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UNVEILING THE LAYERS: A SINGLE-CASE STUDY ON THE SEXUAL EXPRESSION OF A PHYSICALLY DISABLED WOMAN IN LAHORE, PAKISTAN

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ABSTRACT

This study investigates the socio-cultural factors influencing the sexual expression and rights of physically disabled women in Lahore, Pakistan. Utilizing a biographical research method rooted in qualitative analysis, we will conduct in-depth interviews to understand individual perceptions of sexuality, as well as the barriers and facilitators experienced by these women. The research will examine the impact of family, friends, and healthcare providers on sexual expression, highlighting the role of support systems in diverse cultural contexts.

By addressing the intersection of disability and sexuality, this study aims to uncover how disability policies affect the sexual rights and experiences of physically disabled women. Our findings will provide valuable insights into the unique challenges and support mechanisms that influence their sexual health and well-being. Additionally, the study aims to propose policy changes to better support the sexual expression of physically disabled women in Lahore, Pakistan, thereby promoting inclusivity and improved sexual health outcomes.

This research aligns with the conference theme, "Empowering Voices, Shaping Tomorrow," by advocating for a better understanding and policy support for the sexual rights of physically disabled women. The insights gained from this study will inform interventions and guide the development of supportive measures by families, friends, healthcare providers, and policymakers. Ultimately, it will contribute to the empowerment and betterment of this marginalized population.

Keywords: Sexual expression, Disability, Women, Rights, Socio-Cultural, Marginalized

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1 INTRODUCTION

In Pakistan, according to data from NADRA, the total number of disabled individuals in Punjab province is 147,539, with 295,093 individuals having physical disabilities. For individuals with disabilities, stigmatization is still a major problem, which is made worse by ambiguity around the term and uneven data collection categories (Ahmed, 1995). Many people believe that disability is a retribution for crimes, a belief reinforced by some religious discourses. However, the Quran and some Islamic interpretations consider disability to be a neutral condition (Bazna & Hatab, 2005).

While certain societies are progressing in recognizing the sexual needs and desires of people with disabilities, access to and understanding of sexual rights and relationships remain limited. People with disabilities has equal rights to pursue companionship, friendship, love, sexual enjoyment, and reproductive options. Various sexual rights organizations and feminists advocate for gender and disability rights, making these issues more visible.

Sexuality, defined as a person's capacity for sexual feelings, is a basic human need, shaped by social and religious ideas and practices. The World Health Organization (2012) defines sexual health as a state of physical, emotional, mental, and social well-being in relation to sexuality. Disabled people has the same rights to seek friendship, love, sexual pleasure, companionship, and reproductive choices (Shuttleworth et al., 2017; Dune, 2009; Braint et al., 2010; Stevens, 2010). Denying the sexuality of disabled individuals harms their personhood and identity (Foucault et al., 2007).

The Convention on the Rights of Persons with Disabilities defines disability as the interaction between impairments and barriers preventing full participation in society. Despite this, disabled people are often excluded from sexual activity and rights. Current legislation, including the European Court of Human Rights, ensures the legal right to sexual well-being, including the protection of sexual autonomy and forming personal relationships (Than, 2015; Perske, 2011).

Sexual and reproductive health rights (SRHR) are fundamental human rights that ensure individuals can make informed decisions about their sexual and reproductive health. However, women with disabilities in Pakistan often face significant barriers to accessing these rights. Despite the comprehensive framework provided by the Rights of Persons with Disabilities Act, 2016, and the National Policy for Persons with Disabilities, 2002, considerable gaps in both research and implementation persist (Mahmood et al., 2022). One of the primary issues is the lack of awareness and education regarding SRHR among women with disabilities, which significantly hinders their ability to access essential services. Additionally, significant obstacles pertaining to healthcare institutions' physical accessibility and the training of healthcare providers to address the specific needs of these women exist (Kelkay Rade et al., 2023).

Policy implementation is another critical area that requires improvement. Although policies exist to protect the rights of persons with disabilities, their enforcement is often inadequate. Strengthening the implementation of these policies and advocating for more inclusive and effective measures are essential steps toward bridging this gap (Hilmes & Paula, 2022). Furthermore, there is a pressing need for more comprehensive research and data collection on the SRHR of women with disabilities in Pakistan. Such research can identify specific barriers and assist in the creation of focused interventions, which are crucial for improving SRHR outcomes (Mahmood et al., 2022).

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Enhancing support systems, including family, friends, and social services, plays a significant role in improving the SRHR of women with disabilities. Additionally, addressing cultural norms and stigma that hinder access to SRHR services is crucial for creating an inclusive environment (Kelkay Rade et al., 2023). For a thorough grasp of the obstacles and enablers to SRHR, mixed methods studies that integrate qualitative and quantitative methodologies are also required, as is more in-depth qualitative research to comprehend the lived experiences of women with disabilities (Hilmes & Paula, 2022). Longitudinal and comparative studies can further help in tracking changes over time and identifying regional disparities (Mahmood et al., 2022).

1.1 Understanding the Concept of Sexuality and Disability

Even though sexuality is an essential aspect of human existence, sexuality is frequently overlooked while discussing disabilities. The sexuality of women is often overlooked and misunderstood (Chivers, 2003). Sexuality is very visible in today's world, and women live in a highly sexualized society where having sex is seen as necessary to fit in. However, society often views disabled individuals, especially women, as asexual beings. This pervasive notion has led to the neglect of the sexuality of disabled people in both social settings and professional health contexts, including disability rights movements and disability studies. This neglect results in the continual marginalization, invisibility, and pathologization of disabled individuals (Shakespeare, 2000).

According to research, women with impairments also have sexual relationships, and some disabled people participate in sexual behaviors, defying the stereotype of asexuality (Walter et al., 2001). This suggests that people with disabilities have the same sexual rights and wants as other people. However, because they are not viewed as desirable, they frequently have obstacles in fulfilling sexual relationships. According to various research and works of literature, disabled people have a difficult time finding partners and having satisfied sexual experiences (Nosek et al., 2001). In general, because people with disabilities are more likely to be harmed and subjected to discrimination, their gender and sexual rights can be readily subjugated and made invisible. Instead of focusing on their basic sexual needs and desires which are human needs the attention is frequently drawn to their rights at work, justice, and health concerns. An overview of sexual assaults and victimization of handicapped people is given by research done in Australia and other countries, highlighting the necessity of striking a balance between these diverse identities and demands (Higgins, 2010).

Promoting the sexual rights of people with disabilities necessitates that academics and professionals acknowledge the diversity of people's lives and comprehend how issues of sexuality and disability intersect. It is essential to "un-silence" the body of disabled people and gendered concerns. This means focusing on the crossings and overlaps of identification categories rather than their collisions. In addition to the gender of individuals with disabilities, the confluence of sexuality and disability also impacts women, who are disproportionately affected by violence and abuse. It also takes into account how care is required and delivered.

1.2 Sex education and disability

According to one study, physical proximity and the perceived importance of quality of life were found to be more strongly correlated than present levels of enjoyment with quality of life. They contended that the reactions of parents, guardians, and the wider public may be the reason why people with physical disabilities reject their sexuality. This denial of one's sexuality was

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responsible for the tenuous connection between quality-of-life satisfaction and sexual knowledge, experience, and feelings (McCabe et al., 2000).

1.3 Sexuality and Disability in the Context of Pakistan

In Pakistan, disabled individuals are under-represented and often invisible due to a lack of public planning, inaccessible environments, and state insensitivity. Disabled individuals were initially excluded from the 2017 population census, resulting in underreporting (Pakistan Today, 2017; Pakistan Bureau of Statistics, 1998). Disabilities in Pakistan are categorized into six types, with physical impairments being the most common (19%). However, data is not disaggregated by gender, age, or socioeconomic criteria, complicating the understanding of disability. Punjab has the highest number of disabled individuals, predominantly in rural areas, highlighting the link between poverty and disability. There are 1.9 million more disabled men than women in Pakistan.

Factors such as close kin marriages, inadequate healthcare, neglected immunizations, injuries, malnutrition, birth defects, and ischemic cardiovascular disease contribute to disabilities (Rathore et al., 2011). Polio has also been a significant cause. Despite progress, Pakistan remains affected by polio due to government inattention and opposition to immunization programs, though significant efforts in 2019 have brought the country close to eradication. The lack of gender-disaggregated statistics makes it difficult to identify gender-specific causes of impairment.

Studies in South Asia reveal that disability is often seen as a result of "karma" or divine punishment (Ghai & Mehrotra, 2008). In Pakistan, disabled individuals are viewed through theological lenses: as people needing care as a religious duty, as a trial from God, or as retribution for parental sins (Akhtar & Miles, 1983; Hussain et al., 2002 Physically challenged women's sexuality is frequently seen negatively and restrictively by their families leading to low self-esteem and isolation. Proper sexual health education is often lacking.

1.4 Significance of Sexual Rights and Marriage of Physically Disabled Women

Cultural views that see women as burdens contribute to perceptions of disabled women as additional liabilities. They are often considered asexual and unsuitable for reproductive roles, which limits their marriage prospects and sexual expression. Factors such as unsupportive environments, illiteracy, poverty, and social misconceptions hinder access to public spaces and healthcare services, exacerbating social stigma and exclusion. According to Mehrotra (2006), disabled women in rural areas are socialized to fulfill traditional gender roles to increase their marriage prospects, though their perceived sexual inertness remains a significant barrier.

In Pakistan women with disabilities often face limited options when seeking partners due to societal stigmas and misconceptions that exclude them from mainstream dating and marriage opportunities. These women long for partners who accept them for who they are and provide emotional and financial support. Unfortunately, finding a suitable partner can be challenging and disheartening due to these limited opportunities.

The literature underscores the social stigmatization and expectations imposed on women with physical disabilities, as well as their families' attitudes and understanding regarding intimacy and their sexual rights. Society frequently overlooks the contributions and roles of women with physical disabilities. Educated women with disabilities generally have more autonomy and actively engage in socioeconomic activities. However, societal biases often prevent disabled women from achieving aspirations such as marriage. The significance of education for disabled

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women, which greatly influences their ability to navigate gender norms and elevate their status within both genetic and marital families, has not been thoroughly explored.

This study significantly enhances our understanding of how physical disability influences sexual expression, a relatively under-researched area, particularly in Lahore, Pakistan. By identifying the barriers and facilitators to sexual expression for physically disabled women, this research informs interventions aimed at addressing these issues. The study highlights the role of support systems in the sexual expression of physically disabled women, which could guide the development of supportive measures by families, friends, and healthcare providers. The insights gained from this study could inform policy changes to better support the sexual expression of physically disabled women in Lahore, Pakistan, leading to improved sexual health and well-being for this population. Lastly, this study promotes inclusivity by bringing attention to the sexual expression of physically disabled women, a topic that is often overlooked or stigmatized.

This study seeks to address the current gap in literature by shedding light on the lived experiences of young disabled women in Pakistan.

Based on the current literature and the policies discussed, this research aims to answer several key questions and meet specific objectives. The research will explore how physically disabled women in Lahore perceive their own sexuality and how their physical disability has influenced their sexual expression. It will identify the barriers these women face in expressing their sexuality and any facilitators that aid this process. Furthermore, the study will examine the role of support systems, such as family, friends, and healthcare providers, in influencing sexual expression. The policy implications based on these individual experiences will also be considered, with an emphasis on what changes could better support the sexual expression of physically disabled women in Lahore.

The objectives of this research are to delve into the individual's perception of her own sexuality, including the impact of her physical disability on her sexual expression. It aims to identify both the barriers and facilitators to sexual expression, uncovering the challenges faced and the factors that may assist in this process. The study will also examine the role of support systems in sexual expression, understanding how family, friends, and healthcare providers affect the individual's experiences. Finally, the research seeks to propose policy changes that could better support the sexual expression of physically disabled women in Lahore, based on the insights gained from their experiences. This comprehensive approach ensures that the study addresses the complexities of sexuality and disability, providing valuable insights for policy development and support mechanisms.

1.5 Theoretical Understanding

It is possible to include intersectionality into the theoretical framework. This idea, which has its roots in Black feminist activist research, stresses confronting overlapping identities (such as sexual identity, gender, race, and class) and the oppressive power structures that go along with it. Kimberlé Crenshaw (1989, 1991) emphasized intersectionality in legal literature on antidiscrimination laws, which marginalized Black women's experiences with discrimination by treating racism and sexism as distinct systems. The concepts of intersectionality theory have improved psychologists' comprehension of injustice and bias (Remedios & Akhtar, 2019).

The social model of disability suggests that individuals are disadvantaged by societal barriers rather than their impairments or differences. Physical hurdles, like inaccessible buildings, and

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societal perceptions, such as the belief that disabled individuals are incapable of certain activities, contribute to this disadvantage. By recognizing and eliminating these barriers, we can foster equality and provide disabled people with more autonomy, options, and empowerment.

This concept recognizes that people experience multiple forms of discrimination and oppression at the same time. For women who are physically disabled, this encompasses not only their disability status but also their socioeconomic situation, gender, and race. To understand the obstacles physically challenged women encounter when it comes to sexual expression, one must have a thorough understanding of their intersectional experiences. The way that oppression and various identities interact to affect these women's sexuality can be explained by intersectionality theory.

2 Data Analysis and Case Presentation

In this research study, methodological and epistemological approaches are utilized. To gain a comprehensive understanding of experiences and analyze interviews thoroughly, the thematic analysis technique is employed to generate themes and sub-themes. This process involves identifying and examining patterns of actions and events within temporal and social contexts. By doing so, we explore how physically disabled women with diverse social experiences narrate their lives and express their perspectives and preferences regarding intimacy and fundamental needs, including their preferences for potential partners. Nonetheless, in the context of South Asia (Pakistan), this thematic analysis uncovered significant facets of physically disabled women's subjective perceptions of their partners as well as their knowledge and experiences regarding intimacy.

2.1 Societal Perceptions of Disability

In South Asian societies, particularly concerning women, their lives are heavily influenced by patriarchal norms, positioning them as inferior and subordinate to men. Women are commonly expected to take on the roles of caregivers, manage household chores, and have limited influence in domestic decisions. However, as women's social standing within their families increases, they gain opportunities to initiate changes for themselves and other women.

Disability is perceived as a social construct, like gender, ethnicity, and class, where individuals are often labeled as 'different' and excluded from mainstream social activities based on sociocultural interpretations of their limitations (Begum et al., 2005).

Regarding how society views women with physical disabilities, she says:

Society often lacks support for disabled individuals. / I: ahan / People don't provide opportunities for engagement and perceive you as a victim, which is especially painful for women. Despite their capabilities, they are often viewed as weak.

2.2 Perceptions of Capability and Limitation

Disabled women are frequently viewed as unsuitable for roles such as wives or mothers due to the misconception that their disabilities prevent them from fulfilling reproductive responsibilities, leading to their characterization as asexual. They are often seen as inferior and incapable of performing certain socially defined gender roles associated with womanhood.

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Depending on their economic standing, women face varying levels of discrimination and restrictions. Stereotypical beliefs portray disabled women as unattractive, non-productive, less desirable, and incapable of expressing sexuality.

Following statement by the interlocutor's name Saleha Khanum states:

My grandmother said that they don't do my marriage as I am disable and with this disability, I feel that my disability prevents me from fulfilling the roles of a wife and mother. This belief has stuck with me, leading me to think that marriage is not an option for me, so I stopped considering it. / I: Hmm/ (From teenage years till now, you never thought about it?). Well, after completing my studies, when I moved to Lahore, I saw that disabled people were living fulfilling lives, getting married, and being comfortable with each other. This realization made me feel that I also deserve a relationship where someone is always there for me and truly understands me.

2.3 Societal Stigma and Disability

Public perception results in social stigmatization, as societal norms and socialization processes shape views on disability. In this context, people often think disabled women lack value, cannot contribute productively, and are dependent on others. Stigma, defined as a negative or derogatory trait associated with a person or group, can cultivate negative attitudes and misconceptions about disability (DSPD, 2016). Labeling, stereotyping, and prejudice all work together to generate status loss and discrimination for the stigmatized person or group, which frequently results in their disempowerment (Scior. M, 2016). She said:

"My disability became a wound for me, and sometimes I genuinely feel inferior because of it."

Consequently, since individual functioning and disability are context-dependent, it is essential to analyze these in terms of impairments to bodily structures and functions, activity limitations, and participation restrictions (WHO, 2001). This approach aids in recognizing the complexities of understanding disability and in developing a cross-national vocabulary related to it.

2.4 Societal Pressure on Gender and Disability Roles

Since social interaction is a typical way for people to connect with one another and act on their social knowledge and experiences, people engage in interaction and communication daily. While meddling with each other's personal opinions as a result, individuals feel compelled to conform to societal expectations due to social pressure, aiming for social acceptance. People interact through the process of socialization, which occurs at two levels: primary and secondary. Primary socialization involves learning during childhood, while secondary socialization encompasses the adaptation of already socialized individuals to new aspects of the existing world. "The concept of culture provides a framework for behavior and can be seen as another way of referring to norms without denying the importance of human agency". As a result, deviating from social or cultural norms leads to feelings of shame and exposes individuals to the risk of punishment (Fine, 2005).

Your environment greatly influences you, and it depends on the place or society you live in. For instance, in my village, if a man and a woman are seen sitting together, people often assume they are in a relationship. However, in cities like Lahore or Faisalabad, the community's perception is different. Societal pressure can make you vulnerable and negatively impact your life, but I have started ignoring others' opinions and focusing on what makes me feel good and benefits my parents.

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According to research, persons with physical impairments, particularly women, have worse self-esteem and self-image than their able-bodied peers. This is due to a recognition of their uniqueness or malfunction in relation to social norms surrounding physical appearance and sexuality, as well as the absorption of highly stigmatizing ideas about the inability of people with disabilities to work, their sexual undesirableness, and their inability to feel like non-disabled people (Taleporos, 2003).

2.5 Family Perspectives on Daughter's Disability: Types of Family Dynamics

The family serves as the initial institution of learning, where children first acquire knowledge from their family before engaging with their peer groups. This process, known as socialization, profoundly influences a child's behavior. The family plays a crucial role in shaping one's personality and acts as a support system for personal development. In the case of children with disabilities, they require additional care and support to aid their growth and development. Familial attitudes and support are vital in shaping an individual's life. This research focuses on the attitudes and support provided by families towards the rights of disabled women or girls and their disabilities.

After my parents passed away, I was adopted by my uncle, who took excellent care of me. I lived in a nuclear family system where every member of my family was incredibly supportive despite my disability. My grandfather has been a great source of support, and thanks to my family's backing, I am not restricted in any way and can go anywhere.

Research indicates that familial attitude refers to behaviors and attitudes that are believed to be oriented towards other people, rather than the opinions that family members express about their own body image. Other family members, such as spouses and more distant relatives, in addition to parents and siblings, usually respect and take into account the opinions and expectations of other family members. Additionally, a very strong inscription may be left by internal criticism or ridicule.

Positive familial support and acceptance are necessary because family attitudes have a significant impact on the lives of disabled people, and knowledge of attitudes helps one understand social interactions, socialization, and the formation of prejudices. Women are afraid of society, and if they are disabled and alone, no one will take her into consideration, which can have negative consequences (Antonak & Livneh, 2000).

2.6 Familial Perspectives on the Intimate Needs of Women with Disabilities

Sexual needs are fundamental to every individual. However, in Asian societies, particularly in Pakistan, discussions about sexuality and intimacy are highly repressed. A significant lack of awareness exists due to various factors such as cultural values, moral issues, religious beliefs, societal norms, and more. In Pakistani culture, conversations about sexual needs are often cloaked under the guise of marriage. If someone tries to express their personal needs, they find it challenging because of numerous constraints. People tend to suppress their feelings and control these basic needs out of respect for their family, to honor promises made to their parents, and due to religious considerations. As she states:

I have no desires. There's never any discussion about my marriage, so I believe it's likely due to my disability. After my parents passed away, I now live with my brother. Once, I received an

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official proposal, but my brother's wife declined it on my behalf. / I: Why? / Perhaps because of my disability.

This account illustrates how families may prioritize their own perceptions and rights over those of the individual. In this case, her sister-in-law refused a marriage proposal without consulting her. It reflects a societal tendency to overlook personal feelings and desires in favor of adhering to established norms.

They didn't consider my feelings.

This highlights that, in Pakistani society, families often do not place their children's needs and emotions above their own values and reputation. They may be unaware or choose to ignore these fundamental needs, as women with disabilities are frequently perceived as asexual and non-productive, lacking emotions and desires.

The Islamic principle of aiding those in need encourages an altruistic approach toward individuals with disabilities in Pakistani culture. According to predominant Islamic views, providing care to people with disabilities is considered a religious duty (Akhtar & Miles, 1983). In this context, the family's attitude appears to stem from religious obligation or societal expectations rather than a genuine desire to understand and engage with the lives of people with disabilities.

2.7 Personal Perspectives on Self, Intimacy, and Marriage

2.7.1 Self-Presentation

In her analytical examination of gender and disability, Wendell (1992) observes that women are often perceived in relation to the dominant group men. In a similar vein, she investigates the situation of those with impairments and discovers that they receive different treatment than persons without disabilities. The non-dominant group is viewed as the "other" in relation to the dominant group in both situations. According to Wendell, this relationship is unbalanced as the majority group sets the rules. People may decide not to reveal certain parts of themselves out of avoidance or fear. According to Lynch and Gussel (1996), unfavorable responses to a person's declaration of a disability may deter future self-disclosure. The majority of disability and self-concept research and literature has addressed physical disabilities, including how to handle stigma and prejudice and cultivate a positive self-image (Frank et al., 1988). Disabled individuals are often devalued and perceived as incapable of performing tasks perfectly. She shared:

Whenever I think of doing anything, the thought of my disability comes to mind. Maybe if I weren't disabled, I could do anything like able-bodied people.

She also mentioned:

I always attempt to assist others, and the people around me are encouraging. I never force myself on other people because I think that my own circumstances don't justify upsetting or devaluing them. I don't want my condition or myself to cause my family any hardship or embarrassment." "Special people will never defraud anyone," I said.

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According to Matthews and Harrington (2000), individuals with hidden impairments often strive to keep their conditions concealed due to factors like stigma, shame, impression management, and interpersonal effects. They suggest that concealing one's disability can have both physical and psychological consequences, which may be positive or negative. All participants interpret their self-presentation and perception of their disability based on their life experiences, including the attitudes, behaviors, and stigmatization they've faced, and how these have impacted their lives. Other studies have shown that self-representation can be a powerful tool, allowing external groups to gain exposure to different cultures while raising the collective esteem of that culture, promoting intergroup unity and intragroup empathy (Erica, 2018). In the current study, some women with physical disabilities present themselves as 'abled,' viewing their disability as a challenge they can overcome and believing they can achieve **anything. They portray themselves as resilient and practical.**

2.8 Independence and Fulfillment of Basic Needs

Women play a crucial role in sustainable development and family well-being. They undertake various responsibilities within the family, including being a wife, leader, administrator, family income manager, and, most importantly, a mother. A woman serves as a man's partner, companion, and confidante. She sacrifices her personal desires and ambitions to maintain moral standards, alleviate her spouse's stress and pressure, and ensure the family's harmony and order.

I am working hard to achieve something meaningful in my life. / I: Ahn/ (I am putting in all these efforts to remove the label of "courtesan" from myself and to ignore what others say).

When I told my father that I wanted to study, he agreed, and when I expressed my desire to go to Lahore for higher education, he took some time to decide (My father took a long time to decide whether to send me out of the city for studies). After graduating, I started teaching at the same school I had attended. I don't want to depend on my family, so I earn my income through stitching and teaching.

Previous studies show that individuals with physical impairments, especially youth, tend to have lower self-esteem and self-image than their able-bodied peers. This stems from an awareness of their differences or perceived shortcomings relative to societal standards of physical appearance and sexuality, as well as the internalization of stigmatizing attitudes regarding their sexual desirability (Taleporos & McCabe, 2003). Despite having lower self-images, disabled individuals are determined to achieve something and prove themselves through their efforts for their own and their families' well-being.

2.9 Navigating Needs, Desires, Self-Control, and Family Honor

In Pakistani society, cultural norms, values, and upbringing greatly influence our personalities. People must adhere to the traditions established by their forefathers, which each generation is expected to follow. When it comes to basic needs, particularly intimacy and sexual rights, these topics are seldom discussed due to a lack of recognition of these rights. For disabled women, this lack of recognition is even more pronounced, as families often believe there is no need for these rights and practices. As a result, those with disabilities who recognize or need these rights must

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control their feelings due to numerous cultural and personal commitments, as well as out of respect for their families.

Controlling one's feelings and needs is often linked to upholding one's father's honor. (When I left home, I promised myself to protect my dignity for the sake of my father's respect.)

As a human being, I have feelings. Being disabled, I felt that my sexual desires were heightened, and I yearned for someone who would always be there for me. However, I controlled these feelings when there was no hope in sight. When I received my first marriage proposal, I consulted a doctor to determine if I was capable of marriage. / I: ahn great / I felt sexually inferior.

There are feelings and needs, but given the circumstances, you must suppress them. (I just control my emotions and try to manage my affairs independently so that I don't depend on others. I promised my father to uphold my dignity and his respect.)

Controlling feelings means managing basic needs, including sexuality. For some, sexuality refers to bodily impulses, desires, or sexual orientation, while for others, it relates to how they feel about themselves, their bodies, and their ability to be a desirable intimate partner. We use the term sexuality broadly to encompass the wide range of opinions, experiences, and insights related to sex (physicality, function, and knowledge) and sexuality (sexual exploration, desire, and romance) discussed by our participants. Identity involves a wide range of psychological and emotional challenges associated with personal and social development, which can be difficult to navigate without sufficient definition or contextualization (Brubaker & Cooper, 2000).

All these factors are due to the socialization through which individuals learn how to behave according to expected reasonable roles by society. South Asian women, as a result, enjoy a regulated autonomy that is linked to family values. In cities, social class hierarchies are organized into three categories: upper, medium, and lower class. Each class has specific features based on financial status and geographical origin that have a significant impact on gender arrangements within the family.

2.10 Health Challenges and Reproductive Concerns

At the state level, the medical perspective predominantly shapes the concept of disability. Since the enactment of the first disability legislation, the Disabled Person (Employment & Rehabilitation) Act (1981), disability has been defined in legal and policy frameworks as a medical or mental condition that hampers daily activities and social interactions. Due to this medical definition, disability has largely been managed in Pakistan through medical and rehabilitative programs. However, it is important to note that the policy does not address the reproductive and sexual health needs of disabled individuals, particularly disabled women. Consequently, no plans for pre- and post-natal care services for vulnerable women have been developed. The focus remains on early intervention, impairment assessment, and medical treatment.

She states: "My family takes good care of me, but over time, my health issues have worsened with age. I consulted a doctor about my health and reproductive awareness because I wanted to know if I could conceive and engage in sexual activities. (Am I capable of getting married?) I am sharing this with you... pause... / I: If you're not comfortable, I can stop recording. / She continued: I want to consult with a female doctor, but there is no female doctor available to discuss this issue with."

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Disabled individuals are entitled to healthy sexual well-being and sexual citizenship. Unfortunately, this is not always upheld, and support for sexual well-being is often lacking in the services offered by health and social care professionals.

2.11 Lack of Awareness

Disabled individuals in Pakistan are typically perceived through their disabilities (Lari & Miles, 1992). Such disability evaluation is based on the parental perception that impaired children cannot achieve anything significant in life and, as a result, have a negative impact on the family's social standing.

Through education and exposure, I learned about various aspects of life, including husband-wife relationships, childbirth, and childcare. I also consulted with a doctor about my ability to get married.

Young disabled individuals are sexual beings who deserve equal rights and opportunities to manage, choose, and access their sexuality, sexual expression, and fulfilling relationships throughout their lives. This is crucial for their overall physical, emotional, and social well-being. However, cultural stereotypes that view disabled bodies as non-normative, different, or deviant have contributed to the problematic portrayal of disabled people's sexuality in public (Shah, 2017).

2.12 Expectations of Abilities and Views on Marriage

Young disabled individuals are sexual beings who merit equal rights and opportunities to manage, choose, and access their sexuality, sexual expression, and fulfilling relationships throughout their lives. As stated by the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) (United Nations, 2006), disabled individuals are entitled to these rights so “enjoy legal capacity on an equal basis with others in all aspects of their lives." Sexuality, according to the World Health Organization (2012), is a global issue that is critical to human development. As a result, it is necessary to have a healthy and respectful approach to sexuality and sexual relationships, as well as the ability to enjoy pleasurable and safe sexual encounters free of coercion, discrimination, and violence." In this study disabled women shared their expectations about their prospect partner as well as conception of marriage according to their experiences and choices.

Someone should proudly acknowledge their connection to you and consistently stand by your side. What you truly need is love, care, and acceptance.

The topic of disabled women's sexuality is often considered taboo and thus remains hidden and unaddressed, even among society's intellectual circles. Viewing disabled women as sexually inactive not only restricts their opportunities for marriage but also suppresses their sexual expression.

Being a woman is challenging, and today, women are often marginalized, with an imbalance between masculine and feminine energies. There is a need to transform the norms of femininity and create harmony between male and female energies. Society is not supportive of disabled individuals or able-bodied women.

To address the social and cultural stigma associated with disability and repressive feminine norms in our culture, state and community partners must work together immediately. Women's devalued status and cultural ideals of femininity exacerbate constraints, making oppression of disabled women worse.

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2.13 Preference About Partner

Every individual has the right to choose their own partner. Humans are inherently social beings who thrive on interaction, communication, and sharing thoughts and lifestyles. There is always a need for someone who will stand by you through thick and thin. Disabled individuals, like everyone else, have feelings, emotions, and expectations. Disabled women have fundamental rights and emotions that need to be acknowledged for their well-being. They deserve to be loved and to enjoy all the rights that come with being in a relationship with their partners.

I considered having a partner or getting married, but then thoughts about my disability made me question my ability to take on responsibilities, so I didn't expect much, except for someone who would accept me with all my flaws.

At the start of the interview, she mentioned that she experienced sexual harassment at a bus stop. The bus conductor harassed her while she was in her period, which made her feel even more hurt (She referred to her disability as a wound for her). / I: Hmm/ After completing her master's degree, she got engaged, but there was no follow-up from her fiancé. He wanted to engage in a sexual relationship, but she insisted on getting married (Nikah) first. He asked for a physical relationship one or two times, but she refused. Now, if he proposes marriage, she will firmly say no.

The statements above illustrate how male members of society exploit women, particularly those with physical disabilities. They manipulate their emotions and view them merely as sexual objects. Women are often seen primarily as objects for male sexual gratification. There is an urgent need to improve the status of women in society and empower them to exercise their rights. Additionally, it is crucial to change men's attitudes towards the sexual rights and needs of physically disabled women, as well as to respect their dignity.

2.14 Exploitation of Disabled Women

Women with physical disabilities are often viewed as vulnerable and inferior. Society tends to exploit them for selfish purposes, disregarding their emotions and treating them as non-reproductive objects. This harmful perception leads to their exploitation for materialistic needs, ignoring their humanity and the value they bring.

It means nothing if someone accepts you or thinks of you in private; he should accept you as his partner in public; if not, he is taking advantage of you. It is not a good or respectable relationship; thus I may claim that my relationship is zero.

Because they have less control over their resources and depend on men or family for financial and other support, disabled women are more likely to experience discrimination in this area. Furthermore, the prevalent belief that women with disabilities are unable to marry weakens the need for social and state-level education on reproductive health and rights. The conventions of femininity defined by caste and class based patriarchal beliefs complicate and perplex disabled women's lives. The cultural implications associated with disability connect with the devalued status of women, exacerbating disparities for disabled women and persons, particularly males, who take advantage of physical impaired women's standing in society.

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3 DISCUSSION

This study, "Unveiling the Layers: A Single-Case Study on the Sexual Expression of a Physically Disabled Woman in Lahore, Pakistan," has highlighted the multifaceted challenges faced by disabled women in Pakistan regarding their sexual and reproductive health rights (SRHR). Despite existing legal frameworks, significant gaps in awareness, accessibility, and policy implementation persist, hindering disabled women's ability to exercise their SRHR fully.

The societal perception of disability, particularly the view of disabled women as asexual and non-productive, exacerbates their marginalization. This study underscores the need for a paradigm shift in societal attitudes towards disabled individuals, recognizing their sexual rights and needs as fundamental human rights. The intersection of disability and sexuality must be understood holistically, considering both the physical and social dimensions of disability.

Familial attitudes play a crucial role in shaping the experiences of disabled women. Supportive families can significantly enhance the quality of life for disabled individuals, while negative attitudes and lack of understanding can lead to isolation and low self-esteem. The study reveals that disabled women often face additional barriers in finding partners due to societal stigmas and misconceptions, further limiting their opportunities for fulfilling relationships.

The research also highlights the importance of education and awareness in addressing these challenges. Comprehensive sex education and awareness programs are essential to equip disabled women with the knowledge and confidence to assert their sexual rights. Additionally, healthcare providers must be trained to address the specific needs of disabled women, ensuring accessible and inclusive healthcare services.

4 METHODOLOGY

Biographical research, rooted in qualitative analysis and the interpretive social paradigm, focuses on life histories and deriving significance from biographical narratives and documents. Interview transcripts serve as the primary data source.

Sample and Sampling Strategy

This single-case study uses a snowball sampling technique to select a physically disabled woman from Lahore, chosen for her unique experiences related to the research question. The aim is to gain a comprehensive understanding of the experiences of physically disabled women in Lahore.

Data Collection Tool

An interview guide was the primary tool for data collection. In-depth, face-to-face interview was conducted, comprising 90-120 minutes. Interview was held in Urdu and Punjabi to ensure participant comfort.

Data Analysis

The interpretivist approach was used, acknowledging the independent existence of the external world and its influence on individual experiences. Interview analysis involved open coding, adhering to phenomenological principles. This method helped uncover unconsidered aspects and understand the participant's perspectives. Topics such as Family, Peers, Schooling, and Childhood were traced, and connections synthesized to form theoretical categories, related to themes like familial attitudes towards disability, marriage, and sexuality.

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Ethical Considerations

Informed consent was obtained, ensuring that the participant understood the study's purpose, the voluntary nature of participation, and her right to withdraw at any time. Interview recordings were anonymized and securely stored to maintain confidentiality. Concepts were explained in Urdu and Punjabi for clarity and comprehension, addressing any concerns during the interviews.

5 CONCLUSION

In conclusion, this study calls for a concerted effort from policymakers, healthcare providers, and society at large to recognize and support the sexual and reproductive health rights of disabled women in Pakistan. By addressing the existing gaps and fostering an inclusive environment, we can work towards a more equitable society where disabled women can fully exercise their rights and live with dignity and respect.

There is a crucial need for social policies that enhance public awareness and strengthen advocacy to reduce misconceptions about disability and support the sexual and reproductive rights of women with impairments. These women have the same desires and legitimate rights to marry and choose their partners as anyone else. However, patriarchal societies, such as those in Pakistan, exhibit substantial gender bias favoring males. Women with disabilities face greater challenges in accessing education, marriage, employment, and basic rights compared to their disabled male counterparts (Devokota et al., 2019).

Marriage is a cultural norm in South Asian societies such as Pakistan. This study investigates the challenges that women with physical disabilities have when looking for marriage partners because of social beliefs that portray them as burdens rather than contributors to families and society. Although Pakistan ratified the Convention on the Rights of Persons with Disabilities in 2011 (United Nations), many people with disabilities continue to face discrimination, denial of rights, and unequal access to basic services, despite numerous national laws and regulations addressing their needs and rights.

This study highlights that perceptions of disability and recognition of intimacy and sexual rights can evolve over time and vary across individuals and cultures. It is imperative to understand disability holistically and promote inclusive attitudes to ensure disabled individuals can lead fulfilling lives and contribute to society.

6 Limitations

While this study provides valuable insights into the sexual expression and reproductive health rights of physically disabled women in Pakistan, several limitations must be acknowledged. This research is a single-case study, which limits the generalizability of the findings, as the experiences of one individual may not represent the diverse experiences of all physically disabled women in Pakistan. The study relies heavily on personal narratives and subjective experiences, which can introduce bias. The participant's perceptions and interpretations of their experiences may not be universally applicable. Moreover, the findings are deeply rooted in the cultural and social context of Lahore, Pakistan, and cultural norms and societal attitudes towards disability and sexuality may vary significantly across different regions and communities within Pakistan and beyond.

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Additionally, the data collected is based on self-reported information, which can be influenced by social desirability bias, potentially affecting the authenticity of the data. The study does not include quantitative data or a broader survey of disabled women, which could provide a more comprehensive understanding of the issues faced by this population. The research primarily focuses on physical disability, potentially overlooking the experiences and challenges faced by individuals with other types of disabilities, such as intellectual, sensory, or mental health disabilities.

Furthermore, while the study acknowledges the lack of accessible healthcare services, it does not delve deeply into the systemic healthcare barriers that exist for disabled women in Pakistan. The study highlights gaps in policy implementation but does not provide an in-depth analysis of the specific barriers to effective enforcement of disability rights and sexual health policies. The temporal context of the data reflects the participant's experiences at a specific point in time, and changes in societal attitudes, policies, and healthcare services over time may influence the relevance of the findings. Finally, the study's focus on an urban setting (Lahore) may not capture the experiences of disabled women in rural areas, where access to resources and societal attitudes can differ significantly.

Despite these limitations, the study offers valuable contributions to understanding the sexual and reproductive health rights of physically disabled women in Pakistan. It underscores the need for further research, advocacy, and policy interventions to address the unique challenges faced by this marginalized group.

7 Recommendation

To improve the sexual and reproductive health rights (SRHR) of women with disabilities in Pakistan, several key areas require focused attention. First, there is a significant need to increase awareness and education about SRHR among women with disabilities through targeted public awareness campaigns and integrating comprehensive sex education into school curricula and community programs. Ensuring that healthcare facilities are physically accessible and that healthcare providers are trained to address the specific SRHR needs of women with disabilities is crucial. Additionally, deploying mobile health units to provide services in rural and underserved areas can greatly enhance access to care.

Strengthening the enforcement of existing disability and SRHR policies, as well as developing and implementing new inclusive policies, will bridge the gap between legislation and practice. Comprehensive research, both quantitative and qualitative, is needed to gather data on the SRHR needs and experiences of women with disabilities, complemented by longitudinal studies to track changes over time. Support systems play a vital role, and efforts should be made to develop educational programs for families and establish community support networks and peer groups.

Cultural sensitivity is essential; initiatives must respect the diverse cultural contexts within Pakistan, and media should promote positive representations of women with disabilities to challenge stereotypes. Empowerment programs are necessary to provide women with disabilities the skills and confidence to advocate for their rights, and advocacy training should be offered to help them effectively engage with policymakers. By addressing these areas, we can work towards an inclusive and equitable society where the SRHR of women with disabilities in Pakistan are recognized, respected, and supported, ultimately contributing to the empowerment and betterment of this marginalized group.

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