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## **Experiencing Physical Disability: Young African Women in Lesotho**

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**Abstract** The article unwraps notions related to young African women's lifeworld experiences of physical disability. The study is positioned in the broad context of the theoretical frameworks of phenomenology, existential sociology, the social construction of reality, feminist disability theory, and intersectionality. Focus is given to the way social systems of cultural oppression and discrimination impact women with physical impairments and manifest in how they perceive and make meaning of their everyday life experiences. Women with physical impairments often experience a double measure of oppression—being both female and disabled. When these women try to engage in a normal life and interact with others, they experience barriers imposed on them by their social reality—particularly in the form of cultural norms and patriarchal ideals. There are also instances where participants demonstrate resilience in the face of negative social stereotyping, instances that clearly show that they are not different, and do not perceive themselves as being different to able-bodied women. Drawing on semi-structured in-depth interviews with eight young Black women who are living with physical disabilities in Lesotho, the objective of this article is to examine their everyday life experiences within a predominantly able-bodied society.

**Keywords** Women; Physical Disability; Identity; Everyday Life

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Physical impairment is a complex human condition that can strike anyone, in spite of his/her social rank or status. The World Health Organization (WHO 2011:261) signaled at the beginning of this decade that more than a billion individuals in the world were living with some or other forms of physical impairment, making individuals with disabilities the world's largest single minority. The fact that many of the world's physically disabled people are women makes it likely that this group is prone, too, to other forms of inequality such as being deprived of proper education, being more likely to be unemployed, and when they are employed being more likely to have low income jobs (WHO 2011:262).

According to the Lesotho Ministry of Health and Social Welfare's Draft National Disability and Rehabilitation Policy (2011), this country has very limited

coordinated disability databases to provide accurate statistics on people with disabilities. Additionally, no recent, comprehensive national disability survey has been undertaken in this country—the last was conducted in 2001 by the Bureau of Statistics (Dube et al. 2008:10) and revealed that approximately 4.2% of the population or around 80,000 individuals in Lesotho are seriously disabled. A more recent study in 2010, *Living Conditions of Persons with Disabilities*, found that 3.7% of Lesotho's 1.8 million suffer from one or more severe disabilities (Kalebe 2016:8). This statistic was generated via a 2006 Population and Housing Census, which Shale (2015:184) elaborates on by offering a breakdown in terms of gender:

The results of the census were presented for the first time to stakeholders in December 2009 and they indicate that 3.7 per cent of the total population of

Lesotho has some form of disability of which 2.1 per cent constitute males and 1.6 per cent females.

Amongst the major forms of severe physical disabilities are visceral, skeletal, and disfiguring impairments such as paralysis, limping, amputations, lameness, deformity, and suffering from a hunched back. Contrary to the situation world-wide, the occurrence of physical impairments in Lesotho is more prevalent among male members of society. This is mainly due to amputations resulting from accidents related to male migrant labor in neighboring South Africa. The total physical disability ratio for Lesotho is 4,179 per 100,000 of the population, with the male disability ratio of 4,814—about 26% higher than the female physical disability ratio of 3,556 (Dube et al. 2008).

Although the number of disabled women in Lesotho might be smaller than the corresponding number among men, women with physical impairments often face additional challenges as a result of their disability. They often are excluded from taking part in many mainstream activities such as attending school, being considered for a job, and being regarded as an efficient mother and wife. Knowledge of how women with physical disabilities experience their everyday life is, however, limited and the issue of impairment has often been ignored within mainstream sociological practice (Turner 1992:252). Research done on women with physical disabilities originates mainly from first world countries and mostly focuses on the psychological, economic, and social issues that impact women with disabilities. The research often ignores these women's everyday experiences (Shakespeare 2006:197). The voices of

women with physical impairments have therefore been omitted almost entirely in research in developing societies. This is also the case in Lesotho, and there is, therefore, little understanding of how young Black women with physical disabilities in this country experience their everyday reality. This article seeks to add to our understanding of the experiences of women suffering from physical disability by taking a phenomenological approach to this issue. A phenomenological approach attempts to describe the participants' lived world in a way that increases the understanding of these human beings through analyzing their experience (Norlyk, Martinsen, and Kjaer-Petersen 2013:2).

## Experiencing Disability

Women in developing societies with physical impairments often experience multiple forms of discrimination, which makes it hard for them to meet the expectations of the roles related to being a woman. This is the case because in developing societies being a wife is often seen as synonymous with being a co-provider, a sexual partner, a mother, and a domestic worker. When women with physical impairments are not able to perform these roles, they are often regarded as not being self-sufficient and, therefore, less fit for the role of a wife. Depending on the severity of their impairment, some women with physical disabilities are indeed unable to perform all of the basic activities of daily living related to household chores and community engagement, which may compel them to be dependent on others. Although many women with physical impairments are able to perform most of the roles ascribed to them and although they appear to

be largely independent, they are often unlikely to get married because they are perceived as not being fully capable for the role of a wife (Hanna and Rogovsky 2006:44).

Women with physical disabilities are often made to feel inadequate and vulnerable as sexual partners. Many individuals believe that women with physical impairments cannot have a normal sex life. As a result, it becomes hard for women with physical disabilities to be in serious relationships. Because of society's prejudiced views, able-bodied men tend to be discouraged from being in relationships with disabled women (Tilley 1996:140). Societal prejudices can portray women with physical impairments as unattractive and as a risk in as far as the outcome of love is concerned. Hanna and Rogovsky (2006:45) summarize society's prejudice in this regard:

Physical attractiveness is the most visible and most easily accessible trait of a person. Physical attractiveness is also a constantly and frequently used informational cue...Generally, the more physically attractive an individual is, the more positively the person is perceived, the more favorably the person is responded to, and the more successful is the person's personal and professional life.

When women with physical impairments perceive that they are seen as unattractive and unworthy of love, they experience negative perceptions of their body image. Hence, they are made to feel uncomfortable in their own society because they do not only have to deal with the male gaze but also with general societal ideals of what constitutes feminine beauty.

In this article, the spotlight falls on disability and impairment as experienced in and through the body in terms of cultural and personal narratives that allow an individual to construct her own meaning of disability as part of her lifeworld (Papadimitriou 2008:694). The body is central to the experiences of everyday life. How people interact in everyday life emphasizes the importance of embodied experience (McMahon and Huntly 2013:31). Embodiment is viewed as highlighting the physical and emotional framing of our bodies in everyday encounters (McMahon and Huntly 2013:31). For this reason, disability in this article is understood from the point of embodied experience of action and meaning. The lived body of the disabled women is an impaired body. Moreover, this lived body is linked to these women's experiences and past actions; it is also linked to the thoughts and beliefs that they, as women with physical impairments, have encountered in their lives (McMahon and Huntly 2013:31).

By focusing on the narratives of women who are living with physical disabilities, an understanding will be gained of how their lived body represents subjective experiences that entail, or are connected to, the concept of embodiment. From the perspective of Bill Hughes and Kevin Paterson (2006:101), "the impaired body is not just experienced: it is also the very basic experience." The way these women perceive their bodies will provide us with a perspective on their world. It is important to consider the meaning of the lived body in order to understand the experience of disability; in turn, the meaning and experience of disability can also help to recall the concept of the lived body (Hughes and Paterson 2006:101).

The body is described by Hughes and Paterson (2006:101) as “an experiencing agent, itself a subject and therefore a site of meaning and source of knowledge about the world.” Hughes and Paterson (2006:102) further consider the importance of physical, emotional, and cultural factors in determining the embodied experiences of women with physical disabilities. Peters, Gabeland, and Symeonidou (2009:548) claim that

the body becomes a metaphor for culture, where culture is created from whole body experiences and the disabled body is the interactive force for cultural identity and change.

This means that a physically impaired body often cannot escape cultural meanings. When women with physical disabilities cannot meet the cultural expectations of the normal body, they often perceive their bodies as a source of pain, unworthiness, shame, and imperfection.

Labeling women with impairments in terms of their body limitations implies stigma. Stigma often originates from cultural expectations and from social disgrace (Goffman 1963). When a woman is unable to meet the cultural expectations of the feminine body, the body is stigmatized. In modern, developed societies, the stigmatized view of the disabled body often leads to reactions which may include making attempts via surgery to eliminate the basis of stigmatization (Holmes 2010:110). Furthermore, women with physical impairments may experience isolation because they are viewed as members of a stigmatized group by the non-disabled society (Wendell 1996:25).

The preceding arguments explain why it is the case that disability is perceived as an important characteristic of self-identity. Identity describes and determines belonging. It refers to what people have in common and how they are different from each other (Davis 2006:233). At its most basic function, identity provides a person with a sense of individual location. Women with physical disabilities experience difficulties in developing a positive sense of identity because of discrimination and oppression. As a result of failing to develop a positive sense of identity, women with physical impairment experience a negative perception of self, which prevents them from engaging with societal activities. This leads to social exclusion, limited opportunities, and negative labeling (Blinde and McClung 1997:327).

From what has been said thus far it is clear that society plays an active role in determining the negative self-perception of women with physical disabilities. This suggests that the self-image of women with physical disabilities is connected to fear of others’ attitudes and reactions. In extreme cases, they might even avoid contact with others altogether (Blinde and McClung 1997:328). Many women with physical impairment accept the labels given to them by their society—that they are in essence incapable and in need of help.

Of all the barriers that women with physical disabilities face, the attitudes and prejudices of others can be the most difficult to negotiate. More often than not the way a woman with a physical disability feels about herself is affected by the attitudes of those around her. The negative attitudes of members of society often result in discrimination, stigma, and

stereotyping. These inevitably impact the women and can lead to poor self-care and low self-esteem (Power and Dell Orto 2004:31). Some negative ways in which able-bodied people react towards disabled women are gazing or staring, as well as projecting fear, hostility, and anxiety (Sawadsri 2011:61). In addition, women with physical impairment are often patronized when they appear in public because of the inferiority inherent in disability, as imposed by the able-bodied individuals. Because of these negative reactions and attitudes, women with disabilities often experience discomfort and apprehension during interactions with others. Within society the negative attitudes towards women with physical disabilities stem from the assumption that disability is a problem in need of attention—mostly in terms of medical intervention (Cameron 2014:137).

### Methodological Reflections

This article builds on sociological theories that can provide us with insight into the research participants' lifeworlds: phenomenology, existential sociology, the social construction of reality, intersectionality, and feminist disability theory. The research is largely situated within the context of ideas in Peter Berger and Thomas Luckmann's social construction of reality (1991). The social construction of reality relates to the subjective understanding of personal experiences—understanding that reflects shared meanings about women with physical impairments. A phenomenological perspective also guides the research. Following the phenomenological perspective, human beings constitute meaning and researchers need to make sense of people's lifeworlds. The research, therefore, attempts to estab-

lish how the research participants experience the interrelationships between disability, race/ethnicity, religion, social class, and gender.

This qualitative study made use of purposive and snowball sampling. Purposive sampling involves locating specific participants who can speak authoritatively on the research topic. The premise of our purposive sampling is that it selected women with physical disabilities because they share particular knowledge, and experience, of disability (Creswell 2013:155). Semi-structured in-depth interviews were used for collecting data on participants' personal stories—their histories, experiences, and perceptions. A research schedule guided the interviews. The narratives were digitally audio-recorded, transcribed into Sesotho, translated into English, and then analyzed thematically.

At the time of the interviews, two participants were married, two were in intimate relationships, and one of them was a single mother, while the other three women were single. All the participants lived for most of their lives in rural areas, but at the time of the interviews they were all residing in Maseru, the capital of Lesotho. Their socio-economic status and their educational level did not play a role in their recruitment as research participants. In-depth interviews took place in the privacy of participants' homes and all efforts were taken to avoid any discomfort to participants. A starting point to the interviews was the introduction of the research topic to the participants. They were then provided with details about the project and their role therein. After discussing the documentation outlining the full extent of the ethical context within which they would

participate, and after dealing with all their questions and concerns, those willing to be part of the project were given the opportunity to sign consent forms. All the interviews were conducted individually. The interviews started with an introductory section in which each participant was asked to tell us about herself. They also talked about their families, their day-to-day experiences, and their relationships. These experiences and relationships were explored in terms of participants' feelings, emotions, and reactions. Rest breaks were provided during the interviews to allow for participants' maximum comfort. Special care was taken to be attentive to any special needs associated with participants' physical disabilities.

### **Ethical Issues**

Fully aware that this research deals with sensitive issues and with a vulnerable group in society, the stringent ethical procedures laid down by the Ethics Committee of the Faculty of Humanities at the University of the Free State (ethical clearance number: UFS-HSD2015/0615, 09-Nov-2015) were faithfully implemented in order to protect the participants. The research participants' informed consent was obtained to audio-record the face-to-face interviews so that the interviews could later be transcribed, translated, and analyzed. All documentation related to their participation, such as the informed consent document, was presented in Sesotho—the participants' mother tongue. Participants were given the assurance of confidentiality and anonymity; one related strategy was to use pseudonyms to protect their identity. These pseudonyms are used in this article.

### **Presenting the Findings**

The findings focus on the narratives reflecting the experiences of eight physically disabled women in Lesotho. We draw on Botle—one of the participants—to provide the context from which to hear their stories. Botle articulates living with, and the experiencing of, physical impairment:

Let me start off by saying it is very difficult to find a job, especially when you are a woman with a disability. What happened is I first started off as a volunteer at the IEC [Independent Electoral Commission] during the elections. My friends and other people told me that I should apply to volunteer because I had experience. While I was a volunteer at the IEC, I also applied to study part time at the NTTC [National Teachers Training College] and I was admitted. There was a lot of discrimination against individuals with disabilities at this institution [NTTC]. We were given special care and we were welcomed in different ways from the able-bodied individuals... This made me feel different from others. I was not alone...there were many of us [disabled people]... Women and men, young and old alike. When I realized that there were many people with disabilities, I started growing emotionally and spiritually. We were allocated rooms [dormitories] downstairs because all the other rooms were upstairs. In most cases, the rooms downstairs had single rooms. However, we were first asked if we preferred to stay in single rooms or sharing. They gave us options... sometimes you would like to stay with other people...roommates...When it was time to eat, we were given first preference, we were told not to queue for food... [Botle]

From Botle's narrative, it is evident that people with disabilities in Lesotho are perceived as different from able-bodied people and are regarded as being incapable, helpless, and dependent. People with impairments at this institution were treated differently and although some of the arrangements made for them can be said to come from a caring and considerate space, it is possible that their agency might have been undermined in the process (Garland-Thomson 2002:6). Botle initially felt that she was seen as being "different" and experienced this as being perceived in a negative light. This way of society looking at disability leads people with disabilities to experience a sense of conflict with their identity (Wendell 1996:83). But, when she realized that she was not alone, that there were many others with physical disabilities in her new community, she "started growing emotionally and spiritually."

### Beauty Concepts

Women with physical disabilities are usually stereotyped and seen as unsuitable to pursue female beauty ideals. After raising issues that contribute to female beauty—such as make-up, clothes, and hairstyle—the research participants were asked about their attitudes and practices in this regard. Khauhelo gives her take on this matter:

[Laughs]...I like doing these things so that I can also look beautiful like other women. I should not look ugly just because I have a disability. I do not want to be ugly just because I am disabled...No...I have to look beautiful, really. A woman should look stunning all the time, whether she is disabled or not. [Khauhelo]

These duties are not a waste of time because one has to look and dress appropriately—so that one looks beautiful. The hair must be nice...Even if it is short, it must always be clean. The clothes should always look nice and one should dress for her body just like other women do...Yes. [Botle]

I like them. A woman has to look beautiful...I like being pretty and presentable. I do not want to look like I come from the farms. I have to look pretty all the time. Even when I am at home...People should think that I just came back from somewhere. [Iponeng]

Several participants believe that physical attractiveness is important; being physically impaired does not mean that they have a diminished right to beauty or to caring about their appearance. For Lisebo, on the other hand, using make-up, following fashion, and changing hairstyles are not that important because she feels less attractive:

I am...ehm...I am not a beautiful person...Yes ma'am...I am not a beautiful person. [Lisebo]

Feeling unattractive and undesirable, however, was not a common trend among the participants. The majority seem to concentrate on their physical appearance and spend more time preparing to look attractive. These participants seem to believe that having their hair styled, wearing make-up, and dressing well added to their sense of femininity.

### Barriers to Intimate Relationships

The focus now shifts to physically impaired women's experiences of intimacy in as far as their



relationships are concerned. Women with physical disabilities often find it harder to experience everyday intimacies, which non-disabled people take for granted. This may be the case because many able-bodied people fail to consider them as desirable and romantic partners (Hanna and Rogovsky 2006:44). As a result, many women with physical impairments experience insecurities and fear of being rejected by men.

This is exactly what Palesa reveals through experiencing. Her negative attitude towards relationships and intimacy seems to hinder her from being with a partner. The resulting insecurity leaves her isolated:

I am scared that they will not love me. I wonder if they will love me the way I am. Maybe it is because I am self-doubting. I am scared. I think they will only take advantage of me because I am disabled. [Palesa]

Palesa's fear of being taken advantage of probably stems from a previous relationship. She says that she broke up with her boyfriend because she was assuming that he only wanted to have sex with her:

The relationship was good...but the problem was sex...I think about so many negative things that persuade me to break up with men. [Palesa]

Nthati speaks about the difficulty of getting into a relationship. She explains the distrust that she experiences towards able-bodied males. She also believes that she does not deserve to be loved by a man because of her impairment:

Hah...I think non-disabled guys feel sorry for us. When you are in a relationship with them and you have a disagreement...they give you that look. Like they feel sorry for you. I do not believe that a non-disabled man would love me. They just feel sorry for me. I am scared that I might fall in love with him and the next thing, he regrets being in a relationship with a disabled woman while there are so many able-bodied women out there. [Nthati]

Like Palesa, Nthati's fear of rejection stems from previous relationships. As she interprets past experiences, able-bodied men whom she dated seemed to be in a relationship with her because they pitied her, not necessarily because they loved her. The experience, or interpretation, of being pitied has impacted so negatively on Nthati that she believes no able-bodied male can ever love her because of her impairment.

## Marriage

The expectation to find a partner and to marry is an important issue for the research participants, and a right that most able-bodied people take for granted (Pfeiffer 2006:74). Many participants experience negative attitudes to them getting married from their immediate families and from the public in general. These attitudes center around the non-acceptance of disabled women as wives because they are perceived to be unfit for this role. Being a wife is normally seen as a helping role such as being able to provide for and take care of a husband and children (Hanna and Rogovsky 2006:44). Married women interviewed for this study do speak about being dependent on their husbands and explain how they

rely on their husbands for support with many activities.

Iponeng indicates that her husband is able-bodied and she speaks passionately about her marriage. She mentions a balance between independence and dependence in relation to her husband and that she has not experienced any serious challenges in her marriage:

I have not experienced any challenges in my marriage thus far. I was expecting many challenges because I had seen so many things happen to other married couples. I did not experience the biggest challenges...I do not ask my husband to do things for me. He knows what I am able to do and he knows what I am not able to do. He does things for me. [Iponeng]

Iponeng emphasizes that she is unable to do some things that able-bodied individuals can do. Nonetheless, she is worthy of being loved and taken care of. She reports that she has not been abandoned by her partner, although other married couples around her broke up. Viewed from a feminist perspective, Iponeng has constructed an identity as a wife without undue emphasis on having to depend on her husband to some extent. A level of co-dependency is, after all, characteristic of all relationships. However, Botle points out that, based on the level of dependency, women with physical impairments may experience negative reactions when they are supported by their husbands:

When you are married and your husband does things for you like getting water from the community tap, people start talking. They say: "Wow, he has eaten it" [love potion]. Sometimes they will say: "Look at how

he is struggling. Why did he marry someone with a disability?" [Botle]

For some of the research participants who are not married, their dilemma regarding marriage is further complicated by able-bodied individuals who talk able-bodied men out of marrying women with physical impairments. The remarks by Nthati illustrate this point:

The other thing that made me sad was when one guy asked me to marry him...when I was doing my grade eight. I asked him why he wanted to marry me and he told me it is because his parents told him to marry, since he was old enough. Again, he told me that he told his parents about me and they had a problem with him marrying someone with a physical disability. His parents were worried if I would be able to perform the roles of a wife. For example, they were worried if I could take care of their son, do his laundry, cook for him, and many other things. When he told me this, I was very sad! [Nthati]

Nthati clearly experienced negative perceptions and stereotypes that position women with physical disabilities as not being capable of performing the traditional gendered roles associated with ideal wives (Hanna and Rogovsky 2006:44) and mothers (Garland-Thomson 2002:7). The research finds that participants are doubly disadvantaged due to gender discrimination and their physical impairment.

### **Motherhood**

Identifying self in relation to motherhood is an important issue for women. The research participants

discuss in detail their experiences of motherhood. An interesting point is made by Botle who says:

My name is Botle Sello from Malibamatso. I got married in Pitseng. I have a house in Tsikoane...I am 35 years old. I have two daughters and my husband is non-disabled. [Botle]

Similarly, Nthati says:

My name is Nthati Pheko, I am 30 years old...From St. Michaels, but I was born in Quthing. I have a daughter and I live with her. [Nthati]

From the narratives of Botle and Nthati it is clear that constructing an identity as a mother plays an important role in the sense of self of these participants. In doing so, Botle and Nthati imply that they are as capable as any able-bodied woman of effectively carrying out the role of child-bearing and child-rearing.

According to Garland-Thomson (2002:17): "Women with disabilities often must struggle to have their sexuality and rights to bear children recognized." This is borne out by some participants who report that their right to care and to reproduction was violated by nurses at the clinics. They also seem to have experienced discrimination during pregnancy. For example, Nthati was told that she would not be able to give birth naturally because she had polio. She was also told to stop falling pregnant. This is part of her story:

I remember on the day I was going to give birth... the nurses told me that I had to give birth by caesar-

ean section. They told me that I could not give birth naturally due to my disability. They told me that because I had polio, I would not give birth naturally. They also told me that I should never get pregnant again...But, I do not know, I think that I will still have more babies. I do not know. The nurses told me that because I had a disability, I would never give birth to a healthy baby...But, I gave birth naturally. I did not have to go through any surgical procedures. My baby was healthy. Nothing went wrong. [Nthati]

Botle shares a poignant story, which takes place at the hospital at the time she was going to give birth:

Even at clinics and hospitals the female nurses ignore us. They do not take care of people with disabilities. For example, when I was pregnant, I went to a hospital. When I got there, the nurses ran some tests and everything was fine. When it was time for me to give birth, I asked one lady to take me to the hospital and we got there on time. When we got there, we went to one nurse's office and she told me to go to the labor ward and wait for her there. What astonished me was that there was one nurse with a physical disability in that office...They were sleeping. I went to the labor ward as directed. The other nurse who asked me to wait for her in the labor ward came, but she had to go back because she had forgotten to bring gloves. Immediately when the nurse turned to get the gloves, I gave birth. When she came back, the baby was born and I did not know what to do. I was so scared because the bed was too small and when the baby came, I had to grab her because I was too scared that she was going to fall. However, the baby

did not fall and I realized that the reason the baby did not fall was because she was connected to the umbilical cord...So, the umbilical cord was around the baby's neck and I was scared that it would strangle her. But, when I looked closer, I realized that it did not do any harm to the baby. When the nurse arrived, she found that the baby was born. She did not even apologize. That is how much non-disabled women care about disabled women! They ignore us... [Botle]

One factor, which seems to fuel the attitude of nurses, is reflected in negative perceptions of impairment which suggest that women with disabilities are not capable of giving birth; and when they do fall pregnant, that they will not give birth to normal/healthy babies. But, as Botle and Nthati's experiences clearly show, being physically impaired does not mean one is incapable of giving birth to normal, healthy babies. These participants have challenged ideas about the normalization of bodies and socially held assumptions about rights of reproduction (Garland-Thomson 2002:15).

## Conclusion

In this article, we focused on the everyday lived experiences and aspects of the lifeworlds of women with physical disabilities in Lesotho. As is the case with most able-bodied women in society, women with physical impairments also value pursuing feminine beauty ideals. The perception of femininity is strongly associated with looking and feeling attractive. As such, several participants believe that using make-up, following fashion, and

changing their hairstyles make them more feminine and that in this regard they are no different from able-bodied women. The need to conform to socially sanctioned standards of ideal beauty and the continuous practices that coincide with the presentation of their bodies in line with these norms are too demanding for some. For most participants, feeling comfortable in their bodies seems to be an important part of femininity.

Drawing on the experiences of women in this study, it seems that in Lesotho, a long road lies ahead in order to reach the point where women with physical disabilities will become accepted as capable of living normal lives as normal members of society. Not only is there a need for changed perceptions regarding the roles and values associated with impairment but there is also a need to address public opinion on the rights of disabled people. This is particularly important because the experiences and feelings of disabled women often contribute to public opinion and re-enforce, rather than challenge, attitudes towards the physically impaired. Some participants who do not have partners seem to believe that they will most probably be abandoned by any potential partners. These negative attitudes have led them to distance themselves from possible relationships under the assumption that no man will fully love a woman with a physical impairment.

Society has long moved past accepting the right of women with physical disabilities to exist in society. More needs to be done to firmly establish the right to ways to make their existence meaningful and effective.

## References

- Berger, Peter and Thomas Luckmann. 1991. *The Social Construction of Reality: A Treatise in the Sociology of Knowledge*. London: Penguin Books.
- Blinde, Elaine M. and Lisa R. McClung. 1997. "Enhancing the Physical and Social Self through Recreational Activity: Accounts of Individuals with Physical Disabilities." *Journal of Sport Behavior* 14(4):327-344.
- Cameron, Colin. 2014. *Disability Studies: A Student's Guide*. London: Sage.
- Creswell, John W. 2013. *Qualitative Inquiry and Research Design: Choosing among Five Approaches*. London: Sage.
- Davis, Lennard J. 2006. "The End of Identity Politics and the Beginning of Dismodernism: On Disability as an Unstable Category." Pp. 231-242 in *The Disability Studies Reader*, edited by Lennard J. Davis. New York: Routledge.
- Dube, Andrew K. et al., (eds.). 2008. *Disabled People's Organisations: Needs Assessment Research*. Retrieved February 16, 2018 (<https://assets.publishing.service.gov.uk/media/57a08bcd-40f0b652dd000ec8/Needs-Assessment.pdf>).
- Garland-Thomson, Rosemarie. 2002. "Integrating Disability, Transforming Feminist Theory: Feminist Disability Studies." *NWSA Journal* 14(3):1-32.
- Goffman, Erving. 1963. *Stigma: Notes on the Management of Spoiled Identity*. Englewood Cliffs, NJ: Prentice Hall.
- Hanna, William J. and Betsy Rogovsky. 2006. "Women with Disabilities: Two Handicaps Plus." Pp. 37-52 in *Overcoming Disabling Barriers: 18 Years of Disability and Society*, edited by Len Barton. New York: Routledge.
- Holmes, Mary. 2010. "Social Theory of the Body." Pp. 102-116 in *The Routledge Companion to Social Theory*, edited by Anthony Elliott. London: Routledge.
- Hughes, Bill and Kevin Paterson. 2006. "The Social Model of Disability and the Disappearing Body: Towards a Sociology of Impairment." Pp. 91-107 in *Overcoming Disabling Barriers: 18 Years of Disability and Society*, edited by Len Barton. New York: Routledge.
- Kalebe, Justice. 2016. *Living with a Severe Disability – Salemane Ralitomo Story*. Retrieved February 22, 2016 (<http://blogs.sun.ac.za/afrinead/files/2016/03/Disability-Lesotho-Feb2c-2016-1.pdf>).
- McMahon, Jennifer A. and Helen E. Huntly. 2013. "The Lived and Living Bodies of Two Health and Physical Education Tertiary Educators: How Embodied Consciousness Highlighted the Importance of Their Bodies in Their Teaching Practice in HPE." *Australian Journal of Teacher Education* 38(4):31-49.
- Ministry of Health and Social Welfare. 2011. *Draft National Disability and Rehabilitation Policy: Mainstreaming Persons with Disabilities into Society (DNDRP)*. Retrieved May 03, 2018 ([http://www.infod.org.ls/uploads/1/2/2/5/12251792/national\\_disability\\_and\\_rehabilitation\\_policy\\_2011.pdf](http://www.infod.org.ls/uploads/1/2/2/5/12251792/national_disability_and_rehabilitation_policy_2011.pdf)).
- Norlyk, Annelise, Bente Martinsen, and Klaus Kjaer-Petersen. 2013. "Living with Clipped Wings: Patients' Experiences of Losing a Leg." *International Journal of Qualitative Studies in Health and Wellbeing* 2013(8):1-9.
- Papadimitriou, Christina. 2008. "Becoming En-Wheeled: The Situated Accomplishment of Re-Embodiment as a Wheelchair User after Spinal Cord Injury." *Disability & Society* 23(7):691-704.
- Peters, Susan, Susan Gabeland, and Simoni Symeonidou. 2009. "Resistance, Transformation and the Politics of Hope: Imagining a Way Forward for the Disabled People's Movement." *Disability & Society* 24(5):543-556.
- Pfeiffer, David. 2006. "Eugenics and Disability Discrimination." Pp. 70-90 in *Overcoming Disabling Barriers: 18 Years of Disability and Society*, edited by Len Barton. New York: Routledge.
- Power, Paul W. and Arthur E. Dell Orto. 2004. *Families Living with Chronic Illness and Disability: Interventions, Challenges and Opportunities*. New York: Springer Publishing Company.

Sawadsri, Antika. 2011. *Accessibility and Disability in the Built Environment: Negotiating the Public Realm in Thailand*. PhD Thesis. Newcastle upon Tyne: Newcastle University. Retrieved August 24, 2018 (<https://theses.ncl.ac.uk/dspace/handle/10443/1656>).

Shakespeare, Tom. 2006. "The Social Model of Disability." Pp. 197-204 in *The Disability Studies Reader*, edited by Lennard J. Davis. New York: Routledge.

Shale, Itumeleng. 2015. "Country Report: Lesotho." *African Disability Rights Yearbook* 183-202. Retrieved February 22, 2018 (<http://dx.doi.org/10.17159/2413-7138/2015/v3n1a8>).

Tilley, Christine M. 1996. "Sexuality in Women with Physical Disabilities: A Social Justice or a Health Issue?" *Sexuality and Disability* 14(2):139-151.

Turner, Bryan S. 1992. *Disability and the Sociology of the Body*. London: Routledge.

Wendell, Susan. 1996. *The Social Construction of Disability: The Rejected Body*. New York: Routledge.

World Health Organization. 2011. *Community Based Rehabilitation as We Have Experienced It: Voices of Persons with Disability*. Geneva: WHO Press.

Rafoneke, Seithati, Jan K. Coetzee, Pia H. Bülow, Penny Jaffray, and Amanda Young-Hauser. 2018. "Experiencing Physical Disability: Young African Women in Lesotho." *Qualitative Sociology Review* 14(4):154-167. Retrieved Month, Year ([http://www.qualitativesociologyreview.org/ENG/archive\\_eng.php](http://www.qualitativesociologyreview.org/ENG/archive_eng.php)). DOI: <http://dx.doi.org/10.18778/1733-8077.14.4.10>.