

# The grace of Motherhood

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*“But while the birth mother is there, the child may be told that her sister who didn’t give birth to him is his mother, and he might not have the correct name of his father. Parents may do this because of not accepting the physical disability, and they might think that they are protecting the child and taking care of the child by doing so. But this deprives the mother of **the grace of motherhood** – her right. And the child may know about it later on, and when he does it is going to be something which will hurt him.... Even if she is a physically disabled mother in a difficult situation, she should be helped so that she can enjoy her motherhood experience. And the children should also know about it and live in this condition so that it is not difficult for them.” (Interviewee L)*

- The excerpt shows the scope of family interference to the extent of refusing to acknowledge the woman with disability as the child's mother and telling the child that some relative is his or her mother.

### **Family in Ethiopian context:**

- Most people live in households that include not only the nuclear family (mother, father, children) but also members of their extended family (grandparents, aunts, uncles, cousins, and others).

- Family members act as both an economic and emotional network and provide individuals with a sense of who they are and where they belong.
- Thus, the opportunities and challenges of one member of a family become the strength or weakness of the whole family member.

*No, we did not continue to marriage. It was my own brother who tore us apart and separated us, and that was it.... There were no such things on his side. He even wanted to introduce me to his family. He wanted to marry and live with me.... There are also those in his family who think like my family, but he was not like that. I used to belittle myself, but he did not do that. (Interviewee E)*

Taken from an interview with a mother with disability while discussing about married life

# Methods

- As analytic approach we used is qualitative methods that relied on data obtained from face-to-face interviews.
- The primary instruments were in-depth, semi-structured interviews and personal observations, which allowed exploration of the full experiences of participants' own points of view as told in their own words.
- Thirteen employed women with physical or visual disabilities were participated in the interview,

- Snowball sampling (Sheu, Wei et al. 2007) was used to select employed disabled women. Interviews were conducted by the first author and took place at a site of the participant's choice.

## Context of married life

- The influence of values is eminent in this study. In Ethiopia, married life is perceived as the ultimate purpose in life for women. It is believed that satisfaction in married life will improve all other quality of life domains

- Society will pity a woman if she is not married and does not have children. Moreover, although Ethiopian culture expects women to get married before giving birth, society has always disapproved disabled women marrying and having children.
- This is because in Ethiopia women are heavily involved in domestic labor although this is mostly unrecognized and undervalued. Despite of this fact domestic labor is recognized as substantial and important for the sustaining of the families and disabled women are not seen as capable in performing these tasks.



# **Motherhood of women with disabilities conceptualized in FQOL**

- The findings of this study indicate interconnectedness between several life domains including family and social interactions, emotional, physical and material well-being.
- These life domains are conceptualized in (Family) Quality of life constructs that reflect a sensitizing approach to various challenges and provide a framework for understanding disability (Brown and Faragher 2014)

- Quality of Life can be reflected as a model that recognizes what is important, necessary and satisfying in human way of life.
- Quality of Life has been studied for over 30 years and can be understood as achieving goals in major life settings at a personal level and social well-being enjoyed by families and the wider community (Schippers and van Heumen 2014)

- Family quality of Life (FQoL) domains were formulated, including: family interactions, parenting, emotional wellbeing, physical and material wellbeing, influence of values and disability related support (Samuel, Rillotta et al. 2012)
- Even if all the domains of FQOL works in the context of Ethiopia, the well-being of the other family members or society comes first before the well-beings of women with disabilities:

- On the one hand, the interview results showed that disabled women believe that being intimate, pregnant and mothers contribute to their quality of life. On the other hand, the influence of culture and believes of the society keep disabled women in their disadvantaged position.

*During pregnancy I did not go out for the whole nine months. When I was having the second baby I was even afraid to see people, as they were saying, “How could she make the same mistake knowingly,” but I was raped for the second time. (Interviewee D)*

An excerpt taken from a woman with disability who became pregnant for the second time due to rape case by two different men from neighborhood.

- She was stayed in the house for the whole nine months because of fear of society’s condemnation on her family and her.

- Doctors may condemn women with disabilities for being pregnant:

*Once I went to hospital for delivery, and there I found a doctor and he took me for delivery.....*

*And there I found a doctor and he told me that I made a wrong decision in becoming pregnant.*

*(Interviewee F)*

- The other physician was generalizing all disabled women in the country, where there are a limited number of disabled mothers:

*When I went to the hospital, as I told you, it was difficult; they say, “All these disabled people are in a hurry to give birth. What is it?” ... Yes, they got angry in the hospital. .... When the person who took me to the hospital told the doctor that I was having great difficulty, he said, “Let her in,” I was then examined, and it was said that the labor will be seen after three minutes, but it was not... [I then] delivered my baby [by Cesarean]. When a disabled mother goes to the hospital there is no one who quickly takes her to find a solution. (Interviewee H)*

## **Motherhood feelings:**

- All the interviewees expressed their feelings of motherhood with a good spirit. They consider their motherhood as a source of joy.

I am very happy that I have a child. I am very happy, thanks to God....” Another interviewee articulated her feeling of motherhood as:



*It's my children who are responsible for how I go through my day-to-day life. I have these views because they have made it possible for me to love myself, love my life, and become happy. My children are good to me and I can explain their goodness in that they love me. They truly love me a lot, and I can always see this. They understand me. Well, talking about the youngest one understanding physical disability now may not make sense, but my oldest child is now 12 years old. He knows my strength and my weakness. He can understand very well the situation I am in. He knows what physical disability is, and he is proud of me. So I am happy about this; he knows where I need support in the house, and he knows why I need it. He knows how I am different from other people and how I am better than others. This is a big blessing for me; this is a big gift. (Interviewee L)*

- Overall, we can conclude from the findings in the Ethiopian context, that the FQoL domains that are related with the three themes of this study (intimacy, pregnancy and motherhood) - **parenthood** and **disability-related support**- have impact at the majority of the interviewed disabled women.
- This is mainly due to the **socially constructed believes** – the domain of influence of values - that disabled women do not fulfill the requirements of being wives and mothers.

Thank you!