the study will be presented in the next two chapters.

CHAPTER 4

PERCEPTIONS TOWARDS THEIR BODIES AND INTIMATE RELATIONSHIPS

4.1. Experiences of living with disability

4.1.1. Individual perception of women roles and capabilities

Several studies have propounded that the role of women is determined by the environment, culture and religion. For example, in some African and Asian countries, women are mainly confined to family responsibilities, where it is believed that women's role is raising the children and attending to other house duties, while their male counterparts are regarded as the breadwinners (Abdullah, Noor, & Wok, 2008). Hofstede and Bond (1988) in their research reported that Asian cultures are "familial and collective", and it is therefore expected of women to take care of the children and home front. Noor (2003) observed that with the dual roles played by women, those women who are employed are susceptible to stress. The family and work conflict have been correlated with the high number of managers who are single women. A research conducted by Ng, & Chakraborty (2005), showed that the rate of never been married male managers is lesser than the rate of never been married female managers working in Hong-Kong.

The participants in this study described women as epitomes of strength and vigour, capable of withstanding the expectations placed on them and the pressure to conform to norms or customs of the society. The responses from the women in this study indicate that WLWD believe that women are capable of taking up any role and still succeed to play the role of being caretaker and working women who are able to take care of everyone around them. The views and responses gathered in this study differ from most studies. For example, in a study conducted by Noor (2003). women were described in terms of the tasks they perform and the roles they play within the household. According to the participants in this study women are not limited to birthing children, they are pillars of the home, and they are independent, able to make decisions, loving and kind-hearted. What the participants are describing align with McCall (2005) study where intersectionality theory is described as a phenomenon that is considered a critical tool to use for social educational. It is also a tool to be used for equity strategy, where

activists and organizations are calling for and participating in more forceful discussions about the differences in experience among people with different intersecting individualities.

The women in this study are women who are already in the process of getting their own education and becoming professionals. Their mind-set indicate that they want to educate people that women are capable of performing dual roles in the society instead of being kept inside the house or limited by stereotype that there are certain kind of jobs that women cannot perform. The participants described the experiences of WLWD as individuals who are always positive about life in general. Participants also revealed that they are always enjoy being part of intimate relationship at any given time, as such experience brings them joy. However, they feel judged by society. As a result of this, what is supposed to be an enjoyable experience is dented by the attitude that has been depicted by the society towards the disability itself as they fail to know the human being behind the disability.

Participants who were not in any relationship at the time of an interview also expressed fear of the unknown but believed that they are strong, and that women always fights for their rights. Participants expressed that they viewed themselves as very strong-willed human beings. Coole (2009) suggests that the ideology of depriving women opportunities based on their gender and any other intersections and the fact that they have disabilities need to stop. The views expressed by the participants also suggested that the society needs to look at women as a whole and not in a one-side manner that deprive women of being given a chance to prove their own abilities and strength.

“I define a woman as “imbokodo”, someone who has strength who make decisions with confidence, someone who is capable of doing anything” (Zamadonda).

“Besides the obvious reasons that when you are a woman you give birth to a baby, to me a woman is someone who is able to persevere, who can be independent, who can stand for what she believes in, a person who is loving and have a kind heart. A woman is a person who does not easily give up on getting what she wants despite the hardships” (Queen).

Being a woman means a lot, woman does various tasks in life, she is the one who is best when it comes to taking care of the home, children and also women are always alert about things happening around. Women are hard workers and they are people who can be independent in life” (Roshnie).

Women are always expected to be strong individuals. Feminists' disability theory defines disability as an interpretation of culture rather than then physical deficiency (Fiske, Cuddy, & Glick, 2001) The roles of what women should and cannot do are constructed by the society.

The comments made by participants indicates that as WLWD, there is a source of pride in being a woman, though they fully understand that being a woman comes with a lot of challenges however the fact that a word 'imbokodo' was used to define the women, indicate that they see themselves as very strong individual who can stand any form of challenges no matter what they could be facing.

When asked about their capabilities as women living with disabilities, the participants' responses reveal a high level of resilience, agency and positive self-worth. Despite their disabilities, they perceive themselves to be capable of achieving their goals. A participant however stated her desire to be independent.

"Being blind does not make me less of a woman, but I also wish I can be independent like other women. Being blind doesn't mean I can't achieve my goals that I want to achieve" (Zinathi).

"I have a disability it doesn't limit me from doing anything that people without disabilities can do, I also believe that we are as normal as others the difference is that we have special needs" (Zinathi).

The comments made by participants revealed that women with physical disabilities perceived themselves in bold positive light regarding their disabilities, rights, duties, responsibilities and different challenges that they faced daily. The participants' sentiments are in line with De Silva's (2008) statement that feminist disability theory takes away disability by removing the main assumption that there is something wrong with a person living with disability. The participants' responses revealed that they fully understand the roles that society has created for women and the nurtured roles of one day becoming mothers. Participants stated that they are not against these perceptions of women roles and capabilities as long as the partners understand their short comings and understand that they may need extra care and have extra needs than average women.

The excerpts above are an indication that that WLWD see themselves as strong individual humans who are capable of their own thoughts and decisions and may face obstacles in life regardless of their disability. These women see themselves as fighters and will ensure that their

rights are fulfilled at any costs in any situation. Even though the WLWD do agree that women are kind-hearted human beings, there is, however, a spirit of resilience and fighting inside them. There is that urge in them to succeed no matter obstacles they may face in the future. These women see themselves as women that will change the way society perceive the WLWD.

These women see themselves as strong willed human beings who are able to multi tasks, who are more than capable to be girlfriends, wives, mothers, sisters, students, members of society, members of any organisation, and a shoulder to cry on when another person needs advice. They also believe that a woman does not need a man in order to succeed and can achieve anything in life that they set their minds on. This is a generation of women who believe that disability does not define who one is in life. However, they feel that as WLWD they would also want to perform certain duties by themselves without necessarily depending on other people for assistance at certain times. That they have certain needs does not cancel the fact that they can still be viewed as women just like any other women or man in society.

Disability and Femininity Theory explain the idea of the disabled body that can stand is the same as that of the nondisabled body like the female to the male, which has added, to the establishment of sexist representations that gives female body the purpose like getting pregnant and menopause. Thomson (1997) noted that feminists struggle to pull through on "normalcy" gained power to withstand challenges. However, the participants seemed to be individual whom despite having faced certain challenges of being women and living with disability, still believe in their dreams of a better life. This is evident in their presence at tertiary institutions, which goes to to indicate that despite their own disabilities they can still become educated and do well in life.

4.1.2. Societal influence on the perception of women roles

Majority of the participants stated that cultural norms and expectations limit them as women living with disabilities. However, the participants believe that such norms are imposed on women. Although they agree with some of the expectations placed on women particularly those related to motherly duties and taking care of the home, they mentioned that the norms portray men as superior and leaves women with a lot more responsibilities.

The interrelated nature of social groups such as race, class, and gender, which is regarded as creating overlapping and inter-reliant systems of discrimination or disadvantage; a theoretical approach based on such basis (Crenshaw, 1991). Similar to gender roles, race, class and gender

women are expected to perform certain roles and certain duties and men are expected to have certain roles. The society influence such roles from a young age. As a results WLWD are even more vulnerable as society not only describe their roles as that of women, but the fact that disability is part of their physical built also plays a huge role. In other words, these findings align with an intersectional theory which stresses that people are often disadvantaged by multiple sources of oppression, their race, class, gender identity, sexual orientation, religion, and other self-markers. Intersectionality recognizes that identity markers “female” and “disable” do not exist independently of each other, and that each informs the others, often creating a complex merging of oppression for especially for disabled women and even racial group at times (Crenshaw, 1991). Most participants agreed that one of the roles expected from a woman is having children and performing parental duties that are expected of them. This expectation cancels an underlying assumption that women living with a physical disability cannot have their own biological children. The participants in this study believe that they are capable of falling in love, with the right partner and bear their own children and live a happily at some stage in their lives.

“I don’t mind to perform those duties like cooking and cleaning but as a disabled woman they must appreciate the little things that I can do and they must not always expect me to do everything since I easily get tired” (Zama).

“I agree with it, because in African culture as a woman you have to perform motherly duties such as cooking and washing... you have to perform motherly duties to your siblings, and to the community as well” (Nelisiwe).

“if I am unable to do the task and sometimes, I feel left out but I don’t like people feeling sorry for me” (Xolile)

“There are some that limit us, and others they make us do things that they consider are only specifically for woman...It doesn’t make me feel equal with males we’re supposed to be equal, and you have to prove yourself so there is also that pressure” (Reenay).

Majority of the participants stated that equal rights should be exercised in relationships and it is important to allow women to exercise their power and rights when they are in intimate relationships. By analysing the statements made by the participants there is mutual indication that most individuals see no problem if they are assigned duties, whether at home or at work,

socially or formally as they feel that all those duties can be done and done diligently. However, members of society may need to understand that they do experience fatigue that is kind of similar to the experience of any normal human being. Therefore, the society must never expect WLWD to overdo or over perform at any stage when they are expected to perform certain duties whether for leisure or for work. However, these women do not dispute the fact that it is expected of women in general to perform certain house chores, assist to take care of the family members at time, and participate in community outreaches at certain time. To them, there is nothing stopping WLWD to participate in community services when there is a need to do so.

The comments made by the participants also indicated there is no human being that likes to be left out. However, they also noted that the members of community and society at large must never feel sorry for WLWD if for some reason at any stage WLWD cannot perform certain task. It is bound to happen at times as certain tasks that could be difficult and hard to be performed by a WLWD. However, WLWD feel that society must treat them with same respect and attitude that is given to men.

Looking at the intersectionality theory through the above lens, Cole (2009) states that gender inequality is still a huge problem all over the world. However, such impact happens in different scales and can differ from place to place and cannot have same impact towards individual girls and women all over the world. The group of participants in this study indicated that they are the generation that would want to change and challenge the status quo by proving to society that they can achieve above what society is expected of them as WLWD, even though society had made them to believe that because of patriarchy they are below certain standards. The fact that WLWD feel that they at time are left out because of their disability by members of the society and same members of the society feels sorry for them, does not break their spirit as they still have hope that they can find love and be involved in romantic relationships.

“...we are equal and the same despite the gender in a relationship you supposed to be a team, work together and support where one is lacking” (Xolile).

“I won't be able to voice my opinion if I don't have power, so I would be able to state my likes and dislikes I want the power to be able to say what I like and what I don't like” (Zinathi).

“Women should have power so that men don’t take advantage of them....and so she can have her words heard, on how things work, and to make my views also important...I think we should have equal power, because we both play roles in the relationship” (Reenay).

These are women were unapologetic about how they feel and strongly believed that women and men are equal despite the fact that they have different genitals. However, when involved in a relationship both parties must be treated as a team, must be able to make decisions together and route for each other and be able to be there for each other when the need arises Writing about the intersections of gender, race and disability, Peterson argues that there is a serious need to examine the experiences of individuals within intersecting oppressions. ... doing so will allow a critical examination of how our thoughts and actions may uphold another’s subordination. From this perspective the potential for social change lies in understanding the multidimensional nature of oppression (Cole, 2009)

The responses from the participants clearly indicate that WLWD want their voice to be heard when involved in romantic a relationship. WLWD would like to have a voice and have power to speak their own mind at any stage of a romantic relationship. There must be a freedom of expression between both parties. At no stage should a man feel more superior over them. They believe that relationship should not be one sided, that both parties need to have equal say, need to play equal roles, and there must be a balance in the relationship. These are women who are not scared to speak their mind and want to exercise their own power in a romantic relationship.

The above sentiments are informed by the Feminists Disability Theory. According to Eisenstein (1981), feminists’ disability theory is associated with liberal feminism, within a liberal bourgeois, which is classified as women’s equality on opportunities and freedom to choose. This sees the women in the society play an important role than men based on education, role in politics, at the workplace and any other relevant environment. That form of feminism does not believe in inequality and discrimination but both men and women are working together to achieve a common goal (Eisenstein, 1981).

Participants’ also indicated that although they are not against the roles that they should play in the society, WLWD still expect society to treat them with respect and not take advantage of them because of the disabilities. How the society views WLWD, needs to change, and it can only change through taking time to learn and understand the needs of WLWD and do away

with stereotypes and beliefs. The starting point of this is getting to know individual human being as a human being instead of treating them as WLWD.

4.1.3. Perceptions towards their bodies and sexuality

The attitudes and perceptions of a society are reinforced by predominant knowledge and education. Lack of proper sexual awareness further affect the shallow understanding of sexual education. This narrow viewpoint on sexuality leads to prejudice, misconceptions, and misinformation towards persons with disability (Neufeld et al., 2002).

One of the most difficult challenges people with disability face is wrong perceptions coming from people without disability regarding their sexual experiences (Kulick, & Rydström, 2015; Shakespeare, 2014; Shuttleworth & Sanders, 2010). Studies on disability and sexuality have investigated attitudes towards disability and sexuality, from those who work closely with people with disability such as parents, medical professionals, personal attendants (Addlakha, 2007; Cuskelly, & Bryde, 2004; Deal, 2003).

Majority of the participants expressed that they have come to accept their bodies even though they are perceived different by society. However, they perceive themselves as beautiful beings. Although few participants mentioned that they used to be ashamed, they reported that they have grown to accept their peculiarity and are no longer ashamed of their imperfections. These expressions support similar views shared by McCall (2005) that disability and gender interconnect to form undesirable results for people with disabilities, for women and particularly for black women in addition to disabilities.

WLWD usual have the bottom levels of education, are the most likely to be economically inactive and earn the lowest median income and will not be considered as marital human beings. However, race destabilises this relationship and highlights how black men without disabilities still fare worse than white women with disabilities with regard to training and job opportunities, and women with disabilities still continue to face prejudice and judgement regularly (Holness, 2013).

The views expressed by participants in this study are contrary to those of Taleporos and McCabe (2003), who reported that women living with disabilities reported that ‘their physical

impairment made them feel that their bodies were physically and sexually unattractive or undesirable and tried as much as they could to hide their impairments'. This could be the environment factor again. The fact that the participants are students at the tertiary institution could have an impact on their views. They have reached a stage where they see the world differently because of who they are becoming. The views expressed by participants about intimate relationships towards partners were bold, however, society depicts the disability as obstacle that prevent enjoyment towards intimate relationship with a partner, though they do not see anything wrong with their own body even with the disability .The perceptions of female students living with disability about their body is that of a confident human beings who enjoy life and feel free in own bodes. Unfortunately, societal perceptions of them also often influence their engagement in relationship and sometimes cause them to be afraid of venturing into serious relationship. Thus, society's expression towards them make them feel insecure to the extent that some loss trust in themselves and even develop a negative attitude in a long run. Patriarchal society has kept close control over women's sexuality, what sexual activity is socially acceptable and to whom does it belong.

It is evident in the points made by most participants that they are happy with who they are, contrary to what the society has termed as perfect body and certain look. The views expressed by the participants are in line with Odette's (1994) suggestion that WLWD must claim back the power from what has been normally seen as negative body and viewed and seen as not so perfect by the society and start to embrace who they are including the range of size, abilities and body shape.

"I don't see any flaws with my body I don't know any other body, so I see it as perfect in every way" (Zethu).

"I see myself as I see other normal people, my body is complete and does not need any alterations. I am beautiful and when I look at myself in the mirror I see a perfect body"
(Reenay.)

"I see my body as normal; I feel complete despite all the bad things people say to me. What they say is their own opinions but I will continue living my life despite everything they say"
(Kamvelihle)

“I see nothing wrong with it, I see myself like everyone else, even though I like wearing my glasses not that I’m ashamed of my eyes” (Xolile).

“To be honest growing up I didn’t like who I was, I wished that I could change and have pigment and melanin like everyone else. But as I grew older I didn’t care as much. I am who I am and learned to love myself, I gained that confidence back” (Roshnie).

The comments and expression from participants indicate that WLWD see themselves as normal human beings and they feel that despite their disabilities there is nothing wrong with their bodies. It is only the society that is always judging them and discriminating them. They love their bodies; they are proud of their given body and they feel that the society needs to learn to accept them as they are. They see themselves as complete human beings who actually lack nothing. They see themselves as beautiful individuals who have perfect bodies. According to some of the participants, people’s comments mean nothing to them because irrespective of what the people say they feel different and see themselves as fully complete human beings. They are not ashamed of who they are and how they feel. Though few some participants once experienced personal struggles at young age with the colour of their skin, they have since reached a stage whereby as WLWD, they became comfortable with and in their own bodies.

Odette (1991) feels that women are taught from young age not to embrace their own body. However, feminists’ theories focus on believes by the Western culture that women must become men sexual objects. Odette (1991) stated women have learnt through society not to trust and believe in their own bodies and taught that the body can be changed to please men, in a situation where the body becomes a commodity to bargain to gain certain favours. She concludes that feminists’ analyses may not be the reality of many women which seemed to be the case in the views expressed the participants.

The expression of participants towards their body is that they feel normal, they feel like sexual beings, and they feel that they can get involved in any intimate relationships and enjoy life to its fullest. This perspective breaks the stereotypes that WLWD are not fully normal human beings.

4.1.4. Body image

According to the participants, there is no such thing as “a perfect body”. Majority of the participants expressed a positive body image and that their deformities does not influence how they perceive themselves. A participant said:

“I’m still the person that I am, despite having this disability” (Neliswe).

Three of the participants mentioned that perfection is a function of how individuals perceive their bodies and that solely depends on the mind.

“A perfect body is the one you’re comfortable in” (Manini).

“Honestly I don’t have a view of a perfect body, but the person who owns that body is supposed to view their own body as perfect. So I wouldn’t say it’s someone who is slim or someone who is fully figured it’s within” (Zamadonda).

“It is how you view yourself in the mirror and your mentality and perceptions towards your own body” (Zinathi).

In as society obsessed with perfect bodies, certain body looks are accepted as healthy, and are intolerant of difference. Non-disabled people view sexual activity by disabled people with discomfort or find it an alarming and scary topic. To participants, therefore, it takes a while for a WLWD to develop trust towards a partner when being courted to do so and committing to a partner can be a scary experience for some participants (Holness, 2013).

The perception that WLWD cannot be involved in intimate relationships was totally disputed by the participants as the response was clear that falling in love is something that they are always dreaming about, leading to a stage of being intimate with the partner. Participants expressed that they are perfectly fine with their own body and disagree with the notion that WLWD are not ‘women enough’ to engage in intimate relationships.

What emerged from the participants is that all women do feel insecure with their body at some stage in their life. Participants expressed how happy they were feeling with who they are. One participant even expressed that if she had to do it all over again, she will never change anything.

The experiences and views of the women are in line with Zitzelsberger's (2005) study which demonstrated that representations of bodies are not just broad creations but are realized in their interactions with constructed surroundings and with others. Several and diverse methods to disability and body differences offer valuable ways to theorize disability and experimental disability persecution. The participants expressed that they would not change anything about their body as they are content and happy with who they are and would not change it to suit men.

4.2. Perceptions towards intimate relationships

4.2.1. Introduction

This section describes the participants' perception of intimate relationships as well as their experiences. Majority of the participants mentioned that they have been in intimate relationships at some points in their lives. However, only a few (n=7) were in intimate relationships during the time of the study. Two participants were yet to be in any intimate relationship, but they expressed the hope of getting into intimate relationships. When asked about their perceptions of intimate or romantic relationships, majority of the participants expressed a deep level of dissatisfaction and described the relationships as stressful. According to them, getting into intimate relationships may put them into difficult situations and bring feeling of insecurity particularly when dating a non-disabled man.

The fears and concerns raised by participants in the current study are similar to those reported by Muthukrishna, Sokoya & Moodley (2009) in KwaZulu-Natal, which revealed the views and fears of women living with a disability in dating relationships with able-bodied men. The study reported that women living with a disability experienced different challenges such as two-timing or being left after a few years due to their disabilities. A study by Cole (2009) also revealed that women living with disabilities experienced several challenges and difficulties in a romantic relationship and were vulnerable to abuse and sexual exploitation by partners and did not feel safe in the presence of the partners.

"I am in a relationship but I want to be single because for some reasons it is difficult, because there are 90 % chances of him cheating, so when he cheats, the girl knows that he is dating me, so then the most difficult part is the people he brings in to our lives, they are the ones that start teasing saying things like how could he fall in love with me" (Nelisiwe).

“When I first started dating and someone would tell me that they loved me, and I would get excited, then their behaviour starts to change and it makes me wonder whether I’m not human enough. Maybe I am lacking somewhere but as time went by it doesn’t make me feel bad anymore” (Kim)

“I really do not know, I’ve had one of my experiences where someone wanted us to build a home and it became war with other women, since they said I was not fit enough. They kept on asking questions like why he was taking someone who cannot even wash clothes for him, who cannot cook for him, while there are other women out there who can do their duties perfectly fine. We ended up breaking up because he listened to them” (Janet).

“After I lost my eye sight, it came to a point where I wished I can be in a relationship with a person who is also blind, since the normal person cannot well understand other things I go through as a disabled and blind person” (Christina).

The participants expressed that there is always that doubts at the back of their mind as to whether the partner is in an intimate relationship for a right reason or not. There is a fear that the partner may cheat which is very unfortunate as everyone deserve to find true love. The views expressed by some of the women was the feelings of getting negative attitude from people who are outside their relationships and the fear of being judged by the community members as people who do not deserve to be in a proper relationship and the fact that they feel that as a man may cheat because of the participants’ disability, whereas the man may cheat because he chooses to cheat, and it has nothing to do with the participants. The man will be allowed to cheat by the same society yet the person to be blamed would the woman because of the disability which unfair to the WLWD.

According to these women there is always a doubt and self-blame at the beginning of an intimate relationship because of the disability which cannot be very healthy for any relationship. However, the participants may reach a stage where the disability does not bother them anymore. These women believe that men need to change the behaviour not the other way round.

According to the individual participants, the society itself can poison a relationship between the couple because of the judgement towards the WLWD and destroy a chance of creating a beautiful romantic relationship that could have lasted for a long time.

The findings above are informed the Feminist disability theory in an objection essay by Wendell (1989) whereby the views expressed are that what the society label as disable does not normally fit the people the society is referring to; hence the participants would reach a stage whereby the disability does not bother them at all. Wendell (1989) argues disability cannot be fully defined since disability is made of different components such as social, biological and experiential which can be visualized differently for different people in different context. To determine whether a particular disability has an impact on a human being can only evolved with times.

Some participants mentioned that majority of non-disabled men are not willing to commit to intimate relationships with women living with disabilities. Views expressed by the participants indicate that factors that influence female students living with a disability's choices of a partner in an intimate relationship is whether the person has a disability or not as they expressed that it could be better to be in relationship with someone who has a disability. In a way they felt that a partner with disability can be more credible than a partner who does not live with physical disability. Participants felt that they will be judged on gender expectation roles such as cleaning the house and performing their duties that society has led themselves to believe that they are women's duties.

"...as soon as they see that I am disabled, they act differently, they don't know whether to feel sympathetic towards me, others just disappear and cut off all communication" (Xolile).

"People are scared of you when you have a disability, people are scared to approach you and people also feel sorry for you, and you are never sure whether they feel as if they have to be extra nice or different because of your disability" (Simmie).

"people have fears on how they are going to date me, they always say they cannot date a person who can't walk, for an example I cannot walk and someone will say they prefer hugs when you are standing, they will say what if I am trying to touch you or lift you and I broke your bones as a result I will be abusing you as a disabled person. People tend to think if they get married to a disabled person, they won't be able to bear them children. I think people lack information and they don't know that nowadays technology have become more advanced and it can help disabled people carry a baby for 9 months" (Manini).

The excerpts above indicate that some men still feel embarrassed to be dating a WLWD and at times would not know how to act or treat the woman, instead of treating the woman like any other woman a man has dated before.

The above views also indicate that men out there are scared to approach WLWD for relationships as men would feel sorry for the WLWD instead of approaching and courting WLWD as normal as possible. Some men still treat WLWD different because of the disability and would treat them as if there is something wrong with them instead of taking time to learn about the individual disability and losing out on an opportunity to learn about the disability.

The participants above mentioned the lack of education and lack of knowledge that is usually displayed by men when it comes to issues of WLWD. Some of the participants further mentioned that they try to correct the false impression men have about them as women living with disabilities, by building their self-confidence and loving themselves. They also reported taking steps to educate the men. Participants disagree with an assumption that WLWD are not comfortable to engage in intimate relationships because of the stigma associated with their disabilities, a belief that emancipated from society's prejudices.

"I think it's through loving yourself as a person, because in the society, people tend to think disabled people should be treated differently to others, maybe some sort of fragile object. However as disabled people we need to love ourselves and show people we are capable of doing anything they are able to do, with confidence" (Nelisiwe).

Firstly, I would have that self-confidence, I'm able to go to that particular person and tell them all the negative views that they have is not true, but I would try to prove them wrong, I wouldn't do it for them it's their own opinion but I'm doing it for myself (Zamadonda).

"I embrace every moment that comes with it, when I'm in a relationship, I want to be happy with whoever I'm involved with I don't want to be in a relationship alone, he has to be involved as well" (Queen).

"Being in a love is a good thing and I don't have a problem as long as he accommodates and loves me genuinely" (Roshnie).

"I have the fear that it is unachievable or unrealistic to get into a healthy romantic relationship, I think they don't really exist because now so many people have issues and so I'm

afraid not only because of my disability I also tend to be insecure about myself sometimes. So I feel like that might also like impact on my relationship in the future and whether the person will be understanding or not...but I'm hopeful” (Ayanda).

“I had never been in a romantic relationship. That is one of my struggles that I doubt myself to meet someone who can love me to the extent where he won't see my disability although lot of men do approach me, I am afraid that they will only play with me.....but I pray to find a good man” (Thokozani).

Despite these past experiences and challenges, majority of the participants expressed positive attitudes towards intimate relationships. They expressed their desires to be in healthy intimate relationships where they will be loved and accepted.

The views from above participants indicate that there is some aspect of fear, as at times women are scared to get involved in relationships because of fear that they may end up not getting fair treatment by the partner because of the disability. Also, WLWD are finding themselves deprived to experience love and intimacy because of the fear that men out there may not treat them well and they may end up in abusive relationship. However, the participants mentioned that women living with disabilities should be treated the way other women are treated in any society. However, WLWD may require a higher level of care and affection but their disability should not influence the way they are treated in intimate relationships.

“She needs to be treated like any other normal woman in a relationship. There shouldn't be any special treatment however as a disabled person you need to know your limitations and your partner should understand them too” (Nelisiwe).

“She should be treated like other woman, treat her normally, however you may need to have special care” (Reenay).

The views expressed by participants in this study support the Feminist Disability theory, which enhances and correct traditional feminism (Taleporos & McCabe, 2003). For instance, WLWD must be assertive and defend themselves against the notion that their bodies are not good enough for motherhood. Furthermore, intersectionality theory encompasses theoretical awareness within women's rights and highlights the normative worry among women. The two ideologies of intersectionality above illustrate the following: first, the effect of racial concern,

class and gender based on women social living and how its affect their social living and experiences (McCall, 2005).

“My partner must not always see a disabled person in me he has to treat me like he would if he was in a relationship with a normal person” (Zama).

However, when asked to describe what they consider to be a perfect romantic relationship the participants mentioned that:

“It is building trust between you and your partner, so both of you can love each other unconditionally” (Unathi).

“it’s perfect when you love me, unconditionally, don’t be ashamed, or embarrassed of me also don’t expect me to change because I can’t..... “love me for me” (Zethu).

“I would consider it a relationship with trust, respect, with commitment and the person has to be romantic, I would expect a few gifts, like some chocolates and the person should spoil me (Kamvelihle).

“I think it when two people in a relationship are able to notice little things that each other likes and he would do them for her and also vice versa. It is those little things that make a relationship grow and you both are always happy in a relationship, communication is also essential in a relationship, buying each other gifts and showing one another gesture” (Queen).

When analysing the views expressed by the participants above, there is an indication that participants expect to be loved wholeheartedly and there should be no room for disappointed. The love and feelings should be mutual between both partners and not lacking on the other side. The relationship must be romantic relationship that is filled with love, respect and there should be a level of respect and understanding between the two parties. The women expressed that romantic gestures that are shown by men in relationships with other women who do not have disabilities, should be same level of romance even in the relationship with a WLWD. The WLWD should be spoiled from time to time and be reminded that she is a woman and that she is important partner in a relationship. They expressed that they expect to be treated to romantic dates once in a while where they can relax to music and share beautiful romantic gifts with their intimate partners. Men should pay attention to the person that they are dating, get to know the person, understand the person, know what makes their woman tick, what sends the woman

to edge of love, understand what make the woman happy, and the man must never forget the woman enjoys getting spoiled for the duration of a relationship.

Participant's response indicated that most of them are looking forward to a relationship where they can be spoiled by their intimate partners, have long romantic conversation with their partners and some hoping that when they find the partner, it could be someone who is very romantic and who is willing to go an extra mile to express their feelings. The participants who were already in relationships expressed that they were happy and enjoying the experiences and challenges that come with being in an intimate relationship.

4.2.2. The choice of a sexual partner

The choice of sexual partner based on the views by participants can illuminate from the connection that the individual has with a partner. According to the participants choosing a partner that will engage in intimacy should be based on the physiques of the person, intelligence, level of education, love, and the person who commits to be in the relationship for right reasons and be committed and not expecting hit and run. The views expressed by the participants aligned with findings from a study conducted by McCarthy (2014) that women with physical disability that while WLWD are choosing sexual partner, there is a need to develop self – esteem, understanding of what sexual intimacy entails through education about sexual education , emphasise on pleasure ,assessing risk involved when one decide to engage in a relationship that involve intimacy, thus enhancing women's ability to exercise a greater amount sexual control over their sexual lives.

4.2.3. Individual's knowledge of disability

Majority of the participants (N = 10) mentioned that they preferred men who have adequate understanding of their conditions, accept their limitations, and make them feel comfortable despite their disabilities.

The latest benefit credited to intersectionality is inclusivity. The claim is that as a theoretical paradigm, intersectionality can act as a learning tool towards bringing change in different societies (Crenshaw, 1991). Participants expressed that they would like men around them to be included in learning about their conditions and that can result in acceptance, results in better understanding of who they are as WLWD.

“I guess someone who will make me forget at times and won’t make me feel bad for not being able to do things that normal women are able to do” (Kim).

“I prefer to date someone who knows me and my condition. He has to be attractive, easy on the eye and accept me for who I am” (Zamadonda).

“when considering a potential date partner, loyalty love acceptance and a good understanding of my situation are important factors for me” (Zinathi).

“It is important for him to understand my situation and make conscious decision to accept me as I am without complaining and comparing me with other women” (Christina).

“I have unique strengths and limitations, I can’t meet all the expectations placed on women due to my situation and that my partner must understand (Nelisiwe).

When analysing the above excerpts, it was evident that WLWD are expecting men to treat them with love, care and understand that and their disability is just part of them but does not define who they are. From their expressions, they also expect their partners to be interested in them as an individual and not compare them to other women outside the relationship. These women are expecting to date men that are attractive, men who are willing to learn more about their conditions, about their disabilities, and accept them as they would any other.

According to these women the partner must be someone that can be trusted and be understanding of the woman s disability in totality. As such, they expect a partner who will never compare the relationship or the woman with other women as that may affect the woman’s self-esteem and cause her to have resentment and mistrust. The WLWD expects a partner that is fully understanding and passionate towards her a partner, according to the views expressed by participants.

These findings are informed by feminist disability theory and literature as seen in the work of Braidotti (1994) who argued that disability is a socially and cultural invented description of the body, as we normally understand the literatures of race and gender. However, disability has four identification characteristics: first, it highlights the interpretation and discipline of body differences; second, is a connection regarding physical bodies and their external environments; third, is a conventional observation that produces both the able-bodied and the disabled; lastly, the recitation significance and uncertainty of the flesh. Similar notion is informed by the

feminists' theory in a study by Braidotti (1994) which highlighted feminist disability theory is viewed as a broader word in which it grouped the philosophical ideas as classifications of sickness, deformation, craziness, abnormality and drawbacks on people by degrading their bodies by not following cultural norms. Men may look at WLWD as someone who is not whole because of stereotypes raised by society towards WLWD and that can lead into a relationship where a partner is not fully committed and not aware that he is dating a woman who can be able to achieve everything that any other women without disability achieve. Men may start to compare the participants to other women that they have dated before or women they want them to become instead of learning who they are and giving them a chance to prove their own individuality by not looking at the physical part but at the heart and mind of women.

4.2.4. Commitment, respect, trust and love

The participants further emphasized trust, love, commitment, respect and good looks as important factors that would influence their choice of a partner. The participants wishes may seem farfetched when comparing to the findings by Hunt, & De Mesquit (2006) which stated that in European countries WLWD are seen as sick individuals who need to get better first before they could engage in any intimate relationship because they may get even more damaged when involved in any form of intimate relationships.

"I look for trust, I want commitment and no judgments and love, not expecting me to be more than what I am, a tall fit guy" (Zethu).

"I am looking for someone who I can trust, someone who is independent and who can think and take decisions for himself, who is not easily influenced by other people" (Thokozani).

"I will be looking for someone who loves me, someone who only have eyes for me. I want someone who will see me as a normal person not as a disabled girlfriend" (Ayanda).

The views above are informed by the Feminist Disability Theory. A study by Thomson (1997) revealed that historically, disabled females were viewed as deformed males or diminished males, as the Western thought that female body is as much as a disable male. This view can be traced back to the Aristotelian thinking. Hence, most feminists distanced themselves from disabled humans to demonstrate that the female body is not deformed or ill. Furthermore, in today society females are still oppressed in by beliefs and are 'mutilated and deformed' by sexist ideology and practices" (Thomson, 1997). The views expressed by the participants indicates

that the partner must be fully accepting of the person that she is and love her unconditionally and see her as woman for him not a certain woman who has a disability.

4.3. Experiences of intimate relationships

Majority of the participants described their experiences of intimate relationships as unsatisfactory due to the various challenges they faced in their previous or present relationships. The main themes that were identified included desiring relationships; expressing sexuality; and more importantly, having healthy intimate relationships. Some even mentioned that men are often scared and reluctant to approach ladies with disabilities due to the myths and misconceptions about disabilities. Some participants even pointed that they do have partners that they admire. However, they feel that the relationship may never happen because the other counterpart may be reluctant to approach them because of their disabilities. The participants mentioned that:

“It very difficult since I am blind when I have to choose someone...I cannot even tell if that person is really serious and if he truly loves me since I cannot see their facial expressions” (Unathi).

“As soon as they see that I am disabled, they act differently, they don’t know whether to feel sympathetic towards me, others just disappear and cut off all communication” (Nelisiwe).

“Men are scared of you when you have a disability, they are scared to approach you and also feel sorry for you, and you are never sure whether they feel as if you will be a burden to them and they have to be extra careful or nice because of your disability” (Kim).

“Men have fear of how they are going to date me, they always say they cannot date a person who can’t walk, for an example I cannot walk and someone will say they prefer hugs when you are standing, they will say what if I am trying to touch you or lift you and I break your bones as a result I will be abusing you as a disabled person. People tend to think if they get married to a disabled person, they won’t be able to bear them children. I think people lack information and they don’t know that in nowadays technology have become more advanced and it can help disabled people carry a baby for 9 months. The isolation in disabled people is also there, one may think of what her friends and families will say when she gets pregnant regarding her status of being disabled” (Alicia).

Together these themes demonstrated that participants in this study desired intimate and fulfilling relationships. However, participants reported facing several challenges related to intimate relationships. These challenges are similar to those reported by Bankole, & Malarcher (2010) to the effect that women living with disabilities were believed to have very little or no possibilities of marriage. Contrary to these perceptions, Di Giulio (2003) reported that women living with disabilities can live a functional sexual life. The challenges expressed by participants leave women having to educate men regarding their disability, whereas men are not taking time to learn about women living with disabilities. Participants also agreed with Di Giulio's (2003) view when they expressed that they could enjoy a healthy intimate sexual relationship when given a chance. Participants expressed that all they need is a chance to showcase that they are loving and caring human beings who can be in a healthy intimate relationship. These findings show that there is a lot that society still needs to learn about WLWD and their deserved need for intimate relationships.

4.4. Conclusion

This chapter discussed and analysed the research findings at length. This was done within several themes like perceptions towards WLWD bodies and intimate relationships, the perceptions towards their bodies and sexuality, and perceptions towards intimate relationships. The sub themes included experiences of living with disability whereby students expressed that they have accepted who they are as women living with physical disabilities and fully understand what it means to be a woman living with a disability. They also acknowledged the daily struggles that affects them as women and what limits their chances of fully engaging in romantic relationships. Further findings revealed that the students were comfortable with their bodies despite the continuous challenges that they experience when trying to date, the doubts that cripple their mind, and the challenges that they face from partners who may not have understanding that the disability does not define who they are as human being.

CHAPTER 5 CHOICE OF A PARTNER AND NEGOTIATION OF SEXUAL EXPECTATIONS

5.1. The choice of a relationship partner

The choice of a partner according to the participants is influenced by several factors. The most mentioned ones included the individual's knowledge of disability, commitment, respect, trust, and love. However, majority of the participants mentioned that they preferred someone with good looks and good body structure, someone who is good looking as they felt that they deserve to have a choice like every other woman within the society. Some participants expressed that they would not mind becoming intimate with a partner who is also living with a physical disability. Views expressed by the participants aligned with findings from a study conducted by Chernomas, Clarke, & Marchinko's (2008) about WLWD disabilities and relationships, which indicated that having intimate relationships with other people with disabilities can result in better self-acceptance, less suppressed stigma, and more companionship. Moreover, intimate relationships with partners with disabilities may aid people with disabilities as they live their lives in a world which prioritizes able-bodied people.

5.1.1. Individual's knowledge of disability

Majority of the participants (N = 10) mentioned that they preferred men who have adequate understanding of their conditions, accept their limitations, and make them feel comfortable despite their disabilities.

The latest benefit credited to intersectionality is inclusivity. The claim is that as a theoretical paradigm, intersectionality can act as a learning tool towards bringing change in different societies (Crenshaw, 1991). Participants expressed that they would like men around them to be included in learning about their conditions and that can result in acceptance, results in better understanding of who they are as WLWD.

"I guess someone who will make me forget at times and won't make me feel bad for not being able to do things that normal women are able to do" (Kim).

The views expressed by the participants were that as long as the partner would be understanding of the physical conditions, make the WLWD to forget for the moment that she is a WLWD, and never make her feel bad about her conditions and limitations that are caused by her disabilities, then the woman would be satisfied and feel fulfilled in a relationship.

“I prefer to date someone who knows me and my condition. He has to be attractive, easy on the eye and accept me for who I am” (Zamadonda).

“When considering a potential date partner, loyalty love acceptance and a good understanding of my situation are important factors for me” (Zinathi).

“It is important for him to understand my situation and make conscious decision to accept me as I am without complaining and comparing me with other women” (Christina).

“I have unique strengths and limitations; I can’t meet all the expectations placed on women due to my situation and that my partner must understand (Nelisiwe).

Such findings align with the intersectionality theory as highlighted by (Davis, 2008) in that it reveals the different perspectives about relations and societal stereotypes about relationships that begin from the individual mind-set to the influential organizational system. As such, this has opened up diverse feelings in regard to the “ontological and epistemological premises of the intersectional approach and its disciplinary limits and potential.”

5.1.2. Commitment, respect, trust and love

The participants further emphasized trust, love, commitment, respect and good looks as important factors that would influence their choice of a partner. The participants’ wishes would seem like farfetched when comparing to the findings by Hunt, & De Mesquit (2006) which stated that in European countries, WLWD are seen as sick individuals who need to get better first before they could engage in any intimate relationship as they may get even more damaged when involved in any form of intimate relationships.

“I look for trust, I want commitment and no judgments and love, not expecting me to be more than what I am, a tall fit guy” (Zethu).

“I am looking for someone who I can trust, someone who is independent and who can think and take decisions for himself, who is not easily influenced by other people” (Thokozani).

“I will be looking for someone who loves me, someone who only have eyes for me. I want someone who will see me as a normal person not as a disabled girlfriend” (Ayanda).

The above findings are informed by the feminist disability theory. It is important to note that feminism stands to appreciate and understand the value of disabled women and to understand how they operate in order to fulfil the quest of being human in terms of “gender, race, sexuality, and class”. “For surely bodies live and die; eat and sleep; feel pain, pleasure; endure illness and violence; and these “facts” one might sceptically proclaim, cannot be dismissed as mere constructions. Surely, there must be some kind of necessity that accompanies these primary and irrefutable experiences and surely, there is. However, their irrefutability in no way implies what it might mean to affirm them and through what discursive means” (Butler, 1997).

5.2. Negotiation of sexual expectations

Majority of participants expressed that it is important to communicate with the individual partners what each person desires in a sexual relationship. These findings surprisingly contradict a study that was conducted in Australia by Browne, & Russel (2005), which established that it is very difficult for women to negotiate sexual expectations. The study revealed most WLWD would prefer masturbation instead of getting involve physically with a partner in order to certify their sexual needs. However, a similar study did mention that WLWD have different sexual needs, wild expectations, and wild imaginations when it comes to sexual needs and sexual desires.

“It is even more important to communicate in a relationship where another individual is a woman living with physical disability as it will create rapport between the two parties. If both individuals communicate as to what the other is expected in a sexual encounter with a partner it creates understanding” (Nelisiwe).

The participants views expressed indicate that as WLWD, there should be some understanding from the beginning that happened through communication between a WLWD and the partner.

(Thokozani) “I need to know what to expect. I get myself ready and prepared once I know that my partner understand what is it that I am expected in a sexual intercourse “I want to be satisfied just like any other normal being” (Unathi).

“As much as my partner expect me to go all the way to the end to ensure that he is certified, I am expecting him to do the same” (Zamadonda)

“According to the participant the only way to sexual satisfaction is connection, understanding each other and communicating what each other want and needs at the end of sexual encounter “(Zethu).

“The best way to negotiate is to teach my partner about my body, and what do I like to do and how do I like everything to happen. Mostly treat my body as a body of a woman with needs”. (Thokozani).

“One of my lectures once asked me:” How do you do it “seeing that I am a woman on a wheelchair when I explained that I was involved in a sexual relationship with my partner. I found that to be very ignorant seeing that he was an elderly educated man. Which shows that there is still a stereotype among all men that women living with physical disabilities cannot be engaged in a sexual activity” (Reenay).

“My breasts are the most sensitive part of my body and I expect my partner to know that hence that was the first discussion we had. I explained that I get aroused through my breasts” (Zama)

These findings embodied the fact that WLWD have their own personal expectations and have their own individual desires when it comes to what that can expect from a partner. The finding also means that communication is the basis and fundamental of every relationship. The findings expressed by the participants also indicate that just like any other women, WLWD have sexual preferences and needs and understand their own body and know which part of their body would assist to achieve sexual desires.

The findings and views expressed by the participants informed the essay by Spivak (1988). Spivak's classic analysis, a postcolonial studies essay, in which she critically argued that a main challenge that faces the marginalized communities and those who are perceived as the lowest class in society is that (the subalterns) is that they have no stage to view how they truly feel and express their own perceptions of who they think they are and voice to breakthrough into policy discussion or claim reasonable share of society's goods.

The main theme of Spivak's (1998) work is action, which is the ability of the individual to make their own decisions. While Spivak's main aim is to consider ways in which “subalterns” – her term for the indigenous dispossessed in colonial societies – were able to achieve agency, this paper concentrates specifically on describing the ways in which western scholars inadvertently

reproduce hegemonic structures in their work. Spivak is herself a scholar, and she remains deeply cognizant of the struggle and risks of boldly speaking for the subalterns she speaks about. As such, her work can be referred to a largely delicate exercise in the critical thinking skill of interpretation. Relating with Spivak's essay, this study's focus was a bold one, allowing WLWD to openly speak about their own perceptions towards intimate relationship and were allowed to freely express who they truly are and how they feel and what their needs are when it comes to intimate relationships.

5.3. Negotiation of safe sex

The participants displayed sound knowledge of what safe sex entails. According to the participants, safe sex is a way of protecting oneself from contracting sexually transmitted infections as well as avoiding unplanned pregnancies by using condoms and contraceptives.

“Sex safe is to protect yourself when having sex, for an example using condoms when having sex” (Unathi).

“Safe sex is using condoms and contraceptives to prevent unwanted pregnancies and to protect yourself from STDs” (Nelisiwe).

“Safe sex is using contraceptive methods when having sex for an example using condom and when you are woman you get monthly injections for pregnancy prevention” (Zamadonda).

According to some participants, it is very important for WLWD to adequately negotiate for safe sex. This is important to avoid complications resulting from STIs and unplanned pregnancies particularly because of their conditions. Moreover, people are rarely faithful in intimate relationships. In line with a possible paradigm shift in power relations, female participants made statements that challenged the notion of a totally dominant male sexual power. Participants expressed that whenever intimate relationship is involves, sexual education and protection talk must happen first in order to ensure safety and protection from sexual transmitted disease and unplanned pregnancy.

“It is important since you cannot trust anyone, you can never guarantee if you are the only one, unless you both always go for check-ups together” (Alicia).

“nowadays it’s something that is not hidden that people are not that faithful to each other so it’s better to protect yourselves, because your partner could cheat and contract an STI”

(Kamvelihle)

“It’s important because you might get sick, which could further complicate your condition and also to avoid unplanned pregnancies, there’s a lot at risk” (Simmie).

“It is important because it your life and you only live it once, you must not make other people happy by putting yourself at risk, you have to think of the outcomes and how it going to affect your future.....nobody is worth sacrificing your comfort and wellbeing for” (Christina)

When asked to describe how they negotiate for safe sex with their partners, majority of the participants responded that they would not compromise on safe sex. The following conversations evidence the importance in negotiation of safe sex.

“we would negotiate we are taking our relationship to the next level, these are the rules I will sit him down where we will discuss this issue, I’ll make him see the importance of practicing safe sex” (Zinathi).

“You will let the person know; obviously, you do not take it for granted that he knows. Just to be safe I bring my own protection because you cannot trust anyone. I am also the one who puts it on him” (Simmie)

“I would sit with him and let him see the importance of practicing safe sex, although most males say they don’t get pleasure when having sex and using a condom. I will make him understand the consequences of practicing unsafe sex for an example I can get pregnant or I can get sick and all of this will cause havoc in our relationship” (Xolile).

“I laid this foundation by letting him know my terms.....if you are not going to accept these terms regarding safe sex then it is not going to work, we need to have this understanding that this is how it will be” (Queen).

Some of the participants also reported that they expressed their sexual expectations by communicating with their partners. Participants also mentioned that they expected the same kind of communication and understanding from their partners and level of information must be the same.

“I would communicate with him and let him know the things I like since I now know him better, it would be easier to talk to him” (Zama).

“I’m expecting to be comfortable and I’m expecting to enjoy myself (Zinathi)”

“I’m the kind of person who needs someone to take it slow, so not to rush things so that we both get in the same mood (Simmie)”

The above excerpts are in conjunction with the study Jackson (2009), which states that educating and striving for gender equality is very important not only as a good strategy but for the betterment of the future. The same notion is supported by the intersectionality theory when defining the meaning behind intersectionality. According to Cole (2009), Intersectionality’ *“addresses the most central theoretical and normative concern within feminist scholarship: namely the acknowledgement of differences among women”. In so doing, intersectionality brings together two significant aspects of feminist thinking; firstly, the impact of race, class and gender (and other intersections) on women’s lives, and how relations of power are produced and transformed through this interaction within women’s lives and experiences. Secondly it offers support for the deconstruction of binaries, normalisation theories and homogenizing categories while simultaneously offering a platform which can address the concerns of all women”*. The experiences of WLWD expressed that communication is the best form of making their needs heard by their partners. These are women that are already at tertiary institutions, women who understand communication and are using what they have learned as a tool to make their voice heard on issues regarding their sexual needs.

WLWD deserve platforms, comfort and understanding of who they truly are within societies. Spivak’ (1998) notion that WLWD need to have their own voice. All they need is to be heard and once heard, they can be easily understood. WLWD needs their own voice and do not need people who do not have any experience of what it feels to like to be a WLWD.

Participants echoed the same thought as quoted by Crenshaw (1991) when discussing intersectionality in relation to the context of gender and disability in South Africa. Crenshaw stated that is obvious that women with disabilities are likely to have far worse experiences compared to opposite gender as expressed by most participants that opposite gender is likely to engage in intimate relationships without being judged compare to the WLWD. The study found that women living with a physical disability perceived themselves as strong individuals capable of engaging in in loving intimate relationships. In addition, the participants raised other

concerns such as issues of trust in intimate relationships. The findings and views from participants also relate with the findings of Fisher, & Ray's (2017) perspectives of intersectional theory. The study found that even women living with disability have recognised their rights and strength to uphold their sexuality unevenly due to constrained and intersectional gendered power relations.

5.5. Conclusion

In Chapter 5 the main theme was choice of a partner. Following the data presented here, students clearly indicated that their first choice of partner is someone who is willing to learn about their disabilities and, truly love them for who they are as a person. They also acknowledged that such a partner should be an individual who can treat them with outmost respect and love them, someone whom they can fully trust, who would not compare them to with other people, and who will always shower them with love and free willingly to continue to learn about their individual disability. In the subtheme negotiation of sexual expectations of female students, participants stated that communication is the main condition of any relationship as they are always willing to express their needs in a romantic relationship. Negotiation of safe sex was another important theme and point of discussion. Under this theme, the student participants stressed that since there are several sexual transmitted diseases that may affect them, taking care of themselves by practicing safe sex with their partners at all times is therefore very important.

CHAPTER 6 SUMMARY, CONCLUSION AND RECOMMENDATIONS

6.1. Introduction

This chapters summarises the findings of this study as presented through analysis of the literature and the theories of intersectionality and feminist disability, focusing on the main and sub research questions that are also linked to the study's objectives. This chapter also highlights the contribution of this study, noting that the study was motivated by the lack of research on the experiences of female students living with a physical disability towards intimate relationships. The chapter concludes with suggestion further areas of research.

6.2. Summary of the findings

This section will briefly give a summary of how each research question for this study was addressed.

6.2.1. Research question 1

What are the experiences of female students living with a physical disability on intimate relationships? The main idea and the plan were to understand the experiences of female students living with disability towards intimate relationships. The participants described the experiences of WLWD as individuals who are always positive about life in general. Participants expressed that they always enjoy being part of intimate relationship at any given time because such experience brings them joy. However, they also indicated that they feel judged by society so much that what is supposed to be an enjoyable experience is dented by the attitude that has been depicted by the society towards the disability itself which has blinded them from getting to know the human being behind the disability. Participants who were not in any relationship at the time of an interview also expressed fear of the unknown but communicated that they are strong, and women always fights for their rights. Participants also expressed that they viewed themselves as very strong-willed human beings.

6.2.2. Research question 2

What are the female students living with a disability's perceptions of intimate relationships? The perceptions of women living with physical disabilities towards their bodies and intimate relationships is that they do not feel any different than any other women who does not have disabilities. The feelings of WLWD is that even though the society continue to treat them as different because of their disabilities, as human beings they feel equipped to perform as any sexual being would, that they love their bodies and appreciate the body as God given gift.

6.2.3. Research question 3

What are the perceptions of female students living with a disability about their body and how do those perceptions influence their attitude towards intimate relationships? Majority of the participants expressed that they have come to accept their bodies. Despite society perceiving them differently, they perceive themselves as beautiful beings. Although few participants mentioned that they used to be ashamed, they also related that they have grown to accept their peculiarity and are no longer ashamed of their imperfections. The perceptions of female

students living with a disability about their body is that of a confident human being who enjoys life and feels free in their own body despite the disability. Unfortunately, society's perceptions of them turn to influence some of their engagement in relationship to the extent that they feel insecure to be in a relationship and causes them to not trust themselves, thus developing a negative attitude in a long run.

6.2.4. Research question 4

What factors influence female students living with a disability's choices of a partner in an intimate relationship? The choice of a partner according to the participants is influenced by several factors. The most commonly mentioned ones included the individual's knowledge of disability, commitment, respect, trust and love. However, majority of the participants mentioned that they preferred someone with good looks and good body structure, someone who is good looking as they felt that they deserve to have a choice like every other woman within the society. Some participants expressed that they would not mind becoming intimate with a partner who is also living with a physical disability.

6.2.5. Research question 5

How do female students living with a physical disability negotiate sexual expectations in an intimate relationship? Majority of participants expressed that it is important to communicate individual desires and personal sexual expectations in a relationship, thus communication is the main key. The participants also mentioned that the partner must understand individual needs and learn about sensual part of the body, how the individual feels, and preferences of enjoyment whether it would be touching or playing or even foreplay.

6.3. Implications of the study and further research

Most studies relating to people living with disabilities at tertiary institutions have been and often focus on access, adapting into the environment and challenges that students living with physical disabilities face on daily basis. While this approach which is undisputable equally important however the study that had to look at perceptions of female students towards intimate relationships was also important as it is important to understand their views and perceptions on the topic of intimate relationships. The views expressed in this study may be useful in educating society at large and assist in understanding issues of intimate relationships and disability as

well as foster improved relations and understanding that women living with physical disabilities are normal human beings who deserve the normal intimacy and understanding, love, respect and needs to be given a chance to experience the same intimacy that every other human being experience in their daily lives.

This study looked at the perceptions of female students with disabilities towards intimate relationships. It would be interesting to find out the perception of male students on the same subject, which seems to be gap in research, whether they would be similar or different from the views and experiences of the female students. Therefore, I recommend as area of further research a study that would also focus on the perceptions of male students with disability on the same or similar topic at the University of KwaZulu-Natal.

6.4. Conclusion

This research was a qualitative study that explored the perceptions of female students with physical disabilities towards intimate relationships at the Pietermaritzburg Campus of the University of KwaZulu-Natal. The findings arrived at in this study indicate that WLWD are people who are always optimistic and positive about life in general. Participants acknowledged that being part of an intimate relationship is an experience that they always enjoy as long as they have the right partner who is willing to learn more about their disabilities, have a sense of understanding, treats them well with love and respect, and understands that being disabled really doesn't determine who they are as individuals.

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APPENDICES

Appendix 1: Gatekeepers Letter



16 March 2017

Ms Gugu Madlala (SN 21155086)
School of Social Science
College of Humanities
Pietermaritzburg Campus
UKZN
Email: Madlalg@ukzn.ac.za

Dear Ms Madlala

RE: PERMISSION TO CONDUCT RESEARCH

Gatekeeper's permission is hereby granted for you to conduct research at the University of KwaZulu-Natal (UKZN), towards your postgraduate studies, provided Ethical clearance has been obtained. We note the title of your research project is:

"Perceptions of female students living with Physical Disability at the University of KwaZulu-Natal towards intimate relationships".

It is noted that you will be constituting your sample by conducting interviews with the female students living with disabilities on the Pietermaritzburg campus.

Please ensure that the following appears on your notice/questionnaire:

- Ethical clearance number;
- Research title and details of the research, the researcher and the supervisor;
- Consent form is attached to the notice/questionnaire and to be signed by user before he/she fills in questionnaire;
- gatekeepers approval by the Registrar.

You are not authorized to contact staff and students using 'Microsoft Outlook' address book.

Data collected must be treated with due confidentiality and anonymity.

Yours sincerely

[Redacted Signature]

MR S MOKOENA
REGISTRAR

Office of the Registrar

Postal Address: Private Bag X54001, Durban, South Africa

Telephone: +27 (0) 31 260 8005/2206 Facsimile: +27 (0) 31 260 7824/2204 Email: registrar@ukzn.ac.za

Website: www.ukzn.ac.za

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Founding Campuses: Edgewood Howard College Medical School Pietermaritzburg Westville

Appendix 2: UKZN Ethical Clearance Letter



16 March 2017

Ms Gugu Madlala (SN 21155086)
School of Social Science
College of Humanities
Pietermaritzburg Campus
UKZN
Email: Madlalag@ukzn.ac.za

Dear Ms Madlala

RE: PERMISSION TO CONDUCT RESEARCH

Gatekeeper's permission is hereby granted for you to conduct research at the University of KwaZulu-Natal (UKZN), towards your postgraduate studies, provided Ethical clearance has been obtained. We note the title of your research project is:

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Yours sincerely


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Website: www.ukzn.ac.za



Founding Campuses:  Edgewood  Howard College  Medical School  Pietermaritzburg  Westville

Appendix 3: Informed Consent Document

Informed Consent Document

Dear Participant,

My name is Gugu Madlala student number (211558654) .I am a Masters candidate studying at the University of KwaZulu-Natal, Pietermaritzburg Campus. The title of my research is: Perceptions of Female students with physical disabilities at the Pietermaritzburg campus of University of KwaZulu-Natal towards intimate relationships. The aim of the study is to extract views, opinions and give students who are living with physical disability a chance to have a voice and be awarded with a chance to express their perceptions on the topic. I am interested in interviewing you so as to share your experiences and observations on the subject matter.

Please note that:

- The information that you provide will be used for scholarly research only.
- Your participation is entirely voluntary. You have a choice to participate, not to participate or stop participating in the research. You will not be penalized for taking such an action.
- Your views in this interview will be presented anonymously. Neither your name nor identity will be disclosed in any form in the study.
- The interview will take about 30 minutes to forty-five minutes.
- The record as well as other items associated with the interview will be held in a password -protected file accessible only to myself and my supervisors. After a period of 5 years, in line with the rules of the university, it will be disposed by shredding and burning.
- If you agree to participate please sign the declaration attached to this statement (a separate sheet will be provided for signatures).

I can be contacted at: School of Social Sciences, University of KwaZulu-Natal,
Pietermaritzburg Campus, Scottsville, Pietermaritzburg. Email: Madlalag@ukzn.ac.za Cell:
+27729606218.

My supervisor is Dr. Janet Muthuki who is located at the School of Social Sciences, Pietermaritzburg Campus of the University of KwaZulu-Natal. Contact details: email Muthuki@ukzn.ac.za Phone number: +2733 260 6462.

The Humanities and Social Sciences Research Ethics Committee contact details are as follows: Ms Phumelele Ximba, University of KwaZulu-Natal, Research Office, Email: ximbap@ukzn.ac.za, Phone number +27312603587.

Thank you for your contribution to this research.

DECLARATION

I Gugu Madlala hereby confirm that I understand the contents of this document and the nature of the research project, and I consent to participating in the research project.

I understand that I am at liberty to withdraw from the project at any time, should I so desire. I understand the intention of the research. I hereby agree to participate.

I consent / do not consent to have this interview recorded (if applicable).

SIGNATURE OF PARTICIPANT:

DATE:

GMadlala

Appendix 4: Individual Interview Guide for Students

Individual Interview guide questions (students)

1. What is a disability in your own opinion?
2. What does it mean to be a woman in your own opinion?
3. What have you identified as your current struggles and challenges as a woman living with disability when it comes to relationships?

4. How do you view your own body as woman living with physical disability?
5. What is your opinion when it comes to a cultural norm that expect a woman to perform certain duties as a woman?
6. What is your attitude towards romantic relationships?
7. What is your view of a perfect body?
8. Hoe does your body influence the choices you make towards intimate relationship?
9. How does the perception of your own body influence your attitude towards intimate relationship?
10. What may be difficult in forming and maintaining an intimate relationship?
11. What do you look for in a partner?
12. What factors influence your choice when it comes to choosing a partner in an intimate relationship?
13. Why should women have power and rights in a relationship?
14. What is safe sex in your own view?
15. Why is it important to practise safe sex in a relationship?
16. How do you as woman living with a physical disability should negotiate safe sex in a relationship?
17. How much power do you have in a relationship not just as a woman but a woman living with physical disability?
18. How do you negotiate safe sex in a relationship?
19. What are your sexual expectations in a relationship?
20. How do you think a woman living with disability should be treated in intimate relationship?
21. Why it is important for a woman living with disability to be able to offer her own opinion in an intimate relationship?

22. How can women living with physical disability redeem her reputation against misconception and negative opinion from a partner in a relationship?

23. What do you think is a perfect romantic relationship?

Appendix 5: Language Editing Certificate

SLS Proofreading & Editorial Services

Email: lukongstella@gmail.com | lukongstella@hotmail.com

Contact No: +27 72 443 2406 / +27 65 942 3332

03 February 2021

To Whom It May Concern

CERTIFICATION OF ENGLISH LANGUAGE EDITING

This document serves to acknowledge that the thesis titled: *Perceptions of Female Students with Physical Disabilities at the Pietermaritzburg Campus of University of KwaZulu-Natal towards Intimate Relationships*, has been edited for correct English language usage, syntax, spelling, punctuation, and overall style.

The author's ideas, research content, and context were not altered during editing. Where meaning was not explicit, recommendations were suggested and the responsibility of implementing them rests with the author.

Yours Sincerely,



Lukong Stella Shulika