

# Exploring the Living Conditions of Women with Locomotor Disabilities

Dr. T. Kavitha<sup>1</sup>, Krishna Raj.S<sup>2</sup>

<sup>1,2</sup>Assistant Professor, Madras School of Social Work, Chennai

## ABSTRACT

Living condition or Quality of the Life (QOL), as defined by World Health Organization, refers to an individual's view on their position in life within their cultural, and value systems, shaped by personal goals, expectations, health status, income, education, environment, safety, freedom, and social relationships, thus combining both objective conditions and subjective life satisfaction. In the struggle for equality, people with disabilities face a lot of challenges in the society, but women with disabilities face a lot of disadvantages due to intersection of gender and disability. The objectives of this current study are to assess the levels of living conditions of e women with the locomotor disabilities in Chennai city. The Sampling technique adopted for the present study was snow ball technique sampling and the sample size was 50 locomotor disabled women. The data was collected through WHO Quality of Life scale. SPSS Software was used to analyse the data which focuses on identifying barriers, experiences, and potential interventions to improve the living conditions of locomotor disabled women used to disabilities in urban settings like Chennai. Results of the study revealed that majority 76% of the women who are physically disabled are having moderate level of living conditions and still 24% of the women with locomotor disability have low level of standard of living conditions.

**Keywords:** Women, locomotor disability, living conditions, barriers, quality of life.

## INTRODUCTION

Living Conditions Quality of the Life (QOL), as defined by World Health Organization, refers to an individual's how they see their place in life within their cultural and value systems, shaped by personal goals, expectations, health status, income, education, environment, safety, freedom, and social relationships, thus combining both objective conditions and subjective life satisfaction; it is assessed globally through composite measures such as the Human Development Index developed by the UN Development Programme and the World Happiness Report, which evaluate life expectancy, education, income, social support, freedom of choice, and perceived corruption, while other approaches like the measure of people's basic living conditions, index evaluating social development and progress, and Gross National Happiness expand the focus to literacy, ecological sustainability, governance, and psychological well-being, highlighting that relying only on economic growth does not ensure happiness or equitable development; in healthcare, QOL emphasizes how illness, disability, or chronic conditions affect daily functioning and dignity, and in international development it is closely linked to poverty reduction, human rights, and access to food, shelter, healthcare, and employment, as promoted by institutions such as the World Bank; liveability measures further examine infrastructure, urban safety, environmental quality, and public services, while social theories like the broken windows perspective

connect community order to perceived well-being; persons with locomotor disabilities—recognized under the law that promotes and protect the rights of people with disabilities, 2016—often encounter physical inaccessibility, stigma, limited educational inclusion, unemployment, inadequate rehabilitation services, and poor policy implementation individuals with movement impairments, and women with disabilities experience compounded gender and disability discrimination, resulting in marginalization and reduced opportunities; therefore, improving QOL requires inclusive governance, barrier-free environments, gender-sensitive interventions, early identification and rehabilitation, assistive technologies such as advanced prosthetics and mobility aids, community awareness, reliable disability data, and sustained efforts to ensure equality, participation, empowerment, and social justice for all.

## REVIEW OF LITERATURE

“Gender and disability: The challenges faced by Indian women” by Ramesh Kumar Bhardwaj and Narender Kumar, reported in the International Journal of Social Science and Education Research 2025; 7(1): 439-443, The article highlights Women with disabilities faces “double discrimination” due to gender and physical impairment. It shows how societal norms in India intensify barriers to education, employment, healthcare, and social inclusion, leading to greater marginalization. The study stresses the need for gender-sensitive policies to ensure equality and empowerment. Veeramani, P. (2016), in the study titled “*Life Quality experienced by women with mobility disabilities at Pudukkottai District,*” examines the multidimensional challenges faced by women with mobility disabilities. The research work highlights that disability, like gender, is socially constructed and results in marginalization at personal, family, and societal levels. Women with locomotor disabilities experience severe architectural barriers, limited mobility, social stigma, and lack access to resources, particularly in rural and low-income contexts. Such challenges may lower self-worth, affect their confidence, and impact their general well-being. Using the WHOQOL-100 instrument, the study assessed QOL across various domains. Results show that the majority of respondents reported a moderate level of overall quality of life. Increased mean scores were observed in energy and fatigue (physical domain), self-esteem (psychological domain), mobility (independence domain), personal relationships (social domain), and physical safety and security (environment domain). The study emphasizes the need for stronger policy initiatives and rights-based interventions to improve their quality of life.

Rebecca Renwick et al. (2003), in the study “*Quality of life experienced by individuals with physical impairments: A New Instrument,*” describe the creation and evaluation of quality of life of life scale for adults with physical disabilities (QOLP-PD). The tool relies on a strong conceptual framework recognizing that individuals with and without disabilities share similar quality-of-life concerns, even if their experiences could differ. The tool was developed through in-depth interviews, item refinement, and pilot testing among adults with chronic, acquired, and lifelong physical disabilities. The study first validated the instrument with two Canadian participant groups: a cross-disability group in Ontario (n=27) and adults injured in the spinal cord in Saskatchewan (n=40). The QOLP-PD demonstrated good reliability, having beta coefficients vary from 0.67 to 0.97 and 0.80 to 0.98 across samples. Despite small sample sizes, the findings indicate sound psychometric properties and suggest directions for further research.

## RESEARCH METHODOLOGY

The study aims to analyse the different factors that influence the Quality of the Life (QOL) pertaining to

women with mobility impairment in Chennai. The study adopts a descriptive design to collect precise data regarding the existing circumstances and difficulties faced by the participants. The researcher operationally defines QOL as the level of satisfaction and comfort enjoyed by individuals and locomotor disability as restriction in limb movement. Using the snowball sampling method, a sample of 50 respondents was chosen. The current study made use of both primary and secondary data, the data analysis were examined with SPSS software. The study implication is to identify barriers, experiences and an intervention that may contribute to the living conditions of omen with restricted mobilities in urban areas.

**DATA ANALYSIS AND INTERPRETATION**

**Table 1 Respondent’s distribution by socio-demographic characteristics**

SI No.	Variable	Factors	Frequency	Percentage
	Age	18 – 30	13	26
		31 – 60	33	66
		61 – 80	4	8
		Total	50	100
	Educational Qualification	Elementary	8	16
		Secondary School	17	34
		College/University	13	26
		Graduate/Professional Degree	12	24
		Total	50	100
	Marital Status	Single	11	22
		Separated	3	6
		Married	22	44
		Divorced	8	16
		Widowed	6	12
		Total	50	100
	Area of Residence	Rural	19	38
		Urban	17	34
		Semi - Urban	14	28
		Total	50	100
	Employment	Unemployed	21	42
		Employed	29	58
		Total	50	100
	Economic Status	Daily wages income	12	24
		Monthly income	38	76
		Total	50	100
	Nature of Work	Private Sector	6	12
		Government Sector	9	18
		Own Business	24	48
		Daily Wage Workers	11	22
		Total	50	100

	Religion	Christian	13	26
		Hindu	19	38
		Muslim	18	36
		Total	50	100

Table 1 presents the socio-demographic profile of the respondents. The age distribution indicates that a majority (66%) fall within the 31–60 years category, followed by 26% in the 18–30 age group and 8% in the 61–80 age group. Educational qualifications vary, with 34% having completed high school, 26% having attended college, and 24% holding graduate or professional degrees, while 16% have elementary-level education. Marital status wise, 44% pertaining to the respondents are married, 22% are single, 16% are divorced, 12% are widowed, and 6% are separated. The area of residence shows a relatively balanced distribution, with 38% from rural areas, 34% from urban areas, and 28% from semi-urban areas. Regarding employment status, 58% are employed while 42% are unemployed. A majority (76%) earn a monthly income, whereas 24% depend on daily wages. Concerning the nature of work, 48% are engaged in their own business, 22% are daily wage workers, 18% are employed in the government sector, and 12% work in the private sector. Religiously, 38% are Hindus, 36% are Muslims, and 26% are Christians. This diverse socio-demographic composition highlights the varied backgrounds pertaining among the respondents and underscores the significance of being inclusive and context-specific interventions.

**Table 2 Respondents categorized by the extent of physical health**

SI No.	Variable	Factors	Frequency	Percentage
	Extent of Physical pain	Not at all	10	20
		A little	25	50
		Very much	05	10
		An extreme amount	10	20
		Total	50	100
	Need of any medical treatment	Not at all	3	6
		A little	20	40
		A moderate amount	20	40
		Very much	3	6
		An extreme amount	4	8
Total	50	100		
	How would you rate your satisfaction with performing daily living tasks?	Very dissatisfied	7	14
		Dissatisfied	16	32
		Neither satisfied nor dissatisfied	8	16
		Satisfied	11	22
		Very satisfied	8	16
Total	50	100		
	How content are you with your ability to carry	Dissatisfied	14	28
		Neither satisfied nor dissatisfied	21	42
		Satisfied	11	22

	out work tasks?	Very satisfied	2	4
		Total	50	100

The above table 2 reveals that (50%) of the respondents experience only a little physical pain that hinders their ability to perform necessary activities, while (20%) report extreme pain, (10%) report very much pain, and another (20%) report no pain at all. With regard to medical treatment, (40%) of the respondents require a little medical treatment and another (40%) require a moderate amount of care to function daily, whereas (8%) require an extreme level, (6%) require very much treatment, and (6%) require no necessitate medical intervention. Pertaining to daily living activities, (32%) of the respondents expressed dissatisfaction with their ability to perform such activities, (22%) are satisfied, (16%) are very satisfied, (16%) remain neutral, and (14%) are very dissatisfied. Concerning capacity for work, (42%) are neutral, (28%) are dissatisfied, (22%) are satisfied, and only (4%) each report being very dissatisfied and very satisfied. Overall, the findings indicate moderate physical limitations and a considerable level of medical reliance, with mixed perceptions regarding functional ability and work capacity.

**Table 3 Respondents categorized by the extent of Psychological Domain(Mental health, emotions, self-perception, meaning in life)**

SI No.	Variable	Factors	Frequency	Percentage
	How well are you able to concentrate	Not at all	4	8
		A little	8	16
		A moderate amount	17	34
		Very much	8	16
		An extreme amount	13	26
		Total	50	100
	How well are you able to accept your bodily appearance	Not at all	5	10
		A little	14	28
		A moderate amount	13	26
		Very much	8	16
		An extreme amount	10	20
		Total	50	100
	To what extent do you find your life to be meaningful	Not at all	2	4
		A little	8	16
		A moderate amount	14	28
		Very much	19	38
		An extreme amount	7	14
		Total	50	100
	How satisfied are you with yourself	Very dissatisfied	8	16
		Dissatisfied	11	22
		Neither satisfied nor dissatisfied	15	30
		Satisfied	12	24
		Very satisfied	4	8

	Total	50	100
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Table 3 demonstrated that a moderate level of concentration (34%), followed by those with an extreme level of concentration (26%). A smaller proportion are very much able to concentrate (16%) and able to concentrate a little (16%), while only a few cannot concentrate at all (8%). Regarding acceptance of bodily appearance, most respondents are able to accept their appearance a little (28%), followed by a moderate level of acceptance (26%). Some respondents accept their appearance at an extreme level (20%) and very much (16%), whereas a minority do not accept their appearance at all (10%). Pertaining to self-satisfaction, the majority neither approved nor disapproved with themselves (30%), while others report being satisfied (24%) or dissatisfied (22%). A smaller percentage are very dissatisfied (16%) and very satisfied (8%). Concerning meaning in life, a significant proportion find their life very much meaningful (38%), followed by a moderate level of meaning (28%). Some respondents perceive life as meaningful a little (16%) or at an extreme level (14%), while only a few do not find life meaningful at all (4%). Overall, the results suggest moderate psychological well-being with variations in self-perception and personal meaning.

**Table 4 Distribution of Respondents based on the extent of Personal relationships and social support**

SI No.	Variable	Factors	Frequency	Percentage
	How satisfied are you with your personal relationships	Very dissatisfied	6	12
		Dissatisfied	13	26
		Neither satisfied nor dissatisfied	16	32
		Satisfied	11	22
		Very satisfied	4	8
		Total	50	100
	How satisfied are you with your sex life	Very dissatisfied	4	8
		Dissatisfied	7	14
		Neither satisfied nor dissatisfied	14	28
		Satisfied	19	38
		Very satisfied	6	12
		Total	50	100
	How satisfied are you with the support you get from your friends	Very dissatisfied	4	8
		Dissatisfied	16	32
		Neither satisfied nor dissatisfied	11	22
		Satisfied	10	20
		Very satisfied	9	18
		Total	50	100

Table 4 reveals that majority of the respondents largely showed neither satisfaction nor dissatisfaction with their personal relationships (32%), followed by those who are dissatisfied (26%) and satisfied (22%). A smaller proportion (12%) are very dissatisfied and very satisfied (8%) with their personal relationships. With regard to satisfaction with sex life, most respondents report being satisfied (38%),

while 28% are neutral. Some respondents are dissatisfied (14%), very satisfied (12%), and a minority are very dissatisfied (8%). Concerning support from friends, the majority are dissatisfied (32%), followed by those who are neutral (22%) and satisfied (20%). Additionally, 18% are really happy, while only 8% are very dissatisfied with the assistance they receive from friends. Overall, the results indicate mixed levels of satisfaction in social relationships, with noticeable dissatisfaction particularly in peer support.

**Table 5 Distribution of Respondents based on the extent of Safety, financial resources, access, infrastructure.**

SI No.	Variable	Factors	Frequency	Percentage
	How safe do you feel in your daily life	Not at all	8	16
		A little	8	16
		A moderate amount	12	24
		Very much	14	28
		An extreme amount	8	16
		Total	50	100
	How healthy is your physical environment	Not at all	8	16
		A little	10	20
		A moderate amount	16	32
		Very much	9	18
		An extreme amount	7	14
		Total	50	100
	How satisfied are you with the condition of your living space	Very dissatisfied	11	22
		Dissatisfied	9	18
		Neither satisfied nor dissatisfied	11	22
		Satisfied	9	18
		Very satisfied	10	20
		Total	50	100
	How satisfied are you with your mode of transportation	Very dissatisfied	4	8
		Dissatisfied	17	34
		Neither satisfied nor dissatisfied	16	32
		Satisfied	9	18
		Very satisfied	4	8
		Total	50	100

Table 5, indicate that the majority of respondents very much feel safe in their day-to-day life (28%), followed by those who feel safe at a moderate level (24%). Equal proportions reported that feeling safe at an extreme level (16%) and a little safe (16%), while 16% do not feel safe at all. Regarding the healthiness of the physical environment, most respondents perceive it as moderately healthy (32%), while others report it as a little healthy (20%), very much healthy (18%), not at all healthy (16%), and extremely healthy (14%). Concerning the condition of their living space, 22% are very dissatisfied and another 22% are neutral, whereas 20% are very satisfied, 18% are satisfied, and 18% are dissatisfied. With respect to mode of transportation, the majority are dissatisfied (34%), followed by those who are

neutral (32%). A smaller proportion are satisfied (18%), very satisfied (8%), and very dissatisfied (8%). Overall, the findings suggest moderate perceptions of safety and environment, but notable dissatisfaction regarding living conditions and transportation facilities.

**Table 6: Distribution of respondents based on the over all standard of living**

SI No.	Overall standard of living	Frequency	Percentage
1	Low Level	12	24
2	Moderate Level	38	76

The above table 6 shows that majority which is 76% of the women living with mobility or physical impairments having moderate level of living and still 24% of the women with physical disabilities have low level of standard of living conditions.

### Major findings

- **Socio-demographic Details**

- The largest portions of the women with physical motilities (66%) are in between the age group of 31-60 years where with middle-aged individuals representing the largest portion of the sample.
- 34% of the respondents have completed/ attained their high school education.
- Regarding place of residence, a significant proportion of respondents (38%) live in the rural areas.
- 58% of the mobility impaired women are employed.
- A significant majority (76%) report receiving a regular monthly income, reflecting relative income stability among the participants.
- Nearly (48%) respondents are engaged in self-owned business activities as their primary occupation.

- **Physical Health**

- 50% of the respondents reported experiencing mild physical pains which disturbs their daily activity.
- 40% of the respondents reported that they require minimal level of medical care 10 to manage their everyday life.
- 32% of the respondents highlighted that dissatisfaction with their ability to perform daily living activities.
- Around 42% of the respondents reported a neutral level of satisfaction regarding their ability to work.

- **Psychological Health**

- A proportion of respondents (34%) report having a moderate level of concentration.
- Nearly 28% of the participants indicated limited acceptance of their physical appearance.
- In terms of satisfaction with themselves, (30%) of respondents remain neutral
- A considerable percentage of respondents (28%) report that they very hardly experience negative feelings such as low mood, despair, anxiety, or depression.

- **Social Relationship**

- 32% of the respondents indicated neutral responses regarding their satisfaction in their personal life.
- 38% of the respondents states that they were satisfied with their sexual life.
- 32% of respondents shared that the support did not meet their satisfaction that is received through their friends.

- **Environmental Health**

- Among persons with locomotor disability, (28%) state that they feel very safe in their day-to-day life despite mobility-related challenges.
- Nearly (32%) perceive their physical environment as moderately healthy, indicating a need for improved accessibility and barrier-free surroundings.
- The findings reveal that 22% of the participants are extremely dissatisfied with their living space, which may reflect limitations in home design and accessibility.
- More than one-third (34%) indicate dissatisfaction with their mode of transportation, highlighting transportation barriers as a significant concern affecting mobility and independence.

## **Recommendations**

### **Social Workers**

Social workers should adopt a gender-sensitive and disability-inclusive approach while assisting with women with locomotor impairments. They must conduct individualized assessments to identify mobility barriers, safety concerns, health requirements, and livelihood challenges. Facilitating access to rehabilitation services, assistive devices, and relevant government welfare schemes is essential to enhance independence and functioning. Social workers should additionally offer psychosocial counseling to address issues related to self-esteem, body image, discrimination, and social isolation. Additionally, promoting the formation of women's self-help groups and peer support networks can strengthen social participation, mutual support, and empowerment amongst women with locomotor disabilities.

### **Non-Governmental Organizations (NGOs)**

NGOs should design and implement targeted vocational training and entrepreneurship programs suited to women with mobility limitations. Their involvement is crucial in community-based rehabilitation initiatives aimed at improving accessibility, healthcare availability, and social integration.. Awareness campaigns must be conducted to reduce gender-based and disability-related stigma within families and communities. NGOs should also provide accessible educational resources, digital literacy programs, and leadership development opportunities. Advocacy efforts should focus on promoting safe public spaces and accessible transportation systems that address the specific needs and safety concerns of women with locomotor disabilities.

### **Government**

The government must ensure the effective implementation of disability rights policies, particularly the Rights of Persons with Disabilities Act, 2016, with special emphasis on the protection and inclusion of women. Developing accessible infrastructure in public buildings, healthcare institutions, and transportation systems through gender-sensitive planning is crucial. The government should strengthen employment reservations, skill development initiatives, and financial assistance programs that specifically benefit women with locomotor disabilities. Expanding access to affordable healthcare, rehabilitation services, and assistive devices through public schemes is equally important. In addition, specific social security initiatives and protective policies should be implemented to protect women with locomotor disabilities from discrimination, abuse, and financial insecurity.

**Conclusion:**

The result of this study concludes that women with locomotor disabilities encounter substantial challenges that negatively impact their quality of life. Key obstacles include limited access to education and employment, inadequate healthcare services, social isolation, and discrimination, all of which restrict their independence and participation in society. Despite these obstacles, the findings highlight their resilience and adaptability in managing daily life. The study emphasizes the urgent need for gender-sensitive and disability-inclusive interventions focused on improving accessibility, expanding livelihood opportunities, strengthening healthcare, promoting education and skills training, enhancing social support, and addressing discrimination to ensure dignity, empowerment, and improved overall well-being.

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