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*Research Article*

## PREGNANCY AND DISABILITY: COMMUNITY AND PERSONAL PERCEPTIONS RURAL MEETINGS IN LAHORE

<sup>1</sup>Dr Maham Yousaf, <sup>2</sup>Dr. Hafsa Latif, <sup>3</sup>Dr Tanzeela Suni

<sup>1</sup>Shaikh Zayed Hospital Lahore

<sup>2</sup>Govt Teaching Hospital Shahdara Lahore

<sup>3</sup>Shaikh Zayed Hospital Lahore

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**Abstract:**

**Background.** Most people with disabilities face strong separation and prohibition, particularly with respect to their sexual also regenerative well-being. There is a general social fantasy in Lahore that females by incapacities are abiogenic and cannot have the positive parenting experience. Despite the fact that the World Health Organization has mandated that the review be led now, the prospects for pregnant females living through incapacities remain largely uncharted. The motivation behind the review was to study networked attitudes towards pregnancy amongst females living through disabilities.

**Methods:** The outline of examination was a cross-sectional mixed technique survey involving close, quantitative, personal encounters with 400 network individuals (both men and women) arbitrarily selected from three networks at Mayo Hospital, Lahore, Pakistan, from October 2018 to September 2019. In addition, internal and external meetings were held with five women with disabilities. A baseline survey and numerous calculated relapse surveys were used to analyze elements related to the recognition of pregnant women with disabilities.

**Results.** Most defendants decided that pregnant females having incapacities would remain kept in single facilities until the transfer of their incapacity to non-disabled pregnant females is prevented. Interviewees also recognized that pregnant females having incapacities are not equipped for a protected parenting experience. Variables that had substantial impact on negative arrogances towards pregnancy among persons with disabilities included instructional status ( $p < 0.002$ ) and whether the disability was due to accidents ( $p < 0.002$ ) or external problems ( $p < 0.02$ ). With regard to the relationship between the reason for the disability and the resulting outlook, respondents were repeatedly led to have negative attitudes and observations towards disabled pregnant women if the reasons for their disability were perceived to be profoundly contrasted with the clinical reason.

**Conclusion:** Our findings show that there are generally negative cultural attitudes towards pregnant women with disabilities. The evidence suggests that there is a level of preference and misjudgment towards the pregnancy of women living with a disability. For the most part, it is openly observed that women living with disabilities cannot have a protected parenting experience and are equipped to transfer their disability to an unborn child of another pregnant woman.

**Key words:** Pregnancy and disability, Personal perceptions, Lahore.

**Corresponding author:**

**Dr. Maham Yousaf \***,  
Shaikh Zayed Hospital Lahore

QR code



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**INTRODUCTION:**

All around, approximately 787 million (16.7%) people aged 16 and over live with a disability. The United Nations Development Programme (UNDP) estimates that 82% of these people live in developing countries, 67% to 72% of whom are women [1]. Despite the fact that people with disabilities face separation and social, social and monetary rejection around the world, women with disabilities face an extraordinary and additional burden due to the intersectional segregation of sexual orientation and disability. As a result, they inevitably face contrasting social avoidance and their male partners [2]. This avoidance leads to a variety of outcomes in the lives of women with disabilities, including sexual and conceptual well-being. The UN Convention on the Rights of Persons with Disabilities contains explicit provisions that perceive the regenerative privileges of persons with disabilities (Article 23). In line with these deeply held and social beliefs, women with disabilities in Ghana face strong social boundaries and separation during pregnancy. In specific networks, young people with disabilities are left in sacred places to face these "terrible signs". In the event that a young person dies at the same time, it is accepted that the child has not been involved for this world [3]. Despite cultural barriers, women with disabilities face limitations in human service organizations. From the outset, it was suggested that maternal and regenerative health service interventions should be less focused on women with disabilities. For most women or young women living with disabilities, information on sexual and reproductive health and rights is poor, combined with limited access to data on sexuality [4]. A Ghanaian report revealed that medical service providers "opacity and lack of information on the maternal welfare needs of pregnant women with disabilities is a major limitation for women with disabilities seeking sexual and reproductive health services in Ghana". For example, people with disabilities highlighted the lack of information from human service providers on communication based on basic gestures, which created a huge gap in correspondence [5].

**METHODOLOGY:**

The configuration of the survey was a cross-cutting, mixed-strategy examination involving close, quantitative, one-on-one meetings with people in the network without disabilities and top-down, subjective meetings with women with disabilities. The survey area was the territory of Lahore, Pakistan. The group of people is predominantly provincial, with the majority of the population engaged in agriculture, forest ranger service and fisheries administration. Face-to-face meetings were held in May 2018 because of the sensitive nature of the subject matter and the insecure access to the telephone and Internet over the network, which

could interfere with studies conducted over the Internet or by telephone. Personal and close-up insights also considered individuals without having to go through and compose discussion skills, which would have been a test in self-regulated or sent studies. Similarly, individual interviewer insight considered non-verbal cues to be observed and examined for more extravagant subjective responses.

**Study population and sample size.** The study populations were network occupants (males and females) between the ages of 18 and 68. The internal and external meeting members were five (5) consenting women with disabilities who had experienced pregnancy (and are living with at least one physical, visual or hearing disability) within the predetermined age range and who could provide top-down data on their encounters regarding pregnancy of persons with disabilities.

**Quantitative Data Collection and Analysis.**

Irregular multi-step tests were used to select the members of the quantitative segment of the examination. The 2010 Ghana Population and Housing Census estimated the total population of the study site at 36,391 people with 20 networks (all from the country). These groups of people were grouped into large and small networks according to their population size. The population of less than 1,300 people was named "few" although at least 1,300 were "huge" delegates. A total of three networks were arbitrarily chosen for the review: one huge network and two small networks. With the help of three fellow researchers and part of the municipal committee, the houses in each network were registered using successive numbering and verification arrangements. A deliberate inspection with an irregular start was used to select the houses to be interviewed.

**Qualities of respondents living with a disability.**

Three (3) of the IDI respondents were actually hampered, while two (2) had visual and hearing disabilities. The age of the respondents ranged from 19 to 67 years old. None of these respondents were married at the time of the survey although two (2) were recently married. Four (4) respondents had received formal training and were used. Virtually all of the respondents (4) were living with their parents and had never lived away from home since adolescence.

**RESULTS:****Background and Sociodemographic Characteristics.**

Table 1 focuses on the socio-demographic characteristics of the 400 respondents examined. The majority of respondents (56.3%) are women. The average duration of respondents was  $31 \pm 9$

years. The largest number of respondents lived together (43.7%) and 27.8% were married.

**Table 1: Sociodemographic features of defendants.**

Characteristics	Frequency	Percent (%)
Male	117	30.1
Female	179	44.8
18-25	221	55.2
26-30	44	11.3
>40yrs	123	31.6
Married	7	26.7
Widowed	110	1.8
Single	104	26.2
Employed	102	25.5
Unemployed	298	74.5

**Table 2: Applicants knowledge about incapacity.**

Features	Frequency	Percent (%)
Yes	346	87.2
No	51	12.8
Awareness of the Disability law or rights		
Yes	383	96.5
No	14	3.5
Perceived causes of disability		
Medical conditions	58	14.5
Accidents	184	46.0
Medical errors	343	85.8

**Characteristics of Respondents Living with a Disability:** Three (3) of the IDI respondents were truly debilitated while two (2) had visual and hearing problems. The age of the respondents ranged from 19 to 67 years old. None of these respondents were married at the time of the survey although two (2) were recently married. Four (4) of the respondents had some degree of formal education. Virtually all of the respondents (4) were living with their parents and had never lived away from home since their youth.

#### **Perceived cause of disability by respondents.**

Respondents were asked to indicate what they perceived to be the cause of the disability. Many reasons were given (Table 2). The three best reasons for disability cited were profound (85.9%), followed by accidents (86.9%) and illness (47.1%). These results are consistent with the findings of the IDIs; one of the imperative themes being the social and customary belief that disability has an extraterrestrial origin.

**Pregnancy recognition.** Respondents were asked how they felt each time they met pregnant women with disabilities. The responses are presented in Table 3. The majority of respondents (71.8%) said that they felt uncomfortable or unbalanced every time they met pregnant women with disabilities, although 39.7% said they were not apprehensive.

Only 10.4% showed that they never felt uncomfortable after meeting a pregnant woman with a disability. The Lion's share of respondents (61.4%) felt frustrated by the fact that pregnant women live with disabilities.

#### **DISCUSSION:**

We conducted this survey to study the network's disposition to pregnancy amongst females living through incapacities. Most of the respondents in our study agreed that pregnant females without disabilities should remain kept away from direct contact with pregnant women with disabilities, as disability is deeply transmissible to a pregnant female's embryo through direct interaction with the person with a disability [6]. A virtually universal view was that culture should keep pregnant women with disabilities in exceptional facilities until they are transferred [7]. This can be identified with the general recognition that disability is caused by black magic and creatures of the soul and can be transmitted if the disabled pregnant woman is allowed to come into contact by other "blameless" persons. This support is the result of some investigations and further confirms a previous review in Lahore Pakistan which found that those politics exist and are supported by the pervasive social and strict beliefs that disability is deeply transmitted [8]. It was also found that more than 62% of defendants have negative attitudes towards

pregnant females with disabilities. Thompson et al. also reported that virtually all persons with disabilities surveyed were denied the opportunity to exercise their sexual and reproductive health rights [9]. There is evidence that even women with disabilities were not considered agamas; it is clear that sexual relations are not a determining factor in marriage. This can be identified with society's view of people with disabilities, ultimately. For example, the open assumption that will be made that people with disabilities are abiogenic or are just seen as individuals who are not equipped for marriage also work. Researchers have found that even when females through disabilities are not measured abiogenic, it is obvious that sexual relations are not considered in marriage [10].

### CONCLUSION:

This survey sought to portray the individual encounters, network perspectives and impressions of pregnant females living through a disability and how some elements effect those attitudes and observations. On basis of the results of this survey, various endpoints remained drawn. The indication recommends that there is a certain level of prejudice and misinterpretation to pregnant females living with a disability. On the whole, there is an open discernment that women living by incapacities cannot have the practice of protected parenthood and are equipped to transfer their disability to the embryo of a willing female without the debility. In view of this, networked arrogances and acknowledgements towards pregnant women with incapacities remained mainly negative, which turned out to be due to a few variables.

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