

**Exploring the physical activity experiences of women with a physical disability in India**

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### Abstract

Background: Although there is empirical evidence to show that physical activity participation has numerous benefits for women with a disability, little information is available on these experiences within a majority world context, such as in India. Given that women with a disability face multiple obstacles, this study aimed exploring the experiences of physical activity of women with a physical disability in India. Methodology: Five women with a physical disability in India were interviewed in person and through go-along interviews. Observations were made at the site of physical activity and photographs and field notes were taken throughout the process. A dialogical narrative analysis was used to interpret the women's experiences via three narratives. Results: *The multifaceted explorer* focussed on physical activity as a means to means to enhance health, friendships, and happiness. *Spreading my wings* storied physical activity as a transformative agent that allowed for discovering of opportunities and personal growth. *Better me for a better you* told the story of breaking boundaries and emerging as pioneers through physical activity participation. Conclusion: The three narratives highlighted how physical activity enabled and fostered empowerment, social support and a sense of belonging. These insights highlighted the need for physical activity interventions for women with a disability in India and other majority world countries.

### Résumé

Introduction: Bien qu'il existe des données scientifiques démontrant les bienfaits de l'activité physique chez les femmes ayant un handicap physique, peu d'information est disponible en ce qui concerne ces femmes dans un contexte mondial. Étant donné les différents désavantages sociaux que les femmes ayant un handicap physique rencontrent, cette étude a pour but d'explorer les expériences vécues de cette population au sujet de leur participation à l'activité physique en Inde. Méthode: Cinq femmes indiennes avec un handicap physique ont été interviewé en personne. De plus, les chercheurs ont observé ces femmes lorsqu'elles faisaient de l'exercice et des photographies et des notes ont été prises tout au long du processus. Une analyse dialogique a été utilisé afin d'interpréter les expériences vécues de cette population à travers trois récits narratifs. Résultats: *L'explorateur aux multiples facettes* identifie l'activité physique comme étant un moyen d'améliorer la santé, les amitiés, ainsi que le bonheur. *Déployer mes ailes* a identifié l'activité physique comme étant un agent transformateur qui a permis de découvrir des opportunités ainsi que d'apporter une croissance personnelle. *Une meilleur moi pour un meilleur toi* raconte une histoire qui se concentre sur le repoussement des limites personnelles ainsi que sur l'émergence en tant que pionniers grâce à la participation à l'activité physique. Conclusion: Les trois récits narratifs ont souligné l'importance de l'activité physique en ce qui concerne le développement de soi, le soutien social, ainsi que le sentiment d'appartenance. Ces observations ont mis en évidence la nécessité d'impliquer des interventions concrètes pour les femmes ayant un handicap physique qui sont physiquement actives en Inde et dans d'autre pays développés du monde.

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To paraphrase from an ancient Indian *shloka* (verse), “It cannot be stolen by thieves nor taken away by kings. It cannot be divided and does not carry weight. The more regularly you spend it, the more you can accumulate. The wealth of knowledge is the most superior wealth of all.”

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### **Preface and Contributions of Authors**

N. Kaushik is the primary author and carried out the collection of data, writing and preparation of the thesis.

Dr. S.N. Sweet, Associate Professor, Department of Kinesiology and Physical Education, McGill University, the candidate's supervisor was actively involved in every step and decision made regarding the research study and the completion of this thesis. In addition, he was the critical friend for data analysis to ensure the comprehensiveness of this thesis.

V. Allan, Post-doctoral fellow, School of Kinesiology and Health Science, York University, was a contributing author for the manuscript and involved in the data analysis and interpretation of the results of this study. In addition, she was a critical friend, providing input on the interpretation of results.

## **Chapter 1: Introduction**

### **1.1 Background**

Physical activity as a means to increasing the health and well-being of individuals with a disability has seen an increased priority around the world (World Bank, 2016). Despite this vast knowledge, rates of physical participation are much lower among individuals with than without a disability and even lower for women with a disability (Nosek et al., 2006; Rimmer, 2006). Girls and women with a disability comprise 19.2% of the world's population in which the majority (80%) reside in majority world countries (Sabatello & Schulze, 2013).

The term 'Majority world' is now being used instead of previous terminologies like 'developing' and 'third world' nations as it highlights the fact that the majority of the global population resides in these parts of the world (World Bank, 2016). These old terminologies often meant that development and progress had a specific standard (often set by countries in the West) that had to be adhered to by countries around the world (Reese et al., 2012). Using the term majority world can help counter negative and marginalizing implications within the conventional research discourse (Bartlett et al., 2010).

Despite this staggering figure of women in majority world countries, laws and policies accommodating needs such as access to recreational resources for women with a disability are largely non-existent at both national and international levels (Kim, 2013). Recognizing this deficit, one of the Millennium Developmental Goals (MDGs) by the year 2030 is the promotion of physically active lifestyles for high risk sub-groups such as women with a disability from majority world countries (WHO, 2018; UN 2016). In India, women with a disability are discouraged from participating in sport or physical activities due to traditional norms and culture. This in turn leads to families and community fearing that these women will relinquish the traditional roles expected

of them (Dawn, 2014; Seth & Dhillon, 2019). As such, physical activity rates are low and little knowledge as to the physical activity experiences of Indian women living with a physical disability exists.

A vast range of sociocultural factors and conditions like gender, family background, societal circumstances, financial support, the surrounding environment and access to opportunities like physical activity impact the lives of individuals with a disability (Martin, 2013; Rimmer, 2006). Each of these factors can be contextualized depending on the various perspectives and models of the disability discourse.

### **1.2 Models of disability**

There are several conceptual models of disability that underpin our assumptions, influences and approaches as researchers (DePauw, 2000). These models can help us understand how the disability discourse has changed and adapted over the years, impacting several areas – policy change (specifically physical activity participation in the disability population). I outline below the various strengths and limitations of three models – medical model, social model and the social-relational model and their scope within this research study.

**The medical model.** One of the earliest approaches to understanding disability, the medical model focused heavily on the individual's impairment as the source of disability (Oliver, 1995). This model views disability as a bodily limitation and medical interventions and treatments are required to “fix” the individual, helping them overcome this personal tragedy (Fisher & Goodley, 2007; Marks, 1997). There is no autonomy provided as treatment is carried out by specialists with the intention of caring for and protecting the person with disability, to restore ‘normal functioning’ (Shyman, 2016).

Looking within the physical activity and disability sport literature, Legg & Steadward (2011) suggested that “a medical model in which sport was used for the purposes of rehabilitation” (p. 1099), making it the predominant model originally used to understand the experiences of athletes with disability within the Paralympic movement. However, the medical model is not the only way to understand participation in physical activity as other scholars have drawn on various models (Smith & Bundon, 2018). The medical model his model is also said to dehumanize individuals with disability due to limitations placed on their participation and involvement (Goering, 2002). Several negative implications for persons with disability – reduced psychosocial well-being, feelings of helplessness and negative perceptions of ability have been associated with the inherent medicalization of this approach (Brittain, 2004; Goering, 2015).

**The social model.** This model of disability focused on differentiating bodily impairment and disability imposed by social structures, resulting in a ‘de-biologisation’ that was prominent within the medical model (Hughes & Paterson, 1997; Oliver, 2013). There were also clear distinctions made between *impairment* (physical or functional limitation of the body) and *disability* (loss or prevention of participation in social and recreational activities due to physical and social barriers; Oliver, 1990). Shakespeare (1997) argues that the social model conceptualized disability as being socially imposed in addition to biological impairment. This distinction led to a paradigmatic shift, wherein people were no longer viewed as being disabled by their bodies, but rather by society (Barton, 2006).

There was an increased focus on breaking the link between the body and social positioning, thus focusing on the real cause of disability, i.e. discrimination and prejudice

(Oliver & Barnes, 2010). Within the context of physical activity participation, Tregaskis (2004) found that the social model can be effective in creating a physical activity environment where there is an active collaboration between persons with and without a disability to create inclusive programmes as the model focuses on resolving external barriers to access and inclusion.

Despite making strides and addressing the limitations of the other models, critics have argued about how the social model was adopted. Social structures were not the only cause of disability as explained through the social model (Haegele & Hodge, 2016). It was argued that the separation of *impairment* and *disability* did not account for the life experiences of persons with an individual difference (Haegele & Hodge, 2016; Palmer & Harley, 2012). A more holistic approach that accounts for both internal and external factors can help contextualize our understanding of disability (Terzi, 2004).

**The social-relational model.** The social-relational model of disability emerged as a breakaway from the binaries that were proposed by the social model (Thomas, 2007). This approach was seen as a critique of the social model that took into account social, political, and economic factors that accounted for disability, along with psychological and cultural terms (Smith & Bundon, 2018). The social-relational model of disability accounts for both internalized (feelings worthlessness or inferiority) and externalized (physical inaccessibility) forms of oppression against individuals with a disability (Thomas, 2004). The social-relational model acknowledges the complexity of disability, recognizing the interplay between limitations to active participation and involvement, the biology of impairments and psychosocial factors (Reeve, 2004). Although this approach addresses most of the limitations presented by the medical and social models, critiques mention that

this model is weakly linked to the critical disability theory it emerged from (Berghs et al., 2019; Reindal, 2008). However, the biggest strength of the social-relational model is its ability to emphasize the personal experiences of individuals who live with impairment (Meekosha & Shuttleworth, 2009; Perrier et al., 2013).

The social-relational approach is merited in understanding disability within a majority world context (Reiter, 2008), gender (Sang et al., 2016; Thomas, 2004) exercise and health psychology (Haslett et al., 2017; Leroux et al., 2013; Martin, 2013). When coupled with other approaches, the social-relational model can provide valuable insights into how social oppression and psycho-social well-being can be impaired, especially in ways that limit physical activity and parasport options (Smith, 2013). Through this lens, the social-relational model of disability can highlight the various components of social oppressions, gender norms, and physical activity experiences of individuals with a disability.

### **1.3 Purpose of the proposed study**

The purpose of my research was to explore the physical activity experiences of women with a physical disability living in India. The research questions that guided this study were: What are the physical activity experiences of women with a physical disability in India? What role do sociocultural factors play in shaping these physical activity experiences?

## **Chapter 2: Literature Review**

### **2.1 Overview of disability**

An estimated one billion people around the world live with a disability (WHO, 2018). The United Nations Economic and Social Commission for Asia and the Pacific estimates that over 690 million individuals with a disability live in Asian countries (UNESCAP, 2017). Most of these individuals are poor and have limited to no access to basic services, including physical activity and rehabilitative facilities. Only about 11 per cent of persons with a disability receive some sort of aid or help within majority world countries like India (Pal, 2011). Rates of disability are increasing due to ageing populations and an increase in chronic health conditions (UNDESA, 2018). Some of the most common etiologies resulting in physical disability are genetic and chromosomal defects, prematurity and complications of pregnancy and acquired causes like accidents (Gargiulo & Bouck, 2017). Research has shown that lifestyle factors, such as physical activity, can diminish secondary complications and postponing effect against a disability (Berk et al., 2006; Gerst et al., 2011).

Within a majority world context, barriers to physical activity participation impact both (i) creating activity amenities for people with a disability and (ii) using sport and physical activity programs to reach wider development goals. The use of physical activity and sport programs for individuals with a disability in the majority world can be valuable, as the focus is on exploring and focusing on their abilities to perform in sport or exercise related tasks (Parnes & Hashemi, 2007).



## **2.2 Physical activity and disability**

Physical activity can be defined as any movement by the body that is produced by skeletal muscles and results in energy expenditure (Caspersen, 1985). Thus, the concept of physical activity encompasses daily living and activities that require energy exertion, fitness, exercise, as well as recreational, leisure time physical activity and competitive sports (Kruk, 2009). Leisure time physical activity (LTPA) refers to those activities that require physical exertion, such as playing a sport, exercising at a gym, walking or a wheeling, often during one's free time (Bouchard et al., 2012). Hence, the focus of physical activities in the context of this thesis is one of leisure-time physical activity.

Physical benefits associated with engaging in physical activity include reduced risk for chronic diseases like heart disease, obesity and hypertension, reduced secondary complications arising from functional limitations, and prevention of mental health disorders like depression and anxiety for individuals with a disability (Keysor, 2003; Netz et al., 2005; Murrock & Graor, 2014). Participation in physical activity for persons with a disability can also help with overall psychological well-being and improved quality of life (Groessl et al., 2019; Shirazipour et al., 2020; Sweet et al., 2012).

Enhancing one's sense of self, developing vital social skills, building relationships outside of family, and gaining independence have been cited as important reasons for persons with a disability to engage in physical activity (Stănescu, 2014; Stapleton et al., 2017). Actively participating in physical activity can represent a role that is valued socially and can help individuals with a physical disability diminish the stigma of having a disability (Anastasiou & Kauffman, 2011). Such involvement can compensate for a

socially contested attribute, in that stereotypes underlying the stigma of a 'disabled' body are challenged (Page et al., 2001).

Findings by Stone and colleagues (2019) suggested that athletic and elite sport statuses of adults with physical disability could help counter the stereotypes commonly applied to this group. Similarly, Page et al. (2001) found that belonging to a sports club or team helped athletes with a disability feel part of a special group, to be comfortable and to share a language that differentiated them from others. Physical activity participation for adults with a disability was seen an effective means to minimize, or manage, the stigma they were faced with, due to their disability (Kruk, 2009). Gainforth et al. (2013) found that being an independent exerciser elicited positive judgements of warmth and physical competency in persons with a disability by able-bodied individuals. Hence, physical activity participation could be a way of diminishing stereotypes often faced by people with a physical disability.

Despite the benefits of physical activity on health and the need to adopt an active lifestyle, literature shows that there is a lack of physical activity in individuals with a disability (Bossink et al., 2019; Rimmer & Rowland, 2008; Martin Ginis & Hicks, 2007). Prevalence rates show 46% of people with a disability in the US are physically inactive and not meeting criteria for adequate amounts of physical activity for health benefits (Carroll et al., 2014). The WHO (2018) estimates that 30% of adults are physically inactive in South-Asian countries. In addition, a rising incidence of disability, particularly in the majority world has the potential to place further burdens on governments and health care systems. Physical activity can be a low cost and effective means to foster positive health and well-being, social inclusion and community building; challenging negative perceptions attached

to disability within the majority world at a social and personal level (Deshmukh, 2016). For example, a program run by the foundation Handicap International in Bangladesh found a significant change in the villagers' attitude toward children with a disability after they observed them playing adapted sports along with their peers. They were more empathetic and understood the importance of physical activity in fostering autonomy and growth in the children (IWGS, 2007). Similarly, Richardson and colleagues (2017) found that wheelchair tennis was a viable means to promote psychosocial well-being in persons with a disability across six majority world countries in Europe, Asia and Africa. Transferability of skills, developing a sense of confidence and enhanced resilience were reported as a result of engaging in physical activity. Participating in wheelchair sport allowed for the exploration of the meanings behind sporting experiences in the context of living with a disability in a majority world country. By identifying as an athlete, participants were able to challenge the negative cultural narratives of a disability (Gainforth et al., 2013).

### **2.3 Disability, physical activity and women**

Rates for physical activity participation also vary by sex/gender as women with a disability have lower rates in comparison to men with a disability (Murtagh & Hubert, 2004; Wisdom et al., 2010). Studies show that 93% of women with a disability do not participate in sport or physical exercise and women make up only one-third of athletes with a disability in international competitions (Parnes & Hashemi, 2007). Fekete and Rauch (2012) found that women with a disability, particularly those living alone, reported a lack of social support as a barrier to engage in physical activity. Gender differences in participation in physical activity affirms that women with a disability are an underserved population (Bélanger et al., 2002). Despite possessing adequate skills and knowledge, the

life experiences of women with a physical disability are often sidelined, limiting them socially, structurally, and culturally (Muthukrishna et al., 2009; Tuomi et al., 2015). In addition to facing discrimination from a disability standpoint, women with a disability face discrimination on the grounds of gender. Hence, women with a disability are doubly oppressed (Traustadottir, 2006).

Women with physical a disability tend to be stereotyped and their individual identity and agency tends to be relegated (Coleman et al., 2015; Parker & Yau, 2012). They are also seen as possessing stereotyped personality traits for their gender and disability, such as passivity and vulnerability (Nario-Redmond, 2010). Restricted access, poor environmental provisions and lack of familial support prevent women with a physical disability from forming self-help groups and community-based systems to enhance their well-being (Rehman, 1999). Ironically, emotional coping, emotional venting and social support have been identified as the most common strategies for support in women with a disability (Kassah et al., 2014; Reynolds & Prior, 2003). The discrimination against women with a disability can further limit opportunities for equal participation in economic, social and political spheres in life and these are often met with cultural and societal stigmas and norms (Wilson-Kovacs et al., 2008; Habib, 1995). Engaging in physical activity can be a means to therapeutic gains, maintaining mental health and coping with several restrictions imposed by this social discrimination (Deegan & Brooks, 1985; Shapiro & Martin, 2010).

Women with a disability in the majority world are at risk for further discrimination. Findings show that 22% of women in lower income countries have a disability compared to 14% in higher income countries (WHO, 2011). Hence, women with a disability in

countries like India are a multiple minority group and are categorized as being at a triple jeopardy for discrimination; as they are women, live with a disability, and reside in the majority world (Dawn, 2014; UNESCAP 2017). A “multiple minority group” can be defined as a group of individuals who have been singled out by members of society are given unequal and differential treatment. This discrimination is exacerbated as women with a disability are defined as members of more than one minority group, often facing a collection of discriminations (McDonald et al., 2007).

As such, researching women with a disability living in the majority world, such as India, would help understand their experiences of living with a disability and may help identify ways to limit, and/or cope with discrimination. There is an urgent need to continue to research the lived experiences of women with a disability as they have been largely ignored by communities, societies and movement (Soldatic & Johnson, 2019; Townsend et al., 2018; Yoshida, 2009). This underrepresentation is especially problematic, since women with physical a disability make up about three-fourth of the disability population in low- and middle-income countries (WHO, 2011). There are additional challenges in conjunction to this minority status, as there are no female disability-specific support services, and the limited mainstream services lack the appropriate knowledge and tools to include women with a disability sufficiently in these countries (Astbury & Walji, 2014). Several studies highlight the marginalization of women with a disability. Eighty percent of women with a disability in the Philippines were found to have no employment and were heavily dependent on others for their basic needs (UNESCAP, 2017). Zambian women with a disability were excluded from reproductive health education programs due to the assumption that they were not sexually active and did not require reproductive health

services (Smith et al., 2004). Interviews with women with a disability in Cameroon showed that they faced both physical and attitudinal barriers, lived in poverty and felt that they lacked opportunities for gaining an education, finding employment, and forming meaningful social ties (Kiani, 2009).

This marginalization of women with a disability can be extended to opportunities for physical activity participation as well. In a report ordered by the Office for Women in Sport and Recreation (OWSR) in Australia, Phillips and colleagues (2018) found that top executives in the sporting world were unable to identify factors and barriers that exclusively affected physical activity participation in women with a disability. This lack of awareness exists in spite of a vast majority of studies highlighting barriers to women's participation in physical activity. Rimmer et al. (2000) found that 84 percent of African-American women cited poor funding and cost of the exercise program as barriers to physical activity participation. Anderson et al. (2005) found that girls and young women with a disability did not have valuable role models to interact with and support in their physical activity programs. Gender stereotyping and a lack of social support were found to be major deterrents to their physical activity engagement for adolescent girls a disability in their organized recreation programmes (Anderson, 2009; Sherry & Rowe, 2020).

A complex interplay of poverty, gender and sociocultural norms in a majority world context make women with a disability a particularly underserved population. There is a greater restriction on their well-being due to lack of awareness and access to opportunities in employment, education, and social life. Engaging in physical activity can have a positive impact and reduce isolation, provide support, and improve their participation in community life (Obst & Stafurik, 2010). However, within the studies about

women and disability, experiences with sport and physical activity have often been ignored (Blinde & Taub, 1999). Specifically, the intersection of gender, disability, and physical activity participation has rarely been explored. The experiences of women with a disability have been limited to the scope of home and employment (Dhar, 2009). Existing research exploring the experiences of women with a disability in sport and physical activity has often focused on participants in organized sport or elite level athletes, not on the recreational and social benefits (Spencer-Cavaliere & Peers, 2011).

Despite the advantages of physical activity participation for women with a disability, there are also possible drawbacks that can prompt further social exclusion. Physical activity programs were seen as a further means of segregation, and not useful for overall social inclusion, specifically among minority status women like African Americans (Rimmer et al., 2000). According to Guthrie and Castelnuevo (2001), physical activity may be used by women with physical a disability to manage their disability in at least two different ways: (1) as exercise done to serve the external purpose of beauty, normalization, health, and (2) to serve in the management a disability related oppression at an individual level. However, most of the women in the above study did not find physical activity helpful in coping with a disability discrimination or accepting a disability. Women reported that they were not participating in physical activity to challenge inherent notions of ableism and had no interest in being social change agents via their activities. Physical activity was a means to better health and prevent secondary impairments associated with their disability (Guthrie & Castelnuevo, 2001). It can be postulated that this notion of serving self-interests holds true in cultural contexts like India, where women with a disability are discouraged to participate in sport or physical activities because their families and

community fear that these women will relinquish their traditional gender roles (Taub et al., 2003).

#### **2.4 The Indian context: Disability, women, and physical activity**

Within most of South Asia and India, a disability is largely seen as a product of cultural deterrents like stigmas, religious and superstitious beliefs, which are coupled with structural impediments such as poverty, lack of development, illiteracy, unemployment and gender biases (Dhungana, 2007; Mehrotra, 2013; Thomas & Thomas, 2002). Gender equity is an issue for most women, given the socio-cultural practices and traditional attitudes of the majority world (Ghai, 2019; Dawn, 2013b). Therefore, several issues that are faced by women in a male dominated, majority world societies, such as limited access to education and employment, the problems arising from traditional cultural practices that tend to seclude women from public life also have an impact on women with a disability (Jayachandran, 2015; Williams et al., 2017). Gender roles are determined by historical, religious, ethnic, economic, and cultural factors and women are expected to take the responsibility for domestic chores (Thomas & Thomas, 2002).

Due to the imposition of these gender roles and norms, women with a disability tend to be judged and perceived as incapable of performing traditional roles of wife, mother and home-maker, even if they may be able to do so in reality (Mookerjee, 2019; Thomas & Thomas, 2002). Women with a disability contributing to household responsibilities are not recognized as having a disability as they are clearly 'able' to contribute and work (Elwan, 1999). Qualitative interviews with 30 women with a physical a disability in Nepal explored the impact of a disability on their lived experiences. The authors concluded that women with a disability were prevented from accessing privileges



due to discrimination, poverty, poor familial support and negative attitudes. Lack of social support, illiteracy, and extreme poverty conditions added to the vulnerability on these women. (Dhungana, 2006). Daruwalla et al., (2013) found that women with a disability often felt excluded from mainstream activities. Growing up with a disability, many had been left out of family functions, religious festivals, sports, and extracurricular school activities. They had also been taunted and had limited numbers of peer relationships. One of the outcomes of a marginalized status was invisibility, silence being a conscious form of violence. Women with a disability described experiences in which family members had negated their identity and existence (Dhungana, 2006). Their narratives were often described by difficulties in resolving their identities against disapproval and internalized guilt.

In light of these socially constructed gender roles, Indian women with a physical disability are often seen as incapable of fulfilling the role of a traditional 'Indian woman' (Mehrotra, 2013). A traditional 'Indian woman' are typical characterized as women who complete domestic and caregiver responsibilities (Bora & Saikia, 2015; Addlakha, 2008). A woman with a disability would be perceived as one who is unable to perform her traditional roles of wife, mother and home-maker, even if she may be able to do so in reality (Addlakha, 2006; Thomas & Thomas, 2005). For example, a woman with a physical disability is seen as one in need of physical assistance in self-care herself, and therefore unable to carry out the domestic tasks that require movement and physical labour. Women with a disability may struggle against negative stereotyping in an attempt to develop a positive sense of self within bodily and societal limitations, a struggle that does not often leave room for one's individuality (Addlakha, 2008; Ghai & Johri, 2008).

Having a social network is important to the well-being of all people, especially in collectivistic cultures like India, yet women with a disability are often deprived of this vital social support (Mehrotra, 2008). Restricted access to provisions along with mobility impediments were an hampering factor in the participation of women with a disability in community life. The families of women with a disability tend to be over-protective, preventing them from venturing out of the house, for fear of exploitation due to their disability (Rao, 2008). Superstitious beliefs cause women with a disability to be considered inauspicious and are confined to their homes, without being able to play the traditionally expected roles; leading to feelings of isolation, loneliness and low self-esteem (Das, 2010; Edwardraj et al., 2010).

By providing women with a disability the opportunity to compete and display their ability, physical activity helps to reduce gender stereotypes and negative perceptions associated with such women (Taub et al., 2004). Physical activity can create a more equitable and empowering environment for these women, giving them confidence to pursue goals in other areas of their life. In addition to the health benefits, physical activity engagement in women with physical a disability may have self-presentational advantages (Arbour et al., 2007). Physical activity participation whether recreational or professional offers an opportunity to see oneself as capable and levelling the playing field for being included in the 'able' rather than 'disabled' category (French & Hainsworth, 2001).

Hence, there is unique opportunity to position physical activity as a way to achieve a differentiation – where physical activity pursuits have been the preserve of the privileged within Indian society (Mintel, 2019). However, there have been poor provisions for rights related to recreational activities within the Indian context. In 2007, a national policy was

enunciated for the development of parasport in the country, but it found little mention of disability sports, and in the years following only a small budget has been allocated for all disability sports in a country where the number of persons with a disability are high (Shenoy, 2013). Persons with a physical disability are unable to enjoy leisure activities on a fair basis – as transportation systems and buildings continue to lack barrier-free access, a problem which has not been addressed on a consistent basis by the Indian government (Chennapragada & Jain, 2020). Despite the barriers, bringing the two aspects of disability and physical activity participation can give way to a new dimension of independence and growth for persons with a disability.

A study by Afsal (2017) found that participating in multiple sports like chess, cricket, football, volleyball, and athletics improved the confidence and positivity of men with visual impairments in the state of Kerala, India. Similarly, Ghosh and Datta (2012) found that engaging in physical and sport related activities had a significant impact on the functional well-being of children with intellectual a disability. However, research exploring the role of physical activity among women with a disability in the Indian context remains limited. One study provided some insights into the experiences of women with a disability engaging in physical activity, and specifically in a sport context. Seth and Dhillon, (2019) compared the sporting experiences of female athletes with visual impairments with athletes without a disability in New Delhi, India. Athletes with a disability reported several psychosocial benefits of engaging in sport – improved health, discipline, persistence, and expressed a strong athletic identity. The women also reported feeling a greater sense of positivity, ability to deal with family and societal pressures and higher self-esteem. Given the gender biases and traditional norms of Indian society, most

women believed that engaging in physical activity opened up new avenues and opportunities to break stereotypes associated with a disability (Seth & Dhillon, 2019). Despite praise and recognition from sport participation and the numerous other benefits, several women reported a lack of social and financial support as barriers to their continued engagement. Developing strong bonds with teammates and meaningful relationships with peers were associated with sport participation. Engaging in sport was seen as a means to express oneself and break boundaries for these Indian women para-athletes.

However, the Seth and Dhillon (2019) study focused on competing athletes and not on recreational physical activity. It is imperative to obtain experiences of varied physical activity experiences from women with a disability to enrich the understanding of physical activity participation. The creation of programs and opportunities for Indian women with a disability to engage in physical activity remains impossible without capturing these experiences. This lack of inclusion and understanding of physical activity and sport participation among Indian women with a disability was further exemplified in the 2012 Paralympics Games. “The Indian contingent at the 2012 Paralympics did not have a single female athlete. While officials say this boils down to qualification woes, the problem runs much deeper. Most schools and colleges lack basic sporting facilities for the disabled and the ones which do rarely encourage women with a disability to participate” (Pandey, 2012, para 2). Evidently, there is a need to undertake an in-depth exploration of physical activity participation experiences of Indian women with a disability.

## **2.5 Significance of the proposed project**

Generalizing research findings that have been undertaken in the minority world context on the role of physical activity participation in women with a disability to an Indian

context may not be appropriate due to the vast sociocultural differences between the two. As such, understanding how women with a physical disability experience physical activity and how it impacts their life, participation in society, and well-being has not been fully researched. Due to the availability of access and opportunities to participate in sport and physical activity programs, women with a disability in India may have a different perspective in comparison to women with a disability in North American societies (Seth & Dhillon, 2019).

Given that physical activity is meant to enhance lives and break down social barriers, it could form a part of larger affirmative actions (Frisby & Millar, 2002). The participants in this study could provide valuable inputs on how physical activity experiences have helped or hindered their lives, within the sociocultural context of India. This study could highlight the need for physical activity interventions for women with a disability in India and prompt further research.

### **Chapter 3: Manuscript**

#### **Exploring the physical activity experiences of women with a physical disability in India**

Natasha Kaushik MSc, Veronica Allan PhD, Shane N. Sweet PhD

### **Introduction**

The World Health Organization (WHO, 2018) estimates that 15% of the global population lives with some form of disability that limits functionality. Specifically, 20% of this population reside in countries of the majority world (i.e., the term to describe and remove the discourse that countries within Asia, Africa, and Latin America are less developed or advanced than the West; Akpovo et al., 2018; Bartlett et al., 2010). Living with a disability in a majority world country could exacerbate disability due to poor socioeconomic conditions (Mitra et al., 2013). Further, 80% of all women with a disability reside in majority world countries like India ("Women with Disabilities Fact Sheet", United Nations Enable, 2017). Women with a disability in a majority world country are categorized as being at a risk for a triple oppression because they are women, have some form of disability, and the sociocultural space they occupy (Astbury & Walji, 2014; Waldrop & Stern, 2003). Owing to this triple jeopardy, women with a disability in majority world countries have difficulties accessing resources to health care, education, and housing (Kothari et al., 2006; Smith et al., 2004; Van Rooy et al., 2012). Due to the imposition of attitudinal and sociocultural barriers, women with a disability in Cameroon said that they lacked opportunities to accessing education, finding employment, and forming social connections (Kiani, 2009). This relegation extends to participation and engagement in physical activity.

Despite not having statistics for physical activity participation in women with a disability within a majority world context, 93% of women with disability living in minority world countries like Canada and the United States have no physical activity engagement (Hsieh et al., 2017). These lower rates of disability are discouraging given research has shown that physical

activity participation can mitigate the negative impacts that accompany disability such as prejudice and inaccessible services (Rimmer & Rowland, 2008; Vries et al., 2012). Physical activity engagement has been associated with increased quality of life (Shirazipour et al., 2017), psychological well-being (Carmeli et al., 2005; Groessl et al., 2019) and improved social skills (Shields & Synnot, 2016; Tomasone et al., 2017). Participation in physical activity can also help individuals with a disability cope with the stigma and reinforce more affirmative views of having a disability (Anastasiou & Kauffman, 2011; Arbour et al., 2007) enabling them to display their abilities and competencies (Taub et al., 2004).

In a minority world context, studies have highlighted factors that contribute to lower physical activity participation in women with a disability compared to men with a disability (Murtagh & Hubert, 2004; Wisdom et al., 2010). Young women with a disability often do not have role models and encouragement to participate in physical activity programs (Anderson, 2009). Gender stereotyping and a lack of social support were found to be major deterrents to physical activity engagement in adolescent girls with a disability (Anderson, 2009; Sherry & Rowe, 2020). Particularly in African-American women with a disability, Rimmer and colleagues (2000) found that lack of funding and poor financial support were barriers to physical activity participation. Traditional gender norms and roles were seen as important inhibitors to physical activity engagement in Latino women with a disability in the United States (Nosek et al., 2008). The women in this study spoke of how luxury activities like physical activity could not be prioritized over household duties. This notion of self-serving interests (where physical activity pursuits are seen as a luxurious and self-indulgent) holds true in majority world contexts, and specifically within the Indian context.



In India, women with a disability are discouraged to participate in sport or physical activities because traditional norms and culture which leads to families and the community fearing that these women will relinquish the traditional roles expected of them (Dawn, 2014; Seth & Dhillon, 2019). Indian women with a disability are often stereotyped as being incapable and their identity and sense of self tends to be dismissed within society (Thomas & Thomas, 2002). A woman with a disability is perceived as one who is unable to perform her traditional roles of wife, mother and home-maker, even if she is capable (Addlakha, 2006). However, physical activity participation can be a means of coping with several restrictions imposed by these social limitations (Deegan & Brooks, 1985; Shapiro & Martin, 2010).

Studies are now emerging showing the potential impact of physical activity within an Indian context, but also highlights how little information is available. Studies among Indian men and children with a disability reported engaging in physical and sport related activities had a significant impact on the functional well-being and their confidence and positivity (Afsal, 2007; Ghosh & Datta, 2012). However, research exploring the role of physical activity among women with a disability in the Indian context remains scarce. For one, female Indian para-athletes expressed how sport was an empowering environment, giving them the courage to pursue goals in other areas of their life like employment and education (Seth & Dhillon, 2019). However, in the 2012 Paralympics Games, the entire Indian parasport contingent did not have a single woman athlete (Pandey, 2012). These studies among Indian women with a physical disability have solely focused on parasport and not on recreational or non-athlete perspectives. Given that physical activity for persons with a disability is recognized as a vital component to promoting or maintaining health, it

represents an important perspective for consideration when examining the concept of physical activity participation, particularly for women with a disability (Schinke & McGannon, 2014; Smith & Bundon, 2018) within a majority world context. The creation of programs and opportunities for Indian women with a disability to engage in physical activity remains impossible without capturing their experiences.

Women with a physical disability within India can have vastly different experiences with physical activity in comparison to minority world contexts. The experiences of women with a disability have been limited to the scope of home and employment within majority world contexts (Dhar, 2009). They have also been largely ignored by communities, societies and movements (Soldatic & Johnson, 2019; Townsend et al., 2018; Yoshida, 2009). Such exclusion results in the fact that the intersection of gender, a disability, and physical activity participation within a majority world context like India has rarely been explored.

The purpose of this study was to explore the physical activity experiences of women with a physical disability living in India. The study was guided by the following research questions: 1) What are the physical activity experiences of women with a physical disability in India? 2) What role do the broader sociocultural factors play in shaping these physical activity experiences?

## **Methods**

### **Community consultation**

From the onset of my research project and while conceptualizing my research question, I was cognizant that knowledge is situated within the lived experiences of the individuals with a disability. I reached out to a community partner, the Ganga Foundation (providing rehabilitation, physical activity, and parasport programs to enriching the health

and well-being of persons with a disability in India) to have a conversation about key issues and topics that should be researched and would meet their needs as an organisation. They highlighted that exploring physical activity in women with a physical disability was an area needing an in-depth understanding.

### **Design**

A qualitative method was used as the method of enquiry for this study. Qualitative research embraces the view that an individual's experiences and perceptions are unique (Aspers & Corte, 2019). Qualitative methods have been found to be particularly insightful in understanding experiences and conducting research with underserved populations like women with a disability (Muthukrishna et al., 2009); majority world contexts (Hartley & Muhit, 2003) and physical activity participation (Jaarsma & Smith, 2018). A narrative qualitative approach was used as the primary design for this qualitative study (Bradbury-Jones et al., 2017). We live by stories and narratives offer rich insights into selfhood, identity and the way we experience various contexts (Smith & Sparkes, 2008). Particularly within disability research, narratives have been an important tool in exploring the lived experiences of disability and physical activity (Smith & Sparkes, 2008). This narrative approach allows for a telling of stories to capture the personal meaning behind participation in physical activity (Smith & Sparkes, 2008). Narratives focus on interpreting written, oral or visual texts which have a "common storied form" (Riessman, 2008, p.11). There are multiple approaches to a narrative analyses and this study used the dialogical narrative analysis outlined by Frank (2012). Analysis techniques like structural, holistic – content, performative, dialogical were used in this study to identify narrative structures within the story (Frank, 2012; Smith & Sparkes, 2008).

**Researcher position: Working with Indians with a disability**

I completed a Masters at Christ (Deemed to be) University in Bengaluru, India, with a focus on Clinical Psychology prior to coming to McGill University for a Master's of Arts in Kinesiology and Physical Education. As part of my Clinical Psychology program, I had the opportunity to intern at hospitals and a school for special needs children, where I was taught and saw how physical activity and positive motivation have a significant impact in creating a holistic life experiences for individuals with a disability. While employed as a manager and exercise coach at a national fitness facility in India, I was aware of how physical activity and sport interventions were reserved for 'able bodied' individuals, with no provisions for people with a disability.

Being an Indian woman myself, and community member, I am in a unique position to conduct this research project. I believe that understanding the experiences of these women and giving them a voice through my research is my responsibility as a student and researcher. I had previous experience in conducting qualitative analysis and interviews. My ability to speak multiple Indian languages and dialects of my native language helped enrich the interview process and understanding of the Indian context.

**Philosophical assumptions**

This study used a qualitative research approach through a constructivist paradigm, assuming a relativist ontology, a subjectivist and transactional epistemology as its underlying assumptions (Guba et al., 1998) to explore the physical activity experiences of Indian women with a physical disability. Grounded in a relativist ontology, the reality of an individual is not understood as a single entity, rather, it is understood as multiple mental representations and realities of the world, which are shaped through life experiences

(Lincoln et al., 2011). The researcher within a subjectivist and transactional epistemology focusses on the ‘passionate participant’ and the goal of the inquiry is to ‘understand the natural setting’ and that we cannot remove ourselves from what we know (Denzin et al., 2006). Meaning and knowledge are created based on interdependent interactions between the individuals and the researcher (Sparks and Smith, 2014). Thus, the core of this approach focuses on the co-creation of knowledge between the interviewer and participant, such that “the knower and the known are interdependent” (Guba et al., 1998, p.12). Utilizing this approach is valuable within the disability discourse as it can be an appropriate framework for challenging the marginalization of persons with a disability (Bulk et al., 2017). Through this approach, participants have the opportunity to define themselves and share their experiences.

### **Participants**

A qualitative study design usually comprises a smaller pool of participants as the goal is to obtain an in-depth understanding of the phenomena under study (Braun & Clarke, 2013; Sparkes & Smith, 2014). The number of participants for a narrative study could be a single individual or a small group of people (Bradbury-Jones et al., 2017). Participants were identified via a purposive sampling method. This sampling method is considered feasible when particular groups of people are difficult to access or when certain types of individuals are uncommon in the population (Creswell & Miller, 2000). The criteria for this purposive sampling was women with a physical disability, who were physically active for a minimum of two years, living in India, travelling or commuting to their site of physical activity and could verbally express themselves either in English or Indian languages and dialects of Kannada (researcher’s native language) and Tamil.

Upon receiving ethics approval from the McGill review ethics board, the Ganga Foundation and its affiliates were informed of the study's research ethic board approval. The co-founder of the Ganga Foundation contacted potential participants to gauge their interest in the study. If the women were interested, they were asked approval to share their contact information with me. Upon receiving their information, I contacted the women via phone and email about participating in the research project and informed them of its purpose. If they remained interested, I scheduled a time to meet with them while I was in India (see Appendix A). Interested and eligible participants signed the informed consent form (see Appendix C) before the interview. Participants' consent was obtained on whether they agreed for their pictures to be taken along with the surroundings or not. I prepared a statement of purpose for photography in the event individuals in the public spaces objected to the photography (see Appendix E). Participants were informed of the freedom to withdraw their participation at any time during the course of the study. I collected a minimal amount of information (including name, age, type, years since living with a disability and type of physical activity) prior to their first interview via a demographic questionnaire (see Appendix D). Each participant was given a compensation of Rs. 1500 (CAD 20) for her time and participation in the study.

### **Data collection methods and procedures**

Multiple qualitative methods were used in this study to gather data. Denzin (2009) has suggested that employing multiple sources of data (triangulation) to enhance the research phenomenon. It allows the researcher to explore the research question with more intricacy, enriching the process of enquiry by in order to find the meaning that participants use to frame their world (Forsey, 2010; Sparkes & Smith, 2014). Since this study aimed at

exploring the physical activity experiences of women with a physical disability in India, multiple data collection methods were used: face-to-face interviews, go along interviews, observations, field notes, and photographs. The sequence of data collection for this study was a brief introduction interview, a go-along interview, observation, and a post-observation interview with photographs taken throughout.

**Brief introduction.** Each participant took part in a brief introductory, rapport building interview that lasted 15-30 minutes by the researcher at the participants' home (or other agreed area upon starting point, prior to the go-along interview). This interview focused on the participants general life experiences over time, addressing their life and physical activity stories in relation to broader social context (Schwandt, 1997). The interview protocol (see Appendix B) for this session largely focused on their current life situation, "Can you describe to me what your life experiences of living with a physical disability have been?" and their physical activity participation. The purpose of this introductory interview was twofold: a) ensuring that participants are eased into the interview process and as a precursor to go-along interview, b) to explore narrative structure in relation to participants' experiences of physical activity participation (i.e., charting the plotline of their narrative; Allan et al., 2018; Perrier et al, 2014).

**Go-along interview.** Next, the researcher accompanied the participants in their commute to the physical activity site (swimming pool, an open air basketball court, tennis court and an indoor basketball court), via modes that were comfortable and used by them regularly (adapted scooters, manual car, Uber, and chauffeur driven). Exposing researchers and participants to novel environments and unforeseen socio-spatial settings through a go-along interview setting could help evoke spontaneous, engaging, and rich discussions

(Carpiano, 2009; Hein et al., 2008). Every participant completed an audio recorded interview, specific to the duration of their commute, during which the researcher accompanied the participant as they navigated the space between their homes and the site of physical activity. Using methods like the go-along when interviewing marginalized individuals can be beneficial, “given that the respondent serves as a ‘tour guide’ for the researcher, the go-along helps to reduce typical power dynamics that exist between the interviewer and interviewee” (Carpiano, 2009, p. 267). Go-along interviews thus may allow persons with a disability to reveal their processes of disablement, barriers in built environments, and how sociocultural practices shape exclusion (Blewett & Hanlon, 2016).

An interview guide was used to ask questions to the participants (see Appendix B), which probed both their commute (“Talk me through how you navigated this space. What were some of the considerations you made while making this movement/commute choice?”) and physical activity experiences (“Describe the type of physical activities you undertake at the site you commute to and how long you have been pursuing it”).

**Observations.** The women were observed in the physical activity contexts, which provided a picture of the women’s lifestyles, social ties, state of mind, and experience within a physical activity setting. A note taking process was undertaken by the researcher onsite, which helped document how the women engaged and participated in the physical activity modality, how they interacted with others (coaches, trainers, staff, peers) during the activities, and how they navigated and maneuvered through the physical activity space. Photos were also taken at the site of the observation of the physical activity to supplement the researcher’s data. Using an “active membership” of observation (Adler & Adler, 1994) allowed the researcher to fully be part of the two hours where she sat on a chair, in the



mud, on an open-air basketball court, watching women wheeling and playing basketball, communicating with each other in a way that was unique to them. This membership allowed the researcher to become more involved with the women's activities but not intrusively (Adler & Adler, 1994). Noted observations were also used to probe further discussion in the post-observation interview.

**Post-observation interview.** An interview was conducted after observing the women in their physical activity setting, where they reflected on their experiences, lasting about 15-20 minutes. Probes during this session included "How would you describe the activities of the last one hour?", "What were the highlights of today's session for you?". The researcher discussed the women's experiences during the physical activity session and asked follow-up questions from what she observed during their sessions. Bell et al. (2018) suggested that interviews combined with participant observation produces a richer understanding of the data to allow for a complete reflection of the research question.

**Photographs.** Visual methods have become increasingly popular with researchers within the sport and exercise domain not only as a way to represent but also collect data (Phoenix et al., 2010). This method of using photographs as a means to enhance studies within the disability space has also started gaining momentum. This researcher generated method of visual data collection uses various visual sources like pictures or photographs as a means by which the researcher can further explore important topics being seen or discussed, especially in diverse social and cultural contexts (Sparkes & Smith, 2014). Specifically, photographs can serve as a means to validate and enrich narrative analyses. The use of photos can provide significant insights into people's experiences and the

meanings they ascribe, giving us a visual depiction of their stories and narrative accounts (Ketelle, 2010).

For the purpose of this project, I took photos of the surroundings and participants during the go-along interviews and observations in the physical activity contexts, to supplement the data analysis. Additionally, I took photos of how the participants navigated the public spaces. These photographs served as an added source of data, enriching the interpretations of the narratives and served as a base for further understanding (Bourgeault et al., 2010).

### **Data analysis**

**Data management.** Following the interviews, the audio recordings were downloaded and saved onto a password-protected laptop. The audio files were encrypted prior to being transferred to an encrypted folder on the desktop (i.e., double encryption). Once the encrypted audio file was transferred to the encrypted folder, the version on the audio recorder was destroyed and each file was assigned a pseudonym to ensure confidentiality. Any other individuals who were photographed during the course of the go-along interviews, public places or at the site of physical activity were blurred in the photographs. The photos were transferred from a password protected phone to an encrypted folder onto the password protected laptop of the researcher and deleted from the device's phone gallery. On completion of data analysis, photos, interview files, and transcripts were stored on a password protected on the Theories and Interventions in Exercise and Health Psychology (TIE) Lab computer in Currie Gymnasium at McGill University. Interviews were transcribed verbatim and for the interviews conducted in the

regional languages. Each transcript was kept in its native language and any quotes were translated in English in the manuscript.

**Narrative analysis.** Narrative inquiry uses stories to describe human experience and action (Bourgeault et al., 2010). A narrative is particularly useful in disability studies, and can offer unique insights into impairment, accounts of personal, and social experiences (Goodley & Tregaskis, 2006; Smith & Sparkes, 2008). Narrative methods within disability studies are a useful approach as they enable participants to richly communicate experiences that are relevant and important to them (Bochner & Ellis, 2003). The analysis focused on participants' stories and descriptions of their experiences to direct the generation of insights. Here, the researcher takes a step back from the story and uses analytical techniques to think about its unique characteristics. The researcher may also draw upon theories and models to interpret the narratives (Phoenix & Sparkes, 2007). Drawing on the story analyst standpoint and employing narrative analytical techniques, a dialogical narrative analysis was used to interpret the stories in this study (Frank, 2012). This type of analysis mirrors what is being told (content) and the result of telling that story and its effects (O'Neill et al., 2014; Sparks & Smith, 2008). First, the narrative summaries of each of the participants was done inductively and then common themes across each of the women's stories was drawn up deductively. After employing the structural and analytical techniques as per the dialogical narrative analysis method (Frank, 2012) and drawing on a combination of narrative types within disability (Perrier et al., 2012; Sparkes & Smith, 2003), parasport (Allan et al., 2018) and physical activity (Smith & Sparkes, 2008) literature, the narratives in this study were created.

Using the steps outlined by Frank (1995) and Smith (2016), I first immersed myself in the data and indwelling was done. Indwelling involved reading the transcripts and listening to the recordings to create notes – to understand the position of the participant from an empathetic stance and reacquaint myself with the material (Maykut & Morehouse, 1994). The next step was to create a narrative summary for each participant individually. This summary included: a) a general overview of the participants background and life history of disability and physical activity experiences, b) a plotline of each participants' introductory interview story and identify some themes and foci – factors that influenced their physical activity participation and shape of their plots of both life experiences and physical activity (direction – stability, decline, or plateau; nature – positive or negative; identifiers – 'critical instances', 'transformation' or 'turning points'), c) an overarching narrative structure that summarized the trajectory of their stories, and d) reflective and analytical notes which helped interface between the participant's data, the researcher's interpretation and wider theory.

The third phase involved identifying the overall narrative themes both written and visually (through diagrams) within each narrative and to look for any overlapping or recurring themes across the summaries. The focus of identifying themes was on how participants' viewed their physical activity experiences (the crux of their stories) and the interactions with the environment and sociocultural circumstances of the context. During this stage, field notes and photographs taken during the course of the go-along interview and observations were used to supplement the data analysis. Participant's storylines that had similar thematic elements were grouped together to create an ideal narrative type and each narrative type was labelled (Perrier et al., 2014).

Analytical bracketing was used throughout the analysis process to shift between structure (how the story was being told at different timepoints within the interview) and content (the crux of the story). Alternating between structure and content within and across each narrative helped highlight both similarities and differences between participants and helped construct each narrative type as a whole (Perrier et al., 2014). Using this approach brought forth richness and versatility of each narrative, representing the women's story authentically.

### **Justification of rigor**

The rigor of the proposed project within a constructivist paradigm should not be judged by the conventional benchmarks of 'rigor' which includes validity, dependability, and objectivity rather by trustworthiness or authenticity (Sparkes & Smith, 2014). To ensure the rigor of the narratives, critical friends SS and VA read my narrative summaries and its interpretations carefully. They challenged me on the generated narrative types, how the themes would fit within and across the narratives during the analytical and of alternative interpretations of the data (Sparkes & Smith, 2014). The researcher maintained a reflexive diary, noting her feelings and experiences throughout the process, detailing her experiences both during and after interviews and observations. In order to ensure dependability, an audit trail was used to record the detailed description of the course of my research project and my decision-making processes. Photographs were used to construct the stories and were critical in shaping the narrative themes as they provided a richer framework and context to the women's physical activity experiences. In addition, the original transcript and audio records were kept.

## Results and Discussion

### Participant description

I recruited five Indian women with congenital ( $n = 3$ ) and acquired ( $n = 2$ ) disability (see Table 1) and an age range of 32 to 70 years. Participants' physical activity engagement at the recreational and competitive level ranged from 3 to 52 years (see Table 1). Three out of the five women were married and had two children each. Four women had a joint family (within Indian culture, it is common for individuals to live with members of the extended family like parents, grandparents and other relatives). Three women lived in the city while two lived in the suburbs. The diversity in language and geographical location allowed the researcher to capture stories from varying perspectives, adding to the richness of both their narratives and go along interviews.

### Narrative analysis

Three narratives were composed: 1) the multifaceted explorer, 2) spreading my wings, and 3) better me for a better you. Each narrative is described in detail below, accompanied by quotes from participants to support the corresponding stories. Pseudonyms, in the forms of initials, were used to protect participants' identity.

**The multifaceted explorer.** The *multifaceted explorer* narrative type is represented by physical activity pursuits that are a part of a diverse life rather than on performance and establishing an athletic identity (e.g., Douglas & Careless, 2015). The *multifaceted explorer* can be summarized through: Physical activity helped me heal but now it is a fun and new way to enjoy my life. The main theme within *the multifaceted explorer* is diversity of experiences (Douglass & Carless, 2015), as physical activity is a means to enhance other areas of life: health, friendships, and keeping herself happy.

The multifaceted explorer narrative is composed of the story of one participant, CR. CR is an elderly woman—in her 70s—who acquired a spinal cord injury at the age of 11 due to a traumatic accident. Growing up in India at time where there was little to no resource availability, she had the opportunity to travel to England, where she was introduced to swimming and archery as part of her rehabilitation. Post rehabilitation, and well into her adulthood, CR continued to participate in several other forms of physical activity. However, swimming remains her primary mode of being physically active. CR described her adolescence and early adulthood as one of academic successes, becoming a successful chartered accountant and having a career in banking. Throughout this professional success, a passion for and involvement in physical activity remained: “I’m always keeping myself occupied with the plethora of activities and I feel a sense of peace and satisfaction when I swim or do my weight training.” Even though she was given the opportunity to swim professionally, she declined. Now, in her late adulthood, the swimming pool serves as an avenue to meet others and socialize. Her participation in physical activity also serves as a facilitator for CR’s community-related activities, such as becoming a key member of a disability organization.

*The multifaceted explorer* draws on a discovery narrative, which serves as an antithesis to performance (Douglas & Carless, 2006). The focus of a discovery narrative is on a full and versatile life where relationships, life experiences, and places are explored wholeheartedly. Discovery narratives are originally grounded in the stories of elite, able-bodied athletes (Douglas & Carless, 2006). More recently, they have also been identified in the stories of athletes with a physical disability at various developmental stages within sport (Allan et al., 2018). In the *multifaceted explorer*, the discovery narrative is being

extended to make sense of the physical activity experiences of an Indian woman with a disability. Specifically, physical activity engagement is seen as a part of a multifaceted self, describing a life full of people, places and experiences, and in which physical activity is used as a means to facilitate these experiences (Douglas & Carless, 2006, 2015).

Aligning with a discovery narrative, a central feature of the multifaceted explorer narrative is integration and continuity of physical activity within a person's life. For example, CR describes continuity in the role of physical activity throughout her life, and how it has contributed to her health and social life more broadly:

I've been doing it [swimming] since 1958...swimming has been my main activity as far as exercise is concerned and I do some weights also. So health wise, it has made a great impact ... it has given me a lot of stamina. I've also played lawn tennis, archery and table tennis.

As such, the main theme within the *multifaceted explorer*—diversity of experiences—directly aligns with the discovery narrative. Specifically, CR's narrative focused on discovering multiple opportunities. In describing her hobbies, physical activity is present along with a multitude of other activities like cooking, gardening, traveling, and stamp collecting, which help to constitute a fulfilling life. Physical activity also serves as a means to engage in social activities, which offered yet another dimension to her diverse life. Broadly speaking, CR says that physical activity “has been a very important factor in my success” both at a professional, recreational, and social level. It is also through physical activity that she met new individuals and became an advocate for disability rights.

I've made quite a few friends here at the pool and I enjoy interacting with them. I was never a great networker and I never knew any disabled persons and I wasn't



particularly bothered, and I was not into disability advocacy and all of that... You might have heard of Disabled Persons International, DPI. So, I became a member of that...so that is the time that I started meeting persons with disability.

Consistent with the literature, CR's narrative and the diversity of experiences theme demonstrate that physical activity participation can contribute to building meaningful peer relationships and developing a community network (Stapleton et al., 2017; Deshmukh, 2016). Her narrative also lends support to the work of Allan and colleagues (2018), who found that para-athletes that drew on the discovery narrative experienced opportunities to work alongside others with a disability. As a result, these athletes felt empowered and enabled with the tools to lead a successful life and contribute to the community, all while having fun. Reflecting on my interactions with CR, I realized that her experiences with physical activity and knowledge of disability came at a time when Indian society had little to no knowledge on both issues. As a result of her extensive knowledge, CR was on several disability committees and organizations throughout the India where she challenged several societal norms and boundaries around disability. Her forethought and insight into the physical and psychological benefits of physical activity for persons with disability was apparent through my discussions with her. She truly was a multifaceted explorer.

***Considerations within the Indian context.*** Despite acknowledging the discovery piece that is associated with engaging in physical activity, CR alluded to physical activity as “still thought of, not as a health issue or helping you to live a healthy life, but as a very elite leisure activity, a luxury”, “huge financial drain”, and “at the bottom of the list”. She is self-aware and acknowledges her privilege, citing that her financial independence and education are “very important factors” in her being able to access physical activity

programs. These experiences reflect the reality that, in India, physical activity for persons with disability is seen as a luxury because several other concerns (e.g., financial stability, physical independence, rehabilitation and medical expenses) become the priority and physical activity is not considered a way to improve health and resilience. CR's life experiences, from the time she was young, have been privileged. As a result, CR has been privy to the considerations of undertaking physical activity within the Indian context. Although there does seem to be a conscious understanding that physical activity can enhance lives and well-being for persons with a disability (Shirazipour et al., 2020), CR recognizes "there is a lack of resources" and taking up these activities. Taking up physical activity or para-sport endeavours are redundant, especially for the impoverished, as these activities have no "paying propositions".

Persons with a disability, specifically in the Indian context, are unable to enjoy leisure activities as social structures and public buildings continue to lack barrier-free access (Mehrothra, 2011). Consequently, these societal constraints can further limit autonomy and independence in women with disability. In the words of CR:

I would look at independence in two ways. One, your ability to take your own decision, B, financially independent. Now, for the persons who don't have that financial background, who come from a poor family, they have zero financial independence. Especially women... so, the other members of the family they start feeling, start developing resentment, against the person with disability. Because, that person also, becomes unemployable. So, lifelong, they're dependent on somebody else, financially and that's a big drain.

The limitation on independence around physical activity is also beyond financial constraints. Self-served interests like physical activity participation are discouraged for women with a disability in cultural contexts like India because families fear that these women will renounce their traditional gender roles (Seth & Dhillon, 2019). This aligns with the literature, as physical activity programs were seen as a further means of exclusion, prohibiting social inclusion, specifically among minority status (race and socioeconomic status) women (Rimmer et al., 2000). Breaking down these social and physical limitations for physical activity participation of Indian women with a disability is still needed so these women can discover physical activity to experience the benefits of physical activity and lead a full and diverse life as that of a *multifaceted explorer*.

**Spreading my wings.** The *spreading my wings* narrative type is best exemplified by two participants, NL and KN, who broke out of their shell, came into their own, and gained confidence and opportunities through their physical activity participation. The two main themes in *spreading my wings* are social acceptance (e.g., Turnnidge et al., 2012) and personal growth (e.g., Day & Wadey, 2016; Papathomas et al., 2015). *Spreading my wings* is a narrative that can be summarized through the following statement: Physical activity transformed me and brought with it several changes that transcended different aspects of my life. KN and NL are two women in their mid 30s. Both women had a difficult upbringing wherein opportunities to participate in physical activity were limited due to struggles in accessing resources (e.g., they were both from low-income families) and experiencing setbacks in education (e.g., they began school at a much later stage in life compared to their peers). For example, KN describes her early physical activity experiences as feeling “different” and like “they never let me play [with them]”, and “I was

always considered handicapped”. During their adolescence and early adulthood, several other commitments and domestic duties became the focus for both women, such as getting married, starting a family, completing education, and maintaining a homemaker role or finding a full-time job. To demonstrate, NL described her family as the focal point of her life before she began engaging in physical activity: “[the] whole world for me was my husband and children.” She expresses these sentiments throughout her story via several emotionally charged statements.

KN and NL suddenly discovered physical activity participation in their mid-adulthood. For both women, a chance encounter with parasport athletes inspired them to pursue physical activity. Through their interactions with these athletes and observing them engage in physical activity, the women gained courage and confidence to begin participating in physical activity. Physical activity then became a catalyst for change and social acceptance. In the words of KN, “I hadn’t seen so many [persons] like me at once wheeling and playing...so many fun different activities like javelin throw, wheelchair basketball, and racing.”

The *spreading my wings* narrative type draws on two existing narratives in the sport literature: relational and discovery narratives (Douglas & Carless, 2006). In their early lives, the stories of these women demonstrated a relational narrative, which is centered on interpersonal relations and the need to satisfy other people rather than one’s own needs (Douglas & Carless, 2006; Lieblich et al., 1998). However, a distinct turning point in their stories — a chance encounter with parasport athletes that started each woman on her physical activity journey — revealed a shift in the women’s attitudes and perspectives that more closely aligns with a discovery narrative (Lieblich et al., 1998). As described in *the*

*multifaceted explorer*, the discovery narrative focuses on embracing life and experiencing joy with or without physical activity engagement (Smith et al., 2015).

From a relational narrative perspective, *spreading my wings* is focused on the role of others, including family, relatives, and peers, in KN and NL's physical activity experiences. The relational narrative centers around the protagonist's relationships with others that fortify the plot of the story. For the teller of the relational narrative, being with others is more important than performance outcomes like successes and recognition. The protagonist in the relational narrative also places the needs of important others above their own (Douglas & Carless, 2006). As such, the social acceptance theme was most prominently demonstrated in the relational narrative perspective. Both women aimed at conforming to the broader sociocultural norms and traditions dictated by Indian society — being a caregiver, dutiful wife, and a provider. Therefore, relational aspects such as domestic duties and a sense of responsibility toward significant others during their early lives prevents them from engaging in physical activity, in that “my hands were tied” (KN). This focus on others permeates to physical activity as their experiences are told through the medium of significant others:

[My] supporting system, they are happy...especially my children, their joy I can feel more than mine, they think ‘my mom can do anything’. So, they think ‘she has to choose what to do and whatever [type of physical activity] she chooses, definitely, she can do it’. From a very young age, I have so much fear...will I be a good mother? Can I take care of them? Those worries have taken over me. They always say they believe in me and think that ‘my mom is special...[the] best’.

(NL)

In contrast, the shift towards a discovery narrative took place as the women decided to become more physically active following chance encounters with parasport athletes. As NL described, “Traveling inside India for me, being on a wheelchair was not possible, so I travelled to almost five countries in Europe and I saw a couple of wheelchair users and they told me about para sports and activities.” From this perspective, the women are focused on exploring, discovering, and experiencing life in a full and multidimensional sense (Douglas & Carless, 2006). Narratives of discovery are not about overcoming disability; rather, they are about living with disability. By discovering physical activity, the stories within *Spreading my wings* exemplify a break away from predominant disability perceptions and discourses (Allan et al., 2018), including those within the Indian cultural context. This narrative type highlighted how physical activity participation can offer opportunities for women with disability in India to see oneself as capable. This self-realization accentuated the desires and needs of these women which led to meaningful engagement with disability-related physical activities (Allan et al., 2018).

Correspondingly, the personal growth theme was emphasized in the discovery narrative. As demonstrated by NL:

I was not at all confident at in [the] beginning. I was scared to go alone everywhere...when I began to meet for games and playing, I slowly started making more friends, talking freely and even traveling on my adapted scooter everywhere. I was more confident in my workplace which helped me gain promotions at work and I had the confidence to enrol in a computer course.

KN also explained the benefits of physical activity: “I feel a rush of energy, [felt a sense of] confidence...[So] I realized [my] potential and that I can also do these things with so

many other strong women like me.” As shown, physical activity created a sense of purpose and meaning for KN and NL and transcended to other areas of their lives. Physical activity became “life changing,” “something I look forward to each weekend,” and an opportunity to travel and meet new people. There were also several critical incidents that propelled this transformation, such as learning how to drive an adapted car, obtaining a bachelor’s degree, and actively seeking resources and facilities “for my body, fitness and health” (KN). These critical instances drove both women to take matters into their own hands and to push themselves out of their comfort zones. Physical activity can be a setting for empowerment and growth for women with a disability, giving them the support to pursue goals in other areas of their life (Latimer et al, 2007). Both women say that physical activity opportunities have given them strength, meaning, and close social connections. They feel less lonely and discussed several other positive changes, such as “learning to work with [a] team” and “making new friendships” (KN). Studies have supported the role of physical activity and sport in helping persons with disability make friends and create bonds (McConkey et al., 2013; Patterson & Pegg, 2009). These new connections also helped to renew a sense of self-worth that enabled the women to pursue personal goals. For example, NL explained her process and realization:

In 2011, my son went to boarding [school], so that was when I was forced to think...this will happen...children have to carry away with their life, so what do I do then? I will be a burden on some, I will be nagging for things. Then I realized. I am not going much out of the house; everything was about [the] house. Um, then suddenly that thought came and I started studying again...then I joined a college. So, I thought this is the time I have to start something, I don’t have to depend on

someone to spend my time. After studies again...what next? That's when I thought [I should] take up something... Do I too take up some sports, because the experience that I got from them [para athletes]... 'sports is very unique thing, personally...we cannot put them into words'...So then I searched in India.

In *spreading my wings*, physical activity becomes a means to connect with others, “build strength” (NL), and is a place that “is not a daily reminder of disability” (NL). It helped each woman break out of her shell and ultimately spread their wings. To demonstrate, Figure 1 symbolizes the *spreading my wings* narrative. I (lead researcher) took this photo while I was spending time with these women. The wheels in the photo symbolized the participants breaking out of their shell, and physical activity allowing them to gain freedom and opportunities. This photo also represents how physical activity is synonymous with the opportunities to create special bonds and lead to new adventures.



*Figure 1.* A photo of two sport wheels at the tennis court taken in Bengaluru, India. August 17, 2019

***Considerations within the Indian context.*** Despite the success of these women in *spreading my wings*, very traditional and conservative Indian families dictate decisions and life choices, without any consideration given to disability (Thomas & Thomas, 2002).



There is little opportunity for persons with a disability to make meaningful connections and relationships with individuals outside of the home and family (Das, 2001). Persons with a disability in India are often sheltered, feel like an “outsider” (KN), and under the care of another (Dhungana, 2006). These experiences also align with the literature showing that lack of social support, poor funding prospects, and stereotypical gender roles are barriers to physical activity participation in women with a disability (Das, 2001; Anderson et al., 2005; French & Hainsworth, 2001).

This narrative type offers valuable insights into the importance of offering physical activity opportunities to help other women with a physical disability spread their wings. Exposure and ability to sample multiple activities with similar others can act as a means to sustain and encourage physical activity (Shirazipour et al., 2018). For both of these women, exposure to someone with a disability who engaged in physical activity provided an important catalyst. Therefore, efforts may be aimed at exposing women with a disability to people who engage in physical activity, as well as a diverse range of physical activities, to provide that turning point. For example, Bridging the Gap (BTG), a national level program for Canadians with a disability, helps provide opportunities to individuals with a physical disability to try-out and sample, from a recreational perspective, several wheelchair sports like wheelchair rugby and ice hockey (Wheelchair Basketball Canada, 2010). Providing individuals with a disability opportunities to sample such diverse physical activity or sport programs can help foster interest in leading a physically active lifestyle (Shirazipour et al., 2018).

Within the Indian context, there are several organizations like the Ganga Foundation and its partners that encourage and promote physical activity participation

among women and others with a disability through their programs. The Tamil Nadu Differently Abled Federation, another not for profit organization in India that works for the welfare and support of individuals with a disability, has been organizing a national-level sport meet for the last 18 years which sees over 1200 individuals with a disability participating in activities such as wheelchair racing, kabaddi (traditional Indian sport), adapted volleyball, and shotput (Hemalatha, 2014). The main focus of organizing such events has been encouraging physical activity participation, especially among targeted groups such as women with a disability (Hemalatha, 2014). By introducing women with a disability to such physical activity programs, it can inspire them to spread their wings and benefit from the opportunity of engaging with similar others who pursue different activities, resulting in empowerment, increased social support and a sense of belonging (Smith, et al., 2017; Shapiro & Martin, 2010). This introduction to physical activity and its engagement can serve as a way can help break traditional norms and gender stereotypes commonly applied to women with a disability (Coleman et al., 2015; Hardin, 2007).

**Better me for a better you.** The *better me for a better you* narrative is represented by two women, KP and PR, who challenged norms, broke boundaries, and emerged as pioneers in their fields through physical activity participation. They began their journeys with recreational physical activity, which transformed into high-level parasport and leadership as a way to create change: KP, the captain of the national women's wheelchair basketball team and PR, an internationally ranked para-tennis athlete. Both women charted their journeys in parasport through two unique pathways—KP through fame and recognition and PR as a means of creating an athletic identity. Ultimately, their pathways merged into one combined theme of altruistic pursuits. We can summarize this narrative

through the following statement: Physical activity was a fun way to take care of myself when I started but now, disability sport is my calling, I can win, and I can make a difference.

KP and PR are women in their mid 30s. KP acquired a spinal cord injury at age 24 following a car accident, and PR was diagnosed with polio at the age of three. Both women experienced relatively happy and supportive childhoods with helpful social support systems. As KP stated, “My family was very supportive and encouraged me to do whatever I wanted and gave me whatever I needed.” During adolescence and early adulthood, other life priorities and commitments such as completing college, finding a job, getting married, and starting a family took the forefront. Physical activity engagement during these formative years was limited for both women. In the words of PR: “I never caught a ball when I was young, [during] my school days. [I felt] sheltered and pampered...I [really wanted] to try such activities.” As young adults, physical activity entered their lives via suggestions from rehabilitation experts. Consequently, both women sought out recreational physical activity opportunities because they realized that it was beneficial for their overall well-being:

After spending years on my job and taking care of my family, I wanted to get out of the house...I was thinking of doing something different, possibly physical activity for [my] health. (PR)

After getting involved in physical activity at a recreational level, continued engagement and perseverance prompted both women to take up competitive parasport:

When I was learning [how to play wheelchair basketball]...I was thinking why am I doing this, I mean I wanted to give up, because I was just not getting a hang of it.

Because to get control of your body when your legs are not working is difficult. But then once I learnt...there was really no looking back and I saw the opportunity to play professionally. (KP)

The *better me for a better you* story draws on and integrates existing narratives of disability (i.e., the quest narrative; Perrier et al., 2012; Sparkes & Smith, 2003) and sport (i.e., the performance narrative; Douglas & Carless, 2006). The quest narrative constructs disability as accepting one's reality, a new experience which challenges individuals with a disability to use their disability experience in a positive manner (Frank, 1995). The quest narrative focuses on the journey of the storyteller and the belief that there is something to be gained from the disability experience. This quest is everchanging and the journey of the storyteller within this narrative can have several transformations (Frank, 2013). In contrast, the performance narrative focuses on winning, competing, and gaining social admiration (Douglas & Carless, 2006). There is a strong sense of dedication wherein 'sport is life and life is sport' (Douglas & Careless, 2015). The progression to a high level of performance has obstacles, but the drive and ambition to succeed within the storyteller trumps these obstacles (Douglas & Carless, 2006).

From the perspective of a quest narrative, the *better me for a better you* story is about what is to be gained from physical activity and how the physical activity journey continuously transforms itself. The women begin their journey with physical activity as a means of enhancing their health and wellbeing, and subsequently use their physical activity experiences as a foundation from which to pursue a professional career in parasport. During their quest to become professional parasport athletes, the performance narrative takes center stage as competing and winning are emphasized. As PR stated, "I realized I'm

actually good at it...being a woman, I can take it [para tennis] up and compete in so many competitions and tournaments. I can win medals and play tennis at [a] professional level.” Consequently, KP and PR became forerunners, paving the way for anyone with a disability to reach an elite status within parasport in India. However, in their quest to become parasport athletes, the women take two distinct pathways: PR’s pathway has an external focus, primarily driven by fame and recognition, and KP’s pathway has an internal focus, driven by a desire to create an athletic identity. In the end, their pathways culminate in altruistic pursuits as both women strive to make a difference for Indian women with a disability.

***PR: Fame and recognition.*** Physical activity entered PR’s story in the latter half of her adulthood and had a significant impact, prompting her to pursue parasport at a higher level. From “not [being able to] catch a single ball” to “becoming a recognizable Indian para-tennis athlete,” the proposition of fame and recognition via physical activity is significant for PR.

I used to think maybe if I put in even 90% [effort] to get to a level [in parasport], or even if only four people recognize or come to know [of me] as PR, that’ll be my story. Now, I feel proud...now in my family and community, I’m recognised and considered special. I have an ITA ranking like regular athletes. I’ve been featured in a para-athlete calendar, won several local awards and even the International Women Achievement Award for my work. As an Indian lady, I’ve reached a level in para-tennis that is international... something that is commendable... that’s my belief.

The fame and recognition pathway aligns with the performance narrative as it is oriented towards achieving outcome-specific goals like winning and being the best (Allan et al., 2018). In a quest narrative, the individual has a sense of agency and the aim is not to return to prime health but to live and thrive with disability (Perrier et al., 2012). PR embarked on a parasport athletic journey hoping for, and, eventually achieving, fame and recognition, and thus feels valued by others.

Studies have shown that factors like rewards, praise, and acknowledgement have been beneficial in sustaining and encouraging physical activity and sport performance (Perrier et al., 2012; Sparkes & Smith, 2003). According to the Achievement Goal Theory, ego goal orientation denotes that competence in high level sport is dependent upon performing favorably and achieving external rewards like praise and accolades (Nicholls, 1990). Further, it has been postulated that strategies like verbal praise, encouragement from fellow exercisers, and acknowledgment can be imperative in maintaining and sustaining physical activity participation for persons with a disability (Blick et al., 2015; Lante et al., 2011). PR's narrative pathway aligns with these reasons to engaging in parasport.

**KP: *Creating an athletic identity.*** Having played basketball in her formative years and “falling in love with the sport” prior to her accident and subsequent injury, KP's narrative pathway focuses on her identity as a basketball player and her quest to create that identity (Allan et al., 2018). KP takes challenges head on and rediscovers her talent and love for physical activity first through swimming and eventually transitioning to wheelchair basketball:

So I used to play basketball since before my accident. So right before I passed out of my 10th standard [grade], I joined coaching [tutoring class] along with a group

of my friends, and I stuck around because I fell in love with the game. I have played only until the district level and before my accident, I wanted to play for the university but I never got selected so yeah...after that my accident happened for six years I did not have any activity, like nothing to do because there was no knowledge in terms of what is going around for sports or physical activity for wheelchair users. I had very little information [about physical activity] so it took me almost six, six and a half years to, uh, get the courage to start and then turn pro, where I am now.

This transition to parasport strongly resonates with the performance narrative as accomplishment fuels KP's desire to "take my love for the sport to the next level" and alludes to the fact that basketball has given her "strength and positivity" to pursue it at a professional capacity. The quest narrative speaks of a communicative body wherein this 'disabled' body is associated rather than dissociated with itself (Frank, 1995). This body accepts the disability and reinvents itself to capitalize on different opportunities (Perrier et al., 2013). There is an impetus for transition on seeing and engaging with similar others (Smith, 2008). This motive can align with the quest narrative as KP has accepted her disability and is moving towards new opportunities, through parasport.

For KP, taking up wheelchair basketball in a professional capacity comes from engaging with similar others in the physical activity and parasport domain. Through these experiences, her perceptions of what her body can do is challenged:

I watched a national [swimming] tournament and I saw a whole lot of people with different disabilities swimming over there, which was very inspiring, very encouraging. So, it was not just SCI's...people who can't use their legs who were

swimming. There was a guy who both hands and legs are affected, and he just had movement from the wrist onward... some [bare] movement that he can do, and he needed his mom to put him down into the wheelchair...so he doesn't have a fully grown body. So, he swims as well and that was very inspiring for me.

Further aligning with the quest narrative, KP demonstrates a passion for parasport, and by accessing new opportunities and challenging oneself she ascribes a personal meaning to her participation (Allan et al., 2018, Douglas & Carless, 2015). Through this theme of creating an athletic identity, wheelchair basketball becomes a means by which she not only showcases her superior athletic ability, but also gives her meaning and a sense of purpose, allowing her to create her athletic self:

Basketball, like I said has always been a go-to thing for me. So, when my parents passed away, my mom passed away first so, right after she passed away, I went on [to the] court and started to play...but I used to be depressed and negative thoughts crept into my mind easily. I don't know if it was just basketball, but once you start playing a game like basketball, not only the negative thoughts are at bay...but you are constantly thinking of game strategy, so you don't get so depressed easily. You have a goal in life, like the nationals, the international matches, the trials, these are our goals and I don't think that my life is wasted now, you know, now that I'm disabled, nothing to do...[thinking] 'My God! What am I going to do'...those thoughts don't creep in [to] my mind.

KP's focus on creating an athletic identity relates more to internal reasons for pursuing parasport. It aligns with the tenets of self-determination theory, whereby performance motives such as skill development and identity formation are internally



oriented (Deci & Ryan, 2012; Teixeira et al., 2012). In this manner, wheelchair basketball allowed KP to reconcile her self-identity after acquiring her disability (Ryan & Deci, 2000). Other research has also found that opportunities in sport allow for a true expression of oneself, which strengthens parasport identities (Shapiro & Martin, 2010). For example, Allan and colleagues (2018) found that for some parasport athletes, high-level participation engendered a sense of purpose, meaning, and a strong athletic identity. Participation in disability sport coupled with success and accomplishment has also been found to result in a changed self-understanding and personal empowerment in British and Taiwanese para-athletes (Huang & Brittain, 2006). Interestingly, KP began her interview by identifying herself as a wheelchair basketball player first and then as an IT professional, showing the centrality of her athletic identity. Parasport allows for the incorporation of the impaired-self into the sport-self, which is a powerful way to establish athletic identities (Huang & Brittain, 2006).

**Altruistic pursuits.** Although the women in *better me for a better you* took different paths, their journeys merged as their quest-performance narrative shifted from parasport to altruistic pursuits in which they could serve as examples for other Indian women with a disability. For example, PR's achievement of fame and recognition thrusts her sense of altruism and responsibility to greater heights; she strives to use her newfound fame to help those "whose story is like mine" and empower women:

Looking at my experiences and how I grew in [this] sport, my story can be useful to many others who don't have the courage to take it up. Especially ladies like me with such conditions...I can help them in some way to [take] this path and reach a

certain level [in parasport]. Many of us don't get sponsorships to play, so maybe this [my experiences] can be a start for others.

Alternatively, KP's altruism revolves around using her experiences and journey as a parasport athlete to inspire Indians with a disability to find that silver lining. This resonated with me through the picture in Figure 2, which I took during my observation of KP's physical activity participation. This photo also affirms KP's goal of doing something for other Indian women with a disability. KP calls this dog a fighter because the dog survived a car accident and is the leader of her pack at the basketball stadium. In a way, this dog mirrors KP's story and her fondness towards the dog symbolizes her altruism: "I'm feeding her [the dog] as a way of doing something nice for her."



*Figure 2.* A photo of KP's canine companion at the basketball stadium taken in Mumbai, India. August 10, 2019

This altruistic shift corresponds to the plot of the quest narrative, as storytellers place importance on making a positive contribution (Perrier et al., 2013; Smith & Sparkes, 2008). The self within the quest narrative undergoes transformations, recognizes the testimonies of those with a disability and prompts them to inspire others (Frank, 2013).

The ethics of solidarity and commitment and the ethic of inspiration align strongly with the *better me for a better you* story (Frank, 1995). Both ethics allow the storyteller to lend their voices to similar others who have undergone disability experiences and the storytellers are exemplaries who have used their disability and parasport experiences to show that the impossible is achievable (Shapiro & Martin, 2010; Frank, 1995).

Within disability research, quest-related narratives are frequently tied to sport and identity. For example, Smith and Bundon (2018) found that athletes in parasport had strong athletic identities and that these narratives of athletic identity corresponded with altruistic or social activist roles. Specifically, the para-athletes advocated for change in parasport and had philanthropic motives aimed at improving the lives of persons with a disability. Similarly, Perrier et al. (2013) described quest narratives of individuals with a disability who, after engaging in physical activity, were ready to provide opportunities for social involvement for similar others. As such, the altruistic pursuit of the *better me for a better you* story lends itself to their ever-changing quest to make a difference in the lives of Indian women with a disability.

To conclude, these women have shown evolution and transformation within their stories through their physical activity experiences. While the quest journey may not be fully uncovered or clear at the onset (or ever), there is a belief that ‘something’ can be achieved “from the experience of becoming, and being, disabled” (Frank, 2013, p. 118; Sparkes & Smith, 2003). Both women’s unique pathways led to successful parasport athletic careers, but they are now on a unified journey for altruistic motivations. This new journey solidifies their roles as pioneers for Indian women with a disability.

*Considerations within the Indian context.* In Indian culture, women with a disability are often positioned in the background; they are not vocal about their achievements or examples to others in society (Richardson et al., 2017). For example, PR described her reluctance to tell others about her involvement in parasport, despite her success:

You know, when I began to play tennis at [a] professional level, there were so many things...I'm disabled, a woman, mother and [I] work. I used to think I won't be able to do anything and what will others say...I even was afraid to tell my family since they wouldn't agree...But as time went by, I realized I'm challenging so many things and I too can do this at this a [professional] level.

This narrative type offers a unique view of two Indian women with a disability who challenged norms at multiple levels (i.e., as women and as people with a disability in the Indian context) through their participation in parasport. Despite coming from a background that fostered strong gender biases, Indian female para athletes felt that gender norms did not dictate sport participation, and that sport participation could present as opportunities to showcase their skills and abilities (Seth & Dhillon, 2019). Training women with a disability in multiple vocations can make them positive role models within their communities and foster motivation and empowerment for similar others (Thomas & Thomas, 2002). Within the majority world context, Richardson et al. (2017) found that participating in high level parasport helped wheelchair tennis athletes challenge cultural perceptions of disability and promoting such athletes through events and media could bring a progressive impact to wider society. Given that participation in physical activity or parasport is low among women with a disability, role models for women with a disability

within physical activity programs represent an important mechanism for increasing participation and, in turn, symbolize a breakaway from traditions and boundaries.

Therefore, there is a need to have pioneering women, such as KP and PR, to help breakdown some of these cultural barriers in India.

Using the *better me for a better you* story is one way to promote physical activity participation among Indian women with a disability. However, it is important for policy makers and researchers to acknowledge that this narrative is one type of story, told by two women from varying contexts. Promotional efforts need to ensure that multiple narratives, such as those found in this study and others (Allan et al., 2018; Perrier et al., 2013; Sparkes & Smith, 2003) are used to encourage physical activity participation. Indian women with a disability should be able to see and tell their stories that reflect and resemble their lives and interests, whether it is from a *better me for a better you*, a *multifaceted explorer*, or a *spreading my wings* storyline.

### **Overarching look at the narratives**

While the narratives framed within this study focussed on unpacking the physical activity and disability experiences of the women in three separate stories, there are some commonalities that link their narratives. The social-relational model provides a framework to understand these commonalities. The social-relational model recognizes disability as the result of social disadvantages or restrictions on participation while acknowledging the biological or physiological aspect of impairment, as well as the psycho-emotional dimension of disability (Reeve, 2004; Thomas, 2014). There are various tenets that compose the social-relational model. These tenets explain how restrictions to progress for individuals with a disability can occur at various levels: (a) social construction of disability

– societal perceptions and attitudes, (b) impairment effects—the physical impediment (spinal cord injury or polio) and the social consequence (need for social support) of reduced function, (c) structural barriers—being excluded from opportunities and amenities (e.g., not being able to access buildings or physical activity programs), and (d) psychological well-being—the psychological repercussions due to larger structural oppressions (e.g., lowered self-esteem as the result of internalizing a negative stereotype or feeling unable to participate; Thomas, 1999, 2004, 2007).

Specifically, these tenets reflect the physical activity and disability experiences of the women's stories. As exemplified in both *better me for a better you* and *spreading my wings*, physical activity engagement was seen as a risk, due to fear of going against the wishes of family and community attitudes. The stories narrated corresponded to the social construction of disability where societal attitudes and perceptions determine the actions and life choices taken by individual with a disability (Allan et al., 2019; Smith, 2013). Consequently, these societal constraints can further limit autonomy and independence in persons with disability (Dawn, 2013a). Provision of role models for women with a disability in multiple vocations and within physical activity can help alter these perceptions and attitudinal barriers both within the disability and able bodied population, particularly within an Indian context (Seth & Dhillon, 2019; Thomas & Thomas, 2005).

Another important facet highlighted by women across their stories was the consequence of having reduced function due to a physical disability, linking to the impairment effects within the social-relational model. The women in this study alluded to how within India, a person with disability has to have a dedicated caregiver. Family members of those with disabilities are relegated the role of a caregiver and there is a lifelong dedication to assisting those in need (Bora

& Saikia, 2015; Mookerjee, 2019). The women believed that the social consequence of having a physical disability created discontentment in them and deterred them to be self-reliant and independent, especially regarding physical activity participation. Given the larger societal constraints in India, lack of autonomy and independence in women with a disability is often observed (Thomas & Thomas, 2002). Due to the creation of these gender roles, women with a disability in Indian society tend to be judged and are expected to perform traditional roles of wife, mother and homemaker, even if their disability or health conditions may not permit them to (Dawn, 2013b; Thomas & Thomas, 2005). These women defied the notions of the social consequence (need for social support) of reduced function. For example, participants KP and CR independently look for various physical activity resources within their cities; finding a coach for basketball practice and learning how to swim. This self-reliance was further demonstrated in the modes of travel that the women adopted. From an adapted scooter to Uber, the women in this study were able to tackle the larger impairment constraints and the need for assistance.

Aligning with the structural barriers highlighted in the social relational model, *the multifaceted explorer* recognizes that persons with a disability, specifically in the Indian context, are unable to enjoy leisure activities as social structures and public buildings continue to lack barrier-free access (Mehra, 2011). Both women in *spreading my wings* described poor social support and lack of financial resources as impediments to physical activity participation. A learning that emerged from the narratives was the need to create accessible spaces, recreational and physical activity programs within India to help address the structural barriers to participation (Shenoy, 2013).

In terms of psychological well-being, NL and KN spoke of the repercussions and difficulties in resolving their identities and taking decisions, internalizing guilt, and

preventing them from spreading their wings (Daruwalla et al., 2013). Given the broader sociocultural norms and roles imposed on women within a majority world context, internalized (feeling insignificant) and externalized (inability to participate in community activities) forms of oppression are reported (Morrisson & Jütting, 2005; Thomas 1999). Physical activity within the narratives indicated increased psychological well-being as the women felt more confident and happier. As exemplified in the stories, peers were seen as an integral and imperative part of engaging in physical activity for all women - either to initiate or to sustain. Specifically within the Indian context, self-help groups can be a very effective means in promoting social welfare, inclusion and promoting women's participation (Kumaran, 2011). These existing self-help groups represent an opportunity for Indian women with a disability to communicate their physical activity stories, which could enhance those peer connections and a sense of belongingness while promoting physical activity participation.

Overall, the subjective experience of having a disability and how an individual connects with others is central to the social-relational model of disability (Goering, 2015). As seen through *better me for a better you*, being in the midst of others with disability and becoming high level para-athletes becomes liberating and inspirational. Similarly, the protagonist of *the multifaceted explorer* talks about how physical activity participation allowed her to connect to other people and create that support. Physical activity was a medium through which exploring opportunities and furthering personal growth was possible in *spreading my wings*. Both women in this narrative spoke of how participation gave them support and transcended multiple aspects of their life. This support is imperative



in cultures like India which can encourage and foster participation in community life among women with a physical disability (Addlakha, 2008).

### **Ethical and methodological considerations**

An important ethical consideration I needed to consider was that I was working with women with a disability whom may be marginalized and have faced discrimination. I needed to navigate the insider/outsider dynamic given I am not living with a disability. Pérez (2006) and Valentine (2007) articulate how being sensitive and responsive can be challenging for the researcher when participants share personal experiences that may be unfamiliar to the researcher. While I am a native Indian and speak various languages and dialects, I was critical and reflective in acknowledging my positionality as a well-educated, English speaking, pale complexioned Indian woman, who is living abroad and, most importantly, do not have a disability. This reflection is crucial, especially when the researcher cannot fully comprehend the context and situations of the participant (Padgett, 2016). I faced these nuanced challenges of being both an insider and outsider during this study. For example, when observing a wheelchair basketball practice, I reflected in my field texts my feeling and sense of ignorance toward the realities of physical activity participation in persons with a disability. I was largely unaware of how women were fitting wheels onto their sport wheelchairs, the height of their seats, the amount of air pumped into the tires, etc. I also realized that this subculture had its own terminologies and expressions which challenged my understanding of the context. The experience further emphasized that gaining trust of the participants and engaging in negotiations and conversations without coming off as ignorant was difficult as an outsider (Padgett, 2016).

With the acknowledgement of being an outsider, I spent time listening to their stories, focus on understanding their experiences, and building a trustful rapport. The focus was to create a safe space for the participants to express their views. I learnt to be reflexive while asking them questions to ensure there was no negative emotionality. I still had some difficulty relating to my participants and vice versa, due to the multiple factors and the broader social context that I occupied as an able-bodied Indian woman. For example, I learned that many women with physical a disability would not like to be addressed as ‘disabled’ and has several negative connotations in the regional Indian languages. Hence, I was careful about the use of my language and terminology when addressing my participants.

From a methodological perspective, the narratives types generated in this study are based on the experiences of the participants. I acknowledge that there may be other types of narratives that exist, as evidenced by other studies (Perrier et al., 2014; Sparkes & Smith, 2003). Additionally, the cultural differences between English and regional Indian languages may have resulted in the loss of meaningful words or phrases when translating to English. In order to be mindful of this, I kept true to the language being used by the participant and giving importance to the context in which the words were used within the manuscript.

## **Conclusion**

Women in this study told powerful stories of how physical activity enabled and fostered empowerment, social support and a sense of belonging as highlighted through three narratives: the multifaceted explorer, spreading my wings and better me for a better you. These stories have provided a nuanced understanding of physical activity participation of women with a disability

within the Indian context and demonstrated that not one story fits all. The stories highlighted the importance of physical activity in helping to break norms and gender stereotypes of this often marginalized subgroup. Physical activity can therefore help address the triple jeopardies that Indian women with a disability face, especially through increasing opportunities to interact with similar others. Recognizing that the promotion of physically active lifestyles for women with a disability from majority world countries is one of the Millennium Developmental Goals (MDGs), this study could inform future research on physical activity within other majority world countries. Women with a disability, especially within the majority world like India, could benefit from active role models of empowering women (Thomas & Thomas, 2002). Sharing these women's stories could be an initial step in providing positive physical activity role models to other Indian women with a physical disability. We hope that the narratives presented within this study disrupt beliefs about women with a disability in a majority world context.

Table 1

*Demographic information of participants*

Pseudonym	Age	Marital Status	Hometown	Disability Type	Years of living with disability	Physical activity	Years of participation
CR	70	Single	New Delhi	SCI	59	Swimming & weight training	52
KP	36	Married	Mumbai	SCI	11	Wheelchair basketball (professional)	10
KN	32	Single	Chennai	Polio (left leg)	29	Recreational wheelchair basketball	3
NL	37	Married	Bengaluru	Hemiplegia	34	Recreational wheelchair tennis & gym	6
PR	36	Married	Bengaluru	Polio (right leg)	33	Wheelchair Tennis	8

*Note.* Abbreviations: SCI = spinal cord injury

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## **Appendices**

### **APPENDIX A**

#### **Recruitment**

(The principle researcher will verbally approach the potential participants in a regional Indian language)

My name is Natasha, from McGill University in Canada. I am an international graduate student at McGill. I am currently working on my Master's thesis which is about exploring the experiences of Indian women living with physical disability and what role sport/physical activity participation has played in these life experiences.

This project will help me understand the living experiences of Indian women with physical disabilities. We are looking to recruit up to 12 participants. Accepting to be in this project means that you will be telling me your life story and sharing your experiences as an Indian woman with physical disabilities. This study involves conversations as you transit one place (for example, your home) and to an activity (i.e., physical activity) to another. As we commute, I will ask you questions about your experience of living with a physical disability, how it has impacted your daily and social life and whether participating in a physical activity program has helped you or not. I will travel with you to the activity and observe your physical activity/sport participation to understand social interactions and your participation in the activity. I will follow that up with an interview, summarizing what you felt and have done throughout the day. After one week, I will come back to conduct a group discussion with you and other women with similar conditions, where you'll talk about your unique experiences with disability, the social and cultural stigmas and the role that physical activity has/not played in your life. I will take some handwritten notes to record your answers as well as use an audio recorder to make sure I don't miss out on what you say. I will also be taking pictures on my phone during the go along interviews to capture the surroundings, what we see in the public places and during the physical activity, at the organization. You have the right to refuse to be photographed or can indicate whether you prefer only pictures of the surroundings to be taken in the written consent form. These photographs will only be used by the researcher during the analysis for the study and will not be published on any platform.

Do you have any questions or any concerns?

Are you willing to participate in this project? If so, we can review this written consent form.

If no, thank you very much for your time.

**APPENDIX B****Interview Guide**

**Purpose:** To explore the life experiences and physical activity participation of Indian women with physical disabilities.

Questions:

Pre-commute:

1. How would you describe yourself as an individual? What would your family/friends/peers /colleagues have to say about you?
2. Describe for me your current life situation, and what your life experiences living with a physical disability have been.
3. Describe for me your physical activity participation: type, duration, frequency. (Probe: where are we going today and what activity will you engage in?)

During commute:

1. What are some of the day to day activities you undertake which require you to move around /commute?
2. Let us take today for example. How and when did you decide on the mode of commute. What other ways have you tried or considered?
3. Talk me through how you navigated this space? What were some of the considerations you made while making this movement/commute choice? What are the specific concerns or challenges you face?
4. *Note: Interviewer will also probe questions as per her observation during the go along interview and thus will vary between participants based on her observations.*

Post observation:

1. How would you describe the activities of the last one hour? What were the highlights of today's session for you?
2. What were your expectations/goals for today? What made you achieve them or prohibited you to achieve them?
3. Overall, how (if at all) do you believe participating in these activities has helped/changed/impacted you?

## APPENDIX C

**Participant Consent Form**

REB# \_\_\_\_\_514-0519 \_\_\_\_\_

(This consent form will be translated into a regional Indian language by the principal investigator.)

**Researcher:** Natasha Kaushik, MSc, McGill University, Department of Kinesiology and Physical Education, 514-217-8690; [natasha.kaushik@mail.mcgill.ca](mailto:natasha.kaushik@mail.mcgill.ca)

**Supervisor:** Shane N. Sweet, Ph.D., Assistant Professor, Department of Kinesiology and Physical Education, McGill University, 514-398-4184 ext. 09903; [shane.sweet@mcgill.ca](mailto:shane.sweet@mcgill.ca)

**Title of Project:** Decoding the role of gender and physical activity among women with physical disabilities in India.

**Sponsor(s):** Start-up funds from the Center for Interdisciplinary Research in Rehabilitation of Greater Montreal

***Purpose of the Study:***

As a researcher working in the area of health promotion, I am looking to understand and improve the life experiences of women with physical disabilities. This study aims at exploring the sociocultural factors and physical activity/sport participation of Indian women with physical disabilities.

***Study Procedures:***

Participating in this study will involve the following steps:

1. We will begin with a preliminary interview at your home, which will be an introduction and we will discuss your life experiences.
2. I will then accompany you as you commute from home (or a convenient public place) to the place of your activity and have a conversation with you to understand how you navigate public spaces. You will talk about what your life experiences have been as a woman with a physical disability in India. With your consent, she will also be taking photos of the surroundings and environment around you to understand and capture the experiences. These photographs will not be published on any platform and will only be taken once you consent.
3. On reaching the place of your activity, I will observe your physical activities at the community center to understand how you navigate the physical and social environment.
4. We will end with a follow up interview, summarizing what we have spoken of and learnt throughout the course of the day.
5. A week later, you will be invited to focus group discussions, along with other women with physical disability. You will discuss your experiences around physical activity and sport participation, including not actively engaging in those types of activities. The

interviews and focus groups will be audio recorded so that I can re-listen, transcribe them, and analyze the interviews/focus groups.

***Voluntary Participation:***

Your participation in this study is voluntary. You may refuse to participate in any parts of the study, you may decline to answer any question, and you may withdraw from participating in the study at any time, for any reason. If you decide to withdraw from participating in this study any information you provided will be destroyed, unless you give permission otherwise.

***Potential Risks:***

There are no anticipated harms or risks associated with the participating in this study. You may bring up some sensitive topics during the interview (e.g., mental health), but these types of issues are not the purpose of the interview. If you feel you need to or want to discuss these types of issues with a professional, N Kaushik will refer you to the appropriate health professional.

***Potential Benefits:***

Participating in the study might not benefit you directly, but it will help N Kaushik to better understand your life experiences with physical disability. This information could then lay the foundation for implementing improved recreation and physical activity programs for women with physical disabilities in India.

***Confidentiality:***

Any information that is obtained in connection with this study and that can be identified in connection with you, the participant, will remain confidential and will not be disclosed. You will be assigned a pseudonym (i.e., a fake name) to ensure your confidentiality. All of your data will be referred by the pseudonym. Any identifiable information disclosed during the interviews (e.g., names, locations) will be removed from the transcripts. The pictures that have been taken during the course of the interviews and at the community organization will be used strictly for data analysis and will not be published anywhere. You have the right to choose whether you are comfortable being photographed or would like only pictures of the surroundings to be taken. Only N Kaushik is named at the beginning of the consent form and she will have access to the identifiable data. Copies of the audio recordings and photos will be stored on N Kaushik's individual computer. The computer is password-protected, and the recordings will be encrypted. She will use the recordings, transcripts and photos to analyze the data, write scientific articles and share the results in presentations or community partners. Your name will never be disclosed in any of these publications or presentations. The pictures will not be published or shown anywhere. Only general findings will be presented.

***Honoraria:***

Each participant will be given a cash compensation of 1500 rupees for their participation in the interviews. They will be provided an additional 500 rupees if they choose to participate in the focus group discussions.

**Questions:** If you have any questions or would like clarifications about the study, please contact Natasha Kaushik, the researcher of the study.

Natasha Kaushik, McGill University, Department of Kinesiology and Physical Education, 514-398-4184 (extension 0481); [natasha.kaushik@mail.mcgill.ca](mailto:natasha.kaushik@mail.mcgill.ca)

Shane N. Sweet, McGill University, Department of Kinesiology and Physical Education, 514-398-4184 (extension 09903); [Shane.Sweet@mail.mcgill.ca](mailto:Shane.Sweet@mail.mcgill.ca)

**If you have any ethical concerns or complaints about your participation in this study, and want to speak with someone not on the research team, please contact the McGill Ethics Manager at (+1) 514-398-6831 or [lynda.mcneil@mcgill.ca](mailto:lynda.mcneil@mcgill.ca).**

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### *Consent to participate*

Please sign below if you have read the above information and consent to participate in this study. Agreeing to participate in this study does not waive any of your rights or release the researchers from their responsibilities. A copy of this consent form will be given to you and N Kaushik will keep a copy.

N Kaushik will be taking pictures of the surroundings and participants as part of the research project. These photos will not be published anywhere and will be strictly used for data analysis. Please check the box that you prefer :

1. I consent to N Kaushik taking pictures of my surroundings and myself. \_\_\_\_\_
2. I consent to N Kaushik taking pictures of my surroundings only. \_\_\_\_\_
3. I do not consent to any pictures. \_\_\_\_\_

Participant's Name: (please print) \_\_\_\_\_

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Interviewer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**APPENDIX D****Statement for Photography**

Hello,

My name is Natasha Kaushik and I am a graduate student at McGill University, Canada. I am conducting my research project on women with physical disabilities in India. For the purpose of this project, I am taking pictures of the public spaces and surroundings, as part of my interviewing process which will help me with my final data analysis. I have received the consent of these participants to photograph them along with the surroundings. These pictures will not be published on any platform and if you have been accidentally captured in these photos, your faces will be blurred to protect your identity. If you have any questions or concerns regarding this, here is my contact information.

Email: [natasha.kaushik@mail.mcgill.ca](mailto:natasha.kaushik@mail.mcgill.ca)

Phone: +1 (514) -217-8690

## APPENDIX E

## Demographic Questionnaire

1. Age (in years) \_\_\_\_\_

<b>2.</b>	<b>What is your current marital status?</b>	
a.	Single/never married	<input type="checkbox"/>
b.	Married	<input type="checkbox"/>
c.	Separated/divorced	<input type="checkbox"/>
e.	Widowed	<input type="checkbox"/>
f.	Other _____	

3. Do you have children? ☐ Yes ☐ No

If yes, how many? \_\_\_\_\_

4. What is your family type?

☐ Single parent ☐ Nuclear family (parents and children only) ☐ Extended family  
☐ Other: \_\_\_\_\_

<b>5.</b>	<b>Do you live in:</b>	
a.	City	<input type="checkbox"/>
b.	Suburban area	<input type="checkbox"/>
c.	Rural community	<input type="checkbox"/>

<b>6.</b>	<b>What is your highest level of education?</b>	
a.	No diploma or certificate	<input type="checkbox"/>
b.	High school/Secondary school/12 <sup>th</sup> Standard	<input type="checkbox"/>
d.	Graduated from college (Bachelors)	<input type="checkbox"/>
g.	Post graduate degree	<input type="checkbox"/>
h.	Post graduate degree (professional)	<input type="checkbox"/>
i.	Other _____	

7. Are you currently employed? ☐ Yes ☐ No

**8. If yes, what is your current profession?**

<b>a.</b>	Student	<input type="checkbox"/>
<b>b.</b>	Government /Central government employee	<input type="checkbox"/>
<b>d.</b>	Private company	<input type="checkbox"/>
<b>g.</b>	Service industry	<input type="checkbox"/>
<b>h.</b>	Homemaker	<input type="checkbox"/>
<b>i.</b>	Other	_____

**9. What is your monthly household income?**

- ☐ Less than Rs. 3000  
☐ Rs. 3,000 - 5,000  
☐ Rs. 5,000 – 7,000  
☐ Rs. 7,000- 10,000  
☐ Rs. 10,000 – 15,000  
☐ Rs. 20,000 and above  
☐ Prefer not to answer

**10. Type of disability** \_\_\_\_\_**11. Duration of disability (in years)** \_\_\_\_\_

<b>12.</b>	<b>What do you rely on to help you move around?</b>
<b>a.</b>	An assistive device (wheelchair, cane, etc.) <input type="checkbox"/>
<b>b.</b>	No assistance required <input type="checkbox"/>
<b>c.</b>	Other _____

For researchers use only

<b>Participant pseudonym:</b>
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