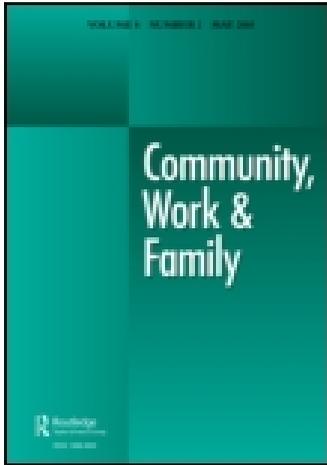


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Barriers to employment: voices of physically disabled rural women in Thailand

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Employment is an essential activity that can generate income for people with disabilities, but very little is known about the interplay between disabled women, family and paid jobs. This article, therefore, sets forth a qualitative method for examining barriers that affect the employment opportunities of physically disabled women. Findings drawn from face-to-face interviews with 20 physically disabled women who live in rural poverty in Thailand clearly indicate that physical barriers from built environment, personal limitations; attitudinal barriers from the non-disabled community, especially employers; and over-protection from families limit their employment opportunities. Despite showing their interests in the labour market, these women are still left behind and trapped in rural poverty. The author argues that this situation is due to the non-disabled community ignoring the potential of these women. The author also recommends that the government of Thailand, NGOs and disability organisations should introduce strong tailored interventions and a multifaceted approach to address the medical, social and legal aspects of restricted participation in the labour market in order to improve the employment prospects of women with physical disabilities.

Keywords: disability and employment; disability and community; family and disability; disability and development; women and disability

El empleo es una actividad esencial capaz de generar ingresos a personas con discapacidad, pero muy poco se sabe sobre la interrelación entre las mujeres discapacitadas, la familia y los trabajos remunerados. Este artículo, por lo tanto, establece las bases de un método cualitativo para analizar las barreras que afectan las oportunidades laborales de las mujeres con discapacidad física. Las conclusiones extraídas a partir de entrevistas personales realizadas a veinte mujeres con discapacidad física que viven en zonas rurales pobres en Tailandia claramente indican que las barreras edilicias que constituyen el lugar donde viven, las limitaciones personales, el rechazo de la comunidad de personas no discapacitadas, en especial de los empleadores, y la sobreprotección por parte de las familias limitan sus oportunidades de empleo. A pesar de mostrar su interés en el mercado laboral, estas mujeres aún están abandonadas y atrapadas en la pobreza rural. El autor argumenta que esta situación se debe a que la comunidad de personas no discapacitadas ignora el potencial de estas mujeres. El autor también recomienda que el gobierno de Tailandia, ONGs y organizaciones de personas con discapacidad deberían ejercer una fuerte intervención centrada en esta cuestión así como un enfoque multifacético a fin de ocuparse de los aspectos médicos, sociales y legales en relación con la participación restringida en el

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mercado laboral para así mejorar las perspectivas de empleo de las mujeres con discapacidades físicas.

Palabras claves: Discapacidad y empleo; Discapacidad y comunidad; Familia y discapacidad; Discapacidad y desarrollo; Mujeres y discapacidad

Introduction

The purpose of this article is to investigate the barriers affecting the employment opportunities of rural women with physical disabilities in Thailand. Apparently, disability affects hundreds of millions of families in developing countries. It is estimated that about 10% of the total world population, or roughly 650 million people, experience some form of disability (WHO, 2005). For social perception, 'disability' refers to bio-psychological dysfunction. To return disabled people to normal surroundings is synonymous with healing and rehabilitation. As a result, research on disabilities has predominantly been medically oriented. The model has concentrated on illness and diseases which require interaction between people with disabilities and physicians, and not with non-disabled people in the community.

Disabled people have become widely spotlighted since the proclamation of the United Nations Decade of Disabled Persons from 1983 to 1992. Years before that promotion, there were efforts to develop international standards on disability. In 1971, The UN proclaimed a Declaration of the rights of Mentally Retarded Persons and proclaimed a Declaration of the Rights of Disabled Persons in 1975. The UN and its member states put forward their best efforts to promote higher standards of living, full employment and conditions of economic and social progress of development for disabled and mentally retarded people.

Disability again became increasingly important on the development agenda when the UN and its member countries celebrated the new millennium in 2000 by establishing Millennium Development Goals to be achieved by 2015. People with disabilities were also important contributors to community and society, so allocating essential resources to their daily life was a worthwhile goal. Since, then, disability issues have been progressively undertaken. One of the important milestones of disability rights was the Convention on Rights of Persons with Disabilities (CRPD) initiated by the UN. The UNCRPD was adopted on 13 December 2006 and was available for signature on 30 March 2007. The Convention came into force on 3 May 2008 and Thailand ratified the convention in 2009.

The UNCRPD aims to change the mindsets of non-disabled people from viewing disabled persons as 'objects' of help, medication, passivity and social deviation towards viewing them as 'subjects' with human rights. The UNCRPD reaffirms that persons with disabilities must enjoy human rights and fundamental freedoms. It does not create new rights for disabled people, but it rather clarifies existing human rights and freedoms within the disability context. It is believed that if people with disabilities fully enjoy human rights and freedoms, they can spend their lives independently. One of the most important human rights within the disability context is the right to employment.

Generally, considerable research into health-care issues has been carried out, while research on disabled women and their employability in labour markets still remains limited and needs to be expanded to help them out of poverty (Mitra & Sambamoorthi, 2008; Yeo & Moore, 2003). Within the medical model, understanding

of disability has been predominantly influenced by medical intervention. This model suggests that people with disabilities are the result of individual physiological or cognitive impairments. Medical assistance, therefore, responds to these people by treating them using any medical method designed to enhance their health and limit the possibilities of multiple injuries (Gilson & DePoy, 2004). The medical model has had the effect of ‘grounding’ people with disabilities at home because it assumes that disabled persons will act the role of the sick and seek dependency, especially from their families. This mindset has negatively influenced employers in such a way as to make them reluctant to recruit disabled employees.

Literature on persons with physical disabilities clearly points out that these women suffer greater economic exclusion and social stigma than their male counterparts (Crooks & Chouinard, 2006; Nosek et al., 2003; Oliver, 1990; Rodgers, 1995). Current data suggest there are approximately 400 million disabled people living in poverty (Sarbib, 2005). People with disabilities are more likely to be poorer than the non-disabled because mainstream employers believe that disabled people are not employable (Gannon & Nolan, 2007).

The false impression of employers towards people with disabilities also plays a role in their lack of job opportunities. Employers may fear inadequate knowledge, poor movement, negative reactions from customers, multiple injuries while at work, transportation difficulties or new investment required to modify the physical work environment (Jones & Latreille, 2010; Kulkarni & Valk, 2010). When it comes to job opportunities, women with disabilities are considered economically non-productive (Alkire, 2002; Asch & Fine, 1988; Charlton, 1998; Dobbs, 2005).

Bell and Heitmueller (2009), conducting research in the UK, found that labour market discrimination is greater for disabled women than disabled men. A survey of economically excluded groups of people conducted by Jones also clearly indicates that disabled women in all societies are the most vulnerable category for social exclusion, marginalisation and poverty (Jones, 2006). Thus, it can be assumed that disabled women may suffer from both labour market exclusion and poverty (Boyle, 1997).

In Uzbekistan, false impressions towards women with disabilities are palpable and such impressions have decreased the probability of employment among these women (Scott & Mete, 2008). Purcil (2009) doing research on disability and employment in the Philippines also discovered that a women with disabilities is doubly prone to paid job exclusion. His findings point out that weak labour law enforcement and the erroneous impression of employers regarding disability have limited the employment opportunities for disabled people, especially women with disabilities. Reportedly, in Thailand, women with disabilities are also considered physically fragile and are always homebound (*Political Newsletter*, 2009 translated from Thai).

Apparently, the assumption that people with disabilities, especially disabled women, are family-dependent and need only medication (the medical model) is too simplistic to layout the situation regarding the employability of disabled persons. Anti-medical model theorists and practitioners strongly argue that the health-frame model does not explain disability in social aspects and does not try to exonerate people with disabilities from dependency (Barnes, 1990; Finkelstein, 1980; Morris, 1991; Oliver, 1990). They, therefore, try to shift away from an individual sickness concept to a social model of disability.

The social model of disability explains the distinction between bodily impairments and disability. Scholars of this model strongly believe that bodily impairments limit the function of the body while disability results from restrictions in daily life activities caused by social bias and an unfriendly physical environment (Barnes, 1990; Barton, 1996; Dubois & Trani, 2009; Oliver, 1990).

Barnes and Mercer (2005) argue that social bias against disablement is implicit in culture and the socialisation process. They also suggest that disability should be redefined to reflect social oppression and prejudices against disabled people. Such oppression and prejudices have interwoven to reinforce social attitudes towards disability in society. The social model of disability clearly explains that the problem of disability does not lie with the disabled people themselves, but with the way that social oppressions, together with prejudices, are constructed to create attitudinal, institutional and environmental problems for people with disabilities (Barnes, 1990; Barton, 1996; Magee, 2004; Morris, 1991; Simkiss, 2005; Spataro, 2005). This is in stark contrast to the medical model where the problems of disability lie with the impaired persons. Social model scholars postulate that disabled people should be socially and economically included.

Participation in the labour market is an important economic activity that offers income and opportunities for a better life (Baldwin & Johnson, 1995; Boyle, 1997; Findley & Sambamoorthi, 2004; Frey & Stutzer, 2002; Hall, 2005). Many researchers, however, have found that women with physical disabilities suffer further labour discrimination because their communities, local government bodies and the central government tackle these problems very slowly (Bualar & Ahmad, 2009; Bualar, 2010; Rigg, 2005; Schur, 2003). Furthermore, living in rural areas can be disadvantageous in life because they will face difficulties in accessing the labour market and information about available positions. This problem leads to an increase in labour market discrimination.

Women with physical disabilities encounter labour market discrimination from society because they are perceived as incapable and not fit to work (Morris, 1991; Ujil & Bahlmann, 2002; Yeo & Moore, 2003). As a result, these women are excluded from productive work, earning a salary and employment opportunities in general. It can be implied that general attitudes among non-disabled people foster a negative identity towards physically disabled rural women, thus depriving them of paid jobs, economic trade-offs and social activities (Crooks & Chouinard, 2006; Jones, 2008; Nosek, Hughes, Swedlund, Taylor, & Swank, 2003; Oliver, 1990; Rodgers, 1995).

Disabled people and the labour market: what has the Thai government done so far?

In Thailand, people with disabilities are objects of pity, so returning employable disabled people to the labour market contravenes the mindset of the mainstream community, especially in north-eastern Thailand, because they believe that disability is synonymous with ill health and disabled persons should be under the custody of family members (Naemiratch & Manderson, 2009).

The Thai government is in a position to promote employment opportunities for disabled people. This can be done through a number of policies, programmes and strategies. It can promulgate laws to widen job opportunities for these people or formulate various policies that encourage employers to hire people with disabilities.

It can also subtly exercise its authority to encourage the private sector to hire such workers.

Since global human rights play a crucial role in international circles, the government of Thailand considers disability as a major issue in its current policies. Human rights for people with disabilities are protected and enshrined in the latest constitution from 2007. As an example, section 80 of the 2007 Constitution states that, 'the state shall ensure a good quality of life for people with disabilities and encourage them to depend on themselves...'. This statement is a quintessential example of the rights protection afforded to disabled people. Currently, the government has assisted unemployed disabled persons by providing THB 500 (USD 1 = THB 30) as a living allowance per month per individual to reported disabled persons. By taking part in the labour market, disabled people should become a contributing factor in the wider context of the community.

The Thai government has attempted to increase the employment rate of disabled people through a mandatory quota system. According to the 2007 Constitution, the 10th National Economic and Social Development Plan from 2007 to 2011, and the Empowerment for Disabled Persons Act (2007), there should be more disabled workers in the workplace. In 2011, the Ministry of Social Development and Human Security and the Ministry of Labour reduced the ratio of disabled to non-disabled workers to one disabled worker for every 100 non-disabled employed by an establishment. This ratio, however, is still very controversial and the government is encountering considerable resistance from the private sector despite tax reduction incentives.

According to the Empowerment for Disabled Persons Act (2007), employers who decline to offer jobs to disabled people are required to contribute cash to the Disability Empowerment and Rehabilitation Fund. However, this could be considered to be a futile gesture because the law affords no heavy punishment to those employers who ignore it. In spite of the constitutional guarantee, there are many physically disabled women who are unable to access the labour market.

There are a lot of disabled people left without employment despite the fact that the government has tried to alleviate the unemployment problem among these people. The International Labour Organization (ILO, 2011) revealed that there were in total 638,994 disabled Thai people in employment (360,057 males and 278,937 females). The employed earn less than THB 7000 a month (200 USD) and the employment opportunities for women with disabilities are slimmer than those for disabled men.

It can be argued that, first, the political situation in Thailand is not stable enough to guarantee the continuity of this policy. Since 2007, the Prime Minister and the Cabinet Ministers have been reshuffled frequently. As a result, the employment quota policy for people with disabilities has been poorly monitored. Apart from that, the political instability has led to budget retrenchment resulting in the cutting of the disability promotion budget. This budget cut has demoralised employers, so they are not motivated to abide by the mandatory quota system.

Second, in practice, employers choose to contribute cash to the Disability Empowerment and Rehabilitation Fund. The cost of making the physical environment of a workplace disability-friendly is very high. If recruiting disabled employees, employers need to foster ideas of universal design, such as friendly sidewalks, ramps,

canteens, restrooms, etc. Employers will find cash contribution to the Fund more convenient than giving jobs to these people.

Cash contributions to the fund are still socially meaningless because the chance of disability employment is still as slim as before. The government has no authority to punish those employers who choose the contribution route, because the law clearly provides two alternatives. It can be best argued that employment opportunities for disabled people in Thailand are few, and this still represents a significant challenge for the government.

To date, physically disabled women in rural areas in Thailand have been and will, in all likelihood, continue to be left out of paid jobs. The longer these women remain out of paid jobs, the less likely they are to be economically productive. Unemployment among these women will be costly for the social welfare system (Hughes, 2006; Waddell, 2004). The unemployment data for physically disabled women have usually been based on surveys spreading questionnaires to collect statistical evidence from the women rather than their personal experiences. Quantitative research on disability can tell us very little about the individual story.

In Thailand, there is no comprehensive data on how a physically disabled rural woman suffering long-term unemployment perceives labour market barriers. Qualitative study, on the other hand, can investigate in-depth details concerning disability and unemployment experiences among these women. It provides them with an opportunity to identify and address barriers to paid jobs. This qualitative approach, therefore, aims to cast light on this area.

Explaining research methodology

Based on field research, this article examines the reasons why these physically disabled women are not employed.

The 2009 survey of people with disabilities in Thailand reported that the total number of registered disabled people was 1,871,860, or 2.9% out of 65,566,359 non-disabled people (Office of Disability Empowerment, 2009). However, only 855,973 out of 1,871,860 persons reported themselves to the Office of Disability Empowerment. Most people with disabilities live in rural areas. The 2009 survey also recorded 357,309 women as having physical disabilities. It is the highest classification of disability among the population of disabled women. These women could become a significant contributing factor to the economy if they are given wider employment opportunities. However, their voices are seldom heard.

A qualitative approach was, therefore, used and the research was carried out from November 2009 to April 2010 in the north-eastern part of Thailand at Nakhon Ratchasima and Khon Kaen province (see [Figure 1](#)).

This research gives voice to the experiences of physically disabled women through in-depth, semi-structured interviews attempting to gain an insight into their perceptions of barriers to the labour market. Interview checklists were pre-tested by 10 disabled women. In addition, some experts in disability studies in Thailand were asked to review the checklists. After their pre-testing, some changes were made to correspond with the testing results.

The women live in rural areas of the north-eastern part of Thailand. When they were in employment, these women had either rented a house or stayed with their direct relatives in suburban areas for easy commuting to their workplaces. Criteria



Figure 1. Map of Thailand (Bangkok is the capital city).

for the selection of disabled participants included: (1) being at legal employment age (18–60 years), (2) being a woman with physical disabilities which affect normal life activities, (3) not having any intellectual impairment or mental disorder, (4) being able to communicate verbally and (5) being used to participating in community activities.

The names of physically disabled women were given by the Nakhon Ratchasima and Khon Kaen Offices of Social Development and Human Security. In accordance with the criteria, 40 women with physical disabilities were selected. Subsequently, a Human Security official and I contacted these women and explained the objectives of the research to them. Eventually, only 20 physically disabled women agreed to offer their responses during face-to-face interviews.

Data and information collection and its analysis

Participants in this study speak the north-eastern Thai dialect. In order to avoid miscommunication, I employed four local field assistants. We used semi-structured

checklists with face-to-face interviews to collect data and information. In order to protect participants' privacy, their names and biodata remain anonymous. The interviews took place at their homes and lasted for approximately two hours. Each interview was recorded and then transcribed verbatim.

The analysis required transcription accuracy from recorded interviews. This carefully transcribed information from a tape recorder was then used to present each interviewee's perceptions. The responses from these women were repeatedly studied to address possible themes and social meanings. This rigorous analysis ensured that the key themes from the interviews were identified. These themes were then summarised and applied to the analysis.

The participants

Common disability types included loss of limbs (10 persons), followed by post-polio conditions (6) and half-paralysis and joint defects (2 each). Twelve had become physically disabled as a result of accidents. Four were born disabled and another four were disabled because of illness. More than half of the participants had had their physical disabilities for 5–10 years (14), four for 11–20 years and two for more than 20 years. Most of participants were single (16), while the rest were married or widowed (2 each). Only four of the individuals had children.

No participants were well educated, though more than half had received a primary education certificate (18 persons). Two had achieved a secondary education certificate. In terms of dependence, 3 were dependent on their parents, 15 on their relatives and 2 on their husbands, sons or daughters. Their employment opportunities were very limited. Most of them were unemployed (15). Three raised poultry, while two did knitting and sewing.

Results

Interview responses from 20 physically disabled women suggest that they encountered various obstacles to employment, namely unfriendly built environments, personal limitations and attitudinal barriers. Such obstacles limited their employment opportunities.

Negotiating physical environment barriers

Responses from in-depth interviews suggest that physically disabled women who live in rural Thailand encounter various physical challenges and their personal limitations limit their involvement in the labour market. In this article, two types of physical barriers negatively impact their morale and self-esteem and thus discourage them from working: the built environment within the community and inaccessibility of employment information.

Community build environment

In rural Thailand, the built environment is not disabled-friendly. There are no convenient facilities for the disabled, such as transportation systems or toilets. Such barriers discourage women with physical disabilities from paid jobs because they

have to take those barriers into account. Som, suffering a post-polio condition, gave up her intention to seek employment. She discussed how the physical environment challenged her:

I used to work in the centre of town. I was working at a grocery where a ramp was not available. I had to drag my legs on the gravel roads. One day on the way to work in the morning, I stumbled on a big stone and fell on the ground leaving scratches and bruises on my legs and arms. My parents asked me to quit the job because, as they said, I might have a multiple injury.

Other physical barriers to employment reported by physically disabled interviewees concerned workplace facilities for women with physical disabilities. Jane, who had to sit on her wheelchair working as a data recording employee in the sub-district office, had to quit her job after a month of employment because she did not like to use the office toilet. She reported that it was not easy to use a toilet built for non-disabled workers:

I tried to adjust myself to the office layout but taking the wheelchair in and out of the toilet was not easy. When in the toilet, I could not manage it on my own. Sometimes, I needed help but I felt ashamed of my body. The office had very little money to reconstruct the toilet. I told this to my family and they asked me to stop working.

Physically disabled interviewees complained that poor infrastructure and inappropriate workplace facilities, particularly toilets, demoralised them. Their situations deteriorated further when physical barriers were coupled with the severity of their disabilities.

Inaccessible employment information

Employment information is commonly posted on the bulletin boards of local radio stations and government buildings in towns and cities. Rural women with physical disabilities who live far from those areas, therefore, have very little chance of obtaining job information because they find it inconvenient to access the information sources. These are some typical statements showing the reasons why they failed to participate in the labour market:

Ploy, 30, said:

I don't know anything about job advertisements. I stay at home every day. Nobody tells me about job opportunities and I really have no idea where to obtain such information.

Noi, 35, added:

Although I am limping because of a post-polio condition, my two hands are still functioning well. I can work as a telephone operator or a typist at some office, but job advertisements or information are absolutely impossible to obtain.

Insufficient job information is a crucial problem because it seriously stalls the labour market participation process. It appears that these women will never know about job opportunity information unless someone informs them.

Lack of adaptation to the work place

Adaptation to the work place seems to be one of the most challenging obstacles for physically disabled rural women. Labour market participation is basically based on good body strength and good health. Although disability rights have been enshrined in the government's policy, employers do not want to adapt the workplace to take into account the severity of disabilities among these employees, especially in the case of disabled persons with increasing age, who eventually need even more support and adaptation to their work. There follow some responses showing the effects of unsuccessful adaptation to the work place among physically disabled rural women who used to be employed.

Personal impairment severity

The severity of personal disability has a negative influence on the employment situation for physically disabled women. It is an interface between the effects of impairment and employment exclusion. Unexpected pains or health complications may limit their stamina by curtailing their movement capabilities in job activities.

These women discussed how their impairment severity increased the possibility of job loss. At times, they were forced to take long periods of sick leave due to ailments that affected their body movements. Health complications could happen at any time without warning. It was also very hard for employers to cope with their absences. The employers frequently used their long absences as an excuse to terminate contracts with these women.

Joy, a post-polio employee working as an operator in a small office, discussed how back pain restricted her performance at work and led to employment termination:

I was limping to work every day. Over a period of a month, I felt a sharp pain in my back and I took leave. Sometimes, it happened during working hours and I had to take a half day off. When I was away, there was no substitute employee to pick up the phone. One day, I received a call from my employer and he asked me to quit the job for my health security.

Sam's story was similar. She said that she lost her job because her employer could not wait for her health to improve. Her employer told her that her health complications might damage his business. Sam reported:

I know that I have some physical challenges. The doctor asked me to have a medical check-up twice a month and physical rehabilitation every Friday. I had to take leave to see a doctor. One day, my employer came to me and said that he had another person to replace me. I know it is because of my health but I have to accept it.

It is obvious that their health and their employment security are inextricably linked. Women with physical disabilities themselves believe this is the reason for their unemployment. It does not seem to overstate the case to say that these women are near the lowest rung of the economic ladder. The combination of physical barriers and personal impairment clearly indicates that women with physical disabilities are less likely to be employed, and, if they are employed, their positions are often insecure.

Age of physically disabled women

Physically disabled rural women become increasingly emotionally unstable as they grow older. Their physical strength may decline while their anxiety increases. Ageing rural women with physical disabilities are likely to suffer from a variety of illnesses and social exclusions. Despite a strong willingness to participate in the labour market, older physically disabled women are unable to transport themselves independently. These are typical statements offered by these women, aged 40–60, during the in-depth interviews:

Sai, 45, said:

Although I am really interested in returning to work, I do not want to run the risk of hurting myself. I am getting older with frail health. Employers are less likely to take notice of my applications when seeing my age.

Ket, 50, said that:

My age has exacerbated my post polio condition. Apart from my disability, I am starting to suffer from hypotension. My family takes me to the community healthcare centre whenever I have a headache. I have been prescribed hypotension tablets. The doctor says I must rest at home, so I have to ignore the labour market.

The findings above illustrate that the intention to join the labour market waned with increasing age. Ageing rural women with physical disabilities become frail and their family members will not allow them to leave the home independently. Age was found to be a significant factor in labour market participation because it was inextricably intertwined with emotional maturity and bodily strength.

Attitudinal barriers of the labour market

In addition to physical barriers and personal limitations, social attitudes in Thailand towards women with physical disabilities play an important role in forming stereotypical ideas. These women must cope with the attitudinal barriers that affect their labour market participation and continuing employment. Cultural factors are the basis of attitudes imposed on physically disabled women. Erroneous impressions of these women can be seen in the media, literature and other carriers of culture. As such, incorrect understanding results in social bias towards physically disabled women working. In this article, two suggested attitudinal barriers to employment are the preconceptions of employers about impairments, and over-protection from the family.

The preconceptions of employers about impairments

Physically disabled women believed that non-disabled employers focused on their limited body functions and appearance. Responses from the in-depth interviews indicated that non-disabled employers usually stereotyped them. Some employers felt hesitant when it came to interviewing physically disabled applicants during the recruitment and selection process. Sunan, a wheelchair-bound person, saw a job

advertisement for a counter clerk in front of an office when she was in her town. However, she did not fill out the application form:

When I got in and asked for an application form, a man came to me and told me that I might not be fit for office requirements because his company prefers non-disabled employees. Then I wheeled myself out feeling out of place.

Similarly, Chantra, walking with post-polio effects, discussed at length how she felt excluded when asking about employment opportunities at one workplace. She said she was 'different':

Although I walk with post-polio conditions, I am confident that my brain is functioning well. I went to the Employment Promotion Office in town. The office sent me to a small company nearby for a data recording position. But when I was there, the manager said that my impairment was bad and could affect the company performance and profit. He suggested I work as a government lottery vendor. He underestimated my capability but I had to leave, feeling embarrassed.

Saeng, a wheelchair-bound person with good typing skills, also encountered similar preconceptions. She was fed up with excuses given by employers when they rejected her applications or interview appointments. She knew that many employers did not like to hire disabled people because of the stereotypical ideas they held towards disabled workers. She said:

I have to think again and again before sending out applications. I know that when they discover I am physically disabled, they will come up with some excuses to decline my interview appointment.

Physically disabled interviewees indicated that the reason why they participated less in the labour market was because of the attitudes of employers towards their physical disabilities. Non-disabled employers may have believed that the women's impairments might have limited the opportunity to make a profit. Employing one disabled worker, in their perspective, may be costly because they might have to rebuild toilets and put in ramps or other facilities to support disabled employees. More importantly, they feared that disabled workers might develop health complications when working for their company. Physically disabled women are, therefore, considered an economic burden to employers (Crooks, Chouinard & Wilton, 2008; Feldman, 2004; Jones, 2006; Jones & Latreille, 2010; Rigg, 2005).

Over-protection from family

Apart from the preconceptions of employers about impairments, women with physical disabilities also face over-protection from their families. Since family members tend to restrict these women's involvement in the wider community, permission to let them work away from home is seldom granted. The internalisation of disabled women's roles is based heavily on family influences and medical models of disability. Their family members always have an excuse for not allowing them to join the labour market. Anda, who lost her right arm and walks with a limp, vented her pent-up frustration when asked about her family permissions:

I always tell my parents that I am well enough to work now. And I can find some good jobs in town. 'We can take care of you,' is their excuse. They do not want to let me risk my life. But I want to work. I want to be economically independent. I do not want to be homebound.

Under the influence of the medical model of disability, the attitudes of family members towards the severity of physical disabilities play a significant role concerning these women's participation in the labour market. The severity of disability is frequently the excuse used by their family members to discourage them. In response to my questions about their family members and doctors, it was found that these women were advised to stay at home because of their severe disabilities.

However, good intentions sometimes do not yield good results, because, in this case, Sompon feels lonely. A person with a joint defect, she encountered a similar situation. Her family tried to keep her safe at home. She said:

My husband and sons are very worried about me when I ask them if I can work as a data recording employee at one of the local telecom companies. They do not feel comfortable letting me work outside our house. They fear that I might suffer from multiple injuries which I might experience if working outside. They strongly confirm that I should be at home.

Family permission to join the labour force is a part of the attitudinal barrier. The participation of women with physical disabilities in the labour force does not depend on their own decisions, but relies heavily on the opinions of their family members. The head of a household containing disabled family members is obliged to make decisions about whether or not these women are able to participate in the labour market. Very often their attempts to seek permission from their family members are futile because non-disabled members feel tied to their work and try to over-protect these women at home. Excuses from family members have placed these women under close confinement which has eventually made them feel forlorn in their daily lives.

Discussion

In Thailand, existing studies have generally focused on health-care issues. When considering employment opportunities among women with physical disabilities, many scholars tend to focus their research on statistical evidence. The failure to give voice to these women is problematic primarily because in-depth information about the barriers to the labour market will never be discussed. Without meaningful employment, these women will become an economic burden since the physically disabled usually represent the largest proportion of individuals in the disabled population.

Every interviewee cared about the labour market and viewed it as a positive part of their livelihood. These women fully understand that the labour market consists not only of wages or tasks performed but also of social interaction with non-disabled counterparts. The responses relating to negotiating physical and attitudinal barriers to the labour market clearly show the issues related to the low level of employment of physically disabled women. Their insight confirmed the complexity of physical and attitudinal barriers and provided some possible explanations for the high unemployment rates among these women. Although physically disabled women valued

employment highly, they were also aware of the cost of maintaining it. Their labour market participation could be hindered by a number of factors, mainly from built environment, lack of job information, personal severity, their age, attitudes of employers towards disability and over-protection from their families.

Built environment was reported as a major barrier to labour market participation among rural women with physical disabilities, and responses in this article serve to confirm other researchers' findings (Braithwaite & Mont, 2009; Chatterton, 2005; Patel, Greasley, & Watson, 2007; Simkiss, 2005). An unfriendly built environment affects the accessibility of these women to the labour market. Challenging roads, transportation systems and even restrooms obviously limit their mobility, both getting to and once in the workplace. These women, therefore, spend most of their time at home. Lack of disability awareness and knowledge among architects, builders and designers has worsened the unemployment problem. A very small window of opportunity for physically disabled rural women for paid jobs will continue to be the norm unless the built environment becomes more accessible.

Lack of job information is another barrier affecting their labour market participation. Public health fieldworkers are a large source of information because they visit these women to provide basic medical treatment. Generally, however, such fieldworkers usually convey medical information, not job information. Only public health information about basic rehabilitation and sanitation is passed on. It can be stated with accuracy that rural women with physical disabilities receive little or no information about job opportunities.

The severity of personal disability is also a source of worry. Returning to the labour market after receiving rehabilitation may incur further medical bills because travelling to work may be harmful to their health and increase financial risks (Magee, 2004; McDonough & Amick, 2001; Patel, Greasley & Watson, 2007). Uncertainty about their health may also worry an employer who might fear poor performance and the necessity of letting these women go.

Old age has further aggravated the unemployment rate among rural women with physical disabilities. The severity of their disabilities may worsen as they get older. The age of these women, as well as the severity of disability, negatively influenced family permission to seek employment (Baldwin & Marcus, 2007; Barnes & Mercer, 2005; Boneham & Sixsmith, 2006; Gannon & Munley, 2009; Moss, 1997; Zissimopoulos & Karoly, 2007). Family members were hesitant to allow them to participate in the labour market if they were old or had health complications.

Physically disabled women provided clear insights into the interaction between the physical environment, lack of information, personal limitations, age and loss of employment. This interaction resulted in voluntary job loss because these women tended to resign from their jobs to avoid health complications (Gannon & Nolan, 2004; Iezzoni, 2009; Spataro, 2005; Wuellrich, 2010).

Physically disabled interviewees also described their frustrations with the attitudinal barriers of non-disabled employers and the over-protection of their families. The responses suggest that involuntary job losses and lack of job opportunities arise from the discrimination of employers against physically disabled women workers and applicants with disabilities.

The findings illustrate that the women's intention to join the labour force waned with the lack of family permission. Family members strongly believe in the medical model of disability and will not allow disabled women to leave their sight because it

may result in multiple health injuries which, in turn, might incur medical bills. These women are, therefore, quickly excluded from employment opportunities. Based on their statements, it can be said that women with physical disabilities are normally under family supervision. Family members, it seems, feel more secure if physically disabled women stay at home. Over-protection has undermined the effectiveness of labour market participation because the non-disabled family members will not encourage these women to increase their efforts to seek paid jobs.

The non-disabled community assumes that family members must take full responsibility for their disabled relatives. In doing so, the non-disabled community has unknowingly grounded these women. Rural women with physical disabilities must be socially responsible because, on the one hand, non-disabled people need to understand their real needs and, on the other hand, these women can take the opportunity to fit into a wider society.

Another latent issue influencing the mindsets of non-disabled people is disability and womanhood. In rural Thailand, women with disabilities are generally doubly oppressed because of their womanhood and disability. Non-disabled people tend to believe that disability refers to 'complete inabilities', 'illness', 'without gender' and 'the other' in society. The belief imposed by non-disabled society has devalued the bodies of each interviewee because they think that these women do not conform to social standards of beauty, cleverness or employability. Among the non-disabled community, gendered disability fosters a complex understanding of disability and employability. It implicitly suggests that women with physical disabilities are not employable. The responses from interviewees in this article strongly confirm that women with disabilities remain largely unemployed.

It is very important to correct the erroneous impression of these women by the non-disabled community. Over-protection, family responsibility and gendered disability are factors supporting stereotypical ideas of the non-disabled community towards rural women with physical disabilities. Consequently, labour market participation has stalled. These barriers are some of the greatest obstacles to promoting employment among these women.

Conclusion

Based on in-depth interviews, this article provides insights into the situation of women with physical disabilities in the labour market. Findings show that these women carry a burden of employment discrimination. Stereotypical ideas about disability naturally exclude them from valuable opportunities in the labour market and force them to accept negative impressions. The situation gets worse when it comes to gendered disability because it involves several aspects of employment among women with physical disabilities such as representation, body and social activity. Employment, according to the mindsets of non-disabled people, is, therefore, deemed less important for disabled women. However, living in rural Thailand, these women reported a strong intention to work. They want to participate in meaningful activities, particularly employment, because they want to be economically productive in their households, although unfriendly physical settings, lack of adaptation of job places and attitudinal barriers limit their employment opportunities.

Obviously, erroneous impressions of disability, according to the responses of these women, remain uncorrected. In order to alleviate the problem, concrete

tailored interventions for policy-makers in Thailand to improve access to employment and employment retention for women with disabilities are recommended.

Apart from mandatory quotas given by the Ministry of Labour in 2011, incentives to employers must also be introduced. If employers have to bear the cost of providing a friendly environment at the workplace, they are less likely to employ these women – just to avoid additional overhead costs. A tax rebate should be introduced to help employers, especially smaller employers. In addition, workplace modification could be financially supported to encourage employers to recruit disabled employees.

The government could also initiate supported employment programmes to help disabled women. Supported employment schemes must include employment coaching, individually tailored supervision, transportation and assistive technology. More importantly, the Thai government must take the lead role in hiring disabled people in public sectors.

However, wider employment opportunities for disabled people need not only support from the government but also collaborative work from NGOs, organisations of persons with disabilities and international agencies in improving the circumstances of disabled people in Thailand. These organisations must lobby the government for changes in laws, policies and programmes. They must also bring legal charges and raise public awareness through education, information dissemination and public campaigns to correct erroneous impressions of disability.

Assistance from the government, NGOs, organisations of persons with disabilities and advocacy groups can (1) provide vocational training for disabled persons; (2) support community-rehabilitation to enable these people to make a decent living in their community; and (3) promote self-employment among these people through microcredit conditions if an informal economy is predominant in their community.

At the international level, the UN, with the collaboration of the government, NGOs and disability organisations in Thailand, must take action under the CRPD, as well as other core UN Human Rights Treaties.

Although there is an increasing amount of research that examines the different experiences of disabled people in the labour force, many researchers neglect the potentially important role of employers whose attitudes, in particular, have been found to be significant in the employment of women with disabilities. An analysis of disabled people and job opportunities, workplace environment, and job losses or redundancies must investigate the opinions of employers as well. An analysis of employers in disability research will contribute to disability literature by examining the impact of organisational policies on the possibility of labour market opportunities for people with disabilities.

In addition, different classifications of disabilities may provide different aspects of labour force exclusion. The study could possibly be extended to ageing and other study areas. Extensive research on disability and labour market participation will provide a valuable insight into the experiences of women with disabilities. Because qualitative research represents the inductive step of inquiry, it is not appropriate to generalise the results beyond the area of women with physical disabilities. No quantitative method was used here; rather, subjects who were employed and were willing to give in-depth information were purposely selected. Had a quantitative method been used together with in-depth interviews, the results could have been cross-checked.

A multifaceted approach addressing medical, social and legal aspects of restricted participation in the labour market is required to improve the employment prospects of women with physical disabilities and other persons with disabilities. Rural women with physical disabilities should have employment opportunities equal to people without disabilities. Because disability has often been associated with poverty, allowing more women with physical disabilities to work will help to improve their financial situations. Without appropriate employment, physically disabled women are not able to get out of the poverty trap and may alienate themselves from wider society.

Notes on contributor

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