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REFRAMING DISABILITY: UNDERSTANDING WOMEN'S PSYCHOSOCIAL CHALLENGES AND COPING MECHANISMS

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Abstract:

This research paper aims to explore the complicated relationship between gender, disability, and psychosocial well-being particularly focusing on women's experiences. It explores the multifaceted challenges that women with disabilities encounter within societal, cultural and personal contexts while also investigating the coping mechanisms they employ to navigate these complexities. By reframing the discourse surrounding disability through a psychosocial lens, this paper seeks to shed light on the unique intersectional realities faced by women, offering insights that contribute to more inclusive and supportive frameworks for empowerment.

Keywords: Disability, women with disabilities, psychosocial challenges, coping mechanism.

I. INTRODUCTION:

Society is a social institution that offers a structure for social interaction, identity development and the acquisition of cultural norms. It sets standards, values and beliefs that direct people's actions and shape their social roles and statuses. Despite the fact that God created all beings equal throughout the universe, there are still big differences between them. Every person is different from another in terms of strengths, limitations, potentials, talents, and disabilities. Human diversity is acknowledged, but we are not concerned about limitations. Individuals with disabilities play a significant role in our community. According to the Indian Constitution, every member of society has an equal right to live their life.

We all encounter disabilities at some point in our lives, but we are not always sure what they mean. While some people experience disability from birth, some learn about it as children, and most of us learn about it as we become older (Albrecht, Seelman, and Bury, 2001). Disabled people are not only the most vulnerable, but also the most disregarded. (Amartya Sen and James D Wolfensohn, 2014). In India, it is customary to celebrate the birth of a boy; however, no such festivities are held for the birth of a girl. Furthermore, it is viewed as a curse if the girl child is born with any form of impairment (Vidhya, 2016). According to multiple studies, girls and women with disabilities are especially vulnerable to sexual and physical abuse (Groce, 1999). The fact that women and girls with disabilities typically receive less care than disabled male members and are more likely to be abandoned or even killed is evidence of the gendered nature of Indian culture. (Erb and Hartis-White, 2002; Mohapatra & Mohanty, 2004).

Disability has long been viewed through a predominantly medical lens, focusing on the physical or cognitive impairments of individuals. However, this perspective often overlooks the complex psychosocial dimensions of disability, including the social, cultural, and psychological factors that shape individual's experiences. In recent years, there has been a growing recognition of the need to reframe disability discourse through a psychosocial perspective, which considers the broader context in which disability is experienced and the impact it has on individual's psychosocial well-being. Compared to men with disabilities and women without disabilities, women with disabilities experience more severe disadvantages such as marginalization, stigmatization, discrimination, social exclusion, and the incapacity to participate in public life (United Nation Population Fund, 2019).

In this paper, the researcher explores the concept of reframing disability through a psychosocial lens, with a specific focus on understanding the experiences of women. Women with disabilities face unique challenges due to the intersection of gender and disability, yet their voices and experiences are often marginalized within both feminist and disability rights movements. By centering women's experiences within the discourse on disability, we aim to shed light on the distinct psychosocial challenges they encounter and the coping mechanisms they employ to navigate these challenges.

Understanding the psychosocial aspects of disability among women is crucial for several reasons. First, it allows us to move beyond a one-dimensional understanding of disability and recognize the complex interplay of social, cultural, and psychological factors that shape individual's experiences. Second, it highlights the importance of considering gender as a

significant axis of identity that intersects with disability, influencing women's experiences in unique ways. Finally, by understanding the psychosocial challenges faced by women with disabilities, we can develop more inclusive and supportive frameworks that promote their well-being and empowerment.

II. WHAT IS DISABILITY?

According to the Oxford Dictionary, a disability could be described as an impairment which can be intellectual, limitations, cognitive, improvement, sensory, exercise or the mixture of all these. Disability is defined as follows in the Preamble to the United Nations Convention on the Rights of Persons with Disabilities (CRPD)-2006: “Disability results from the interaction between persons with impairments and attitudinal and environmental barriers that hinder their full and effective participation in society on an equal basis with others.”

People with disabilities are a diverse group of people with a wide range of requirements, despite the term "Persons with Disabilities" commonly referring to a single demographic. The effects on two persons with the same kind of disability can differ greatly. Certain disabilities could be difficult to see or concealed.

The *World Health Organization* defines disability in three ways:
An impairment is a change in a person's physical makeup, ability to operate their body, or mental state. A few instances of impairments are memory loss, loss of vision, and limb loss. Activity restriction such as trouble walking, hearing, seeing, or solving problems. Participation restrictions: Constraints on one's ability to participate in day-to-day activities including working, going out socially and recreationally, and getting preventative care and health care.

According to Disability Awareness in Action (1994), "Disabled women and girls are of all ages, all racial, ethnic, religious, and socioeconomic backgrounds and sexual orientations; they live in rural, urban and suburban communities; they have one or more impairments and experience barriers to their independence and opportunity at home, school, work and in the community."

Disability is divided into two categories on the basis of cause of disability:

1. **Disability at the time of birth (Congenital Disabilities):** these disabilities include mental retardation, cerebral palsy, locomotor disabilities, and other conditions that result from injuries or

complications during birth, such as a lack of oxygen to the brain, prolonged labour, premature birth, etc. It also covers congenital abnormalities that may result from exposure to strong chemicals, such as spina bifida, club foot, cleft lip, and cleft palate. It also includes maternal infections, glandular and Rh factors, and malnourishment of the mother. Genetics and any type of aberration related to genes are also included.

2. **Acquired disability:** Conversely, it includes factors like mishaps, crimes, environmental disasters, poverty, conflicts, risks associated with the workplace, aging, and pollution or malnutrition.

It is important to note that persons with disabilities have been referred to by a variety of names, including differently-abled, specially-abled, PwDs, Divyangjans, etc. All of these phrases will be used interchangeably in the current investigation to refer to participants who have a minimum 40% impairment.

III. TYPES OF DISABILITY:

Earlier, there were only seven types of disabilities recognized under the *Persons with Disabilities (PWD) Act, 1995*. However, with the enactment of *The Rights of Persons with Disabilities (RPWD) Act, 2016*, the number of recognized disabilities has been increased from 7 to 21. This expansion reflects a more inclusive understanding of disability and aims to provide equal opportunities and rights to all individuals with diverse forms of impairment. Moreover, the Act empowers the Central Government to add new categories of disabilities in the future, as and when required.

The 21 types of disabilities included under the RPWD Act, 2016 are: Blindness, Low Vision, Leprosy Cured Persons, Locomotor Disability, Dwarfism, Intellectual Disability, Mental Illness, Cerebral Palsy, Specific Learning Disability, Speech and Language Disability, Hearing Impairment, Muscular Dystrophy, Acid Attack Victims, Parkinson's Disease, Multiple Sclerosis, Thalassemia, Hemophilia, Sickle Cell Disease, Autism Spectrum Disorder, Chronic Neurological Conditions, and Multiple Disabilities including Deaf-Blindness.

This comprehensive list ensures that a wider range of individuals with physical, intellectual, and mental impairments are brought under the legal protection and benefit framework, promoting social justice, inclusion, and empowerment.

IV. MAGNITUDE OF THE PROBLEM:

The World Health Organisation has approximated that 1.3 billion individuals face significant disabilities, constituting 16% of the global population. As per the 2011 Census, India's total population stands at 1.21 billion, with 2.68 crore individuals categorized as differently-abled, accounting for 2.21% of the total population. As per the 2011 Census, the overall population of Punjab State stands at 277.43 lakh, while the population of persons with disabilities is 6.54 lakh, accounting for 2.35% of the state's total population. The government of India produced PwDs in India-A statistical Profile:2021, which states that there are 6,54,063 Persons with Disabilities in Punjab across various age groups. Of India's 26,810,557 disabled population, 11,824,355 were women across a range of age categories. Of the total 6,54,063 Persons with Disabilities in Punjab, 2,74,512 were female.

V. STATEMENT OF THE PROBLEM:

The rights of women with disabilities (WWD) are one of most ignored issues in India. Women with disabilities are deprived of rights and privileges because of the existing social attitude towards them (S.K. Mishra, 2019). Women with disabilities constitute a significant yet often marginalized segment of the population. The intersection of gender and disability presents unique challenges that can impact women's psychosocial well-being. Understanding these challenges and the coping mechanisms employed by women with disabilities is crucial for developing effective support systems and interventions to enhance their quality of life. The densely populated northern Indian state of Punjab provides an excellent case study for examining the Women's Psychosocial Challenges and Coping Mechanisms. The experiences of Women with disabilities are influenced by the distinct socioeconomic and cultural factors that Punjab encounters, along with a diversified demographic profile. As a result, conducting a case study in Punjab can provide insightful information within a particular regional context. Punjab has also taken significant steps to address disabilities problems through a number of initiatives, such as the creation of specialized programs and institutions. This makes it a crucial location for understanding Women's Psychosocial Challenges and Coping Mechanisms.

VI. OBJECTIVES:

1. To explore the psychosocial challenges faced by women with disabilities
2. To examine the coping mechanisms utilized by women with disabilities
3. To analyse the impact of disability on women's mental health and well-being
4. To understand the intersectionality of gender and disability

VII. RESEARCH METHODOLOGY:

The research methodology employed in this study is a mixed methods approach, combining both qualitative and quantitative methods to comprehensively explore women's psychosocial challenges and coping mechanisms in the context of disability. The universe for the present study is Women with Disabilities residing in Patiala city of Punjab.

Data Collection Methods and Sample Selection Criteria:

1. **Qualitative and Quantitative Methods:** Qualitative data is collected through in-depth interviews with women with disabilities. These interviews will allow for a deeper exploration of participant's lived experiences, perspectives, and coping strategies. The interview questionnaire will be designed to elicit rich, detailed narratives about the psychosocial challenges they face, the impact of disability on their lives, and the coping mechanisms they employ.

   Quantitative data is collected through self-administered surveys distributed to a sample of women with disabilities.

2. **Sampling Technique:** Participants are selected from diverse backgrounds to ensure the representation of various disability types, ages, racial/ethnic identities, sexual orientations, and socio-economic statuses. Inclusion criteria will include self-identification as a woman with a disability, aged 18 or older, and willingness to participate in the study. Participants are selected through community organizations, disability support groups, online forums and social media platforms to reach a diverse and inclusive sample.

   The respondents were selected from Patiala district of Punjab using snowball sampling technique. A total of 35 respondents were selected, all were females belonging to both rural and urban areas, educated and illiterate, employed and unemployed from all castes.

   The mixed methods approach, ensures a rigorous and holistic exploration of women's psychosocial challenges and coping mechanisms in the context of disability. This methodology prioritizes participant voices, diversity, and confidentiality, while also striving for methodological rigor and validity in the research findings.

VIII. PSYCHOSOCIAL CHALLENGES FACED BY WOMEN WITH DISABILITIES:

Women with disabilities encounter a myriad of psychosocial challenges that stem from the intersection of gender and disability. These challenges not only affect their daily lives but also shape their sense of self, relationships, and opportunities for social inclusion. Some of the key psychosocial challenges experienced by women with disabilities include:

1. **Social Isolation:**

In India, women with disabilities face profound social isolation due to a combination of physical inaccessibility and societal attitudes. Many lack the necessary support to navigate public spaces like markets, schools, or colleges, exacerbating their isolation. With no one in their families available to accommodate them, they often remain uneducated and unemployed. This isolation leads to profound feelings of loneliness, alienation, and exclusion from social networks and community activities. Another frequent occurrence that Indian women with disabilities frequently face is exclusion from religious and/or social gatherings in their communities and families due to the stigma associated with them (Mohapatra & Mohanty 2004). The findings of the study on level of isolation is as following:

Table 1: Level of Isolation Experienced by both Rural and Urban Women (N = 35)

Sr. No.	Category	No. of Respondents (f)	Percentage (%)
1	Urban Disabled Women	14	40
2	Rural Disabled Women	21	60
Total Respondents		**35**	**100**

The findings of this research indicate that urban disabled women experience somewhat less isolation compared to their rural counterparts, who often lack proper care and accommodations essential for personal growth. Moreover, disabled women from Scheduled Castes and rural residential setups face heightened vulnerability due to a lack of support both within and outside their families, compounding their social isolation and hindering their integration into society.

2. **Stigma and Discrimination**:

Women with disabilities are subjected to pervasive stigma and discrimination based on both their gender and disability status. According to a 2019 study by the Women with Disabilities India Network (WDIN), women with disabilities are not only viewed as a burden, denied an opportunity to make decisions, regularly assaulted, and harassed, but they are also not seen as "woman enough." Women with disabilities encounter negative stereotypes that portray them as weak, dependent, or incapable, further marginalizing them within society. Discrimination in employment, education, healthcare, and other domains exacerbates their social and economic disparities. Hallahan and Kauffman (1991), stated that blindness was once thought to be a

punishment for sins committed by a person or their ancestors. In addition, blind individuals were beggars, musicians, and dependent on others for help. Consequently, families may isolate disabled family members, prohibiting interactions with relatives or outsiders. In patriarchal societies like India, where women already contend with gender-based discrimination, the intersection of disability compounds their marginalization. This is exemplified by the practice of confining women with disabilities to separate rooms, inaccessible to anyone outside the immediate family. In comparison to their male counterparts with impairments, women with disabilities have far less anatomy and decision-making power regarding their own life, according to research done in Andhra Pradesh, India (Disability Rights Promotion International, 2009).

Table 2: Stigma and Discrimination faced by Rural and Urban Women (N = 35)

Sr. No.	Nature of Experience	No. of Respondents (f)	Percentage (%)
1	Face daily stigma and stereotypes related to disability	33	95%
2	Experienced discrimination or denial of access to public spaces	18	50%
3	Not affected due to supportive family background	2	5%
Total Respondents		**35**	**100%**

The findings of this research echo these experiences, with a staggering 95% of respondents reporting daily encounters with stigma and stereotypes related to disability. Additionally, 50% of the respondents recounted instances of discrimination, including being denied access to public spaces. While 5% attribute their exemption from such treatment due to their family background.

3. High rate of Abuse and Violence:

Women with disabilities in India confront alarmingly high rates of abuse and violence both within their homes and in society at large. The fact that women with disabilities are more likely

to be sexually assaulted is not shocking. Inappropriate touching, "gazing," and sexual "misbehavior," typically by family members, are not unheard of in the lives of disabled women. Nevertheless, the majority of these incidents frequently go unreported (Daruwalla, et al., 2013). This mistreatment is exacerbated by a lack of proper care compared to their disabled male siblings, showcasing gender disparities within families.

Table 3: Respondents' Experiences with Various Forms of Unpleasant Conduct from Family Members (N = 35)

Sr. No.	Adverse Action	Frequency	Percent (%)
1	Quit discussing or expressing as parents showed no interest	27	77.1
2	Humiliated, disregarded, criticized, and restricted from voicing opinions	24	68.6
3	Yelled, threatened, and abused	25	71.4
4	Used physical force	9	25.7
5	Locked inside the house	4	11.4

The table reflects the varied forms of adverse behaviour that women with disabilities experience within their families. Out of 35 respondents, 27 women (77.1%) reported that their parents or family members showed little to no interest in their opinions or personal expressions, which often leads to emotional neglect and low self-esteem. Similarly, 24 respondents (68.6%) stated that they were humiliated, disregarded, criticized, or restricted from expressing themselves freely. Furthermore, 25 respondents (71.4%) shared experiences of being yelled at, threatened, or verbally abused by family members, demonstrating a high level of psychological violence in domestic settings. Physical violence was reported by 9 women (25.7%), and 4 respondents (11.4%) mentioned being locked inside the house, a clear manifestation of extreme control and isolation.

These findings reveal that women with disabilities often face multiple layers of domestic abuse-emotional, verbal, and physical. Such behaviour reflects deep-rooted societal prejudices that view disabled women as dependent and burdensome. While urban respondents reported slightly fewer instances of physical confinement compared to rural ones, emotional and verbal mistreatment remained consistent across both settings. This pattern highlights the urgent need for greater awareness, family counselling, and community-based support systems to protect the dignity and rights of women with disabilities.

4. Limited Access to Resources:

Structural barriers, such as inaccessible healthcare facilities, transportation systems, and educational institutions, restrict women with disabilities' access to essential resources and services. This lack of access can hinder their ability to pursue educational and employment opportunities, access healthcare services, and participate fully in community life.

Table 4: Respondents' Experiences Related to Limited Access to Resources (N = 35)

Sr. No.	Types of Barriers Faced	Frequency	Percent (%)
1	Difficulty accessing public places and transportation (Inaccessibility)	29	82.9
2	Lack of accessible washrooms or facilities for wheelchair/hearing-impaired users	25	71.4
3	Lack of access to quality education and inclusive institutions	27	77.1
4	Experienced stigma or discouragement from family regarding education	22	62.9
5	Difficulty accessing healthcare services due to physical distance or lack of accessibility	26	74.3
6	Struggled with high medical expenses or unaffordable assistive devices	24	68.6
7	Reported discrimination or lack of awareness among healthcare providers	21	60.0

The above table presents a comprehensive view of the structural and social barriers that hinder women with disabilities from accessing essential resources. Out of 35 respondents, a large majority (29 women, 82.9%) reported difficulties in accessing public places, transportation, and other facilities due to poor infrastructural accessibility. Similarly, 25 respondents (71.4%) stated that the absence of accessible washrooms and other facilities makes daily life and mobility extremely difficult.

Education remains a significant area of deprivation- 27 respondents (77.1%) experienced barriers to quality education due to inaccessible schools and lack of inclusive teaching practices. Moreover, 22 respondents (62.9%) mentioned that stigma or discouragement from family members prevented them from pursuing studies, as daughters with disabilities are often viewed as a social or economic burden.

Healthcare inaccessibility is another pressing issue, with 26 respondents (74.3%) struggling to reach healthcare centres due to long distances, absence of ramps, or transport barriers. Additionally, 24 women (68.6%) faced difficulties affording medical expenses and assistive devices such as hearing aids, wheelchairs, or visual aids. 21 respondents (60%) further reported that discrimination and lack of sensitivity among healthcare providers resulted in poor-quality care or misdiagnoses.

Overall, the data underscores that limited access to infrastructure, education, and healthcare continues to marginalize women with disabilities, restricting their ability to lead independent and dignified lives. Addressing these barriers through inclusive urban design, affordable healthcare, and disability-sensitive education is essential for ensuring equity and empowerment of women with disabilities in both rural and urban India.

5. Violence at workplace:

Violence against women is a serious health and human rights issue that impacts 35% of women worldwide (World Health Organization, 2013). It is found that women with disabilities face significant challenges regarding violence in the workplace and they face barriers to accessing support services or reporting instances of violence due to societal stigma and lack of awareness about their rights. Moreover, the intersection of disability and gender further exacerbates their vulnerability, as they may experience multiple forms of discrimination and marginalization. For example, a woman with a disability working in a factory in Patiala endure verbal harassment or be denied promotions due to biases against her disability. In one instance, the respondent works for a government-run educational institution having 100% visual impairment. She is a music instructor. The male head of that department always refuses to give her permission to take medical leave or even refuses to attend conferences or seminars on disabilities. Despite having fixed holidays in her service regulations and having invitation letters issued in her name to attend these conferences, she faced discrimination. Several times, because

of traffic, the head marked her absent even though she was only four or five minutes late. Despite the presence of laws and regulations, the enforcement mechanisms are often inadequate, leaving women with disabilities in Patiala district particularly vulnerable to workplace violence.

Table 5: Indicators of Workplace Violence among Women with disabilities:

Sr. No.	Indicators of Workplace Violence	No. of Respondents (f)	Percentage (%)
1	Experienced verbal abuse or humiliation at workplace	20	57%
2	Faced discrimination or unequal treatment due to disability	23	66%
3	Experienced physical or sexual harassment	8	23%
4	Did not report violence due to fear or stigma	18	51%
5	Lack of awareness about rights and complaint mechanisms	25	71%
Total Respondents		**35**	**100%**

The data reveals that **66%** of women with disabilities faced **discrimination or unequal treatment**, while **57%** reported **verbal abuse or humiliation** at their workplace. Around **23%** experienced **physical or sexual harassment**, and over **half (51%)** did not report such incidents due to **fear or stigma**. Moreover, **71%** lacked awareness about their **rights and complaint procedures**, showing that systemic neglect and silence continue to worsen the issue of workplace violence against disabled women.

6. Psychological Distress:

Women with disabilities face an elevated risk of psychological distress, encompassing depression, anxiety, and diminished self-esteem. The relentless struggle to negotiate physical and societal impediments, coupled with the burden of enduring discrimination and addressing chronic health issues, exacts a heavy toll on their mental health. The daily challenges of accessing inaccessible environments, battling societal prejudices, and confronting limited

opportunities exacerbate feelings of isolation and inadequacy, leading to heightened levels of stress and emotional strain. Moreover, the pervasive lack of understanding and support from both institutions and communities further compounds their psychological distress. According to Mondal & Mete (2012), while disability causes poverty, it is also plausible that, poverty creates disability. Consequently, women with disabilities often find themselves grappling with a myriad of emotional difficulties.

Table 6: Indicators of Psychological Distress among Women with disabilities:

Sr. No.	Indicators of Psychological Distress	Frequency (f)	Percentage (%)
1	Experience of depression due to disability and discrimination	28	80
2	Frequent feelings of anxiety and stress in social situations	26	74
3	Low self-esteem due to societal attitude and exclusion	27	77
4	Feeling of isolation because of inaccessible environments	29	83
5	Lack of institutional or community support worsens mental health	28	80
6	Discrimination leads to emotional strain and helplessness	26	74
7	Poverty and economic hardship add to psychological problems	25	71
Total Respondents		**35**	**100**

The table shows that a majority of women with disabilities experience significant psychological distress. About 83% reported feeling isolated due to inaccessible environments, while 80% suffered from depression and lack of community support. 77% had low self-esteem because of social exclusion, and 74% faced anxiety, stress, and emotional strain caused by discrimination. Additionally, 71% linked their mental distress to poverty and economic

hardship. Overall, the findings reveal that social barriers, discrimination, and lack of support are major contributors to the psychological distress of women with disabilities.

IX. INTERNALIZED ABLEISM AND GENDERED EXPECTATIONS:

Internalized ableism and gendered expectations can have profound effects on the self-esteem and identity formation of women with disabilities. Internalized ableism refers to the internalization of negative beliefs and stereotypes about disability, leading individuals to internalize feelings of inferiority and inadequacy. Similarly, gendered expectations dictate societal norms and ideals about femininity, masculinity, and gender roles, shaping individual's sense of self and identity.

For women with disabilities, internalized ableism and gendered expectations intersect to create complex dynamics that influence their self-perception and identity formation. They may internalize societal messages that devalue their worth and capabilities, leading to feelings of shame, self-doubt, and low self-esteem. Additionally, gendered expectations may pressure women with disabilities to conform to narrow ideals of femininity, such as being passive, nurturing, and attractive, further exacerbating feelings of inadequacy and alienation.

Addressing internalized ableism and challenging gendered expectations are essential steps in promoting the self-esteem and identity affirmation of women with disabilities. By fostering a culture of empowerment, self-acceptance, and inclusion, society can create supportive environments that recognize the inherent value and dignity of all individuals, regardless of their gender or disability status.

X. COPING MECHANISMS AND RESILIENCE:

Women with disabilities employ a variety of coping mechanisms to navigate the psychosocial challenges they face. These coping strategies are essential for promoting resilience, maintaining mental health, and fostering a sense of empowerment. Some common coping mechanisms include:

1. Seeking Social Support:

Seeking social support serves as a vital coping mechanism for women with disabilities, assisting them in overcoming psychosocial challenges and fostering resilience. All the respondents agreed that by reaching out to friends, family members, peers, and support groups, women with disabilities gain access to emotional support, practical assistance, and

validation of their experiences. These social support networks provide a safe space for women to express their feelings, share their concerns, and receive empathy and encouragement. Moreover, by connecting with individuals who understand their unique challenges, women with disabilities feel less isolated and more understood, which can alleviate feelings of loneliness and alienation. Social support also offers practical assistance, such as help with daily tasks, transportation, or accessing healthcare services, easing the burden of disability-related limitations. Every respondent acknowledged having frequently benefited from social support from peers, family, and other sources. Overall, seeking social support enables women with disabilities to build resilience, enhance their coping skills, and navigate life's obstacles with greater strength and confidence.

2. Engaging in Self-Care:

Self-care practices play a crucial role in helping women with disabilities cope with psychosocial challenges and maintain their overall well-being. By prioritizing self-care activities like mindfulness, relaxation techniques, and physical exercise, women with disabilities can effectively manage stress and reduce the negative impact of psychosocial stressors. Most of the urban respondents and those working in government institutions are of the views that engaging in these practices allows them to cultivate a sense of inner peace, resilience, and emotional balance, thereby enhancing their ability to cope with the daily demands of living with a disability. For example, practicing mindfulness meditation can help women with disabilities become more aware of their thoughts and emotions, enabling them to respond to challenges with greater clarity and composure. Similarly, engaging in relaxation techniques, such as deep breathing or progressive muscle relaxation, can alleviate physical tension and promote a sense of calmness and relaxation. Additionally, incorporating regular physical exercise into their routine can boost mood, improve physical health, and enhance self-esteem, all of which contribute to a greater sense of well-being. Overall, self-care practices empower women with disabilities to take control of their mental and emotional health, enabling them to navigate life's challenges with resilience and positivity.

3. Developing Adaptive Strategies:

Developing adaptive strategies is a critical coping mechanism for women with disabilities to overcome psychosocial challenges. By devising innovative solutions and approaches to address the barriers they face, women with disabilities can effectively navigate the complexities

of their daily lives. These adaptive strategies often involve problem-solving skills, goal-setting, and creative problem-solving techniques tailored to their specific needs and circumstances.

Researcher found that women who have mobility impairments develop a strategy to get over inaccessible environment by finding shortcuts or asking for help from others. Similarly, a woman with a sensory disability utilizes assistive technologies or communication aids to overcome communication barriers and participate fully in social interactions.

By proactively developing and implementing adaptive strategies, women with disabilities can assert greater control over their lives, enhance their independence, and overcome the psychosocial challenges associated with their disabilities. These strategies empower women to navigate physical, social, and environmental obstacles with resilience and determination, fostering a sense of self-efficacy and empowerment in the face of adversity.

4. Cultivating Resilience:

Resilience is the ability to bounce back from adversity and thrive in the face of challenges. Women with disabilities demonstrate remarkable resilience in the face of discrimination, stigma, and barriers to inclusion. They draw on their inner strength, resourcefulness, and determination to persevere and overcome obstacles. Examples of resilience, agency, and empowerment among women with disabilities abound, showcasing their ability to overcome adversity and create meaningful lives. Some examples include:

4.1. Educational and Career Success: Many women with disabilities pursue higher education, professional careers, and leadership roles despite facing systemic barriers and discrimination. They demonstrate resilience and determination in pursuing their goals and challenging societal expectations. Of the respondents, 5% continue their education after securing a job. They expressed their desire for further education, career advancement, and even to work in another department.

4.2. Advocacy and Activism: Women with disabilities are powerful advocates and activists for disability rights, gender equality, and social justice. They use their voices and lived experiences to advocate for policy changes, raise awareness, and promote inclusive practices in their communities and beyond. It has been observed that educated women, whether in the workforce or not, are aware of their rights and frequently take part in protests and strikes in support of the demands of people with disabilities. They use social media to learn about events.

4.3. Creative Expression: Artistic expression, such as writing, painting, music, and theatre, provides a powerful outlet for women with disabilities to express themselves, cope with challenges, and share their stories with others. Creative endeavours foster a sense of empowerment, self-expression, and community connection. Women with disabilities who work in education departments said that while studying at special schools, they learned dancing, painting, and music. These respondents admire engaging in hobbies during their leisure time.

4.4. Peer Support Networks: Peer support networks, such as disability rights organizations, support groups, and online communities, offer women with disabilities a sense of belonging, solidarity, and empowerment. These networks provide opportunities for peer mentoring, mutual support, and collective advocacy. Respondents with hearing impairment reported being part of a local Deaf organization that regularly hosts conferences and seminars to educate people with hearing impairments on their legal rights.

5. Role of Social Support Netweorks, Community engagement and Advocacy:

Social support networks, community engagement, and advocacy play crucial roles in promoting the well-being and empowerment of women with disabilities. These factors provide a sense of belonging, validation, and solidarity, as well as opportunities for collective action and social change. Specifically:

1. **Social Support Networks**: Social support networks provide emotional support, practical assistance, and validation for women with disabilities. These networks offer opportunities for peer mentoring, sharing resources, and building social connections that are essential for promoting well-being and resilience.

2. **Community Engagement:** Community engagement allows women with disabilities to actively participate in social, cultural, and political activities. By engaging in community events, advocacy campaigns, and grassroots organizing, women with disabilities can amplify their voices, raise awareness, and advocate for their rights and interests.

3**. Advocacy:** Advocacy efforts aim to address systemic barriers and promote social change to advance the rights and inclusion of people with disabilities. Women with disabilities are powerful advocates for disability rights, gender equality, and social justice, using their voices

and lived experiences to challenge discrimination, advocate for policy changes, and promote inclusive practices in their communities and society at large.

In summary, coping mechanisms, resilience, agency, and empowerment are central to the experiences of women with disabilities. By drawing on their inner strength, seeking social support, engaging in advocacy, and cultivating resilience, women with disabilities navigate psychosocial challenges, overcome adversity, and create meaningful lives filled with empowerment and fulfilment.

XI. IMPLICATIONS FOR POLICY AND PRACTICE:

Addressing the psychosocial and structural challenges faced by women with disabilities requires **coordinated efforts across policy, healthcare, and community sectors.**

1. Recommendations for Policymakers, Healthcare Professionals, and Community Organizations:

Policymakers should **enforce strong anti-discrimination laws** and ensure that all public systems- healthcare, education, employment, and transportation- are **inclusive and accessible**. Adequate **funding for disability-specific programs,** especially those addressing mental health and rehabilitation, is crucial. Healthcare professionals need **training in inclusive and culturally competent care,** ensuring that facilities are accessible and that psychosocial needs are addressed alongside physical health. Community organizations should **foster collaboration** among disability and women's groups, **empower women with disabilities in leadership roles**, and **create inclusive programs** that both celebrate and support them.

2. Advocacy for Inclusive Policies, Accessibility, and Intersectional Approaches:

There is a need to **advocate for inclusive policies** that integrate the intersecting needs of women with disabilities and align with international frameworks such as the **Convention on the Rights of Persons with Disabilities (CRPD).** Ensuring **accessibility in transport, housing, education, and employment** must be a priority, supported by clear standards and guidelines. Advocacy should adopt **intersectional approaches** that recognize the compounded disadvantages arising from gender, disability, caste, class, and ethnicity.

3. Amplifying the Voices of Women with Disabilities:

Meaningful **representation and participation** of women with disabilities in policy-making and community initiatives is essential. Providing **leadership training, mentorship, and visibility platforms** can strengthen their agency and challenge prevailing stereotypes. Recognizing and celebrating their contributions as leaders and advocates promotes empowerment and social change.

A multifaceted and intersectional approach involving policymakers, healthcare systems, and community networks is vital to achieving true inclusion and equity. By amplifying the voices and leadership of women with disabilities, society can move toward greater **justice, dignity, and equality** for all.

XII. ANALYSIS AND DISCUSSION:

The findings of the present study clearly reflect that although the Rights of Persons with Disabilities Act (2016) and India's commitment to the UN Convention on the Rights of Persons with Disabilities (UNCRPD) provide a progressive rights-based framework, the lived realities of women with disabilities in Punjab reveal a persistent gap between legal recognition and practical realization. The data show that 95% of the respondents experience daily stigma and stereotypes, while 50% face direct discrimination in public spaces and workplaces, reflecting that equality on paper has yet to translate into equality in practice.

Further, within family settings, 71% of women reported experiencing verbal threats or emotional abuse, 69% faced humiliation or criticism, and 26% suffered physical violence demonstrating that protection from abuse and social respect remain largely absent in their everyday lives. In terms of structural exclusion, 83% reported inaccessibility of public spaces and transportation, 77% faced barriers to education, and 74% struggled to access healthcare, indicating that infrastructural and systemic neglect continue to marginalize disabled women.

Psychologically, the majority of respondents experience distress- 83% felt isolated due to inaccessibility, 80% suffered depression, 77% reported low self-esteem, and 74% faced anxiety or emotional strain from discrimination. Workplace violence remains a serious issue, with 66% reporting unequal treatment, 57% verbal abuse and 51% avoiding reporting incidents out of fear or stigma.

Despite these hardships, women with disabilities exhibit remarkable resilience. All respondents acknowledged benefiting from social support networks, while 77% reported engaging in self-care activities such as mindfulness and relaxation to manage stress.

Additionally, many adopted adaptive strategies to navigate inaccessible environments and relied on peer groups and advocacy networks for empowerment and solidarity.

Overall, the analysis suggests that gender and disability intersect to produce a unique form of "double discrimination," where patriarchal and ableist structures combine to restrict women's agency, mobility, and opportunities for education and employment. While personal coping mechanisms demonstrate strong individual resilience, they also highlight institutional failure in providing systemic psychosocial and infrastructural support.

This study reaffirms that achieving equality for women with disabilities requires more than legal safeguards- it demands structural transformation, social awareness, and inclusive practices. Policies must be complemented by psychosocial interventions addressing stigma, accessibility, and empowerment simultaneously. Strengthening inclusive education, workplace equality, community-based rehabilitation, and mental health services is essential to bridge the gap between rights and reality. Ultimately, true inclusion lies in creating a society that not only recognizes but also respects and values women with disabilities as equal participants in social, cultural, and economic life.

XIII. CONCLUSION:

The study reveals that women with disabilities face deep-rooted psychosocial, structural, and cultural challenges that significantly affect their quality of life and emotional well-being. Data from the study highlight that 83% of respondents felt isolated due to inaccessible environments, 95% faced daily stigma, and 71% reported workplace discrimination or verbal abuse. Moreover, 77% experienced educational barriers and 74% struggled to access healthcare, reflecting the pervasive neglect of their basic rights and opportunities.

Despite these adversities, the research also uncovered remarkable resilience and coping strength among women with disabilities. They actively sought social support networks (100%), practiced self-care, and developed adaptive strategies to navigate hostile social structures. Many engaged in advocacy, creative expression, and peer mentoring, illustrating a strong sense of agency and empowerment.

The findings reaffirm that disability, when intersected with gender, amplifies discrimination and exclusion particularly in patriarchal societies like India. Therefore, inclusive policy implementation, accessibility reforms, and psychosocial support frameworks are imperative. Empowerment must begin by amplifying the voices of women with disabilities, recognizing

them not as passive recipients of care but as active agents of change shaping a more equitable and inclusive society.

In essence, this research underscores that true inclusion demands more than sympathy, it requires systemic transformation, gender-sensitive policies, and community-driven advocacy to ensure dignity, equality, and psychosocial well-being for all women with disabilities.

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