

# GENDER DIFFERENCES IN PERCEPTIONS, EXPECTATION AND EXPERIENCES ABOUT SOCIAL INCLUSION AND DISABILITY OF MEN AND WOMEN WITH DISABILITIES IN CHILE



Alvaro Besoain-Saldaña (abesoain@uchile.cl)<sup>1,3</sup>, Jame Rebolledo Sanhueza<sup>1,3</sup>, Gabriela Huepe Ortega<sup>2</sup>, Mónica Manríquez Hizaut<sup>1</sup>, y Verónica Aliaga Castillo<sup>1</sup>.

1. Department of Physical Therapy, School of Medicine, Universidad de Chile, Santiago, Chile; 2. Departamento de Bioética y Humanidades Médicas, School of Medicine, Universidad de Chile, Santiago, Chile; 3. Núcleo Desarrollo Inclusivo, School of Medicine, Universidad de Chile, Santiago, Chile

FACULTAD DE MEDICINA  
UNIVERSIDAD DE CHILE

## Introduction

Worldwide disability prevalence has been established around 15%. Meanwhile, Chile has a national prevalence of 16,7%, 20.3% for women and 12.9% for men. Gender bias in health has been recognized, specially in access, counselling, assessment, and treatment in primary and specialty care.

Community-based rehabilitation (CBR) is a worldwide strategy aimed to assure equal opportunities and social inclusion of men and women with disabilities, thus intersectional perspectives in rehabilitation are crucial for improving needs, behavior and expectations in rehabilitations of people with disabilities.

Gender differences in disability are related to epidemiological and biomedical explanations. Nevertheless, social model of disability implies use wider approaches to understand disability (Regitz-Zagrosek, V., 2012, Dean, L., Tolhurst, R., Khanna, R., & Jehan, K., 2017)

## Purpose

To compare gender differences in perceptions, expectation and experiences about social inclusion and disability of men and women with physical disabilities in Chile.

## Participants

Data production was thorough 9 group interview, 4 with men with disabilities (MwD) and 5 with women with disabilities (WwD) in CBR centers in primary health care of Metropolitan district of Chile.

Participants in CBR used to have non-transmissible long term health conditions, use a public health system and be related to social organizations close to their neighborhood.

## Methods

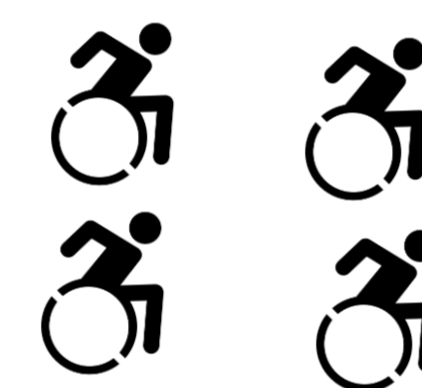
A **qualitative, interpretive and analytic** study was performed.

Data analysis was based in **grounded theory principles**, constant comparison method and achieving saturation of analytic proposed and emerging categories.

Data Triangulation, Data validation by participants and detailed method description were performed, improving **credibility and transferability**.

## Results

9 group interviews were performed.



22 men (46-79 years old, meanly Parkinson disease and stroke)



28 women (28 - 86 years old, meanly osteoarthritis, stroke and differential diagnosis).

Gender difference were grouped in three mean fields:

Field	Synthesis and cites
<b>Social Role</b>	Social role of women were dual, related to housekeeping and job, meanwhile men focused their role in productive y job related tasks "...de pasar a ser el soporte que ella tenía, ella se apoyaba en mí (...) y me transforme en uno, en un problema, en una carga..."
<b>Health needs</b>	Women declared barriers of accessibility and stigma for access for sexual and reproductive rights: "...somos mujeres, del año tanto que no puedo hacerme un papanicolao (sic) porque no hay camillas para discapacitados, no hay esto para discapacitado" (WwD)
<b>Strategies for disability acceptance</b>	Women established familiar and communitarian networks for self-support and assistance in daily living activities: "'mi vecina y la Francesca, me ayudan porque si no yo no me podría vestir ...". Meanwhile men narrated their rehabilitation process from exercise, obedience and dependence from health care personnel. Both gender established that acceptance of disability changes life style and expectations, nonetheless they concluded that disability provided them a change and rethink their lives. Mental health is recognized as a health need that is not satisfied in CBR

## Discussion & Conclusions

Disability in their own life

• Men accept their own disability by self sufficiency patterns of relationship with their communities.

Gender roles in rehabilitation

• Strategies for improve functionality in collective therapeutic activities used to reply gender roles

Gender bias in functionality

• Sexual and reproductive health, social cohesion, caregiving, among others.

## Recommendations

Graduate and professional programs of training in intersectionality between gender and disability is an opportunity to improve integrality and quality of community-based rehabilitation.

Establishing gender-based strategies in prevention, promotion and rehabilitation in CBR, could enhance autonomy and social cohesion.

## References

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- Dean, L., Tolhurst, R., Khanna, R., & Jehan, K. (2017). "You're disabled, why did you have sex in the first place? An intersectional analysis of experiences of disabled women with regard to their sexual and reproductive health and rights in Gujarat State, India. *Global Health Action*, 10(sup2), 1290316. <http://doi.org/10.1080/16549716.2017.1290316>

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## Contact details

Alvaro Besoain Saldaña (abesoain@uchile.cl).  
Department de Physical Therapy, Universidad de Chile, Santiago, Chile.

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