Motherhood and Disability: The Experience of Women with Mobility Impairments in Ibadan Nigeria

by

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A Thesis Submitted to the Faculty of Graduate Studies of

The University of Manitoba

In partial fulfillment of the requirements of the degree of

Master of Arts,

Disability Studies

Winnipeg

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Motherhood and Disability: The Experiences of Women with Mobility impairments in Southern Nigeria.

ABSTRACT

Background: Existing literature on motherhood and disabilities shows that mothers with mobility impairments are discriminated against based on their disabilities and motherhood status. This has resulted in several untold barriers encountered by this population.

Purpose: This thesis attempts to give insight into the real-life experiences of mothers with mobility impairments in Nigeria and demonstrate how culture, level of education, and religion influence how motherhood and disabilities are perceived, and how this leads to the barriers encountered by mothers with mobility impairments.

Method: This study utilizes a qualitative descriptive approach and a semi-structured interview method to obtain adequate data on the reality of being a mother with mobility impairments in Ibadan Nigeria. The participants comprised of seven mothers with mobility impairments aged 18-45, single or married mothers, who live in Ibadan Nigeria.

Findings: The findings of this study show that deep-rooted cultural beliefs, level of education, and religion influence the misconceptions and negative attitudes encountered by mothers with mobility impairments in Nigeria. This has resulted in their discrimination and marginalization. Family support was found to be the best way mothers cope.

Conclusions: Motherhood and disability would be so much easier if people were more aware and more educated about the presence of motherhood and disabilities, as well as related discrimination, negative attitudes, cultural and religious influence.

ACKNOWLEDGEMENTS

I would also like to thank my thesis supervisor, Dr. Diane Driedger for her relentless guidance and unending support throughout this process. You ensured that this process acted as a learning curve for me and it has been an honor working with you. I would also like to appreciate my committee members, Dr. Nancy Hansen and Prof Jessica Senehi for your time and contributions towards this research.

I want to thank all mothers who participated in this study for the time invested in the interview process. Their demonstrated strength and interest to add to the body of knowledge by presenting their realities as mothers are worthy to note. Your contributions are appreciated and thank you for trusting me.

Lastly, I would like to acknowledge my siblings and my brother-in-law who stood by me believed in me, encouraged, and prayed for me through this process. To my friends who motivated me to finish strong, I say thank you. You all made me see the bigger picture and therefore believed in myself. Thank you for the love.

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CHAPTER ONE

1.1 INTRODUCTION

I grew up with a niece who had Cerebral Palsy. The situation was quite confusing for me because it was difficult to understand why she was not allowed to engage in group activities with the rest of the kids. She was treated differently, and that made it evident to us that she was different. As years passed, I understood that it was because of her mobility impairment. Witnessing discrimination happen to someone so close to me got me thinking about how many other women and girls with disabilities were treated in the same manner. To think that she hails from an educated family but is currently living at home with no independence and little or no education highlights that even the educated discriminate against women with disabilities. This shows how marginalized disabled girls and women are, coupled with a social construct on the female gender. It got me thinking about how much worse it is for disabled women and mothers in Nigeria.

In the past, I noticed discrimination in the whispers and gossip from people as they had the slightest interactions with any mother with mobility impairments. This was especially evident with those women who nursed and cared for their children. It was apparent from their body language and gestures that they were questioning these women's right to motherhood. The misperceptions and barriers encountered by mothers with mobility impairments and the bid to educate people and create awareness in Nigerian society have led to this research project.

Increasing awareness of disability-related issues in Nigeria has led to the emergence of several institutions to protect and champion the rights of people living with disabilities. For example, the Joint National Association of Persons with Disabilities (JONAPWD) aims to promote the rights and development of individuals with disabilities (jonapwd.org 2015). In

addition, the Disability Rights Advocacy Center (DRAC) helps persons with disabilities ensure their voices are heard to create better disability policies.

Coming from a developing country like Nigeria and living in a country like Canada, it is clear that people perceive disability and women with disabilities in different ways. The difference in how motherhood and disability are seen and perceived by Nigerians could be as a result of the variations in the level of education and awareness of disability issues, religion, and or culture. Sadly, the untold first-hand experiences of mothers with disabilities have also facilitated how motherhood and disability are misconstrued, and there has been little or no research on this subject in Nigeria and Africa at large. Most of the studies on disability issues have mostly spawned in the area of children and intellectual disability which has made it difficult to equate this to other studies around the world. This affects the search for strategies to overcome the barriers that would result in a good outcome, such as conquering the limitations and issues that will influence the right approach to handle the differences (Eskay, Onu, Igbo, Obiyo, & Ugwuanyi, 2012).

With the ancient belief that all women are meant to be mothers someday, some women are able to choose the option of motherhood, which is very much a modern concept (Prilleltensky, 2003). Compared to a non-disabled woman, it is more complex for a disabled woman to become a mother (Lappeteläinen, Sevón, & Vehkakoski, 2017). The complexity is shaped by an interplay of cultural and social factors (LaPierre, Zimmerman & Hall, 2017). For example, mothers with mobility impairments face societal misconceptions like “reduced productivity” thereby reducing “output and earnings,” which can lead to poverty and a lower standard of living (Ashford, 2002). Ashford adds that another misconception is that mothers’ lack of proper family assistance can lead to the newborn or child contracting an infection.

This study attempts to give insight into the real-life experiences of mothers with mobility impairments in Nigeria, and how intersectionality influences motherhood and disability, leading to the barriers encountered by having the choice of motherhood. This research project is tailored to create more awareness about motherhood and disability issues, expose the barriers faced by disabled mothers, and highlight the need to shift how mothers with disabilities are perceived and treated. Very little research on the first-hand experiences of motherhood and disability in Nigeria has been written, meaning this study would also expand the research in the Disability Studies field on motherhood and disabilities, and provide more information about mothers with mobility impairment and their real-life experiences.

Traustado' ttir (2001) highlighted that collecting personal experiences from mothers about disability and motherhood may not be the correct route for studying mothers with disabilities. However, I would argue that it is essential to highlight the experiences of mothers with mobility impairments. Va¨a¨ta¨ inen (2003) supports that we can adequately gather relevant details that can add to the body of literature in the area of disability and motherhood. It has been a challenge to find studies on women with disabilities in Nigeria. Gustavsson (2001) agrees that there is limited "experience-oriented disability research." Furthermore, the few studies found were outdated and focused mainly on the barriers women with disabilities face, not the realities and experiences of being a disabled mother with mobility impairments in Nigeria.

According to Akujobi (2011), motherhood can be defined as automatically triggered natural biological factors that come with conceiving and giving birth when due. By biological attributes, this simply implies that women are mandated by society to automatically conceive and bear children simply based on their gender and biological ponents. This is an underlying expectation that is placed on women, thereby disregarding the choice or opportunity available for

women to not want kids based on several other factors. Poole, Hare, Turner-Montez, Mendelson, and Skipper (2013) add that motherhood is one of the most crucial societal expectations from women.

Women with mobility impairments may be undervalued because the "ideal" woman does not match the physical aesthetic of a woman with a mobility impairment (Shpigelman, 2015). For example, when imagining the concept of an ideal mother, society rarely pictures a mother in a wheelchair (Kuttai, 2010). Yet women with mobility impairments still face sexual violence that may lead to pregnancy. Sexual violence is considered a severe violation of human rights around the globe and considered a significant public health concern (Dartnall & Jewkes, 2013). Studies by Tefera, Van Engen, Van der Klink, and Schippers (2017) reveal a story shared by a woman with mobility impairment who got pregnant twice due to rape and men taking advantage of her. Nigerian Stability and Reconciliation Program [NSRP] (2015) adds that in Nigeria, women with mobility impairments are subject to high levels of gender-based violence (rape, abuse, and exploitation) with minimal chances of rescue and less possibility of disclosure because the probability of being believed is low. In addition, a woman with visual impairment reported that men took advantage of her by invading her privacy during bath times and her dealings with money due to her lack of sight (NSRP, 2015).

When women with disabilities get pregnant, they are faced with societal condemnation, married or unmarried. Findings of Tefera et al. (2017) on single and married mothers with disabilities in Ethiopia show that all single mothers got pregnant unintentionally. Existing research by Frohmader and Ortoleva (2013) adds that globally women with disabilities are deprived of the possibility of intimacy or marriage that could lead to pregnancy/childbirth and motherhood. Despite this, there is still a significant number of women with all kinds of

disabilities including women with mobility impairments, who become mothers regardless (Tarasoff, 2015) and are doing great as mothers.

A study carried out by Marszałek (2006) shows that meanwhile, families on the other hand form expectations, which negatively impact how women with disabilities carry out their maternal responsibilities. Tarasoff (2015) further concludes that in Canada, getting accurate statistics on mothers with mobility impairments is challenging; however, data from the United States suggests that the rate at which women with disabilities are becoming mothers is like that of women without disabilities. At present, there is no known comprehensive data on motherhood and disabilities in Nigeria.

1.2 RESEARCH OBJECTIVES

The main objectives of this research are to:

1) Examine the relationship between disability and motherhood.

2) Evaluate the barriers faced by disabled women while nurturing their children

3) Identify and narrate the real-life experiences of mothers with mobility impairments

4) Examine the complex interactions of being a woman with mobility impairments (women with mobility impairments) and the jeopardy of being a mother and disabled

CHAPTER TWO

2.1 LITERATURE REVIEW AND THEORETICAL FRAMEWORK

In an Irish study, Walsh-Gallagher, Sinclair, and Mc Conkey (2012) found out that women with disabilities desire to become mothers similarly to those without disabilities. However, societal barriers like discrimination, low socioeconomic status, and attitudes might reduce the confidence and determination mothers with mobility impairment possess in their capacity to carry out their maternal roles and responsibilities. Women with disabilities encounter many barriers in Nigeria, emerging from the influence of culture (deep-rooted beliefs), religion, and education (educational exposure to how disability discourse has evolved). This has resulted in misconceptions and negative attitudes towards mothers with mobility impairments. In this chapter, the literature review begins by discussing disability in Nigeria. Accompanied is a review of how these areas such as culture, religion, and education influence how Nigerians react to motherhood and disability, thereby leading to misconceptions, negative attitudes, and barriers.

The World Health Organization [WHO] (2011), states that disability is complex, dynamic, and multidimensional. The WHO further adds that disability cannot be avoided or eliminated because no matter how the medical model tries to treat or eliminate disability, we all will become disabled one way or another later in life or have trouble functioning by old age. Furthermore, Chapireau (2005) describes disability as any restriction or lack (resulting from an impairment) of ability to complete a task in the way or manner regarded as normal for a human being. García, Martínez, Loureiro, González, & Martínez (2015) include that disability is "an interaction between a person (with a health condition) and that person's contextual factors (environmental factors and personal factors)" (p.470). Tøssebro (2004) and Chapireau (2005) have argued that the cause of disability is greatly affected by the environment and society. This

Motherhood and Disability: The Experiences of Women with Mobility impairments in Southern Nigeria. is backed up by the Convention on the Rights of Persons with Disabilities United Nations [CRPD], (2006) as it recognizes that disability is caused by "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" (p.28).

2.2 HISTORICAL OVERVIEW AND CULTURAL INFLUENCE IN RELATION TO DISABILITY IN NIGERIA

Nigeria has a total population of over 194 million people according to the 2018 UN estimation. In the same country, data from the 2006 National Census shows that there are approximately 3.5 million persons with disabilities (Adie & Shamagana, 2018). However, a recent estimate in 2018 indicates that the number has increased to over 25 million (Nwabughiogu, 2018). The accuracy of these numbers have been questioned because they do not reflect the actual population of persons with disabilities which is expected to be more than estimated (Disability Rights Advocacy Centre [DRAC], 2018). The WHO (2011) estimates that 25 million persons are disabled in Nigeria. Here, three million persons from the 25 million people experience significant barriers to social and physical functioning. This can be likened to the lack of acknowledgment of the presence of disability in Nigeria. DRAC (2018) adds that this estimate is closer to the world's estimated 15%. Adie and Shamagana (2018) found out that women with disabilities are reported to be about 1.5 million and only about 2.2% of the total population of women in the country. DRAC (2018) of Nigeria disputes this figure, estimating that the total number of women with disabilities in Nigeria is closer to 11 million.

With that number of persons in the country, Nigeria is blessed with over 350 different ethnic groups that speak more than 500 languages over in Nigeria (Egbule, 2019) with a robust way of life that can be referred to as culture. As defined by Hornby (2010), culture is a set of

beliefs, traditions, and ways of doing things held by a group of people. For example, marriage and childbearing. Based on deep-rooted beliefs and lack of exposure to disability issues, disabled people are viewed differently (Eskay et al., 2012) which has influenced how disability is perceived. Although throughout the world there have been changes over time regarding how disabled people are treated, there is still a leftover traditional influence today on how these groups are affected (Du Brow, 1965; Wright, 1973 as cited in Munyi, 2012).

2.2.1 PERCEPTIONS AND BELIEFS

Beliefs and perceptions concerning disabilities are often misunderstood in Africa. The discrimination and stereotypes result in persons with disabilities being denied the basic rights and amenities accorded to all citizens of the nation (Baffoe, 2013). NSRP (2015) concluded that there are numerous social mythologies in Nigeria that make the lives of women with disabilities especially hard. Etieyibo and Omiegbe (2016) noted these beliefs are aspects of the general culture believing in the existence of spirits, reincarnation, destiny, and malevolent persons. Disability is perceived based on how society conceptualizes it. Unfortunately, disability in Nigeria is believed, seen, or treated as a stroke of bad luck, anger of the gods, or bad omen. Abosi and Ozoji gave an example remarking that “beliefs about disability are attributable to different factors such as witchcraft, sex, God, the supernatural and juju” (as cited in Etieyibo & Omiegbe, 2016, p.6). Some even go as far as relating disability to a curse from the gods or referring to the disabled as cursed. This belief holds strong in Nigeria. Abang (1988) notes that many people in Nigeria do not only believe that having a disability makes one less of a person compared to those without a disability, but also that they can use their disability for social and economic benefits, i.e begging for alms or used as a peace offering/ sacrifice to bring good luck.

In Ghana, according to Fefoame (2009), traditional communities believe that crocodiles and snakes have supernatural powers and when they are harmed can cause an individual to have a child with a disability. This belief can impact how persons with disabilities are perceived. Etieyibo and Omiegbe (2017) described the perception of the Urhobos in Delta State regarding disability; if a man has an accident such as a fall from a palm tree or sustains burns from fire, becomes impaired, and eventually dies, he will reincarnate with defects at birth. They further explained that the Urhobos believe that a disabled person implies that there is a curse in the family. The Urhobos also believe that the parents of the disabled individual had sexual intercourse with the bedroom lights on, resulting in disability. And even where I hail from called Agbor, located in the south southern part of Nigeria, it is believed that incest causes disability.

2.3 MODELS OF DISABILITY

The medical model of disability according to Afolayan (2015) is focused on the person, and the underlying approach has been to treat disability and disregard the person. This approach is centered on trying to cure disability or prevent disability in an individual. However, in a bid to create an alternative model away from the medical model, the social model was born. The social model opens a door into the presence of disability and includes persons with disability into the paradigm of development in society, (Addlakha, Blume, De development vlieger, Nagase, & Winance, 2009). The medical model is centered on trying to cure disability or prevent disability in an individual. The objective is fixing, curing, and or preventing disability. The medical model also portrays disability as some horrible thing that happens to people who are not lucky enough. Oliver (1990) ridiculed the medicalization of disability and calls it inappropriate. Furthermore, he stated that as medical professionals, the focus should be on using training and ability to alleviate or heal an illness and diagnose instead of trying to cure disability.

Moreover, the medical model is centered on what a person with disabilities cannot do, and how they can be fixed. For example, it places the lack of accessible buildings on the disability and not the reluctance to provide ramps or accessible features. The medical model sees the human body as broken, flawed, or incomplete, and medical professionals are the only ones capable of making the human body whole again (Sullivan, 2011). Therefore, medical intervention in disability and its decisional authority over disability is unacceptable (Oliver, 1990)

Furthermore, Oliver (1990), highlights that the medical model finds in a person the 'problem' of disability and claims that the cause of this problem arises from the disability which prevents a person from living a normal life. He argues that the medical model is rather "an individual model of disability of which medicalization is one significant component" (p. 3). He adds that it is society that does not adequately consider disabled people's needs in its social organization, not individuals' limitations of whatever kind. Over the years, the disability movement has adopted the social model because it has created a shift from the need to cure disability to rectifying the factors within society that cause disability. This includes, for example, discrimination, negative beliefs, lack of access to the environment, education, employment, and transport.

2.3.1 SOCIAL MODEL OF DISABILITY

The social model of disability has gained popularity amongst disability experts and groups. It provides a framework where issues causing disabilities are understood as a "socially constructed phenomenon" (Lloyd, 2001, p 715). The beginning of the social model published in the 1970s can be backdated to the Fundamental Principles of disability document, where the Union of Physically Impaired Against Segregation (UPIAS) worked together to fight against the

oppression of disabled people from society and embrace liberation (Oliver, 2013). While the medical model stresses the person with impairments is the problem, Addlakha et al. (2009) suggest that as an alternative approach, the social model of disability addresses the way societal barriers like social discrimination and exclusions interfere with how persons with disabilities live in the community. Exclusion from the norm and adding social oppression have created emotional effects on disabled persons (Reeve, 2006). Hadfield (2014) further adds that social barriers that cause exclusion are very much unnoticed as there is a significant focus on how to heal the disabled person or improve on a particular function. Olsen and Wates (2003) described how government and private agencies focus on an individual's disability, implementing policies and practices rather than focusing on the social environment.

Disabled people's organizations have viewed the social model as the best way to address disability. Barnes and Mercer (2001) concluded that the social model shifts the barriers from the person to the system. Shackel (2008) further explained that the social model redirects change from a person to the system. It means that instead of blaming an individual for being different from what is considered 'normal,' the obstacles that prevent people from participating fully in society should be eliminated. Disabled people support this model because of the effect it has in addressing undesirable behaviors towards people who are disabled. To see someone as disabled or impaired varies based on cultural context. However, Afolayan (2015) points out that recent work by researchers frames disability as a social framework. For example, Prilleltensky (2003) found that although competence in motherhood or parenting is assessed based on different countries or ethnicity, the importance of this competence should be in the capacity to do things in the best possible way rather than being limited to running the household or caring for a child. Doing things using assistive devices or technologies, doing motherhood with a disability-friendly

designed environment and society, would bring to light the significant problems rather than locating the problem in the disabled person.

2.4 LIVING WITH DISABILITIES IN NIGERIA

The Convention on the Rights of Persons with Disabilities and its Optional Protocol was adopted on the 13th of December 2006 and was opened for signature on 30th of March 2007 (https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html.) On the 24th of September 2010, the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), was ratified by the Nigerian Government (Disability Rights Advocacy Center [DRAC], 2018). Not until January 23rd, 2018, after nine years of advocacy by the disability rights groups and activists did Muhammadu Buhari, President of Nigeria, sign into law the Discrimination Against Persons with Disabilities (Prohibition) Act (https://www.hrw.org/news/2019/01/25/nigeria-passes-disability-rights-law).

2.4.1 GENDER AND ATTITUDINAL BARRIERS TO MOTHERHOOD

Gender has arguably had a significant influence on development (Adie & Shamagana, 2018) by giving social roles and responsibilities based on one's gender, with men given higher priority and respect over women. This is evident among people with disabilities as well. Wendell (1989) argues that "disabled women struggle with both the oppressions of being a woman in male-dominated societies and the oppressions of being disabled in societies dominated by the able-bodied" (p.105). For instance, according to NSRP (2015), in Nigeria, young male children regardless of their impairments are appreciated and seen as a valued gender because the male child has a greater likelihood of obtaining the family linage, name, property, and making vital decisions. However, the NSRP (2015) notes that in Nigeria, women with mobility impairments are not only oppressed based on their gender in all the above mentioned but are also

marginalized by disability. Irrespective of the above, the UNCRPD upholds the rights of women with disabilities to equal employment, education, freedom of speech, involvement in recreation, educational, social, and political activities.

A Nigerian study carried out by the NSRP (2015) highlights some important barriers affecting women with mobility impairments, including inadequate infrastructure, lack of education, unemployment, stigma, discrimination, and or lack of proper hygiene or care. Some of these barriers have influenced the experiences of mothers with mobility impairments. Meanwhile, discrimination seems to be the result of the above-listed barriers.

> Discrimination according to the UNCRPD (2006) is regarded as any distinction, exclusion, or restriction, which has the purpose or effect of impairing or nullifying the recognition, enjoyment, or exercise, on an equal basis with others, of all human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field including denial of reasonable accommodation. (p. 4)

Preamble C of the UNCRPD states that persons with disabilities need to be guaranteed their full enjoyment without discrimination, and Articles 3(e), 4, and 6 state that anyone with a disability will have all equal rights and access to education, health, on equal ground with other citizens. Sadly, this is not the case in Nigeria where persons with disabilities, including women, are still widely discriminated against in the areas of employment, education, sports, religion, and social life (Baba-Ochankpa, 2010; Etieyibo & Omiegbe, 2017). This does not in any way exclude marital discrimination, pregnancy, childbirth, and motherhood. Haruna (2017) adds that discrimination results in exclusion and separation from the benefits people are entitled to, which includes better access to social support, education, health, and other services.

Women with disabilities are often shown little or no respect. Baffoe (2013) explains that such a show of disrespect and discrimination against persons with disabilities may result in oppression and exclusion which in turn affects the ability to access services and maintain meaningful relationships like others. Advocates are pushing the Gender Equality Bill and the Disability Rights Bill through legislative processes (NSRP, 2015). Groce, London, and Stein (2014) confirmed it is easier for a man with disabilities to get married than a woman with disabilities which means more married disabled men than women, and if he decides to marry more than one wife, he can. Nigeria traditionally is a polygamous society, although having more than one wife is considered a serious offense according to the Nigerian criminal code of conduct (Ochem & Emejuru, 2017). The literature notes that it is common for a man to have several wives and any man who wants to marry more than one wife may lawfully do so under native laws and customs. Meanwhile, a study in Nigeria indicates that families isolate their pregnant children from other people due to the stigma they face because of their disabilities (Afolayan, 2014).

Malacrida (2009) found that in Canada, people perceive mothers with disabilities as incapable of carrying out their motherly roles and duties. This leaves society with an assumption that the mothers end up making their children take care of them and depriving them of their childhood. This assumption is followed by negative attitudes towards mothers which unfortunately should not be the case.

Goreczny, Bender, Caruso, and Feinstein (2011) highlights that negative attitudes toward individuals with disabilities can be ‘invisible barriers’ as persons with disabilities pursue community involvement and community resources (p. 1596) to attain a better standard of living. In research conducted in Ghana about the attitudes of the people concerning pregnant women

with disabilities, 73.2% of the population believe pregnant women with disabilities can have positive labor and childbirth experience (Akasreku, Habib, & Ankomah, 2018). Meanwhile, after childbirth it becomes difficult for the women, as families tend to distance themselves, leaving the woman to care for the child by herself at the early stage. There seems to be an oppressive pattern in the way disabled women are viewed in terms of motherhood and its expectations. Societal attitudes tend to devalue the motherhood capabilities of women with mobility impairments. Parchomiuk (2014) adds that the family may suggest abortion or make several attempts to deprive the mother of the right to motherhood.

2.4.2 CULTURE AND RELIGION IN MOTHERHOOD AND DISABILITY

The impact of culture towards disabled mothers and individuals suggests how disability is perceived and interpreted by society, but culture is neither fixed nor similar around the world (Roeher (1969) as cited in Munyi, 2012). Etieyibo and Omiegbe (2016) explain that alms-begging can be associated with cultural and religious reasons. They further note that the religious and cultural aspects of alms-begging and the use of children (with or without) disabilities to beg for alms can be seen from the age-old Almajiri system, an ancient tradition and cultural practice. Although some have argued that alms-begging is more poverty-related than cultural and religious, others focus on the political aspect. Delap (2009) explains that this extreme form of abuse and exploitation and the current lack of action by governments to tackle it sensitively and effectively are particularly troubling. The government potentially has the power to stop this by making adequate provisions for the poor and implementing all basic human rights laws for the benefit of its citizens. The Almajiris are referred to as street children of any gender who wander along the streets begging for things like food, clothes, and other necessities (Yusha'u, Tsafe, Babangida, & Lawal, 2013). These children are considered innocent children who fall under the

bracket of societal neglect (Idoko, 2011). They are mostly found in the Northern part of Nigeria where they have little or no formal education but instead are taken to Islamic clerics to be taught the Qur'an (Yusha'u et al., 2013, p 127).

Considering the cultural significance placed on respecting parents as figures of authority and the power mothers and fathers with or without a disability have over their children, it is easy for parents to send their children to beg for alms on the street (Omiegbe, 1995 in Etieyibo & Omiegbe, 2016). It is also easy for parents with mobility impairments to use their able-bodied children as a tool in alms begging and make money. Mothers with mobility impairments are also seen on the streets begging for alms. This is a common occurrence that has exposed passersby to mothers with mobility impairment and shaped their notion towards them. For example, a disabled mother is seen in her wheelchair with a little child suckling on her breast. It is possible that this will attract a lot of sympathy and compassion thereby leading to alms-giving. Ordinarily, sitting on a wheelchair in a public place attracts sympathy from people in Nigeria. However, future studies can explore the correlation between using a wheelchair as a mother and how it attracts sympathy and almsgiving.

This act of begging for alms is considered by some women with disabilities since they must cater to their offspring with little or no income and with a lack of employment. This has resulted in women/mothers with disabilities being viewed as people who need to beg for alms to survive (Olawale, 2007). NRSP (2015) notes a common misconception that women with disabilities have a lesser intellect which leads to potential employers judging applicants on their disabilities rather than their intellectual ability. What this misconception leads to is a lack of employment and poverty. NRSP (2015) added that some skills acquisition programs see women with disabilities as capable of knitting, weaving mats, and making soap.

2.5 IMPLICATION OF EDUCATION ON DISABILITY

The power of education in shaping knowledge and exposure to disability issues cannot be underestimated. Deep-rooted cultural beliefs about disabled people and the influence of education can bring about liberation for its citizens and eliminate the negative attitudes and misconceptions about disability. As noted by Munyi (2012), educating people in schools about disability can lead to the turn away from old cultural influence and behaviors towards disabled people. To achieve this, a mandate should be implemented that all primary, secondary, and tertiary education should be an inclusive education system. All disabled people should be educated that way, leading society to see the presence of disability in schools at all times.

As opined by Bello, Ahmed, Ogungbade, Omotosho, AlHassan, and Mustapha (2012), disabled people in Nigeria are being denied this and it robs them of their independence. This problem is not limited to Nigeria. According to a report by the Canadian Human Rights Commission (2017), individuals with disabilities in Canada also face setbacks trying to access education. Full access to education can liberate a disabled woman into independence. Akintolu, Nzima, and Kapueja (2018) highlight that disabled people should be granted equal opportunities for education and inclusion free from discrimination of any sort. The inability for a disabled woman to complete her education or start in the first place can be linked to a lack of accessible schools and training centers and poverty. The National Union of Disabled Persons of Uganda (as cited in Lang & Murangira, 2009) added that in Uganda, most disabled females lack the required competence, qualification, and skills needed to gain meaningful employment because they are unable to complete their education, resulting in a low standard of living. Furthermore, access to employment is a basic human right for all and disabled people should not be left out**.**

Unfortunately, employees would rather let the disabled woman go out of employment and have no job to call her own than make the workspace more disability-friendly (Lloyd, 2001).

2.6 ACCESSIBILITY IMPLICATIONS ON MOTHERHOOD AND DISABILITIES

Architectural access, as well as building access, is a critical aspect of the livelihood of persons with mobility impairments. A wheelchair user and other mobility device users should not have difficulties entering doors as this denies them opportunities to go about their daily life and social activities (Sambo, 2016). However, in Nigeria, the reverse is the case. With the nature of poorly designed buildings, inaccessible public transportation, bumpy roads, and very bad sidewalks, the concerns intensify. For example, according to Ipingbemi (2015) and Odufuwa (2007) market men and women have taken over, thereby making sidewalks inaccessible for wheelchair users. Parish, Magaña, and Cassiman (2008) add that women are included among those who encounter architectural and environmental obstacles in societies. This includes accessing social services, as well as problems of fulfilling and sustaining their reproductive and motherhood roles. Unlike in a developing country like Nigeria, Canada has a disability policy that ensures that there is equity, access, and support for their disabled citizens (McColl, Jaiswal, Jones, Roberts, & Murphy, 2017).

The buses are small and usually overcrowded. Buses are a major means of transportation alongside cars and motorcycles. For public transport, the bus drivers lack patience even if persons with mobility impairments wanted to try it, thereby making it not an option for persons with a mobility impairment. According to Malacrida (2008), Canadian women with disabilities often experience more barriers compared to women without a disability in the area of performing their motherly responsibilities as they have fewer resources at hand. Grue and Laerum (2002) add that in Norway, women with disabilities face barriers that include poor standard of living,

lack of shelter, and inaccessible public and private space in times of need. Individuals with disabilities are only 'limited' by the environment, causing them to be disabled. In an accessible system or environment, i.e suitable assistive technologies, quality and accessible infrastructure, inclusive society, and quality education, no one would be considered disabled.

2.7 POVERTY

The WHO (2011) shows that compared to persons without a disability, on average, persons with disabilities and households with a disabled member experience higher rates of poverty and deprivation, including food insecurity, poor housing, lack of access to safe water and sanitation, inadequate access to healthcare, and fewer assets than persons without a disability. Although there is strong interest and legislation in place to help promote education and employment for persons with disabilities, there is currently no useful data on how many people with disabilities have a job in Nigeria. Also, where data exists, it is rarely available at the required level of detail and frequency (International Labour Office [ILO], 2004). Article 28 Section 2 (b&c) outlines that access will be granted to women with disabilities in the area of social protection programs and poverty reduction programs like adequate training, counseling, and financial assistance. None of these programs have yet to be identified as ways to reduce poverty by the Nigerian government, except for a few Nigerian NGOs. This has led to some women with disabilities begging for alms on the street or in the market, especially those from the rural areas or rather those living in abject poverty. Nigeria does not have credible statistics on the number of women with disabilities currently living in poverty (WHO, 2011). However, the level of poverty is such that it leaves parents with no choice but to exploit their children to beg for alms. A recent survey conducted by the Leprosy Mission Nigeria shows that out of the 1,093 persons with disabilities surveyed in Nigeria, 84% of those participants live on less than $1 per

day (Smith, 2011). Furthermore, it is considered that poverty is a growing factor among persons with disabilities. Poverty can cause disabilities and disabilities are exacerbated by poverty (NSRP, 2015). The standard of living for individuals with disabilities is also considered generally poor.

Women with disabilities are more likely to have a lower standard of living causing them to be poorer and generally face barriers to full equality and advancement because of such factors as race, age, language, ethnicity, culture, tradition, and religion (DRAC, 2020). Many women are faced with triple jeopardy of being a woman, being disabled, and sometimes living in poverty (Haruna, 2017).

2.8 DISABILITY AND MOTHERHOOD

Having a disability has no relation to, race, religion, culture, or gender. Women are more vulnerable to poverty due to lack of employment and are susceptible to disability as a result of abuse, violence, and neglect. The expectation of being a mother and tending to the family needs in Nigeria is a huge responsibility for women. Meanwhile, the issue of women with disability and motherhood matters has been neglected (Hadfield, 2014). The main discrimination experienced by disabled women is the denial of the right for them to fulfill their reproductive rights and family relationships (Lloyd, 2001).

Women with disabilities are often characterized as asexual and unfit for motherhood according to societal stereotypes (Malacrida, 2009). However, Ipsen (2006) shows that persons with disabilities experience and know love. Furthermore, to have a healthy relationship, they must have a responsible partner or husband and later have children of their own. Disabled women are more susceptible to abuse, sexual violence, neglect, unemployment, and abandonment (Hague, Thiara, & Mullender, 2011). According to Afolayan (2015), the “cycle of

sexual violence and abuse solidifies the social construction of women with disabilities as helpless and dependant" (p. 58). One of many ways people characterize disability is by being dependent on others, so the thought of seeing a woman with a disability managing her home or taking care of her children with little or no dependence becomes surprising. Traustadottir (1997) confirms that women with disabilities are seen as dependent and in need of being taken care of: "It is difficult for many to imagine how a mother with a disability can fill the caring and nurturing mothering role" (p. 14).

Motherhood among women with disabilities has rarely been a topic of social research (Wołowicz-Ruszkowska, 2016). Hadfield (2014) argued that from a feminist perspective, the lack of research on motherhood experiences from within and outside of the disability field has had significant consequences for policy, culture, practice, and society. In South Africa, some feminists perceive motherhood as oppressive to women because it enforces women's productive and reproductive roles as governed by men (Chisale, 2018). There is an ideal perception of motherhood in western culture which includes women who achieve their motherly roles naturally, are prompt and readily present, or available to provide 24-hour care to their child and do it effortlessly and selflessly (Choi, Henshaw, Baker, & Tree, 2005).

Mothers are expected to be machines while fending for and nurturing their young children. Meanwhile, the process of carrying out these responsibilities automatically makes you a proper and good mother in Canada (Malacrida, 2009). Malacrida (2009) found that women with disabilities in Canada often engage in mothering with fewer resources and more barriers in the public and private spheres. In her book *Past Due,* Anne Finger (1990) tells how she, an independent woman with cerebral palsy, became pregnant and had her baby under circumstances where she worried a lot about the health of her baby. She experienced judgment and questions

about her motherhood capabilities from health care providers. However, she fought against all odds. Discussing motherhood, she describes it as a 'physical pain' which can be relatable to every mother; however, according to her, she has never been happier (Finger, 1990, p. 169).

The United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) has specific provisions that recognize the reproductive rights of Persons with Disabilities (Art. 25a) (UNCRPD, 2006). Art. 25 of the same UNCRPD went further to identify another crucial right for women, which states that no one must be discriminated against based on their disability, with an equal right to have a spouse, be married, have children, and raise a family (Assembly, 2007). While these rights are not seriously exercised in Nigeria, efforts to uphold these rights in Ghana are hampered by negative attitudes about women with disabilities. (Morrison, Basnet, Budhathoki, Adhikari, Tumbahangphe, Manandhar, & Groce, 2014).

2.9 HEALTH EFFECTS

Women with mobility impairments often experience poor pregnancy outcomes due to the barriers faced in the health sector. Barriers tend to discourage pregnant women with disabilities from using facility-based reproductive health services (Tarasoff, 2015). It is further complicated when sexual reproductive health is taught in the community or hospitals and women with disabilities are excluded. Ganle (2016) adds that most women with disabilities have limited knowledge of sexual reproductive health, coupled with limited access to sexual information. Compared to Nigeria, in Ghana, Ganle (2016) identified a major barrier encountered by women with disabilities in the health sector where the healthcare workers are not properly informed about pregnant women with disabilities and their health and maternal needs in accessing Sexual Reproductive Health (SRH). Pregnancy resulting from a legal union or abuse that leads to motherhood by a disabled woman is generally not believed by healthcare professionals. Unlike

the non-disabled, Lloyd (2001) confirms that health professionals subject disabled women to scrutiny in the area of motherhood, and Prilleltensky (2003) includes that often the thought of a disabled woman having children is highly discouraged by medical professionals and the general public.

In their National Policy on Sexual Reproductive Health with emphasis on Women and Girls, DRAC (2018) states that persons with disabilities have the same sexual and reproductive health needs as other people and should be treated the same. It is important to note that they also need the reproductive health services available to everyone else. Even if the policy notes that persons with disabilities face barriers to access which include, but is not limited to, communication barriers, lack of inclusive technologies, ignorance of service providers, societal attitude, lack of knowledge of disability, inadequate capacity of service providers to manage mothers with disabilities may arise. This can be avoided if more medical practitioners are trained to understand the presence of disabled mothers and adequate services are provided to enable inclusion. Iezzoni, Wint, Smeltzer, and Ecker (2015) note that in the United States of America, there are similar findings in other studies of maternity care concerning the experiences and outcomes of women with various disabilities including mobility impairments.

2.10 DOING MOTHERHOOD

Although limited, research on motherhood and women's experiences has increased. This has established a base for women to share their different experiences on motherhood and the strength it requires. Reinikainen (2008) shows that disabled women are most often unable to share their experiences, ignored, and even misunderstood. She further states one of her participants in her article Disablistic Practices on Womanhood shares that her experiences with

people are hard. Sharing her experiences with them might come with some limitations like "geographical or mental isolation" (p. 23).

Motherhood is a term associated with the ability to have, care for, and nurture a child without holding back. "Despite the normative belief that motherhood is a natural set of practices common to all 'proper' or 'real' women, motherhood, like other aspects of femininity, is a set of behaviors, attitudes, and actions that is learned and reproduced by social actors" (Malacrida, 2009, p. 102). Woollett and Marshall (2000) believe cultural representation depicts that mothers can automatically fulfill their roles as mothers and care for their offspring. As much as this might seem like a cultural fable, this ideology stays untrue as mothers with mobility impairment are evidently seen fulfilling their motherly roles in society (Mauthner, 2002). Malacrida (2009) adds that these barriers are visible due to the nature of bodily differences including physical impairments. Furthermore, Malacrida (2009) depicts that social response to an individual's disability can determine how mothers with mobility impairment react to their motherhood status in society.

2.11 GAPS IN LITERATURE

There are gaps in existing literature surrounding why bodily differences and self-identity in motherhood create discriminatory practices and lack of inclusion for mothers with disabilities. Literature discusses access to maternal and neonatal healthcare but forgets to connect it to the impact social environment has as a result of culture on motherhood and disability. Also, there are limited studies from the viewpoint of disabled mothers and how they navigate motherhood in the social environment.

CHAPTER THREE:

3.1 METHODOLOGY

For this research, a qualitative method was adopted to obtain adequate data for this study. This method, with the use of existing literature, unfolds the realities around motherhood and disability issues in Nigeria. The city of Ibadan was chosen for this research because, in the process of getting my first degree in Ibadan, I got acquainted with not just the people and the culture but also the land. Cropley (2015) defines qualitative research as gaining insights into people's real-life experience, i.e, to collect meaningful experiences, feelings, opinions, and thoughts of individuals using interviews, visual text, and observations that can describe the experiences of people. Suter (2012) explains that to understand a research topic using the qualitative method, the researcher should consider the multiple "realities" experienced by the participants themselves through an "insider" point of view. This study gathered in-depth knowledge about the lived realities of disabled women who are mothers in Ibadan Nigeria.

This method includes semi-structured open-ended interviews, a means of collecting data with the use of open-ended questions, from the selected mothers within Ibadan Southwest Nigeria. The semi-structured interview method allows for the participants to freely express themselves, but the interviewee's responses determine the direction of the interview (Stuckey, 2013).

3.2 SELECTION OF PARTICIPANTS

Participants were selected using snowball sampling after a purposeful sampling method. The snowball sampling method is based on selecting participants through their social network (Elmusharaf, 2012). Purposeful sampling is used by qualitative researchers as a way to identify

and select the most information-rich cases in order to make best use of limited resources (Patton, 2015). Participants were selected based on the same characteristics and based on the purpose of the research. Seven mothers between the ages of 18 -60 were selected. According to Curtis, Gesler, Smith, and Washburn (2000), based on the small sample size for qualitative research, participants can provide information that is rich and research worthy. Existing literature shows that the participants the researcher starts with is a small number of initial contacts, which eventually becomes the number required by the researcher based on recommendations (Parker, Scott, & Geddes, 2019).

Most participants were gathered from social media, however, initial contact was by way of a church group in Ibadan. The researcher learned about this church group where women with disabilities worshipped and had a community supporting other women. The contact to the women's group was made possible through an ex-student of the department of Disability Studies, University of Manitoba. This church women's group are equals who support each other by contributing money or foodstuff for every member in need, for both disabled and non-disabled women. Upon reaching out to the women's leader, she welcomed the intentions and distributed all posters to the women. The researcher also contacted some disabled women organizations like Advocacy for Women with Disabilities Initiative, Inclusive Friends Association, and Women Enabled International, but no one replied. However, some of the women from the church put the poster they received on their Instagram. That was how the others reached out directly with their interest and intention to participate.

Two mothers reached out to the researcher from the church group indicating their interest in participating in the study, while the other five participants reached out via Instagram saying they received a copy of the poster from friends and are interested in participating in the study.

Participants were sent a copy of the consent forms via emails and asked to read and sign; however, all the participants opted for the verbal consent option. Once the verbal consent was collected, this allowed room to proceed to the interviews phase.

3.3 SELECTION CRITERIA

Participants were selected based on their type of disabilities, age, gender, and geographical consideration. Participants identified as mothers with mobility impairments were between 18-60 years of age, residing in Ibadan, and able to communicate without assistance. It did not matter if they were educated; the researcher was primarily interested in mothers that could communicate independently and were willing to provide trustworthy information.

3.4 PARTICIPANTS CHARACTERISTICS

Five of the seven participants are permanent wheelchair users and the other two women switched between using a wheelchair and using crutches. Based on the information gathered, all the women acquired their disabilities, and none were born with disabilities. Over the years, they have all adapted to their disabilities and developed coping strategies to manage their daily life with minimal help, dealing with their immediate family and caring for their children. They also believe that they are strong and capable of doing anything and everything regardless of their disabilities and the barriers they may face. Among the seven mothers, three are married and live with their husbands, two are single mothers, one was abandoned by her husband, so she had to take full responsibility for taking care of her three children. And for the seventh participant, her husband is abroad getting his second degree.

3.5 DATA COLLECTION METHOD

Due to the COVID 19 pandemic, the researcher was unable to go to Nigeria. For this reason, a telephone interview method was employed. An in-depth phone call interview was used to retrieve the data from the participants, although this method is not widely used in qualitative research (Novick, 2008). Novick (2008) highlights the weaknesses of the telephone interview which include: the absence of visual or body language cues, non-verbal cues can be misinterpreted, slow responses from participants, and the cost of phone calls. Although, he also adds that the phone interview method allows for reduced cost of travel and enhanced safety for the researcher. With telephone interviews, the participants have no social pressure considering that their faces are not seen. Like the face-to-face method, they are then free to talk while building a strong connection with the interviewer.

Telephone calls did not cost the participants and participants had access to emails to receive the consent forms. Although expensive, the researcher was able to call the participants via their mobile phones and have the calls recorded using the Google Voice application. The researcher purchased an international calling subscription and all the participants had to do was receive calls. As soon as participants agreed to the telephone interview, interviews were scheduled based on the most convenient time for the participants.

Once consent to participate was received verbally, a copy of the consent forms was sent out for the participants to keep, and an interview session was scheduled. All seven participants were advised that the interview sessions would last between forty minutes to an hour. The participants were also informed that the interview would be audio recorded, and all the participants preferred a verbal consent taken. The researcher reached out to disabled women's

organizations including Advocacy for Women with Disabilities Initiative, Inclusive Friends Association, and Women Enabled International without success.

During the interview, the social model of disability was adopted because, according to Oliver (1996), this approach acknowledges the opinions of the mothers' experiences, which is compatible with the social model of disability and would allow the voice of all women to be captured and explicitly heard in the narrative and context in which they live.

3.6 DATA COLLECTION TOOLS

For this research, an interview guide, personal mobile telephone, and a Google Voice recording application were used to record and collect data from participants without missing out on any verbal cues. In addition, a pencil and notebook were used to take extensive notes to record impressions of the thoughts and feelings of the participants to not miss out on the nonverbal leads like sighs, 'mmm's, and pauses. This method is adopted to avoid losing any crucial information that the participants would like to share.

During the interview, participants were very forthcoming with their responses and had a lot to say following the researcher's purposeful interview questions and follow-up prompt. At the end of the interview, participants were thanked for their input and time invested. The phone recordings were immediately transcribed and transferred to the researcher's personal computer for security purposes.

3.7 ETHICAL CONSIDERATIONS

Ethics approval was obtained from the University of Manitoba Joint Faculty Research Ethics Board after the board confirmed the research integrity. Participants were reminded that participation was optional, and they could withdraw from the study without any penalty and

about the importance of the study outlined by the researcher. To protect the anonymity of the participants, pseudonyms were used. These pseudonyms are Martha, Lilian, Rose, Amina, Mary, Fatimah, and Tawakalit. Most importantly, signed verbal consent was collected through the phone recording at the beginning of the interview as soon as they agreed to participate. They were informed that all materials and information gathered will be confidential and safely kept and their privacy protected.

The interview process was explained, and all participants were reminded of the option not to answer a question they did not feel comfortable answering. After the interview, participants were informed that a copy of the transcribed interview would be sent to them when available. This would allow participants to determine if the information transcribed is correct by them and if they are comfortable with the information in the interview. This process is called member-checking (Doyle, 2017). Doyle (2017) further explains that the member checking method in qualitative research helps strengthen and establish the credibility of research. According to Birt, Scott, Cavers, Campbell, and Walter (2016), member checking is considered simply sending back the interview document to be reviewed or validated by the participants interviewed. This method helps to ensure the participants confirm the interview data collected and validated is indeed what the participants have said.

3.8 DATA ANALYSIS

The data was analyzed based on the themes and patterns identified from the information gathered using coloured highlighters and markers to identify the similarities and differences noted by participants within the participants' experiences. The participants' experiences were retrieved, interpreted, and transcribed verbatim, and the researcher identified, noted, and

recorded similarities and differences in the participants' answers. The themes identified from the responses the participants provided are based on the research questions being studied.

The researcher recorded the conclusions within the patterns and themes. This study took over seven weeks to actualize due to how accessible the participants were and how convenient it was for the participants to get back to the researcher. This consideration was excluding ethics approval. The interview recordings collected were transcribed verbatim in a Microsoft Word document using color markers. The differences and similarities based on the themes and patterns in the participants' responses were identified. Ryan and Bernard (2003) note that reading texts and marking them up with various colored pens is a common method for identifying themes. This was done by carefully listening to the recordings repeatedly, coupled with the notes that were documented while the interview was ongoing. The interview was recorded with the permission of the participants and transcribed. The recordings were transcribed word for word, and the similarities and differences in each theme were identified. The themes identified were then broken into subthemes. Finally, the transcripts were sent back to the participants to verify and determine that the transcribed data was credible, consistent, and valid.

In summary, this study includes a literature review of disability in Nigeria, culture, religion, and education and how this has resulted in the misconceptions and attitudinal barriers faced by disabled mothers in Nigeria. This research was conducted as a qualitative study. Seven mothers with mobility impairments living in Ibadan Nigeria were recruited using purposeful sampling and then the snowball sampling method. An in-depth phone call interview was used to collect data which was recorded with the permission of participants, then transcribed and analyzed based on the themes and patterns identified from the interviewees' responses. This helped achieve the research objectives which are presented in the findings chapter.

CHAPTER FOUR

4.1 SOCIAL ATTITUDES: FINDINGS AND DISCUSSION

Based on the analysis presented in chapter three, a qualitative descriptive approach is used to present the findings, and a process of using colored highlighters and markers to identify the similarities and differences noted by participants is applied, which helped draw out the themes and subthemes of this study. It was discovered that all the participants had significant similarities in their realities as mothers with mobility impairment. Respecting the research objectives of this study, included is a review of attitudes and cultural influence to achieve the realities and experiences of mothers with mobility impairment in Ibadan, Nigeria. Other vital factors were uncovered which added to participants' experiences and their realities as disabled women. In addition, the attitudes and cultural influence spiraled into other subthemes identified. The themes identified in the data collected from participants are highlighted, including support from other current literature. There is limited literature on motherhood and disabilities, which are rarely spoken about or discussed in existing works.

This chapter explores the research objective by narrating the first-hand experiences of mothers with mobility impairment. It draws out some broad areas participants were particular about that influenced their experiences as women and mothers with mobility impairment. These themes cover societal perception and attitudes, barriers, culture, and what being a female or disabled mother looks like in Nigeria. The findings from this study were derived from the analyzed interviews with the participants. The interviews allowed the mothers to talk about their experiences as they wanted. Response from all seven participants indicated major similarities in their experiences and they had so much to share. The women were between the ages of 18- 60

years old. All the participants identified as officially unemployed, however they all had personal businesses ranging from poultry farming, catering, online clothing business, and hairdressing.

Most women in the study had major similarities concerning their experiences relating to motherhood and disabilities. However, their story pattern varies. All the women were positive about life and were eager to focus on what they can do which is raising their children, supporting the home financially, and keeping them safe rather than focusing on their disabilities. One of the participants, Martha, had this to share about how her experiences have made her see life differently and be happy regardless: “My experiences have taught me to create my own happiness because no one will do that for me. I consciously decided to make myself happy by doing all that I can regardless of those negative experiences that I have had as a disabled woman” (Martha, 32).

Women with disabilities face different barriers than non-disabled women, which has led to them finding a way of creating a shift from the effect of these barriers on disabled mothers to how they can make life more meaningful for themselves by creating their own happiness.

4.2 PERSONAL NARRATIVES ON MOTHERHOOD

In this section, based on the response from participants, I discuss the impact of disability on motherhood including what bothers them the most during the process of executing their motherly role. Participants discussed their concerns and difficulty in caregiving for their children and fulfilling their motherhood responsibilities. Lilian, a 27-year-old mother, says that it bothers her a lot to know that due to the inaccessibility of her child’s school, she is not able to take him to school. “Just the fact that I can’t take my son to school myself or bring him back from school, and I have to rely on my sister, my mom, or my son’s cousin bugs me a lot” (Lilian, 27).

Fatimah had a similar response to what bothers her as a mother with mobility impairments. She says she gets upset anytime she arrives at her daughter's school for drop off and she knows she cannot go into the building.

> But here in Nigeria, there is no inclusiveness for people with disabilities, so like for my daughter's school, I cannot go into the school because there are steps, so I must drop her off with somebody to take her to school. I cannot take her to school because I cannot have access to her school. Most times I think of changing her school, but the others are still the same and my husband is not in Nigeria to do the school search. Even if I found a school that is inclusive for us, I bet it will be above our budget and it is very frustrating. (Fatimah, 34)

For instance, Rose highlights in her response during the interview that as a mother with mobility impairment, there are things that also annoy her as well, and based on her tone she sounded very frustrated while narrating her nark in this aspect.

> There are times that my baby would want me standing to rock her when she is crying or after breastfeeding her. But when my husband collects her, she just keeps quiet, and it is because I cannot stand it. Sometimes it gets to me and upsets me that I cannot do this for my baby. There are times that I wish that I could shower my baby in a standing position. I must sit in the wheelchair and put her on my lap. (Rose, 28)

Although Rose still gets by without having to rock her baby in the position she wants until her husband gets back from work or her mum comes around to help, it is always a strong desire for her.

As a master's student who currently commutes from her home to school almost every day, Mary is not pleased with how she travels to work and feels frustrated and unhappy.

> Sometimes I may call the tricycle people to pick me up and sometimes they disappoint, and it makes me very frustrated, especially if there is an urgent place I need to be at. Or I may need to take my children out and they may also disappoint. I do not have a car, so I need the tricycle guys to go out and when they do not show up it gets to me (Mary, 43).

Regardless, Mary is glad that she is alive and well and would not do anything to change who she has become after acquiring her disability. She believes that when life throws you a lemon, you can always make lemonade or lemon tea. Lilian was not left out as she similarly adds that it was really hard for her to rock her son to sleep because she is wheelchair-bound. "It was also difficult to bath or pet my son when he was baby since he didn't want to be held in the same position most of the time and it was very difficult as I was living a sedentary lifestyle and it felt gut-wrenching that I couldn't do certain things for him" (Lilian, 27).

Participants report that women are strong people, and motherly instincts play a significant role when it has to do with motherhood. She is also grateful for her life so far and would not have it another way. She is still getting used to being disabled with it being over 8 years since she acquired her disability through an accident. However, she learns new things every day, and she is learning to trust her maternal instincts. Another participant, Amina, on the other hand, describes what weighs her down and expresses sadness while talking about it. She reports that although she feels very down when sometimes she is unable to fulfill the needs of her baby, she is even more frustrated that she cannot explain to her daughter and her daughter cannot understand due to her young age why her mother is unable to meet some of her needs.

> Yes, there are some things that I would love to do for my baby. She looks at people who can walk but she does not understand why I cannot walk. I cannot bath my baby due to the screws and rods attached to my back because of my injury so sometimes she rejects me because I am unable to walk and thus cannot fulfill that need for her. When I want to do something for my baby, but my disability comes in between, this makes me feel hurt and guilty, so I have to give it up to someone else to do. (Amina, 25)

Aside from the lack of accessible homes and buildings and the barriers in performing some major tasks due to the nature of participants' injuries, participants pointed out that they always try in their own ways to meet the needs of their children even if they have to improvise, ask for help or wait for help.

As noticed in the responses of the participants, all the women had similar points to share about what bothers them in their everyday lives as mothers with mobility impairment. The pattern boiled down to their maternal ability and what they wished they could do for their babies as mothers, especially as they are still toddlers. Regardless, they are grateful to God for giving them the strength to be the best at motherhood so far, and they can say they are doing very well for themselves with little or no assistance. All the women expressed utmost love for their children and were very thankful to God for blessing them with their children. They convey that children are a blessing, and they are fulfilled for the gift of childbearing and overcoming all odds, even with their disabilities. One of the participants praises herself for doing motherhood very well so far. "I must applaud myself because I know I am doing motherhood right. I am really grateful for the gift of motherhood, my child, and the ability to nurture" (Rose, 28).

All participants agreed that there are barriers to being a mother with mobility impairments and they all had similarities as to what particularly affects them as mothers while going about their day-to-day life. Most participants disclosed that as mothers, people treat them differently depending on where they are at a given time, for example, geographical location.

4.2.1 ATTITUDINAL BARRIERS

This section focuses on the attitude mothers with mobility impairment experience in Ibadan and Nigeria. It could vary from motherhood, disability, and womanhood, i.e. being a woman. Even if participants agree that they have gotten used to the different attitudes they receive from people, they still wonder how people are still bent on displaying such ignorance towards the presence of impairments and disability issues currently. Participants share their experiences and input on the attitudes shown to them on a regular basis. Some share their take on how they manage the negative attitudes they experience daily. “Okay, sometimes I see how people act and stigmatize us as disabled people, especially when I am in a place where I am not expected to be. For example, the maternity ward. It is like I am invisible, and I am not supposed to be there” (Martha 32). Another participant adds that “people do not understand that there is nothing in this life oh-o, after all, I was once on my feet, and life happened, now I am here this means it can be anyone at any given time” (Amina, 25). Amina narrates that people should understand that we can all become disabled at one point in our lives regardless of our status, education, or spiritual views.

Martha believes that there is a general native attitude people have towards mothers with mobility impairments even if they like to act like they do not or hide it: “Some people are nice and friendly until you need their help with something… Generally, people like to act like they have a positive attitude to make you feel like they do not mind your disability” (Martha, 32).

Six of the seven mothers interviewed reported that they still receive a negative attitude from people when they are out and about their business, especially when with their children. Conversely, the only people they get positive attitudes from are their family and friends or people they see often. Those people may give an initial negative attitude, but they warm up to them over time, and their attitude becomes positive.

> People say things to me, people abuse me, make me feel like I am not good enough for my child or husband, but I look at my family, and they have not made me feel like I am not good enough, so why should I give that chance to put something in my head to the point where it stresses me and makes me feel bitter? People will say many things with their mouths and attitudes, but you need to have thick skin to get you through it. (Amina, 25)

The majority of the participants agree that they receive negative attitudes from people based on their motherhood status and disabilities. And over time, while owning their acquired disabilities, they have learned to cope and have developed coping strategies. However, they are confident that they are succeeding in their motherhood roles and do not need validation through people's positive attitude towards them; they know that they can achieve much more. Another participant, Rose, only cares for the kind of attitude her family gives. "Regardless of the negative attitude I get from people, as long as my family loves me and they are all safe that is all that matters to me" (Rose, 28).

Furthermore, the participants were asked what their typical day looks like, and participants had various responses. All participants reported that as mothers with mobility impairments, their typical day is filled with one activity or the other. Participants highlighted that with the chores, childcare, meal prep, school run, and managing their personal business after, it is

always busy. They also report that their typical day varies based on the day of the week as some days are busier.

> Well, for my typical day I wake up, prepare breakfast, pack lunch, wake the children up and prepare them for school. I may later get busy with my business or do chores until the kids are back from school, then I make dinner and the cycle continues the next day. Sometimes I run errands with my mother before school closes or I will go to church programs. (Fatimah, 34)

According to Fatimah, she has a busy day and tries to stay busy on the days she is not.

Depending on the different types of mobility impairment a mother has, it can influence how their typical day looks. For some, it is flawless. For others, they may have to use some adaptive approaches. Some of the women had general responses while some others went a little in-depth into their hectic mornings especially with the school run, meal prep, and getting the children ready for the day. They also added that they must get themselves ready for the day, especially for those self-employed mothers.

> Some days are good, and some days are very bad. My typical day-to-day can be easy today and tomorrow I will be wondering what I did right yesterday that made it easy. I wake up and make breakfast first before I try to get my child ready for school. I would have to start calling my mother who takes my child to school every day because sometimes she gets here late and ends up taking my child late for school. I get ready while my husband also prepares to go to work. Then my leave-out house help will come around to help me tidy up the house and do laundry if any. (Tawakalit, 40)

Fatimah says she mostly gets her first child ready as she is older and focuses on her pastry and cooking business for the day especially if she has an order that should be ready for pickup for that day.

> You know, it takes me longer to do the same thing that a non-disabled person will do, so my typical day would be me doing chores. It is not easy, but we thank God. Every day when I wake up, my older daughter should be 3 by the 25th of this month and she is already started school. So, every morning, I have to get up very early, so she will go to school very early too. So, I will just wake up, bathe her, and get her ready. Then prepare breakfast. That is normally my every morning routine and then I will start making cake and other pastry jobs that I have for that day. (Fatimah, 34)

Like Fatimah, the other participants know their routine very well and follow it religiously. They all agree that, unlike public opinion, they are actually very busy people, especially with childcare, school runs, house chores, and running their businesses.

4.2.2 COPING APPROACHES AS A MOTHER WITH MOBILITY IMPAIRMENT

All participants of this study reported have learned to deal with their disabilities and adjust to doing things themselves because there is not much help coming from people outside of their family network. While others rely solely on the support of families, some others get a housemaid that they pay to assist with everyday housework and cooking. However, it could be more daunting for the others who cannot afford to employ a live-in housemaid or a housemaid that comes and goes. Unlike the developed countries like Canada where assistance comes from the government, non-governmental organizations, or concerned citizens, it is difficult for women in Nigeria to receive this support because of systemic barriers. Therefore, people have developed

strategies to deal with issues they face rather than waiting for assistance from the government. Significantly, experience has taught participants of this study that they have to be strong, and this approach has made it even more vital in achieving their daily and future goals. Participants point out to be aware that having a disability is not the end, but rather a time to let the world know of their capabilities and change the narrative.

For example, Amina said that the uncertainty of marriage was one of the challenges she experienced. People had their opinions on how she would cope with being married; however, she reports that after marriage she was able to work around being married and what people think does not matter to her anymore. She is now used to being married and owning her marriage.

> Like before I got married, many people were thinking about how I would deal with the responsibilities that come with marriage, and even after marriage they still ask me how I cope and how I deal with the responsibilities. However, I have my way around it, and I do not have to live my life to prove to people that I can. (Amina, 25)

Amina is glad that she can be a wife and a mother regardless of her disability. Therefore, she wholeheartedly owns her disability while she does her wifely and motherly role.

House chores for women are considered one of the virtues a woman brings into her matrimonial home. Girls are taught to do house chores from a very young age in Nigeria because they need the skills to be prepared for when they get married. To support this claim, Akinbi and Akinbi (2015) note that in Nigeria, girls received skills training in agriculture, crafts, weaving, plaiting, dyeing, and they also received wisdom and character development to help make them good wives and mothers. Cooking and housework are synonymous for a young girl growing up.

Mary agreed that she has also devised a coping approach that helps her as a disabled mother. She identifies house chores and cooking, however, she says that her husband helps with house chores, and other times her mother comes around to assist. Mary developed a method where everything in her kitchen is at arm's reach, and she does not need anyone when she is ready to cook for her home.

> In my home, I had to remodel my space to make sure everything is at arm's reach so that I can have easy access whenever I want. My husband helps with house chores whenever he is home or less busy however I will ensure that cooking and other major chores are completed. (Mary 43)

Furthermore, Mary highlights that she does not have running water in her home, therefore they rely on the shared borehole or well water located at the far end of the compound. She says she relies on friends to assist her with fetching the water whenever they come around. "Some of my friends also help me fetch water when they come around so that I can easily have access to the water when I need it" (Mary, 43).

This method of coping has been very beneficial to the participant as she has lots of water storage containers in her house which can last for a couple of days before they need the containers to be refilled. Although the coping strategies may differ between participants, on a positive note, participants reported that they are proud of their daily achievements.

4.2.3 GENDER INFLUENCE

In this section, I discuss what being a disabled woman means to the participants and how they are treated because of their gender. The majority of participants agree that being disabled and being a woman has posed tremendous pressure on their relationships. They said that their

partners get away with everything as the man of the house. Even though some participants report putting pressure on themselves as women, they expressed that their partners are helpful, and being a disabled mother has caused people to either ask them where their partners are or help sometimes. For example, Amina says:

> I tend to put unnecessary pressure on myself to be perfect in all that I do, and it sometimes affects my relationship. My husband has assured me times without number that he married me for love, and he does not see my disability, but it is weird that I feel like as a disabled woman I need to be perfect. For example, if my husband does the dishes and its not properly washed, my household is peaceful. But if I did the same thing and my mother is at my house during that period, she will nag me around until I redo them. (Amina, 25)

Although their partners understand that they are disabled and require more assistance or assistive devices to complete their tasks, participants report that no preferential treatment is made to them as disabled women in their homes. Participants report that they still cook, clean, take care of the kids and play their wife roles to their husbands. However, another participant reports that "...outside the home, in some situations, I get preferential treatment because I am a disabled woman, but it does not apply in all cases" (Lilian, 27). It shows from this study that being disabled or not, if you are a woman, when it comes to social responsibilities like parenting or being a wife, you must be strong and give it your best.

It appears from this study that gender superiority exists, and people with disabilities, especially women, are expected to and should always assume their female societal and physical roles irrespective of their kind of disabilities. A participant with another perspective reports that due to gender superiority, going out alone as a disabled mother is difficult. "They will ask you

where your husband is or the person that impregnated you. You cannot go into a place as a single mother; if you do, you will be humiliated" (Rose, 28). She further explains that it would be different if a mobility-impaired man went out with a child strapped to his laps. Then people will want to assist, and they will all praise and see him as a responsible father.

> When I used to be a single lady, I used to be pitied because I was a disabled female, and sometimes with the pity I received from people, they can help me withdraw money from the ATM or even help me cross a busy main road. However, I hardly got pitied when I got pregnant and after I had my children because they assumed I deserved the struggles for allowing a man to impregnate me. (Fatimah, 34)

Most of the participants of this study acknowledged that gender plays a significant role as a disabled person and disabled men or fathers get away with things easily, unlike disabled women or mothers. They also agreed that being female and disabled is one of the main reasons they experience negative societal attitudes such as discrimination.

4.3 CULTURAL BELIEFS

Culture is attributed to how people have carried on a particular way of doing things that become normalized in a geographical area. In Nigeria, women have been facing cultural problems and can be traced back to cultural history People anticipate a boy rather than a girl child because culturally women are considered less superior to men. Omoregie & Ihensekhien (2009, p. 1) agree that people are quick to ask, 'Is it a boy or a girl?' as soon as a child is born.

Furthermore, when a woman keeps having female children, the family might arrange another wife for their son to bear them a male child. Equally, Nwokocha (2007) observed that in

Nigeria, when a woman is unable to bear male children after certain trials, family members could be compelled to take a new wife in pursuit of a male child without any objection from the other members. However, these mothers interviewed demonstrated high confidence in their capabilities to take complete charge of motherhood, pregnancy, and childbirth and are defying cultural depictions of motherhood. Participants shared their experiences on how culture has impacted them as mobility-impaired mothers, and one of the participants noted that culturally she must do good by her husband and make sure her marriage does not fail to avoid being called a failure or her mum being referred to as a bad mother.

> Due to culture, my mother keeps advising me to take very good care of my husband and the house so that he will not leave me, and I will not be tagged as a failure. If my husband leaves me for example, I will be called a failure, if I leave my husband, I will also be seen as a failure, if I fail in raising my child, I will be considered a failure too. The worst part is my mother will be blamed for it and would be laughed at, called at, and told that she did not raise me correctly, which is the reason I failed at my marriage. (Lilian, 27)

Martha reports that due to the influence of culture, young disabled girls tend to give in to men and end up becoming single mothers due to the pressure that girls need to be married at a certain age. Furthermore, she reports that extended families could also hold family meetings for their sake and remind parents of the need to find a husband for their girl child.

> Before I got married, I had family elders coming around my house to remind me that I am not getting any younger and that if I do not find a husband quick in my twenties, no man would want to marry me in my thirties, especially with my mobility impairment. They assume that if I am above a certain age without a

> husband or a boyfriend who has any intention of getting married to me, then I will never be married. And all of this is just because of culture and its impact on people. The pressure becomes too much for young disabled girls, which is another reason some young disabled girls allow themselves to be impregnated by those irresponsible men without being married. These young girls sadly end up as single mothers and the same culture-centered elders will come to say they are loose and untrained. (Martha, 32)

Women in this study believe that culture and beliefs can influence why women with mobility impairment are very keen on getting married, having children, raising them, and catering for the home. With these different cultural beliefs engraved in women's minds, they become hardworking, determined, and resilient against all odds. To either prove their ability to their parents and society, they find a respectful way to work and make ends meet while they are carers.

One participant reported that parents of disabled people believe in the cultural tradition of having to heal their disabled children. She opines that people believe that disabilities should be cured, or a disabled person healed (blame attributable to the medical model), which leads to parents taking their disabled children to witch doctors or churches or traveling abroad for those that can afford it.

> After my accident and various rounds of treatment and surgeries, my parents suggested I go to China after my accident to try Chinese medicine, and hopefully I would be fixed and be able to walk again. The cultural mentality to heal the disabled influenced the decision my parents made to send me to China after a

> series of surgeries and herbal treatments failed. My family and parents especially were traumatized and lacked experience. (Rose, 28)

Most of the participants support that culture and beliefs are significant reasons why womanhood and disability and motherhood and disability will constantly interact and bear a considerable burden or blessings on the females with disabilities. They also agree that culture will always play a significant role in how women with disabilities are treated and regarded despite their parents' or society's level of education.

4.4 BARRIERS TO EFFECTIVE MOTHERING

The barriers that mothers with disabilities face are enormous, this includes social, cultural, environmental, and economic barriers. The specific barriers mothers described in this study like access will be discussed. Participants also share how they deal with the lack of access as disabled mothers in achieving daily life tasks like getting from one place to another.

Participants were asked what they thought about access and how available it is for them. They disclose that access and its availability is an important aspect in their lives as not just disabled mothers, but the disabled community at large. While all the participants had accepted and learned how to cope with the lack of access, they had one thing or the other to say: The issue of access posed as a sensitive topic to some of the participants, which was evident in their tone, and they did not appreciate the struggles they go through daily as disabled mothers due to the lack of access. One of the participants spoke about access and how it acts as a barrier to effective mothering. She said that the ease she gets as a disabled mother is when she can access what she wants without difficulty.

> I do not have a car and I cannot call a cab to come to pick me up as most of the drivers will say they can't carry someone in a wheelchair**,** and my mum cannot be leaving her house every day to come to pick me with the car. My husband also has things he does with the car so he cannot be doing that. He hustles and provides for us. Even if I go out, where will I go to? There is no accessible place including churches and banks. I must go with someone if not, I will be stuck. There is only one bank with a ramp and that ramp is closed. My mum had to complain to the manager, and they said that they closed it because thieves used the ramp to steal. (Rose, 28)

Another participant, Lilian, agrees that lack of access is a barrier for her and makes her disability more obvious. She thinks that lack of access to the environment, infrastructures, and policies acts as the major barrier to effective mothering.

> My environment/infrastructures/policies make my disability more obvious, and motherhood hard. If the issue of access is resolved, then I think my disability would not be that obvious. I do not believe in handouts so I believe that if the structures/policies were in place most disabled people would not rely on the government for everything. (Lilian, 27)

Lilian further shares how she copes with situations where access is not available and when she is alone. Whenever she experiences a lack of access in a place, she ensures never to get herself in that type of situation especially if she has experienced it previously.

> To cope with access and when it is not available, I improvise most of the time, and if I cannot improvise, I do not attempt the activity at all. If I am going to a place where access is not available, if there is a way I can maneuver or improvise,

> I will just do it. However, I will know not to go to that place again or attempt what it was to avoid being in a tight or helpless situation. (Lilian, 27)

On how they end up improvising, including through the help of family, participants of this study reported that finding a way around is something that they resort to when dealing with the lack of access. They only go to the places that are accessible or places that they are sure to get help from either family members or friends. Most importantly, they are keeping positive energy and refuse to let the barriers they face weigh them down regardless. All participants are in hope that someday the issue of access will be the least of their worries in Nigeria.

4.4.1 ATTITUDES OF PEOPLE TOWARDS DISABILITY AND MOTHERHOOD

One of the most reoccurring themes that appear while discussing barriers with the participants was the people's attitudes around them. As most of the participants repeatedly referred to it, I was able to draw out stigma and stereotyping. All the participants report that they experience attitudinal barriers from all areas of human interaction, i.e., employers when they seek employment, school when trying to acquire an education and commercial bus drivers. They agreed that employers would assume that they cannot move as fast as the non-disabled people, and they may not be as productive while at their job. In addition, the commercial bus or tricycle operators may refuse to transport them. Sometimes participants are charged a lot more than the regular charges for being transported to their destination. In addition to barriers in the society and the built environment, Malacrida (2009) adds that in Canada, "mothers with disabilities face stigmatizing public perceptions of them as inadequate or inappropriate in the role of mothering" (p. 102).

4.4.2 STIGMA

The ideas people have about disability have influenced how they perceive or view persons with disabilities. Response from participants indicates the similarities in how mothers are stigmatized by society. Findings from this study show that stigma and discrimination play a significant role in shaping the realities and experiences mothers with mobility impairment encounter. Findings also indicate that people are always in awe when they realize they had a wrong perception of a disabled mother.

> Stigma that comes with being a mother and having a disability? It is like they see us, but they do not see us, they see your disability first before they see you, they tag you with that kind of perception that you cannot just do anything so they do not even give you the chance to prove yourself. (Mary, 43)

> When they hear that I did that by myself they are like wow! Then getting pregnant again. Some people think that I cannot get pregnant because I am disabled. Some even get surprised that I am married. Like whom even married me? They just feel you should be miserable because you have a disability. (Mary, 43)

These two participants reported that they are stigmatized simply because of their disabilities and motherhood status. They also pointed out that they feel invisible whenever they are being stigmatized, however, they retained a positive tone and would strongly like people to be educated on the presence of disabilities.

4.4.3 STEREOTYPING

The findings of this study show that mothers are profiled, which results in stereotyping. People make assumptions that women with disabilities cannot do well as mothers, neither are they capable of motherhood. Based on so many assumptions, participants agree that people are quick to assume and jump to conclusions about them without asking questions. They also agree that people think that all disabled mothers have a low quality of life, and all disabled people's standard of living must be poor.

Amina says, "Yes, disabled people are generally low-income earners and are almost at the bottom financially, but there are also disabled people with wealthy families, or at least they have families who are earners within the average income group" (Amina, 25).

Participants also acknowledge that people assume that they cannot do motherhood and should instead focus on taking care of themselves first.

> Many people think I am incapable as a woman with mobility impairment, especially when it comes to motherhood. "How are you going to have a child? How are you going to take care of that child?" But truthfully, I can do everything including giving birth clearly as I am now a mother taking care of not only my child but my husband and the home. I do everything for my child while sitting down, and most people wonder how I can do what I do for my child. (Tawakalit, 40)

Based on stigma and stereotyping, findings from participants show that employers fail to give them jobs even when they are qualified for the role, and the bus drivers fail to allow them to ride in their buses. All these attitudes impact and produce barriers for women in their quest to be good mothers and loving wives to their spouses.

4.5 SOCIETAL PERCEPTION OF DISABLED MOTHERS

Participants were asked how they think society perceived them as mothers with mobility impairment and how people react to them being married as disabled women. They had unique responses. For this question, all the participants agreed that society expects all women including disabled women to be married and have children, however, they display disbelief when they see disabled mothers because they never expect women with disabilities to be married, let alone conceive. And when they see a disabled mother, they always express their disbelief.

> Sometimes it is encouraging when you are among people with disabilities but when you go to the bank with a baby, the way non-disabled people stare at you, like somebody with a disability is not supposed to give birth. Some will even go as far as asking you "Is this your child?" They assume I am holding the child for someone and all of that. (Fatimah, 34)

Lilian adds that society perceives motherhood from a disabled woman as a burden and inconvenience. She also adds that her pattern to motherhood is different, and she finds it as a thing of joy to hold her child and be called a mother by them.

> I think it is unexpected for women with disabilities to be mothers because first we are women and then women with a disability and then a mother with a disability. It is like unexpected you should not do it. How society sees us makes us feel like that part of our life should not exist. It is already a lot with having a disability. They also feel like it is like we burden ourselves with being a mom, but I do not see it as a burden. It is just an extra joy of holding and carrying my child, and it is overwhelming, but then to society, it is a burden. (Lilian, 27)

Participants say, however, that depending on the geographical area or culture, society puts pressure on both disabled and non-disabled women to become mothers. They also agree that

when disabled women become mothers, people are always surprised. This happens mostly among people that are non-family members.

> Generally, if you have a disability, it does not mean that you do not exist. Some people just think that you are practically useless. A lot of people think you are just incapable especially when it comes to motherhood; "How are you going to have a child? How are you going to take care of that child?" But truthfully, I do everything for my child whilst sitting down and most people wonder how I can do what I do for my child. (Amina, 25)

In addition, Amina mentions that society perceives disabled mothers as not fit enough to raise their children and not good enough for their husbands and children. She believes that this societal perception only puts too much pressure on disabled women and ends up stressing them mentally. However, to survive, she has decided to be tough for herself, her child, and her family.

> They see it as a death sentence because to them there is nothing you can do. People say things to me, people abuse me to make me feel like I am not good enough for my child or husband, but I just look at my family and they have not made me feel like I am not good enough so why should I give that chance to put something in my head to the point where it stresses me and makes me feel bitter. People will say a lot of things, but I just need to have thick skin to get you through it. (Amina, 25)

Rose also shared that she is very proud of herself for independently traveling abroad and studying for four years as a disabled woman. She defied the odds and completed her education.

> They just felt like I cannot do it. I studied abroad and I have had people ask me did I go abroad by myself and how did I study by myself? They just feel like people with disabilities cannot do it. So, when they hear that I did that by myself

> they are like wow! Then getting pregnant again. Some people think I cannot get pregnant because I am disabled. Some even get surprised that I am married and wonder who even married me. They just feel you should be miserable because you have a disability. So being a woman on its own has a lot of pressure. It gives you double the trouble to be disabled. (Rose, 28)

All participants agreed that being a woman and a mother with disabilities puts a lot of pressure on the individual, as society never fails to remind them that they are disabled because of how disabled mothers are perceived. They also agreed that most people perceive them as not good enough because of their disabilities and they are happy that they are proving society wrong by defying the odds.

4.6 CONCLUSION

Mothers with mobility impairment based on the findings of this study confirmed that they face several barriers, especially with the perception that they are not capable of being mothers because of their disabilities. Motherhood and disabilities are different things, and there is no relationship between them; having a disability does not stop a woman from being a great mother, provider, and carer. Participants experienced negative attitudes such as discrimination due to their motherhood and disability status. However, they received positive attitudes when with the family. They reported experiencing cultural, attitudinal, and accessibility issues in the transportation system, likewise inaccessible washrooms, and buildings. This study demonstrates that mothers are doing a good job being mothers, even though society thinks they cannot be good mothers. Pozzilli and Pugliatti (2015) impute that disability does not necessarily hinder women's ability to journey through pregnancy, childbirth, and the ability to care for their children.

CHAPTER FIVE

5.1 ENVIRONMENTAL BARRIERS: FINDINGS AND DISCUSSION

In this chapter, I discuss environmental barriers as one of the themes identified in the data collected from participants. As women with mobility impairments, the term 'environmental barrier' came up many times as participants expressed themselves. People with disabilities encounter several barriers ranging from social, physical, and environmental (O'Sullivan & Schmitz, 2001). This barrier has posed a significant challenge because all the mothers are wheelchair users. Environmental barriers include the lack of accommodation (restrictions based on location) and accessible space (physical access and transportation) (Whiteneck, Harrison-Felix, Mellick, Brooks, Charlifue, & Gerhart, 2004). Participants of this study report that most mobility-impaired mothers require their mobility devices to move from point A to B, and when there is a barrier stopping them, society rarely notices it. "I feel like what makes me more disabled is the inaccessibility of my environment. If my environment was accessible, most of the things I may need help with would be necessary because I would carry them out on my own" (Lilian, 27).

Environmental barriers can also be attributed to the physical barriers that women with mobility impairments encounter daily. Findings from this study show that inaccessible buildings are a significant barrier for participants and the buildings include their homes.

> The initial structure of my home was built to be inaccessible but because we liked the house, I and my husband had to change some things like the floors, the high pave had to be redone by a builder in the form of a ramp to make it more accessible, a ramp had to be built outside my house to allow for easier exit and entry, even my kitchen had to be remodeled for me to be able to move around, cook and access my kitchen items. For our bathroom, we had to take out the

> bathtub in one of the rooms and reconstruct the floor so that I can shower with little or no assistance. (Fatimah, 34)

Fatimah mentions that in her case, her daughter's school is inaccessible to wheelchair users which have always stopped her from proceeding into the school environment. Because of this, she has never been in her child's classroom.

> Here in Nigeria, there is no inclusiveness for people with disabilities when it comes to buildings. Like for my daughter's school, I cannot go into the school buildings or her classroom because there are steps and no ramps. I have to drop her off with somebody to take her into the school building. I cannot take her to school because I cannot have access to her classroom. (Fatimah, 34)

Fatimah also added that she has tried talking to the principal of the school about building a ramp even if it is only one, to allow for not only her but other disabled parents to get into school buildings.

> I have spoken to the principal of my daughter's school several times to help build a ramp in the school, but she keeps saying she is waiting for approval and to date, I have not seen changes. Even for my child's Parents' Teacher's Association (PTA) meetings, I have to ask my mother to go because I cannot stand being carried into the building of my child's school because I want to attend her PTA meeting. (Fatimah, 34)

One of the participants admitted that her home washroom is not disability-friendly, so she has to maneuver her way into the washroom when she needs to take a bath or bathe her baby.

> Firstly, in Nigeria, I do not think there is any disabled-accessible home, they do not consider us when building. Even going out in public places like schools and offices, they do not consider that. They just build without considering anybody that is disabled. That is one part. Even from the start of the day, you cannot take your wheelchair into the bathroom, so you have to just ahhhhh! (Expresses sadness). It is a little bit stressful though, so you just have to manage yourself there. Take your bath, get ready, and secondly, when going out sometimes, there are some places that you just have to go to even if they are not accessible. Maybe you just have to get something there and when you get there, you have to beg people around to lift you with your chair. (Fatimah, 34)

Most of the participants sounded frustrated while talking about the environmental barriers they experience. This was reflected in their responses, with words like 'ahhh,' 'hmmm,' consecutive sighs, and unfinished sentences.

> Almost all the buildings in Nigeria are not disability-friendly or accessible, that is why we want and are fighting for *inclusiveness* in Nigeria. We want to be put into consideration when banks, schools, and other buildings are being built. I cannot stop advocating for this because it is a necessity for the disabled community, and we need the change now. "original emphasis" (Tawakalit, 40)

"I couldn't take my son for most immunization appointments because of the inaccessibility of the hospital I used during delivery, which is not an experience I want to go through repeatedly, so my mom had to come in to assist" (Lilian, 27). With the term 'inclusion' being mentioned a lot, participants strongly believe that the country will be better if people are

educated on what it means for persons with disabilities to be included in society, the importance of inclusion, the meaning of inclusion, and how other citizens can advocate for disabled people.

Participants also expressed their experiences towards the attitudinal barriers they receive from road transport services and the workers. For example, the bus drivers are very slow to allow them to ride in the same bus as other commuters and would rather have three more non-disabled people in the bus than one disabled wheelchair user. They also consider the time it will take to be transferred into the bus or tricycle or the human resources it will need to have the disabled person inside the bus. "People that are impatient in Ibadan and Lagos is even the worst. Assuming the bus driver takes pity on me and decides to wait, the passengers will complain about the time wasted and how they urgently need to be somewhere" (Mary, 43).

5.2 CONCLUSION

Environmental barriers are a very important challenge that they face as disabled mothers. Participants of this study were very particular about their inaccessible homes because it is their first environmental barrier. Although some of the participants disclosed that over time they have been able to remodel their house to be accessible and suit their needs, they still face some challenges with other spaces. Other participants were of the opinion that Nigeria needs to start thinking about an inclusive environment when building spaces. They also experience the rigidity of their children's school management to build ramps as a start of including disabled parents. All participants in their own way are strongly advocating for an inclusive Nigeria as best as they can.

CHAPTER SIX

6.1 EDUCATION AND EMPLOYMENT: FINDINGS AND DISCUSSION

Education is essential for every citizen of Nigeria; however, not everyone gets the opportunity to be educated. This is especially challenging for persons with disabilities. Furthermore, individuals with disabilities often encounter several barriers in obtaining an education and securing befitting employment. Evidence by Jones, Latreille, and Sloane (2006) indicates that it is likely that disabled people will obtain a first degree, but they are not expected to obtain any academic qualifications. Education gives a pathway to good employment. Employment can help alleviate poverty and improve the living conditions of an individual's life. Employment has also been discovered to create a community, improve social engagement with others and allow for social support which would potentially result in added value to self (O'Day and Killeen, 2002). Employment no doubt also plays a very important role in improving the lives of people, However, disabled people encounter barriers in accessing and securing good employment.

In this chapter, I discuss education and employment as a broad theme, and relay information based on the experiences of participants in accessing education, the impact of disability on education, and the hurdles of securing employment. Having a disability has caused more illiteracy because parents and guardians uses their child's disability as an excuse and decide not to send them to school. Participants of this study report that although they do not possess a university degree, they would like to have that someday. They further agreed that the government should implement a mandatory regular information session for parents of disabled children on the importance of education:

> I am currently trying to complete my university education because my parents did not think I should go back to school after I became disabled, even as an adult. Imagine if I were disabled as a child. I know my parents love me, but I do not agree with that mindset, and I think parents of children with disabilities should be educated on this topic especially as soon as their child becomes disabled or is born with disabilities (Fatimah, 34).

The mentality of hiding or keeping disabled children out of school has caused more harm than good for people with disabilities. The lack of education for disabled people can also be tied back to the educational exposure of families likewise the level of enlightenment to disability.

Unfortunately, women are even more affected by this chronic lack of educational attainment because of culture and their expected gender roles and responsibilities. Everyone deserves an education for a better quality of life, given that we need the education to get employment and we need employment to stay out of poverty. To buttress this, Smith (2011) inputs that when there is an exclusion from being educated, it limits access to opportunities; "employment and income generation, prevent the achievement of economic and social independence and increases vulnerability to poverty" (p. 44).

To reduce poverty, the benefit of education cannot be ruled out as it unlocks economic growth and can lower the poverty rate (Chataika, 2010). Moreover, a good education can positively impact a person's skill level, leading to the eradication of poverty and increased productivity. However, there is no known data about the relationship between education, employment, inclusion, and economic independence (Lamichhane, 2015).

6.2 EDUCATION AND DISABILITY

The majority of the participants had attained some level of education, where the minimum level of education is a high school certificate. The level of educational exposure contributed to how participants described life as disabled mothers and how they interact with life issues. All the mothers admitted that getting an education opened their eyes to many vices in Nigeria and how it affects persons with disabilities. One of the mothers explains that she knew high school qualifications would not be adequate for her because she intends to pursue law as a career. However, she just got admitted into the university and she believes it was the best decision of her life. She says “education is getting harder for me as a disabled mother however I would finish strong” (Amina, 25).

> I took Joint Admission and Matriculation Board (JAMB) exams and enrolled in the law program at the university because I have always had a passion for law, and I want to be a lawyer in the future. I am currently taking law to advocate for disabled people in the future, especially girls, women, and mothers with disabilities. (Amina, 25)

Some mothers are finding it hard to keep up with school, and some are still contemplating returning to school due to the effect of societal perceptions, attitudes, cultural influence, and lack of building access. Chataika, Mckenzie, Swart, and Lyner-Cleophas (2012) add that in South Africa, discrimination, lack of disability policies, necessary resources, inaccessible environments, and admission procedure all contribute to preventing disabled people from going to school or completing their education. Another participant reported that people did not think she should be in school as a disabled mother even after she secured admission.

> I remember applying and gaining admission to the University and I was asked why I want to go to school, why will I not just stay home and do my online school, and this is me trying to get connected with society, but they are telling me that I cannot, and I do not have a place in society because I am disabled. (Lilian, 27)

Generally, women can obtain an education; however, this is not the same for women with disabilities. Onsongo (2006) notes that there is an underrepresentation of women in the education sector in Kenya. One participant, Tawakalit, says that people are fixed on cultural beliefs and discrimination. Therefore, only a few educated people may be excluded from cultural influence and discrimination towards disabled people.

These issues, cultural beliefs, and lack of environmental access are believed to be reasons why persons with disabilities do not end up going to school or completing their education. Also, there are few schools specifically for persons with disabilities also known as special education schools in the country. Although there is one special education tertiary school in Ibadan, few disabled persons get the opportunity to go there. However, for inclusive education, access requirements for people with disabilities are not considered and provisions are not made for them. A study by Stubbs (2008) in Norway found that people with disabilities are globally the most "excluded from education." However, the writer further states that disabled people should be granted quality education, either special education or inclusive.

The African Union of the Blind (AFUB), the Kenya Union of the Blind (KUB), and the Centre for Disability Rights, Education and Advocacy (CREAD) (2007) validate that in Sub-Saharan Africa, women continue to experience setbacks in participating in postsecondary education. Education should be accessible to all, especially disabled people, to further expose

people to the existence of a disability and the need to understand that disability is only a social construct.

6.3 EXPOSURE TO VOCATIONAL TRAINING AND ITS IMPORTANCE

As important as getting higher education may seem, not all disabled people have the opportunity to secure one. It may be a result of many factors, which include family orientation and financial capacity. Some of the participants of this study mentioned that they had the opportunity to attain vocational training like bead making, bread making, and hairdressing. They acknowledged the benefits of having a vocational skill:

> I went to learn how to make hair and now I use it to make a living. I have all the stylist equipment that I bought at home, and I have my customers too. I had to make a special adaptive chair for myself…Uhhmm it is not as if I do not want to get a store, I can get a store and make special measures, but I just discovered that I want to do it on my own after my vocational training. So, I had to help myself and make my home adaptive enough for my customers to come to me and I make their hair for them. (Martha, 32)

Chataika et al. (2012) agree that access to education, vocational training, and lifelong learning should be normalized for persons with disabilities. An alternative learning method like vocational training is an excellent means for disabled people who cannot afford a formal education to come out of poverty by leveraging that new skill to gain employment.

Participants report that they value and appreciate the ability to have learned a vocational skill that is outside the usual public school settings, and it has helped them earn an income. Although vocational training does not give them a certificate that is equivalent to a university

degree, participants believe that acquiring that skill has helped them. They further reported that they would like to someday complete a degree.

6.4 IMPACT OF EDUCATION (DISABILITY AND EDUCATION)

Culturally, women are generally seen as inferior to men because women are regarded to only complete a man, bear children, cook food, do laundry, and be a good stay-at-home parent, while the men are honored to obtain an education, gain employment, travel abroad, and be the breadwinners of the family. Akinjobi (2011) argues that this perception is associated with how different African societies assert different meanings to motherhood. However, over the years, with access to education, women are conquering the odds, proving to culture and religion that what men can do, they also can do. The perception of how participants reacted when they talked about education shows that they value having an education, and getting an education is very significant to them.

One of the participants states that she not only went to China to get alternative medicine, but she also went there to get an education with the hopes of becoming an international relations expert. “I went abroad to study because I really wanted to get an education and it is accessible over there. Also, my parents had a perception that I might be able to walk using Chinese medicine and rehabilitation” (Rose, 28).

Regardless of an individual’s level of disability, studies have shown that education adds a wealth of knowledge to the benefit of an individual. For example, some people get educated to know basic arithmetic, some go to school to learn how to speak basic English, and others improve their social skills. As much as disabled people have the right to primary education, disability impacts access to education. A study in Nigeria by Ipingbemi (2015) shows that more than half of his participants did not have access to education past primary school due to their

disabilities. This is a result of the family, cultural, physical, and religious implications. Regardless of this, the disabled women in this study are defying all odds and have attained at least secondary school education. A few others have either completed tertiary education or are currently in university. Based on this assessment, a disabled person can pursue a career as an activist or even attain a professional career.

Participants acknowledged the importance of education, however, they all agree that due to their disabilities and the inaccessibility of schools in Nigeria, it has been hard to attain an undergraduate degree. Most of them believe they would keep pushing to start or complete tertiary education because of how important education is. Parents of persons with disabilities should be educated on the importance of taking their children to school from an early age as soon as their disability is identified. If disability is acquired, the child should not be made to stay at home, but rather should be sent back to school as soon as they are ready.

6.5 EMPLOYMENT

Having a source of livelihood has proven to be a way people fend for themselves, and many people depend on employment to earn a livelihood. Once out of parental care and officially declared an adult, having a job helps people afford the luxury of living with a good roof over their head, good food, good clothes, and basic amenities for daily living. Although studies indicate that most people with disabilities fall within the 'low socio-economic grouping,' employment opportunities for disabled people can promote inclusion and expose employers to the need for a disability-enabled system (Smith, 2011). When this is eliminated or off the table, an individual becomes deprived of the essentials for survival. Unlike countries like Canada where there is strong advocacy for disabled people, Nigeria lacks the structure to allow disabled people to adequately secure suitable employment with all the associated benefits. The

availability of disability insurance programs and other assistance programs can enable or impact access to work (Mitra, Posarac, & Vick, 2013).

Regarding employment, participants of this study were not enthusiastic about it because none of them are actively employed by any company or organization in Nigeria. They present their opinion based on the lack of employment opportunities for people with disabilities in the country. Participants further report that it is difficult competing with non-disabled people because in the long run non-disabled people would be selected over disabled people.

> My friend that lives in the United States told me that she qualifies for monthly allowance and other benefits as a disabled person, but there is nothing like that in Nigeria. She also told me that most companies give special consideration to applications from disabled people, and she is currently fully employed as an administrative assistant. (Lilian, 27)

Lilian pointed out the need for employers to have considerations for disabled applicants and accommodations as well. In light of the benefit programs and insurance programs mentioned by the participant, it can indeed lead to better and improved economic and living situations for disabled people. Most people certainly encounter challenges in getting employment; however, those with mobility impairments often find it more challenging (Lindsay, McDougall, Menna-Dack, Sanford, & Adams, 2015).

Employer discrimination also contributes to the reduced employment rate for disabled people, which has resulted in disabled people settling on lower job roles or resorting to being self-employed. Existing literature by Jones and Sloane (2010) supports that disabled people face employer discrimination which leads to a low chance of employment and may compel them to settle for jobs that do not employ their skills. One participant, Tawakalit, adds that there is a

preconceived notion that disabled people are not capable of doing the job correctly and the employers, do not hesitate to state it.

> It is a stigma thing and employers see certain people with disabilities as a liability. Like, "Oh, if you start working here now you will not be able to deliver in your job." Certain employers see us like that. They would rather want those who can fly and jump than those of us who are mobility impaired. Except you want to prove beyond reasonable doubt that you can jump. (Tawakalit, 40)

Participants report that employer discrimination is a problem in the employment sector and hinders disabled people from getting their dream jobs. Furthermore, participants report that employers do not give a second thought to disabled people. This is a common issue that every disabled person is aware of. The experiences of the participants reflect what was outlined, as employers are not willing to take the financial burden of making accommodations for disabled people (Kaye, Jans, & Jones, 2011). Such accommodations include purchasing assistive devices for better work experience, adding a ramp to their office building, and allowing specific off days for breastfeeding disabled mothers.

There are so many indications that say to disabled people that they are not wanted and are not supposed to gain employment. The buildings are not accessible, employers do not make provisions to accommodate persons with disabilities, and there are no job postings specifically targeted for disabled people as there are for Indigenes. (Indigenes are, for example, people who are initially from a local government area as there are for people who are initially from the land.) "When I got into the university, I had access to scholarship as a disabled indigene (I am originally from the state where my university is) of the state. I also was informed of job postings available for disabled indigenes of the state, and was told to apply" (Mary, 43).

Amina adds the following:

> A lot of my friends have graduated but they do not have jobs, not that they are not applying but because once they see or hear that you are disabled, they will not offer you the job. It is like our disabilities make employers intimidated or something. I see no reason I should be refused or denied employment because of my disabilities. (Amina, 25)

Tawakalit also notes that "an employer may not want to employ certain people with disabilities. For example, if I want to get a job now and they know that I am a wheelchair user, they will consider people without disabilities first before I am considered even if I do better" (Tawakalit, 40).

Participants report that the lack of employment for disabled people has led them to turn towards entrepreneurship which has further led to the underrepresentation of women with disabilities in the employment sector. Women with disabilities are underrepresented when it comes to employment, and several factors can be attributed. According to Hoffman (2013) and Lindsay et al. (2015), factors contributing to the lack of representation include the lack of sellable services. For example, education, accessibility issues (i.e. access to office space), attitudes (e.g. discrimination from employers), and systemic barriers (e.g. lack of funding and effective policies to support employment).

> I do not have a white-collar job, however, I have my own business where I make hair. I am a hairstylist and I have many customers that patronize me. As a disabled mother, being an entrepreneur has been the way for me and has helped put food on my table and that of my family. I may not earn as much as those employed in the sector. However, I am very content with what I make, and I am happy for my customer. That is the thing I do to help myself. (Martha, 32)

Martha explained that her home is more accessible and convenient for her to attend to her customers, and she would choose an accessible space anytime. Participants also report that as an entrepreneur, they get to control their work time and schedule to suit their family needs which is perfect for them.

> I have an online business where I sell female and children's wears, which bring a good return. I had a job before I went back to school. I worked at a radio station; no job has ever been so hard for me. I will choose to be a self-employed disabled woman any day over going to the office. (Amina, 25)

For Tawakalit, she says she is self-sufficient with her business and even with her disability and motherhood, she would do all that is needed of her for the day and do her sales delivery in due time.

> I cook and sell anything. I also make wedding cakes and birthday cakes and do food delivery. With this job, I need a good wheelchair to go about my business. I only have one staff that works for me but most times I do the work by myself every day. I also support supermarkets with plantain chips that I produce myself. (Tawakalit, 40)

Most participants are self-employed, and none indicate that they are employed by public or private companies. Rather, they are self-employed and are business owners.

6.6 CONCLUSION

There is a noticeable surge in the rate at which disabled people anticipate employment opportunities. However, participants believe they would choose to work for themselves rather than go through the experience of applying for jobs that would never be given to them based on their disabilities. Participants also report that being able to control their work time, customers,

and the environment they work in is a big blessing. These mothers do not consider or see themselves as liabilities and constantly note that they are as capable as non-disabled people in terms of productivity and other key areas.

Although there seems to be a lack of adequate provisions that could allow for an inclusive work environment, the outcome of this study support that disabled women can devise means and methods to get their work done if given a chance. Therefore, others have argued that the abandonment of disabled people's needs in the social model makes some disabled people even more involved in advocating for change involvement (Shakespeare, 2006). All they need is an opportunity to prove that they are capable, instead of being judged before they are given a chance.

CHAPTER SEVEN

7.1 SERVICES AND SUPPORTS: FINDINGS AND DISCUSSION

Participants mentioned support systems ranging from family to church members and other good citizens. However, women with disabilities still experience hindrances associated with being disabled and being women (Shpigelman, 2015). Support and the means to access it play a pivotal role in the lives of persons with disabilities (McLaughlin, 2012). Support for disabled people can come in different ways. There is family support and support from other agencies like the government, NGOs, and good Samaritans. Read (2015) notes that "while disability is not defined by the support that one accesses, accessing support is a routine and important issue for people who experience mobility impairments" (p. 18). It is natural to think that persons with disabilities automatically receive support from these agencies; however, the results from this study say otherwise. In this study, disabled mothers report that the best type of support they receive is from family.

Supports like housing assistance for persons with disabilities have proven to be effective methods. One of the mothers mentioned that she would appreciate housing assistance from the government, especially an affordable housing program that is accessible and friendly for mothers with mobility impairments.

> Every day I pray for a better society where I and my family can have access to an affordable housing program and also housing assistance from the Nigerian government or any other agencies local or foreign. Maybe there is a program like that or there are some disabled people that benefit from that type of program. However I am not aware of any and would appreciate that type of program in Nigeria. (Mary, 43)

Assisted living can also be a very beneficial addition to the supports for persons with mobility impairments. One of the mothers talked about her friend in the United States who benefits from assisted living which the government pays for her as a disabled woman. She shares that her disabled friend does not have to worry about housing problems because it will be sorted out by the government, and it is also very accessible.

> If you ask any disabled women or people in Nigeria, they will tell you that they would like to relocate abroad if given the opportunity because of the hardship in Nigeria as a disabled person. My friend in the United States told me that she has a support staff that comes to her apartment to assist her every day with some house chores, grocery shopping and sometimes cooking – that is if she wants – and life is good for her. Then I ask myself why we cannot have access to these things too in Nigeria, and, sadly, we do not have that here. (Rose, 28)

Support for mothers with disabilities for effective mothering is also a point to note. Convenient and comfortable wheelchairs are needed, disability-friendly homes are required, and assistive technologies could make a significant difference. Disabled people and mothers do not go around asking for help or support; however, when there is support, it could help break through the barriers that they may be facing and provide them with the ability to allow for a more independent life (Read, 2015). Read (2015) warns that the excellent intention with this support could make them feel dependent and belittle the 'sense of self' of the disabled persons. It is bad enough that disabled people are negatively stereotyped as a result of the help they receive. This stereotype is one of the reasons why Hansen (2008) believes that disabled people may not accept the help or support, that is, to avoid giving people reasons to think that they are not competent or

independent. For instance, Fatimah shares her experience with people trying to offer support to her as a disabled mother.

> Sometimes when people offer help to me, I get the feeling that they are doing it because they think I cannot. When I get that feeling, I refuse the support immediately because I know that I can do it. It might just take me a little longer but in the end, I will do it. Some people offer support because they are power chasing, how inhumane. Some others do it for social media purposes and then at the end want to take videos of them assisting and supporting me. People are used to that type of thing a lot and we as disabled people should, as much as we can, discourage it because, for me, I cannot be the reason for you to feel like you have assisted a disabled person, never! I also cannot be the reason for you to trend on social media, nor can I be the reason for you to get traffic on your page. So, for me, I do not allow support from people that think less of my abilities or capabilities. (Fatimah, 34)

One observation in this study is that all the women had the sense to preserve their self-worth by not seeming too dependent on others or too desperate for support from others. Participants are very aware of the intentions people have when offering support and they can easily differentiate genuine support from support for power. Participants also report that having a supported living service would be a nice initiative from the government and would be very appreciated.

7.2 SUPPORT FROM SPOUSE AND WILLPOWER TO THRIVE

Becoming mothers changed how most of the participants viewed life, and they saw another aspect of what it means to love someone so dearly enough that their lives now revolve

around them. Against all odds, they depict how seriously they need to defy societal constructs for the sake of a better life as disabled women and for their families. Constructed by society, motherhood is depicted by religion and culture (Oduyoye 1999). However, women have tried to detach and break free from the cultural and religious precepts, which slowly leads to their liberation. Disabled mothers are not excluded on the road to liberation. Most of the participants work hard because of the need to provide a better life for their children. They acknowledge the support system, which is family, and how it has been a significant reason they have come this far as women, wives, and mothers with mobility impairments.

One of the participants highly praises her husband for how he still works hard to support her and their baby regardless of the unemployment situation that spanned from the pandemic. She further adds that for the sake of not being a liability to her husband, she vowed to be industrious and make money regardless of how insubstantial it may be.

> Seeing how hard my husband works to put food and a good roof over our head, I have promised myself to never stop working hard so that I will never be a liability to my husband and family financially. My online business is thriving, and I get plenty endorsement from other online businesses to advertise their products on my Instagram page. All I do is push my business out there for people to see what product I sell and how my product can benefit them. (Amina, 25)

Chisale (2018) argues that popular societal opinion states that women with disabilities would not find a man to marry them, let alone have the physical and mental capacity to procreate or have their biological children. One of the participant reports, “I get side talks about the man that dared to marry me, let alone impregnate me, and they are like, it's like, ‘This woman is married oh, which man married her, did he not see that she is on a wheelchair? Ha! He even got

her pregnant too?''' (Rose, 28). But it is confirmed that society is generally complicit in the "persecution of women with disabilities' sexuality, motherhood, and mothering capabilities" (Chisale, 2018, p. 4). Most of the participants have mixed emotions and are lost for words when describing how they feel to prove otherwise to society that always said women with disabilities are unfit to be mothers.

One of the participants discloses that she yearns for independence because she wants to spend her money without getting her husband involved. She explains that with the income she makes from her small bread-making business, she would like to buy personal things for herself without asking her husband to take her to the market or go to the bank to withdraw some money for her, and she is working on achieving that. "I am working towards a time when someday I can buy things for myself or go shopping for myself without relying on my husband or family members for assistance". (Rose, 28)

Rose reports that regardless of the support she receives from her spouse, she would still like to have some time to herself where she can have some privacy to do things like shopping and withdrawing money from the ATM without her husband knowing. Participants also report that they are focusing on their family and their small businesses, which is one of the things that gives them fulfillment. Some of the participants are currently students while running their small business as well as being a mother. They all sound fulfilled and are confident that they are on their journey to liberation by not being idle and hoping that someday things will get better for disabled people and disabled mothers. For social acceptance and to fit into society as every other person, isolation must be eliminated and an active life encouraged. Schildberger, Zenzmaier, and König-Bachmann (2017), in their study, included that three of the women agreed that "Social

acceptance was particularly missing not only during pregnancy and its notification but also later during motherhood" (p. 4).

Support could be financial or an act of service. For instance, one of the participants disclosed that she receives support from her friends when they come around by helping her fetch water into her storage containers in her home. In addition, Tawakalit a participant admitted that her church members supported her by buying her a tricycle that generates money as an income for her. As easy as receiving this support may sound, disabled people face some barriers when accessing this support. For example, there is an assumption that disabled people are beggars and leverage their disabilities or children to beg for money. Although, in this case, people may provide support, it might be in a way that is not needed or suitable to meet the general needs of the disabled mother.

As earlier mentioned, unlike the more developed countries, Nigeria does not have a working system that promotes support derived from disability benefits or incentives. Neither are there support available from the government and non-governmental organization channels. If these supports were available, it could potentially allow for the attainment of independence, a good level of self-sustainability, and provide disabled people with the resources to maintain their independence (Charlton, 2000). However, most participants receive informal support but refute that they benefitted directly from formal support (e.g. government and NGOs). Instead, participants disclose that they support each other and have micro-groups where they only render emotional and mental support to themselves. "Ok, the group is a support group for people with spinal cord disabilities. They've been a very encouraging group for me and there have been many things that I encountered" (Fatimah, 34).

> For people like me that have been disabled, I can give support to others, sometimes I am asked to speak with other new members and educate people on how they can manage their wheelchair pain or phantom pain. Also, I advise young ladies that think they cannot get married with their disabilities. The support system for people with disability has been very good at least in my network (Tawakalit, 40).

Schildberger et al. (2017) believe that disabled mothers in Austria form groups to help them share ideas, resources, and information regarding their limitations encountered in their day-to-day lives. He adds that mothers with disabilities use this to help each other in times of difficulty. Generally, mothers with mobility impairments are looking out for themselves and helping each other in the best way that they can. Although participants have not personally received support from agencies like the government and non-governmental organizations, they have heard of people who benefitted. For the few that directly received assistance, it was either from families or church members and one time from an NGO. However, it is safe to say there is a need for more work to support persons with disabilities, especially mothers with mobility impairments, to ease their challenges with mothering.

7.3 FAMILY AND ITS CONTRIBUTIONS

All participants agree that family has played the best positive role in their journey not only as disabled women but as disabled mothers. They all had good things to say about family and how helpful they have been. Participants report that being among family is like their solace; with them, they find peace, happiness, and tranquillity. The women agree that when they face barriers in society, they feel a sense of comfort knowing that when they get back home, the family will not discriminate or give them negative attitudes. The central theme that keeps

reoccurring when participants speak about family was the term 'support.' They all agree that they get love and support from their family, and that is all they need to be brave in the midst of the trouble outside the home. "My family has been very supportive, and part of my confidence today is because of my family. I am lucky to have a good and supportive family" (Rose, 28). "My family has been very supportive, right from when I had my accident. And my husband as well. He has been very supportive emotionally and financially" (Lilian, 34).

Another participant reports that her mother helps shower the kids and takes her son for all his immunizations as she is unable to do that due to the inaccessible hospital. Another participant had a different contribution regarding the impact family has had on her. She discloses that her immediate family has been very loving and supportive of her even if they all have their problems. Meanwhile, her extended family from her husband's side made her marriage and life as a mother with a disability a living hell.

> My husband left me because of his family. They were complaining that he should not get married to a disabled person… His family members started discouraging him from the beginning…Even when we started, from the beginning, but he did not listen to his family. It got to a stage when I was pregnant for the last baby, he just told me he was travelling, and that was the last I heard from him. When I called his phone, the line was not going through so even 'til now, he does not know his third child. He left before I gave birth to the third child and it has been 8 years since then, no word from him nor his family. (Martha, 32)

This participant's reality is similar to another study by Amin, Shaari, and Khairuddin (2020) who also had a participant declare that her fiancée's mother refused to accept her when they decided to get married because she is a wheelchair user. This lack of support from family

reported by participants was mostly from their extended families who were displeased with their sons getting married to a disabled woman. Fortunately, the majority of participants report that they have always received support from their immediate families and would not have been able to become who they are today without the support they continually receive from their parents and siblings.

7.4 SUPPORT FROM DISABLED PEOPLES ORGANISATIONS (DPOs)

All participants of this study report that they have never received support from any disabled people's organization or group and are barely involved in any organization because of the play in power, politics, and lack of the ability for these organizations to help. However, some of the participants say they are involved in some of the smaller disabled people's groups, especially women's groups, because of the emotional support they receive from each other.

> For people like me that have been disabled, I can give support to other disabled mothers. Sometimes I am asked to speak with other new members and educate people on how to manage their wheelchair pain or phantom pain and own motherhood regardless of their disabilities. Also, I advise young ladies who think they cannot get married, have children, or take care of their families with their disabilities. The emotional support system for people with disabilities has been sound, at least in my network. (Tawakalit, 40)

One of the participants, Martha, supports what Tawakalit says; "Some of the smaller NGOs are trying. It's not like they provide financial support, but we disabled people just go there for old time friends, hold meetings, see ourselves, catch up, discuss and so on" (Martha, 32).

The most glaring reason participants are not interested in being a part of the disabled people's organizations in Nigeria is because of the leadership, their objectives, and how they run the organizations. One of the participants believed that the leadership in some of the disabled peoples' organizations is corrupt and only looks out for themselves. "I stay away from these types of affiliations. The leadership of such groups are selfish and corrupt, they do not reach the average disabled person, and most importantly do not reach the people living with disabilities at the bottom of the pyramid" (Amina, 27).

Another participant, Fatimah, says that "the DPOs forget the organization's objective and follow the money for their advantage which they use to take care of themselves and their families, and leave the organization without a concrete structure" (Fatimah, 34). She further explained that they do not report to anyone, which leads to no check and balance regarding how the organization is run and what they have achieved so far. "I do not think they report to anyone because if they do, there would have been some type of improvements within the organization and we would know what and how things are being handled and how many people are benefiting from their mandate" (Fatimah, 34).

All participants agree that they prefer the small groups they are a part of and are more fulfilled to be able to share their experiences and give advice on how to cope with the barriers, as well as encourage and support each other emotionally and let each other know that they are not alone . Despite their resistance to interacting with DPOs, participants are glad to have the smaller groups where they form a community amongst themselves. Participants are also displeased with the leadership style of the DPOs and would like the leaders to be held accountable in their service.

7.5 SERVICES AVAILABLE TO SUPPORT MOTHERS

All participants report that they do not know of any service available to mothers with mobility impairment and have never heard of any service available to support them. A few of the participants disclose that they have only received support from their church and its members. For instance, Mary says that her church and its members have been very supportive, and she considers their support an act of service because support like that is hard to get, and she is very grateful.

> My church has been very supportive including my fellowship group. They support me in paying for my child's school fee and also my rent. They have been there for me since I joined the church and I know they are not doing it for charity because as women, our mandate is to be there for one another regardless of what the situation may be. (Mary, 43)

The church women's group maintains a unique dynamic, given the level of support participants disclose that they receive from the church's group. There is no strong evidence that says this support from church women's groups applies to other churches or even religious groups in Nigeria. However, it is worth noting that some religious women's groups assist and provide support for one another regardless of their disability status.

Another participant adds that due to her joblessness, her church members raised money to get her a tricycle and a driver that would go out every day and make money for her at no cost. As a result, the tricycle now belongs to her, and it currently generates income to take care of herself and her family. "My church members contributed enough money and got me a tricycle which I used to employ a tricycle driver that drives it around for me and it generates income every day for me" (Mary, 43). The participants who talked about the services they receive from their

church noted that the assistance was not out of pity, but out of the famous saying, 'we rise by lifting others.' Mary added that they help nondisabled people too.

There are no readily available services in place to support women or mothers with mobility impairment in Nigeria. The study also found that some independent groups like the church women's groups have been very supportive of their members who are disabled mothers. They do not only support financially from the monthly contributions that they set up, but also provide emotional support to one another outside the church.

7.6 SUPPORT FROM GOVERNMENT AND NON-GOVERNMENTAL ORGANISATIONS

Considering the impact and support from government and non-governmental organizations (NGOs), five of the participants report that they have never received support from the government or NGOs. One of the participants confirms that although she has never benefitted, she knows someone who benefitted. Another participant has only benefitted from her local government because she is an indigene. Another participant said she had been a one-time beneficiary of some funds for disabled people. She explained that she got a call one day about a fund available to disabled persons, and she was informed to fill out a form.

> Two years ago, I was contacted and informed that there was a fund available for people with disabilities. I was asked to go to a center and collect the form which I filled, and afterward, I was given One hundred thousand Naira ($250). This implies that some funds for persons with disabilities are available, but the real question is how many people get it? In my case I had to know someone directly to get that kind of information, this means if I knew no one I would not have benefitted from those funds. (Tawakalit, 40)

Tawakalit further adds that through a mutual friend that had information about the NGO and the incentives they offer, she was able to get a new wheelchair covered by another NGO. The information would not have reached her if she did not know anyone.

> I was introduced to another NGO called Feet of Grace by a friend and the owner is Dr. Irene at the time. I wanted to change my wheelchair and she said they can support but not one hundred percent which I was grateful for. Because it was better than nothing. They did try as my wheelchair was 1.9 million Naira and they covered 900 thousand Naira. (Tawakalit, 40).

Tawakalit kept asking how many people get these funds. She was sure that if she did not know the lady that called her, she would never have benefitted from that fund. However, she also added that most likely two or three people might benefit, and the remaining funds would go into the pockets of the NGO leaders, and the money would not be accounted for as always. They all disclosed their frustrations and anger towards the government for neglecting them and only focusing on themselves. "I have never received any support from the government or NGO. I think people that get funding or support are people that know someone in power. If you do not know anyone it is hard. I feel like people that own or run NGOs are there for the money" (Rose, 28).

Rose shares how she needed funds for an urgent surgery as a result of complications from being in a wheelchair, but she could not afford surgeries even after looking for funding from the government and NGOs to assist her. "I needed help and there was no one … In Nigeria, there is no assistance from the government to persons with disability as far as I know" (Rose, 28).

One participant, Martha, was all praise to her local government as she admitted that they have been helpful in some ways by giving a quota for employing disabled women and other financial support, although she cannot say the same for the Federal or State government.

> I had help from my local government to secure a job, but my interview score was not enough however, my other friends got in …When I got into university, I had access to scholarships as an indigene of the state, and when I came back for my Masters, there were funds for people with mobility impairments. (Martha, 43)

Moreover, one of the participants conveyed that even if she has not been a beneficiary of the support from the government or NGOs, she knows someone who has received support from an NGO at no cost. "I have a friend who got a wheelchair from an NGO for free, news got out for anyone who needed, canes, walking aids, etc. that they should come to a particular place. So, he got one." (Lilian, 34).

She explains that for this organization, the Joint Association of Disabilities in Nigeria, you have to be a member because that is where the information about different programs comes from. Other NGOs partner with them and pass the information on to the members. She adds that those who are not members can still benefit from their support if they hear about the opportunities.

While there was one participant who agreed that she received financial support from an NGO, another participant disclosed that the local government she hails from supports her as a disabled woman from time to time. Most of the other participants have not directly received support from the government of Nigeria and NGOs, however, two participants admit that they personally know someone who has been a beneficiary of the support of NGOs.

7.7 HEALTHCARE

The healthcare system in Nigeria is not as developed compared to countries like Canada because it is poorly funded. However, there are available health care centers and hospitals that cater to the health needs of Nigerians. The unmet healthcare needs mostly experienced by disabled people result in healthcare inequalities (Pharr, 2014). Access to good healthcare

depends on how wealthy the individual is. Although most of the participants mentioned that the healthcare services they received while pregnant and after were up to standard, one of the participants disclosed that she did not have a fair experience as a disabled mother at the hospital because the medical practitioners did not believe she was pregnant.

> I went for a scan and joined a queue, I followed the queue and got to the door, the doctor came out, looked at me, went back in, came out and asked me what I am doing there, do I know what is happening. I said I was there for a scan and there were a lot of people out there, but she did not ask any of them what they were doing there as though I am lost and not supposed to be there. She went told the other doctors and they came out and told me that this scan is for pregnant people, and I told them yes, I am pregnant. (Amina aged 25).

There is a unique system where the rich go to a private hospital and pay a tremendous amount of money not to wait in the government hospitals for their diagnosis and treatment. In contrast, the low-income disabled earners turn to the government hospitals where there are a lot and too many wait times before care is provided. The experiences of mothers with disabilities in the healthcare system, their pregnancy experiences as disabled women, and how motherhood has affected their physical and mental health should be examined.

7.7.1 PREGNANCY AS A DISABLED WOMAN

All the seven participants are mothers; some are new mothers, while others have up to three children that they tend to. They all have a series of experiences because all seven acquired their disabilities before they had their child/children. Participants agree that apart from inaccessibility, discrimination, and stigma at the hospitals and clinics, their pregnancy experience was acceptable, and overall, their psychological and physical health as a result of pregnancy

improved over the months/years. Also, participants report that families extended their support, which helped improve their mental health.

Participants did not go in-depth about their pregnancy experiences during antenatal and postnatal, however, Lilian says she did not go through antenatal at any point until she conceived her son. She also said the hospital she gave birth in was not accessible.

> I did not go for antenatal, which was a personal decision. For the hospital's accessibility on a scale of 1-10, I will give it a 2, even getting from the wheelchair to the delivery bed was a herculean task for me. There were no assistive devices for easy lifting, so I had to be lifted by some doctors who made me very uncomfortable while trying to get me out of my wheelchair to the delivery bed. For postnatal care, I could not take my son for most immunization appointments because I did not want to go through repeatedly what I experienced during labor. (Lilian, 27)

Another participant, Martha, disclosed that she was depressed for some months after her baby arrived and advised that healthcare services should not be discontinued simply because she is no longer pregnant. Instead, it should be made mandatory for not only the baby but also for the mother. She explains that with the help of her mother, and extensive research about her postpartum depression, she has been able to successfully manage her health. She is doing very well now and focusing on raising her daughter.

> Professional healthcare providers tend to focus on only babies immediately after they are born and often neglect the mothers as they did with me. I started experiencing postpartum depression and felt anger towards my baby most times and towards myself. All this while when I go to the hospital, the focus is primarily

> on my baby, and one time when I mentioned to the doctor about my depression symptoms, he just waived it by telling me it is normal with all women, and it would stop very soon. Thank God for the love of my family and the help of my mum and lots of research. I would have been very miserable and only God knows what would have been of me by now. (Martha, 32)

7.8 CONCLUSION

Persons with disabilities, specifically mothers with mobility impairments, need all the support they can get, especially in a country like Nigeria where there are no standard provisions for adequate support from good citizens, the government, or NGOs. Findings from this study also present the lack of housing support for disabled people, an issue raised by participants with hopes that someday the option will be made available. Participants experience great support from church groups. In times of difficulty, regarding the negative attitudes and perceptions experienced by mothers with mobility impairments, their families still stood by them and loved them unconditionally.

Although persons with disabilities rely on the state and federal government to make certain accommodations for the disabled community, they want measures to be put in place to ensure that the support provided through the disabled organization is transparent and the leaders are being monitored closely. By doing quality monitoring and adequate evaluations of these allocated funds, it is sure to reach the disabled community appropriately and accordingly.

In addition, all the women had a mutual goal to be determined, highly motivated, and be better people in everything they do regardless of their disabilities and motherhood status. Just as Hadfield's (2014) participants, the mothers of this study appeared to be "negotiating available subject positions about embodied social norms by presenting accounts of themselves as

'determined' and therefore eligible for motherhood" (p. 236). Participants showed a zeal to be successful and make an excellent livelihood for themselves. Societal attitudes, cultural beliefs, discrimination, and physical barriers contribute to the participants' realities and experiences as mobility-impaired mothers, influencing how persons with disabilities are seen. Furthermore, mothers experience negative attitudes because of their disabilities in society, and it does not look like this attitude will change soon. Mothers leave their homes excited for the day and somehow come back frustrated and in disbelief as to negative perceptions they encounter from people because of their disabilities.

CHAPTER EIGHT

CONCLUSION

This research was born in a bid to further create awareness, bring education about motherhood and disabilities issues, give a glimpse into the realities of the daily experiences of mothers with mobility impairments, address gaps in the literature and add to the body of existing literature. The reality and lived experiences of mothers with mobility impairments in Ibadan, Nigeria are noted in this study. It goes past their impairments and their motherhood status. Through the experiences of mothers, this study found that disabled mothers are perceived based on deep-rooted social constructions not just embedded in the culture of the people, but also in the attitudes, which has resulted in stereotypes and a discriminatory social environment. The challenges faced in navigating the environmental, educational, vocational, and attitudinal barriers have spiraled into the discrimination and stigma all mothers with mobility impairments face in their daily lives. Existing literature discusses the barriers and conceptualization of the disabled body in motherhood. The social model of disability was adopted to answer the research objectives that intend to examine the relationship between motherhood and disability and analyze the barriers to effective mothering, likewise, describing the realities of mothers with mobility impairments in Ibadan. This study addresses the gaps in the literature by examining disability and motherhood and focuses on highlighting core areas on the lived experiences of mothers with mobility impairments in Ibadan, Southwest Nigeria.

By utilizing the social model, this study attempts to bring forward the realities of mothers with mobility impairments and how these realities impact efficient mothering. It also notes that the environment is the problem, not the individual. I discovered that cultural, environmental, and attitudinal barriers played a vital role in participants' experiences as women and have profoundly

shaped their realities as mothers with mobility impairments in Ibadan, Nigeria. As reported, lack of support from the government and NGOs contributed to the realities of these women. However, none of this limited the mothers from demonstrating their motherhood prowess and exhibiting their capacity to defy all odds and keep moving on with their lives. I conclude that there is no relationship between disability and motherhood, and only the barriers identified by the women in this study is what slows them in doing things just as effectively as non-disabled mothers. I use the word 'slow' because women with mobility impairments can do just as much as a non-disabled mother if the social model is adopted in Nigeria and changes are implemented.

This study demonstrates the different ways mothers with mobility impairment feel and how they fulfill their roles as mothers in society. Societal constraints, environmental barriers, and the lack of support from the government have not in any way stopped them from achieving their desires and owning motherhood. This study was able to identify the essential role mothers, husbands, and families play in providing mental and physical support to mothers in their role and effectiveness in caring for their children. It is important to note that this study sheds a different light on motherhood and disabilities. It provides evidence that disability is caused by society and does not affect women's ability to be great mothers and give care to their children and family.

Besides the barriers listed by participants, pressure from culture comes into play as to how participants fulfill their motherly roles. Participants also frequently mention family support, and they all praise the influence of family in their lives and their motherhood roles. Although not all the participants had husbands who were active in their lives, the few who did were very grateful for the support they received from them.

Participants also speak well of the influence of their church group on them. They agree that they receive support from these groups, and they are grateful. Although participants are fully

aware of the effect their disability has, such as the complexity of doing chores, commuting, and other motherly responsibilities, they are happy and living their lives. Participants indicate that they have embraced their disabilities and are very content; they are open to receiving support but have learned not to rely on people so as to avoid disappointment. Mothers naturally develop coping strategies to help them in their daily motherly endeavours, including creating alternative methods to navigate their homes and environments, asking friends and families for help, and pre-planning how and what their day will be.

There is inadequate employment of women with disabilities and that inclusion needs to be implemented for women with mobility impairments. In addition, an accessible public transport system should be adopted like Winnipeg Transit Plus. Winnipeg Transit Plus (2021) provides door-to-door transportation for individuals with physical disabilities who cannot regularly utilize the city's fixed-route transit system.

Society should be more open to the presence of people with impairments. Mothers with mobility impairment have valid concerns that need to be taken seriously. Mothers with mobility impairment are strong; they are no burden. People should not display pity. There is a need for further research in motherhood and disabilities, especially in Nigeria, given that existing studies are limited. Some women are willing and ready to be a part of disability research. Considering how disabled mothers were interested in participating in this study, they proved they want to be visible and would not avoid public awareness.

8.1 LIMITATION OF THE STUDY AND FUTURE DIRECTIONS

This study, as any other, had its limitations. However, considering that COVID-19 hindered me from going to Nigeria, it also allowed me to strategize my approach to collect my data. My original intention was to get my participants from the church women’s group.

However, one of the disabled women in the church women's group uploaded my poster on her social media, which led to other mothers contacting me.

The major limitation of this study was the time difference and the ability to get a hold of my participants after they contacted me with their interest to participate. One of the participants took four weeks before she finally had the time to complete the interview. Furthermore, the process of sending the transcribed recordings to participants to validate and confirm was time-consuming. Participants were delayed in responding to their emails but approved the document when I used phone calls as a reminder.

Given the small sample size, this study was only able to collect data from what is considered the middle-class mobility-impaired mothers and none from the actual lower income earners or those living in extreme poverty. The data of mothers who live in extreme poverty did not reflect this study because most mothers who showed interest in this study found it through social media. Poor women generally do not possess a phone or have social media access. This study sample of mothers with mobility impairments also reflects only a particular geographical area, socioeconomic status, and culture.

There was also limited literature in the field, and the poor or lack of adequate data on women's lived experiences has led to the absence of their voices and made them invisible. Researchers who primarily study motherhood and disabilities conducted research in the 1990s. This study of mothers with mobility impairments helps to fill the gap in research over the last thirty years. This area should be focused on, as more literature on the lived experiences and realities of mothers with mobility impairment should be documented and disseminated for everyone to be educated in this area.

The process of data collection and analysis was an insightful experience that provided the necessary information. I was able to get the data regardless of the time difference and the occasional unavailability of the participants**.**

8.2 RECOMMENDATION FOR FURTHER STUDIES

Researchers should conduct an in-depth analysis of disabled mothers with other types of disability in Nigeria and other parts of Africa and the developing world for future study, diversifying the subject area. It would be educating to see how the diverse cultures approach disabling factors around the different socio-economic groups in Nigeria, Africa and also see how other developing counties approach motherhood and disabilities. I hope this study has given a glimpse into the lives of disabled mothers and has created adequate awareness of motherhood and disabilities issues not only in Nigeria but in the world at large. This study adds to the body of literature about the lived experiences and social oppression disabled mothers face.

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APPENDIX I

Disability Studies
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Disability Studies

An Interdisciplinary Program

CONSENT LETTER

Research Title: Motherhood and Disabilities: Experience of Women with Mobility Impairments in West Nigeria.

Researcher: Onyinye Odafin, a master's student in the Interdisciplinary Disability Studies program at The University of Manitoba.

Email:…

Motherhood and Disability: The Experiences of Women with Mobility impairments in Southern Nigeria.

Disability Studies an Interdisciplinary Program

Telephone: …

Research Supervisor: Dr. Diane Driedger. Assistant Professor, Disability Studies, University of Manitoba.

Email: …

Telephone: …

This consent form, a copy of which will be left with you for your records and reference, is only part of the process of informed consent. It should give you the basic idea of what the research is about and what your participation will involve. If you would like more detail about something mentioned here, or information not included here, you should feel free to ask. Please take the time to read this carefully and to understand any accompanying information.

As you begin, please note that the University of Manitoba protects participants by establishing policies and guidelines on the conduct of research involving humans. The University policies are very transparent, and researchers must adhere to these policies when conducting a study.

What is the purpose of this research?

The purpose of this study is to explore the firsthand experiences of being a woman and a mother with mobility Impairments in Ibadan, Nigeria. This includes the challenges and limitations on a daily basis. It also aims to educate people and add to the knowledge of research.

How will this research be conducted?

Participants will be briefed on the purpose of the study at the beginning of the data collection stage. The interview session will last between forty minutes to one hour, while ensuring the

maximum protection of the confidentiality and privacy of participants and the information provided.

Mothers with mobility impairments within the ages 18-60 will be involved in this study with a minimum of 6 participants who are able to communicate with no assistance.

Participants will be called individually for a phone interview where questions will be asked, and answers will be given based on the reality and experiences of mothers. No direct information of a particular participant will be published neither will participants be identified by their age, type of disability or where they live. All information provided will not be attached to the participants directly and no personal identifiers will be used. In the case a personal quote is included, a code, such as letters, will be used in order to protect the identity of participants.

Will there be any recording device used?

An interview audio recording using the google voice app on my personal smart phone will be used to record your interview, this will enable the researcher to get all the information provided without missing out on the important details. The researcher will also be using a pen and paper simultaneously to take notes while the interview session is ongoing. And if by any means you do not feel comfortable with your phone interview being recorded, let me know so that only an extensive note during the interview will be taken. All information which included recording and transcripts will be safely kept in the personal computer of the researcher Onyinye Odafin. My supervisor and I will be the only ones with access to these files.

I give my permission for an audio recorder to be used during my phone interview. **YES___ NO_____**

Can I withdraw from the study if I want?

Yes, you can withdraw from the study after you have agreed to participate. All you need to do is contact the researcher which is Onyinye Odafin either by phone or by email to inform her of your intent to withdraw from the study. There will be no form of pressure from the participants to answer any question that you do not feel comfortable answering. If you wish to not answer a question or do not want to continue with the interview, participants can stop, and you will not be penalised for ending the interview at any stage. In the case participants wants to withdraw after completing the interview, you can contact the researcher via email or telephone as soon as possible. Once participants inform the researcher of the willingness to withdraw, all information that has been securely kept on the personal computer of Onyinye Odafin will be destroyed. Participants can withdraw anytime up to May 31, 2021.

What are the benefits of participating in this research?

Participating in this study will help educate and create more knowledge about motherhood and disabilities issues. This included the experiences and challenges women with mobility impairments face as mothers.

What are the risk of participating in this research?

Your participation in this study does not have any anticipated risk however, in the event that you experience any uneasiness or worry, we have a trained guidance and counsellor from the University of Ibadan available at no cost for counselling services. Her name is Mrs Ndid Ofole and she will be available anytime to speak to you if needed. Her contact number is +xxx xxx xxx xxxx. You may also choose to refuse answering further questions or stop participating in the study in this event.

Who and how will the research result be disseminated to?

At the completion of the study, the results will be recorded in the researcher's thesis which will be available in the university archive and published on MSpace which is a digital collection for the University of Manitoba theses. A brief summary of the results will be provided to you either by mail or by email depending on your preferences by the 08/21.

Your signature on this form indicates that you have understood to your satisfaction the information regarding participation in the research project and agree to participate as a subject. In no way does this waive your legal rights nor release the researchers, sponsors, or involved institutions from their legal and professional responsibilities. You are free to withdraw from the study at any time, and /or refrain from answering any questions you prefer to omit, without prejudice or consequence. Your continued participation should be as informed as your initial consent, so you should feel free to ask for clarification or new information throughout your participation.

The University of Manitoba may look at your research records to see that the research is being done in a safe and proper way.

This research has been approved by the Research Ethics Board at the University of Manitoba, Fort Garry Campus. If you have any concerns or complaints about this project you may contact any of the above-named persons or the Human Ethics Coordinator at +1 (204) 474-7122 or humanethics@umanitoba.ca. A copy of this consent form has been given to you to keep for your records and reference.

Participant's Signature _____ Date _____

Researcher's Signature_____Date_____

Please select the preferred mode of delivery for the summary of the findings:

Motherhood and Disability: The Experiences of Women with Mobility impairments in Southern Nigeria.

Email: …….

Postal Address: ……...

APPENDIX II

INTERVIEW GUIDE

Consent forms for all participants will be reviewed and participants will be reminded of the withdrawing process before the interview begins.

Name……

Age…….

Location/Zone……

Type of disability……

1. What is your typical day like?
2. Is there something that happens that really gets at your experience of being a mother with mobility impairments?
3. How do you think the society perceives being a woman with a disability and being a mother at the same time?
4. How do you cope with access and its availability in achieving your daily living as a disabled mother?
5. What are the services available to assist women with disabilities for effective mothering in Ibadan?
6. How would you describe the assistance or support you receive from the government or non-Governmental organisations?
7. What would you describe as barriers faced as a disabled mother?
8. How would you describe the support you receive from family?

9. How would you describe the support you receive from other disabled peoples group?
10. How do you make a source of livelihood to feed your child/children?
11. Is there anything else that we have not covered that you would like to add?

APPENDIX III

EMAIL TO CHURCH WOMEN'S GROUP

Hello.

My name is Onyinye Odafin, and I am a master's student in the Interdisciplinary Disability Studies Program at the University of Manitoba, Canada. I am writing this letter to request your approval and permission to share information in this research study and to work with women in exploring the topic "Motherhood and Disability: The experiences of women with mobility impairments in Ibadan, Nigeria." Mothers with mobility impairments will have the opportunity to talk about their experiences of being a woman and a mother with mobility impairments, and their involvement in this research will be an important contribution to the knowledge in this subject area.

I completed my undergraduate studies at the University of Ibadan and as such I am familiar with and have lived in Ibadan for over 5 years. Your involvement in this study will be helping me get my master's degree in this field that I am passionate about.

I would be delighted if you share my intent with the mothers and my request is granted. I have also attached a poster to put up in the place where you meet. This way they can contact me so that I can introduce myself and my study to them.

Thank you.

Yours Sincerely,

Onyinye Odafin.