Disability and Sexuality in Makhanda, in the Eastern Cape: A comparative exploration of how black queer physically disabled individuals vs heterosexual physically disabled individuals negotiate their sexualities.

By

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Abstract

The study aimed to comparatively explore the sexualities of queer disabled people and heterosexual disabled people. The objectives of the study were to comparatively explore their negotiation of romantic and sexual lives, comparatively explore the construction of sexual identities that intersect with disability, and offer an understanding of how both groups experience other people's perceptions of their identities. The social model of disability and queer theory were used to guide the study. The study was qualitative in nature. In-depth, semi-structured interviews were used to collect data. Three queer disabled and five heterosexual disabled individuals were interviewed. Thematic analysis methods were used to analyse the data. The findings of the study revealed how disability affected the romantic and sexual lives of the participants – both queer and heterosexual; their experience of others' perceptions of their identities, how they grew up with disabilities, how they adapted to their acquired disabilities, and the construction of their sexual identities.

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Chapter 1. Introduction and Methodology

1.1 Introduction

Disability scholars have expressed difficulty with simply defining disability. This is because disability is experienced differently depending on how the person feels about it, the type of disability, and the context in which it is experienced. Even though there have been many studies conducted on different aspects of disability, literature exploring the intersection of disability and sexuality has only received attention recently. Additionally, some of the studies conducted have shown that society believes disabled people to be asexual, meaning that they cannot express and embody sexuality. Consequently, for a long time, disabled sexualities have been completely disregarded in academia and sexual rights movements. This has made it even more difficult for queer disabled individuals, who have various marginalised and stigmatised identities. The literature available has revealed that the sexualities of queer disabled people are often taken for granted and that they have been historically marginalised and undervalued both in the disability and LGBTQI+ communities.

The objectives of this study are inspired by Goffman's idea of spoiled identities (Goffman, 1963). Goffman defined a spoiled identity as an identity that leads to one experiencing a stigma. Goffman (1963: 7) stated that stigmatised individuals tend to internalise societal beliefs about their identities. Hence, to understand their perspective, this study aimed to examine how physically disabled individuals view society's perceptions of their identities. The interactionist perspective guided this study, as it "underlies most sociological interest in the study of identity" (Serpe and Stryker, 2011: 225). The interactionist perspective helps us understand how individuals form their identities and behaviours based on their interactions with others in society (Fulcher and Scott, 2003: 53; Serpe and Stryker, 2011: 226; Schaefer, 2001: 19; Tischler, 2010: 22).

1.2 Background to the study

The study began out of curiosity to explore the sexuality of black queer, physically disabled individuals. Prior to this, the researcher has conducted an honours research paper on the intersection of disability and sexuality. Upon doing this paper, the researcher realised that queer disabled people's lives and sexualities are under-researched, especially in Southern Africa. However, disability scholars such as Chappell (2015) and Msekele (2015, 2019, 2020) are tentatively filling this gap in the literature. In order to contribute to filling this gap as well, the researcher sought to explore the construction of sexual lives, sexual identities, and the negotiation of stigma amongst queer disabled people.

To accommodate the time aspect (given that this is a half-thesis), the planned sample size for the study was going to be six black, queer and physically disabled people. Initially, the study was planned for Makhanda, but the researcher soon realised there would need to be more people to complete the sample. This is due to the fact that the queer community is small, and the queer disabled community is even smaller (Msekele, 2020: 54). As a result, the researcher broadened the recruitment to the whole Eastern Cape. The researcher was willing to cover data costs (for virtual interviews) for potential participants from out of town.

When fieldwork and recruitment started, the researcher acquired three participants who met the study's criteria – that is, queer, black, and physically disabled. After interviewing the three participants, the researcher continued recruiting by advertising online (See Appendix 3) and sending emails to disability organisations in the Eastern Cape (see Appendix 4). Despite these efforts, the researcher struggled to fill up the sample, and time was running out.

While the researcher was keenly aware that qualitative studies do not have minimum prescriptions in terms of the sample (Baker and Edwards, 2017), the researcher felt that she had not reached the point of saturation with the three participants. The three queer participants were so diverse in terms of their sexual identities; thus, their experiences and voice lacked unity because they spoke from differing standpoints (see profiles below). It was at this point that the goals of the study broadened. The study assumed a new direction. This was in line with Hayter's (2003: 121) assertion that "the emergent nature of qualitative research necessitates that the research design unfolds, cascades, rolls and emerges as the study progresses". The researcher decided to make it a comparative exploration of the sexualities of queer disabled people versus heterosexual disabled people. The objectives and goals remained the same except for the addition of the comparative aspect. The researcher interviewed five heterosexuals identifying disabled people.

1.3 Research goals

The main aim of this study is to offer a comparative exploration of how black heterosexual disabled individuals vs black queer disabled individuals negotiate their sexualities. The objectives through which the goal will be addressed are as follows:

(a) to comparatively explore the negotiation of romantic and sexual lives;

(b) to comparatively explore the construction of sexual identities that intersect with disability and

(c) To offer a comparative understanding of how both groups experience other people's perceptions of their identities.

Additionally, the underlying intention of conducting this study was to contribute to the emerging literature focusing on the intersections of disability and sexuality (Msekele, 2020).

1.4 Methodological Approach

To interrogate the intersection of disability and sexual identities in this study, a qualitative methodological approach was employed. Through a qualitative approach, the researcher sought to offer holistic meaning that also "develops a complex picture of the problem or issue under study" (Creswell and Creswell, 2018: 258). Qualitative research is usually conducted in natural settings, where the researcher collects data where the participants feel comfortable (Creswell and Creswell, 2018: 258). This methodological approach allows for an inductive data analysis, where the researcher can organise the data by building patterns, categories, and themes (Merriam and Tisdell, 2016: 17). This means that the researcher builds toward a theory from what they have observed and learnt while they were conducting research in the field (Merriam and Tisdell, 2016: 17). The pieces of the data collected are combined and organised into themes to work toward the bigger picture.

Qualitative research allows the researcher to understand the participants' experiences, how they see their lives, and how they interpret their experiences (Merriam and Tisdell, 2016: 15). Therefore, qualitative research is interested in figuring out how people understand their experiences, how they view the world, and what meaning they tend to attach to these experiences (Merriam and Tisdell, 2016: 6). In this regard, qualitative methodology was suitable and appropriate for this study that sought to understand how disability intersects with sexual identities and the impact and constraints that follow therein. The focus in qualitative methodologies is on the participant's or insider's perspective, not the researcher's. Qualitative research is flexible and emergent; the researcher may not strictly stick to their initial plan. This allows changes to occur during the data collection phase, allowing for rich data collection (Creswell and Creswell, 2018: 258). As seen from the 'background to the study' section above, this study changed form and direction from the initial plans.

Lastly, through a qualitative approach, the researcher gets to understand the participants' feelings and gain insights into their life experiences. Understanding people's experiences regarding negotiating their physical disabilities and sexualities thus requires a research methodology that allows for an atmosphere that will keep the dialogue between the researcher and participant going. This shows that qualitative methodology research was the right choice for this study.

1.5 Data Collection

In-depth semi-structured interviews were employed to collect data for this research. Qualitative interviews were suitable for this study because they allowed for flexibility and comfort, allowing participants to share their personal experiences. Sharing personal experiences through interviews is vital because the interviewer gets to understand how the experiences have affected the research participants. According to Seidman (2006: 9), for one to understand the other person's behaviour and experience, only observing them will not be enough; one should gain access to how the participant views their experiences and what they make out of them. Therefore, in-depth interviews help the interviewer understand the participants' experiences through their back-and-forth dialogues (DeCarlo, 2018: 363).

Conducting semi-structured interviews allowed the interviewer to have a plan for their questions and follow the flow of the conversation (O'Leary, 2017: 442). In other words, this interview style simultaneously allowed for formality and flexibility. O'Leary (2017: 442) also stated that this type of interview is the most enjoyed by participants as it enables them to communicate their ideas and experiences freely without feeling trapped in formality.

Conducting in-depth semi-structured interviews was an excellent way of collecting detailed data for this research, as it helped the researcher deal with the complexity of the topic. In-depth semi-structured interviews were the correct data collection method for this research because they are more like conversations between the researcher and their participants than structured interviews, allowing the researcher to collect as much information as possible (DeCarlo, 2018: 365). DeCarlo (2018: 363) also claimed that once the participants start answering the questions, their answers will allow for follow-up questions that were not part of the plan. This shows that qualitative interviews have open-ended questions, encouraging participants to give lengthy, rich answers.

The interviews took place in private spaces following the participants' preferences. Two of the interviews with queer identifying disabled participants were conducted face-to-face and one virtually. All the interviews with heterosexual identifying disabled participants were conducted face-to-face. The interviews were audio-recorded. These interviews were carried out in isiXhosa and English and were transcribed as such.

The first part of the interview questions focused on getting to know their life history. This is where I asked the participants about their past lives and early childhood experiences with their families, friends, and communities regarding their sexualities and disabilities and how these shaped their disabled sexualities. The second series of interview questions focused on learning about their experiences negotiating their physical disabilities and sexualities. This is where I asked about their past and current romantic and sexual relationships.

1.6 Sample and profiles of participants

The initial sample for this study was intended to be six black, queer-identifying, and physically disabled individuals of legal age. The research site was meant to be Makhanda, Eastern Cape. However, during data collection, the research site was broadened to cover the whole of the Eastern Cape. At this point, the researcher was willing to set up potential participants with data for virtual interviews if they were to be from out of town. The researcher shared the participant recruitment poster on social media and received six participant referrals, from which three turned out to be heterosexual – this became apparent during the interviews. Thus, the three interviews were of no use for this study.

The three participants who met the requirements for this study were all adults (ages ranging from 19-40) who were queer and physically disabled and were willing to talk about their experiences in navigating their sexualities. The three interviews were conducted in the second half of 2023. The researcher actively recruited more potential participants to fill up the sample size.

1.6.1 Queer Participants

- Aisha is a 19-year-old pansexual woman who was born with Osteomalacia (Rickets). This is characterised by bone deformities- softening of bones, joint pains, and fragile teeth, which could lead to arthritis later in life. She has been in a relationship for three years at the time of the interview. She relies on crutches (most of the time) for mobility.
- Luthando, a 40-year-old non-binary gay individual, acquired their physical impairment as a result of myopathy (muscle inflammation). This is characterised by weak muscles. This condition affected the lower limbs. As a result, Luthando had to use a wheelchair for three years after acquiring their physical disability. However, they gained mobility after going through multiple physiotherapy sessions, and they currently use crutches. At the time of the interview, Luthando was in a clandestine sexual situationship with a married person.

- Siphesihle, a 29-year-old gay man, acquired his physical impairment as a result of a light stroke, which affected the right side of his body. He recalled that on the day of the incident, his body was numb, facial drooping, and difficulty walking. Siphesihle did not rely on any assistive devices. At the time of the interview, he was in an "*on and off*" situationship with someone.

1.6.2 Heterosexual Participants

None of the heterosexual participants were born with physical impairments.

- Nomzamo, a woman in her 50s, acquired her physical impairment as a result of a stroke. Nomzamo's stroke was caused by Tuberculous meningitis. She found out she had Tuberculous meningitis after she was admitted to the hospital because she could not move, and her left side was numb. Nomzamo is single and has never been married, with one child. Her daughter was approximately ten years old when she became disabled. Over the years, she learnt how to walk without assistance from other people and crutches. At the time of the interview, Nomzamo did not show any interest in being in a romantic and sexual relationship.
- Asanda, a woman in her 30s, also acquired her physical impairment due to a stroke two years ago. As a result, she's in a wheelchair. Asanda's stroke was a result of a combination of high blood pressure and diabetes. She said the day of the incident was the same as others. However, when she was doing her morning routine, she fell and did not have the strength to get back up on her own. Asanda is single, has never been married, and has no children. At the time of the interview, she was not in any relationship.
- Monwabisi, a man who is approximately in his late 40s, acquired his physical impairment during a prison fight in the mid-1990s. His physical impairment is not severe, as he can walk without assistance. He is not married and does not have children.
- Sandile, a man in his 60s, also acquired his physical impairment as a result of a stroke three years ago. His speech is slightly impaired, which resulted in some of his answers being somewhat inaudible. He stated that he was married, but his wife passed away.
- Bongile, who is in his 50s, got his disability when he was approximately ten years old as a result of *ibekelo* (caused by witchcraft). He is currently using crutches to help him move around. He is currently a coach of a local football/ soccer team. He got married two years ago. He mentioned that he had one child but was never involved in their life. He felt that the reason for their estranged relationship was due to his disability.

1.7 Data Analysis

To transcribe the interviews, the interviews were recorded. However, I was not only dependent on that, as I took notes during the interviews. Notetaking is vital because the researcher might have to note the participants' body language while answering the questions (DeCarlo, 2018: 388).

A thematic analysis was used to analyse the data collected. According to Merriam and Tisdell (2016: 196), starting the analysis process during the data collection is best. This is where the researcher studies their data after each interview to prepare for the following one and starts to compare once they have collected all the necessary data. This proved to be helpful as I was able to familiarise myself with the data. Reading the transcripts of the data collected gives the researcher an understanding of the general themes that come up during the process (DeCarlo, 2018: 388). The themes were identified deductively in relation to the literature reviewed and inductively by looking for themes within the data collected. To begin the first step of the thematic analysis (coding), I had to ensure that I identified and highlighted sentences that could be part of a code.

Coding can be defined as the process of highlighting sections of the interviews, segmenting the texts into categories, and creating shorthand labels that will represent those categories (Creswell and Creswell, 2018: 269). This is followed by examining the codes, looking for patterns, and generating themes. Themes generally combine similar and repetitive codes (Merriam and Tisdell, 2016: 206). This stage is known as axial coding, where the researcher reviews, examines and organises the initial codes (Neuman, 2014: 483). Once the researcher has identified the major themes, they must start the last coding stage, the selective coding process. This process should be done once the concepts have been adequately developed and the principal ideas have been identified (Neuman, 2014: 484). From this, the researcher will be able to find a way of representing the key themes in the results section.

1.8 Ethicality

Ethical clearance to conduct this study was received from the Rhodes University Human Research Ethics Committee (See Appendix 1). The safety, anonymity, privacy, and dignity of the participants were paramount at all times. The participants had to sign an informed consent form, which the researcher discussed with them before the interview (See Appendix 2). To ensure their anonymity, participants were asked to come up with their pseudonyms, and any information that could reveal their identities was not quoted. The voice recordings with the one trader were deleted after completing the data analysis chapter.

1.9 Challenges and Limitations

The biggest challenge for this study is one that transformed or expanded the ambit of the study; thus, it ended up being the new direction. It was the lack of participants who met the criteria for this study. There was also the challenge of time and completing this study on time. This study was part of a one-year master's (coursework and thesis). Therefore, to avoid re-registering for another year and the financial implications involved, the study had to be completed within a specific period. Insofar as the limitations are concerned, the study's sample is relatively small; thus, the generalisability of the findings may be limited. Secondly, all the participants were black; thus, the study may not be generalisable across races.

1.10 Researcher Positionality

The researcher experienced mixed feelings regarding the research topic during the data collection process. The researcher was torn between not wanting to make the participants uncomfortable and being a researcher. Given the complexity of the topic, the researcher felt reluctant to ask certain questions for fear of making the participants uncomfortable. This feeling was based on how invasive some of the questions were. However, these were vital in understanding their navigation of sexuality and contributing to disabled sexualities literature.

While reviewing disability literature and conducting interviews, I realised that ableist cultural misconceptions shrouded my knowledge about disability. This made me anxious because I realised that "my cultural background had not provided me with the range of resources I needed to handle encounters with disabled bodies" (Svendby et al., 2018: 219). Additionally, being a non-disabled researcher posed a risk of reproducing a pattern of exposing my participants to the non-disabled gaze (Svendby et al., 2018: 222, citing Garland-Thomson, 2009).

1.11 Thesis Outline

This first chapter presents the background of the study. The research process followed for this study was also outlined. The chapter also describes the participants, discusses the analysis methods, identifies the limitations, and lastly, reflects on the positionality of the researcher.

Chapter Two presents and discusses literature that examines the intersection of disability and sexuality. These discussions were inspired by literature from some of the leading disability scholars, such as Shuttleworth (2007), Oliver (2014), Liddiard (2011; 2018), Chappell (2014, 2015, 2016), and Msekele (2015, 2020), who emphasised the significance of studying disabled sexualities. This review of literature defines and contextualises disability, looking at what role society plays in disabling people. This is done by reviewing previous disability studies in South Africa and elsewhere. This is followed by the contextualisation of sexuality, looking at queer sexuality in the South African context. The sections that follow focus on the intersection of disability and sexuality, exploring some of the prevailing themes of earlier studies. Then, some of the literature focusing on queer disability is discussed.

Chapter Three presents a discussion of the theoretical framework underpinning this study. This study relied on the social model of disability and queer theory. In this manner, the social model is queered to produce a framework that accounts for both disability and sexuality simultaneously. This merging is done to achieve the main objective of the thesis.

Chapter Four presents a thematic arrangement of the themes that emerged during the data analysis. The themes are discussed in relation to existing literature.

Chapter Five presents a discussion of the findings.

Chapter Six presents a summary and conclusion of the thesis.

1.12 Conclusion

This chapter has outlined the background of this study, the goals and objectives of this study, the methodology through which the goals were attained, the challenges and limitations of this study, and the ethical issues concerned. More importantly, this chapter has also introduced the participants without whom this study would not have happened. The chapter has also provided a roadmap for this study.

Chapter 2. Literature review

2.1 Introduction

Historically, the issue of disability has always been shrouded by stigma, myths, and misconceptions, which often produce the marginalisation and othering of disabled people. Over the years, various social rights movements have fought for the rights of disabled people to be recognised, and in most contexts, there have been improvements. However, not enough attention has been given to their sexual rights; thus, some aspects of their lives still remain on the margins. Disability scholars such as Shakespeare (1999), Oliver (2013), Liddiard (2011, 2018), Shuttleworth (2007), Chappell (2015, 2016), and Msekele (2015, 2020), who study the intersection of disability and sexuality, have underscored the importance of sexuality and sexual lives to human beings, an aspect often excluded by disability studies.

This literature review chapter will first look at the literature on disability, focusing on how scholars have attempted to define it and what was said about it in previous studies. This will be followed by a discussion on sexuality, looking at how individuals have understood it over the years. Then, under the queer sexuality section, this chapter will look at how the term queer is defined and the comparison between legal policies regarding queer rights and social attitudes towards them in the South African context. This will be followed by a discussion on the intersection of disability and sexuality, looking at some of the main arguments from previous studies. Lastly, this literature review chapter will discuss queer disability, looking at how queer disabled individuals are facing layered stigma as they are a double minority.

2.2 Contextualising disability for this study

According to Hunt *et al*. (2021: 6), there is no universal way to define disability, as it is experienced differently depending on the type, the person, and the context within which it occurs. Additionally, the definitions of disability are also complicated by the fact that it is usually compared and measured against what society views as 'normal' (Hunt *et al*., 2021: 6). This juxtaposition with normal further complicates how we define disability because 'normality' is socially, culturally, and individually constructed, and it is constantly changing (Hunt *et al.,* 2021: 6). Furthermore, there cannot be a universal definition of disability because there are different types of disabilities ranging from physical, intellectual, and developmental, which manifest in either visible or invisible forms. However, despite the definitional challenges, what remains common is that being disabled, in whatever form, refers to some manner of marginalisation in society (Chappell, 2015: 55), and thus disability remains "a particular form of oppression and a barrier to an enabling environment" (Majiet, 1996: 78).

Msekele (2020: 72) goes on to note that the meanings attached to disability shift progressively on personal, social and institutional levels. She argues that "this progression is shaped by ongoing activism and more positive representation of disability in the media around disability as an identity, not just an impairment" (Msekele, 2020: 72). While aware of the complexities and contradictions in terms of definitions, this study adopts the definition provided by Hunt *et al.* (2021: 6, 7) and Majiet (1996: 78), wherein physical disability refers to disadvantages or restrictions to participating in social activities because of the environmental barriers that do not accommodate the physical impairments. This study's focus is on visible physical disabilities. Visible physical disabilities in this study refer to impairments that can be seen with the naked eye.

2.3 The evolution of Disability Studies.

The term "disability studies" has become familiar throughout all areas of inquiry and scholarship involved in the study of issues affecting people with disabilities (Ferguson and Nusbaum, 2012). Disability studies emerged in the 1990s, mainly in the United States, United Kingdom, and Canada (Msekele, 2020: 27). Several movements and discourses influenced this field's emergence. Barton and Oliver (1997:1) argue that "disabled people were beginning to politicise themselves around issues such as their poverty and incarceration in residential establishments". Additionally, disabled people were also beginning to write about themselves in ways that transcended the usual autobiographical `triumph over tragedy' accounts, which were and still are common (Barton and Oliver, 1997).

The aim of disability studies is to expose how disability has been made exceptional and to work to naturalise disabled people - remake them into full citizens whose rights and privileges are intact and whose history and contributions are recorded (Linton, 2005: 518; Ferguson and Nusbaum, 2012). Additionally, disability studies acknowledge the fact that disability is a "key aspect of human experience" and that it has significant social, political, and economic effects on every individual in society, including both disabled and non-disabled people (Ferguson and Nusbaum, 2012: 71).

Ferguson and Nusbaum (2012:71) argue that "the call for increased participation and influence by people with disabilities and their families with what is taught and explored about disability is one that disability studies have greatly emphasised, if not originated". The call for participation, of course, is not just about what questions get asked but about who gets to ask the questions (Ferguson, Ferguson, & Taylor, 1992).

2.4 Disability in South Africa

2.4.1 Disability during apartheid

During the apartheid era, disability was experienced differently depending on the race of the disabled people. Howell *et al.* (20016:48) note that "the experiences of disabled people were also the experiences of a deeply divided people living in a profoundly unequal society". In this regard, Msekele (2021:14) argues that "the lives of the majority of black disabled people were filled with daily struggles of living under the poverty line, deprivation and the violence of the apartheid government, which was compounded by their disability". While the treatment was different along racial lines because of apartheid's policy of separation, it is essential to acknowledge that all disabled people, regardless of their race, were subjected to discrimination and marginalisation (Howell *et al*., 2006: 48; Msekele, 2020: 14).

Mutanga (2015:45), researching the experiences of disabled students at South African universities, suggests that the apartheid government perceived disability as an individual problem, and this put barriers in the way of full inclusion of disabled students in higher education. Similarly, Msekele (2020) notes that the apartheid government's approach to disability was that disabled people are sick and in need of care. However, while the apartheid system impacted differently on the lives of disabled black and white people, these experiences collectively shaped the nature and form of the first organisation that disabled people set up themselves in the 1980s (Howell *et al*., 2006: 48; Msekele, 2021).

The Disabled People South Africa (DPSA) was founded in 1984 by a group of disabled activists who believed that overcoming the political and economic oppression of the apartheid system was central to the liberation of disabled people. It was the most significant disability organisation in the country, and it sought to reject the pathologising of disability parroted by the apartheid government "that disempowered all disabled people by keeping them in positions of dependency and preventing them from being able to express their own needs and rights" (Howell *et al*., 2006: 48-49). The organisation consisted of members from all races as it sought to strengthen disability activism under one movement rather than being divided. As the largest cross-disability organisation in the country, controlled and led by disabled people, it played a central role in shaping the nature of the struggles fought by disabled people in South Africa (Howell *et al*., 2006: 48).

2.4.2 Disability in the new South Africa

Since the start of the democratic dispensation in 1994 and the adoption of the Constitution in 1996, disability has become part of the human rights framework in South Africa. The South African Constitution (1996) enshrines the rights of disabled people to equality and dignity. It promotes and supports the complete equalisation of opportunities for people with disabilities and their integration into society. This has been applauded as an extraordinary accomplishment because disabled people are almost always marginalised. Administrative and legislative measures have been put in place to protect the rights of disabled people; however, these rights are yet to be seen in the daily experiences of disabled people in their social interactions. Additionally, this problem of a complete contrast between policy and reality is common to the South African experience. It exists in all aspects of social reality. Msekele (2021: 66) notes that despite the protections, "the level of inequality still prevails, and it requires disabled people to move beyond the courts of law and adopt a human rights approach".

2.5 Contextualising sexuality for this study

It is important to note that this study focuses on the intersection of disability with both queer and heterosexual sexualities, as mentioned in the opening chapter. Sexuality can be conceptualised as the key human aspect that consists of sex, sexual orientation, pleasure, reproduction, gender identities and roles, eroticism, and intimacy (Jacques, 2014: 91). Jacques (2014: 92) also stated that sexuality can be experienced and expressed through fantasies, beliefs, desires, thoughts, practices, behaviours, roles, and relationships. Sexuality is not a fixed entity, as its definition is "constructed by individuals and society in general in relation to available options" and the influence of the interaction of biological, psychological, social, economic, political, cultural, ethical, legal, historical, and religious and spiritual factors (Jacques, 2014: 92).

Over the past four decades, a vast amount of literature has looked at the complexity of human sexuality. During this time, the research focused on how culture and society are powerful tools for thinking about sexuality (Parker, 2009: 253). This has come a long way from how sexuality was religiously perceived in the Middle Ages and the biomedical perspectives of the late nineteenth and early twentieth centuries (Parker, 2009: 253). The focus shift was brought about by social researchers who argued that the focus on human sexual experience should be less on the "immutable human nature" and more on the complexities of social, cultural, and historical influences (Parker, 2009: 254). This new way of thinking gave rise to the understanding of sexual diversity and non-normative sexualities. In addition, it emphasised the importance sexuality has on people's lives (Cornwall and Jolly, 2006: 2). Along with the feminist movements, the gay and lesbian movements significantly influenced the understanding that sexualities and gender identities are fluid and complex and they can change over time (Parker, 2009: 254).

2.5.1 Conceptualising queer sexuality for this study

The term 'queer' refers to non-binary and gender non-conforming individuals. This term helps us understand the fluidity of gender and sexuality, and it seeks to challenge the traditional perceptions of gender and sexuality identities. To 'queer' means to disrupt or do something that is considered strange; it is a way to challenge the norm and make space for marginalised identities and perspectives, opening up possibilities for new ways of being and thinking (Martino, 2021: 54; Chappell, 2015: 55). In this thesis, 'queer' is used as an umbrella term for gender identities and sexual orientations such as lesbian, gay, bisexual, transgender, etc. (LGBTQI+) (Drummond and Brotman, 2014: 534). Hence, 'queer', LGBTQI+, and 'non-normative sexualities' are used interchangeably throughout the thesis.

Although initially used to derogate those who were not heterosexual, this term was re-appropriated by the LGBTQI+ community to "connote resistance to oppression and a sense of belonging to a broad community" (Drummond and Brotman, 2014: 534). The first people to claim the term were the Queer Nation. This activist group focused on addressing factors that led to the marginalisation of homosexual individuals (Casey, 2012: 80). They decided to claim the term and use it to "shock and create discomfort through the use of a term that had historically negative connotations" (Casey, 2012: 81). Their intention was not to look down on anyone, but to call out to the marginalised individuals and notify them of the strength they had as a collective (Casey, 2012: 81). To understand queer sexuality in South Africa, the following discussion will briefly examine the legal policies of homosexuality and later show how these compare to the reality of being queer in a heteronormative society.

According to Matebeni *et al*. (2018) and Bertolt (2019), African sexualities have always been diverse, vibrant, and ever-evolving. Evidence from studies done by Bertolt (2018, 2019), Epprecht (2010), and Kaoma (2016) has shown that same-sex sexual practices existed in precolonial African societies. This indicates that in some societies, same-sex relations have been established and coexisted with heterosexual relationships and "have not suffered from social repulsion" (Bertolt, 2019: 652).

However, homosexuality is still largely condemned in post-colonial Africa (Bertolt, 2019: 651). As a result, individuals with "non-heterosexual sexualities and gender-variant identities" often struggle for erotic rights as well as their own survival and self-definition (Matebeni *et al.*, 2018: 1). They often come across discrimination, exclusion, and oppression. The following discussions will demonstrate that despite the legal policies put forward, there are issues regarding the acceptance of LGBTQI+ individuals.

In most African states, same-sex relations/ homosexuality is illegal. To this day, 33 out of the 54 African countries are still committed to criminalising homosexual relations (Gloppen and Rakner, 2021: 194). Individuals who are suspected or found 'guilty' of either being homosexuals or promoting homosexuality receive prison sentences and, in some cases, are sentenced to death (Gloppen and Rakner, 2021: 194). An example of this would be the Ugandan anti-homosexuality bill put forward by its parliament in 2009 in an attempt to 'Kill the Gays Bill' (Dasandi and Erez, 2023, 1). This followed after a few influential anti-homosexuality events, such as the July 2008 article written by a "self-confessed relentless homophobe and Ambassador to Uganda, Jon Qwelane", called "CALL ME NAMES BUT GAY IS NOT OKAY" (Mutambanengwe, 2014: 31). In this article, Qwelane referred to gay rights as animal rights, as he felt that incorporating these into human rights would mean that the state is encouraging "animalistic practices" (Mutambanengwe, 2014: 31). This implies that granting these rights would be a validation of immorality. He also blamed the influence of liberalism for the degradation of African values and traditions (Mutambanengwe, 2014: 31). Therefore, when the bill was proposed, the intention was to preserve and protect traditional African values (Amusan *et al.*, 2019: 55). It was then signed into law by President Museveni, in February 2014 (Gloppen and Rakner, 2021: 204). In February 2023, the Ugandan government revised and passed the anti-LGBTQI+ bill, amplifying the harshness against LGBTQI+ individuals (BBC News, 2023).

South Africa, however, is not one of these countries, as it has legalised same-sex relations and implemented policies to protect LGBTQI+ rights. The South African Constitution is widely regarded as one of the most progressive in the world, as it is committed to protecting the rights of its citizens and promoting an equal and just society (Mahomed and Trangoš, 2016: 1400; Nel and Judge, 2008: 19). Indeed, the Constitution of the Republic of South Africa, 1996 suggests that in order to ensure that human rights are seen as the "bedrock on which post-apartheid South African society rests", human dignity and freedoms should be achieved (Mahomed and Trangoš, 2016: 1400). Therefore, section 9 of the Constitution of the Republic of South Africa, Act No. 200 of 1996, known as the equality clause, explicitly prohibits discrimination on the basis of sexual orientation amongst other factors. In this regard, South Africa became the first African country "whose Bill of Rights explicitly protected the right to equality of sexual minorities" (Mahomed and Trangoš, 2016: 1401; Wells and Polders, 2006: 21).

Although South African law has decriminalised discrimination, the roots of injustice and the legacy of the apartheid law made it difficult for some people to fully accept the concept of equal rights (Massoud, 2003: 304). As a result, although LGBTQI+ individuals are legally protected, there are still problems with transforming society's attitudes towards homosexuality in South Africa (Hagopian *et al.,* 2017: 6). This is because there are some people who still frown upon homosexuality as they believe it is immoral and ungodly. Additionally, the heterosexist nature of our society results in homophobia, which can be defined as the negative behaviour that judges and discriminates against gay and lesbian individuals (Wells and Polders, 2006: 21). Wells and Polders (2006: 21) further explain that the root of homophobia rests in how the dominant culture portrays gender. Thus, homosexuality is seen as a threat to institutions such as the family (Wells and Polders, 2006: 21).

Homophobia is mainly caused by a lack of understanding and misinformation about the LGBTQI+ community. It is also rooted in religious and cultural beliefs that do not accept homosexuality. While studies have shown that homosexuality has always existed in Africa (see Bertolt, 2018, 2019; Epprecht, 2010, 2013; Kaoma, 2016), many Africans believe that homosexuality is an unAfrican and a Western import (Wells and Polders, 2006: 21). This belief is based on the African definition of marriage, which is a union between a man and woman for the purposes of reproduction and preservation of the human race (Amusan *et al*., 2019: 46). This notion is a post-colonial argument which prohibits the social acceptance of queer individuals (Bertolt, 2019). As a result, this belief is the primary cause of the violence and discrimination against queer people, and it significantly contributes to the occurrence of 'corrective rape' and other acts that maintain homophobic discrimination (Mahomed and Trangoš, 2016: 1401). This shows that, even though the government has taken legal steps to protect LGBTQI+ individuals, the reality undermines the legal, and much still needs to be done.

Additionally, evidence exists from migration scholars such as Marnell *et al.* (2021: 95) and Koko *et al.* (2018: 165) that even queer African asylum seekers who migrate to South Africa fleeing from discrimination and violence in their home countries found the notion of protective jurisprudence for homosexuals a promise of false hope. This is because of the gap between the legal rights and their everyday realities.

2.6 Thematic review of existing research on disability and sexuality

Despite the proliferation of research about the experiences of disabled people, there has been very little research exploring the intersection of disability and sexuality – both heterosexual and queer sexualities. The scarcity of research emerges from the common misconception that most disabled people are unable to "embody sexuality, sensuality, expression and desire" (Chappell, 2015: 55; Liddiard, 2018: 1). Liddiard (2018: 2) further explained that the label of asexuality given to disabled people is different from the developing asexual identity pridefully and powerfully claimed by those who do not feel sexual attraction. Instead, it refers to the practices firmly imposed on disabled people through disablism and ableism (Liddiard, 2018: 2).

These practices include assuming that disabled people are innocent, passive, childlike, and vulnerable (Liddiard, 2018: 3). This then leads to the misconception that disabled people should not be sexual or have any sexual desires (Liddiard, 2018: 3). When they prove these misconceptions wrong, their sexual desires are considered inappropriate and rebellious because they "can take different forms to established sexual norms, particularly where the support of others is required" (Liddiard, 2018: 3). This leads to a situation where disabled people are seen and treated as if they are not human enough, which excludes them from human sexuality (Liddiard, 2018: 7).

Dutton (2013: 20) concurred that ableism is displayed by some non-disabled individuals by assuming that disabled people have a problem with their body image. In response to this, some disabled individuals may feel pressured to try to disprove this assumption, which in turn may "create an incorrect representation of what a disabled person's reality is normally like" (Dutton, 2013: 20). In a study looking at how physically disabled adolescent boys construct their masculine identities, Dutton (2013: 20) noted that they may create a false and misunderstood self-identity to avoid being stereotyped and pitied. The language used to refer to disability emphasises the idea that it is 'abnormal', a deviation from what society views as 'normal' (Dutton, 2013: 21; Hunt et al., 2021: 6; McRuer, 2014: 371). In addition to this, men's bodies have always been viewed from an ideal "series of gendered polarities"- strong, active, competent, productive, invulnerable, and hard (Barrett, 2014: 42). This is an indication that one is 'man enough'. Therefore, those who do not conform to this image are seen as being "outside the hegemony" (Sipungu, 2022: 3). Consequently, "some disabled men feel doubly inferior", leading to feeling incompetent and not man enough (Dutton, 2013: 21, Shakespeare, 1999: 55).

For many young men, becoming physically disabled means losing their sexual prowess (Rainey, 2017: 213). However, some men disidentify with hegemonic masculinity traits- such as penis-focused sexuality. Since they are unable to perform the traditional sexual acts, they learn new ways to have sex, which are a deviation from the hegemonic masculinity. Disidentification is defined by Rainey (2017: 215) as a survival mechanism disabled men use within a 'patriarchal, ableist dominant culture that frames their lives as better off dead'.

As a result of it being ignored by society, the issue of disabled sexuality has been marginalised for a long time in the sexual rights movements and academia (Shuttleworth, 2007: 1). The issue of disability has always been shrouded in stigma. Therefore, the intersection of disability and sexuality is filled with negative social attitudes and prejudices that need to be addressed. Previous research on disability and sexuality done by Hassouneh-Phillips and McNeff (2005), Taleporos and McCabe (2002), McKenzie (2013), and Liddiard (2011 & 2018) has revealed how visibly disabled people see and feel about their sexual relations, identity and expression, body image (regarding physical attractiveness), and sexual attractiveness.

2.6.1 Feelings of Unworthiness

In a research study done by Hassouneh-Phillips and McNeff (2005), disabled heterosexual female participants mentioned feelings of inadequacy and unworthiness in relation to relationships and romance. They felt that they could not sexually satisfy their partner because of mobility impairment. As a result, some participants in another research study done by Taleporos and McCabe (2002: 303) reported that they would appreciate swapping bodies with 'normal' bodied people because they felt that would get rid of the challenges that restrict them and the negative social attitudes they come across. On the contrary, some of these participants did not share these feelings of unworthiness, as they have come to accept themselves and appreciate that they have partners who do not make them feel otherwise.

2.6.2 Being sexually romantically involved with people with physical disabilities

Hassouneh-Phillips and McNeff's (2005: 235) study also shed some light on how these women felt about being sexual with disabled men, where some reported that they preferred non-disabled men over disabled men. Hassouneh-Phillips and McNeff (2005: 235) noted that the participants felt this way because "being with non-disabled men was a means of affirming their worth and desirability as women". In other words, being in a relationship with non-disabled people made them feel ‘fully women’. On the contrary, in another research study done by McKenzie (2013: 377), some participants reported that they preferred to be romantically involved with blind men. This is because they felt that sighted men would not be motivated to be in romantic and sexual relationships with them.

2.6.3 Politics of attraction: Body image and sexual esteem

According to Majiet (1996: 79), previous research on sexuality and disability has shown that visibly physically disabled heterosexual women did not consider themselves to be sexually appealing because men want “the body of beautiful, normal, non-disabled women”. This means that body dissatisfaction is more prevalent among visibly physically disabled women. This is evident in Hassouneh-Phillips and McNeff's (2005) research, where physically disabled women reported that they felt less worthy, meaning that they had low body and sexual esteem. Therefore, the visibility of their physical disabilities determined how these women felt about their bodies. This means that the more visible and impairing the physical disabilities are, the more likely they are to perceive themselves as unattractive (Hassouneh-Phillips and McNeff, 2005: 233). This shows that the issues of attraction and desirability are based on social standards set to determine how one should look to be considered attractive. Additionally, what is socially regarded as normal and acceptable regarding sexuality affects how the sexualities of disabled people are viewed (Hunt *et al.,* 2021: 3).

When asked to share their sexual stories, most of Liddiard's (2011: 212) participants talked about their body image and how they hated their bodies. This body hatred stemmed from how their impaired bodies were considered different or how they deviated from societal body norms. In this research, the visibly physically disabled men tended to compare their bodies to the socially accepted and attractive body type, “which is muscular, strong, perfected, and achieved” (Liddiard, 2018: 212). This not only made them see their bodies differently, but it also contributed to how they thought others saw them. Although this was the case for some men in the research, others were positive about their body image, as they have accepted their bodies after changing how they previously viewed them (Liddiard, 2018: 212). This shows that as much as many disabled people may not have 'overcome' their negative body image, some have realised that comparing their bodies to the social body norms will only lead to self-loathing. Additionally, it shows that disabled sexualities do not only consist of negative perceptions and experiences (Addlakha, 2007: 121).

This study's purpose is to contribute to the emerging literature about disability and sexuality by amplifying the voices of disabled people regarding their experiences with romantic relationships and sex. Additionally, this research hopes to raise public awareness about how the oppression and discrimination against disabled people affect the way they view and understand their sexualities. Conducting this research will help shed more light on the fact that these beliefs "represent social barriers excluding disabled people from full participation and enjoying fully sexual lives" (Hunt *et al.,* 2021: 4). Furthermore, through all these misconceptions and myths, the research is being undertaken to find out if people with physical disabilities are able to find a way to explore their sexualities without feeling restricted and disempowered by society. According to Hunt *et al*. (2021: 5), conducting research on the intersection of disability and sexuality is necessary to dismantle the myths and misconceptions that people with physical disabilities do not have sexual desires or do not have the right to have sexual expectations. Lastly, most research on the aforementioned intersection is from First World countries; hence, it is significant to obtain viewpoints from South African lived realities (Hunt *et al*., 2021: 12).

Most of the studies done on the intersection of disability and sexuality focus on the experiences of heterosexual individuals, leaving queer disabled experiences on the peripheries. The following section will examine queer disability, looking at the main themes that come up in existing literature.

2.6.4 Queer disability and sexuality

Although there is a growing body of literature looking at the intersection of disability and sexuality, there is little literature that pays equal attention to the experiences of disabled queer individuals (Martino, 2017: 1, Toft *et al*., 2019: 158). Martino (2017: 1) believes that the reason for this might be the pervasive heterosexuality in most of the existing literature and the fact that people assume that disabled individuals cannot be queer. Additionally, the sexualities of queer disabled people are often taken for granted, as their queerness is deemed to be merely a phase - a “part of their development towards heterosexuality”- or trying to express friendship (Martino, 2017: 3, Toft *et al*., 2020: 518). Kim (2011: 486) noted that society assumes disabled people use queerness as their last resort as they are ‘unable’ to form heterosexual relations. These perceptions may lead to queer disabled people facing “innumerable barriers when exploring their sexualities” (Martino, 2017: 4).

Queer disabled individuals have been historically ignored, marginalised, and undervalued both in the disability and LGBTQI+ communities (Martino, 2020: 17; Msekele, 2019). They face homophobia, ableism, and heterosexism (Martino, 2017: 2). Consequently, many queer disabled individuals reported that they feel they “lack a community and thus have to face stigma alone” (Martino, 2020: 17). It is believed that many LGBTQI+ communities have neglected to consider disability, making it difficult for queer disabled individuals to feel welcomed in these spaces. Martino (2020: 17) and Msekele (2020) further explain that these spaces are inaccessible physically and attitude-wise. Hence, queer disabled individuals emphasised that people need to think about accessibility “beyond ramps and elevators” and start considering emotional accessibility as well (Martino, 2020: 17). As a result, queer disability activists suggested that it is up to the LGBTQI+ communities to make an effort and take next step to ensure that their spaces are safe and welcoming for the queer disabled individuals (Martino, 2020: 17).

The disabled and queer communities have been historically medicalised, simultaneously asexualised and hypersexualised, and institutionalised (Juvva *et al.*, 2020: 107; Chappell, 2015: 55). Both the queer and disabled identities come across stigma, social isolation, violation of rights, and exclusion (Chappell, 2015: 55, Juvva *et al.*, 2020: 107, Martino, 2017: 2). The intersection of multiple “devalued and stigmatised identities” leads to queer disabled individuals experiencing a layered stigma (Martino, 2017: 2). Hence, they are referred to as minority within a minority or double minority (Bennett, 2002: 104; Martino, 2017: 2).

Given that our society is dominated by compulsory heterosexuality and gender binaries, it can be difficult for an individual to explore and understand their sexual and gender identities properly (Martino, 2020: 13). This can be particularly more difficult for queer disabled individuals, who often experience a layered stigma (Martino, 2020: 13). The dominant cultural and social body representations portray both ‘able-bodiedness’ and heterosexuality as ‘normative’, which in turn, overlooks and devalue the bodies of the many individuals who do not conform (Drummond and Brotman, 2014: 535). Heteronormativity/compulsory heterosexuality, which can be defined as the idea that heterosexuality is the natural and superior sexuality, creates queerness (Chappell, 2015: 57). According to Chappell (2015: 57) and McRuer (2014: 369), heteronormativity is intertwined with compulsory able-bodiedness, which is said to create disability. Both compulsory able-bodiedness and heterosexuality generate a notion that non-disabled and heterosexual identities are preferable and what all individuals aim for (McRuer, 2014: 369). This shows that compulsory able-bodiedness and heteronormativity are contingent on each other (Chappell, 2015: 57). Msekele (2020: 85) concurred, stating that “hegemonic heterosexuality is premised on a lack of disability, and at the same time, compulsory able-bodiedness demands heterosexuality". Therefore, individuals who are visibly disabled and queer exist within "multiple implications for sexuality, body, bodily autonomy and disability and their intertwined constructions" (Msekele, 2020: 85).

As aforementioned, non-normative sexualities are legally protected in South Africa. However, this protection does not align with the social attitudes towards LGBTQI+ individuals. As a result, it "plays an important role in whether and how LGBTQ individuals disclose their sexual identities and practices to key members of their social networks, particularly friends and family members" (Gyamerah *et al*., 2019: 1204). Msekele's (2020) disabled interlocutors expressed that they feared homophobia and transphobia since they saw themselves as more materially dependent on their families for support and more vulnerable due to their disabilities. They acknowledged that their queer disabled identities put them in positions that create distinctive challenges and vulnerabilities as compared to their queer non-disabled peers. These difficulties were intensified when they lost familial, social, and community support after disclosing their non-normative sexual identities. This means that they had more support and acceptance for their disabilities before they came out as queer.

The notion of coming out has been critiqued by post-structural and queer scholars as they argue that "coming out coerces an individual into an already established identity group" (McCormick, 2015: 327). However, as Msekele (2020: 95) explains, this is not the case in South Africa, as queer identities are not acknowledged as an established identity. As a result, the concept of "coming out goes beyond acts of visibility", as it is also an act of making others aware of the existence of queer identities…and "establishing an identity group that is frequently overlooked and neglected" (Msekele, 2020: 95). This means that coming out is an empowering and progressive act that challenges conservative norms, particularly for queer disabled individuals (McCormick, 2015: 331; Msekele, 2020: 96). Claiming queer sexuality as disabled individuals show how diverse disabled sexualities are, defying the presumed heterosexuality of disabled people and the presumed able-bodiedness of queer people (Msekele, 2020: 95).

Due to the high unemployment rate (Matyana and Thusi, 2023: 215) and the lack of comprehensive government-provided care for disabled individuals (Grut *et al*., 2012: 2), most disabled people in South Africa are dependent on their families for extra support (Msekele, 2020: 96). Thus, having a solid working relationship with one's family is significant for the well-being, livelihood and survival of most disabled individuals. The disclosure of a non-normative sexual identity may, therefore, compromise and jeopardise the relationships disabled people have with their families. Msekele's (2020: 96) participants reported that after coming out to their families, the quality of their relationships was significantly strained, which led to the rise of tension, distance, and compromised support and care. Additionally, this disclosure mostly leads to the family disowning the queer person (Medzani, 2022: 2).

Being disowned raises various challenges for the queer person, which makes it more difficult for disabled queer individuals (Kennedy, 2022: 67; Msekele, 2020: 100). Msekele's (2020: 102) participants reported that when their families disowned them, they felt "rejected a second time". Some reported being homeless after the disownment, which was extremely risky and dangerous, "try being homeless as a woman with a disability, now that is catastrophic", as Msekele (2020: 101) puts it. Being disowned for disabled queer individuals results in heightened vulnerability to exploitation, abuse, and violence as they lack family support (Msekele, 2020: 102-103).

2.7 Conclusion

This literature review chapter discussed disability, emphasising that it is a socially and contextually dependent concept on people. The chapter also showed that disabled people have been discriminated against since time immemorial due to negative beliefs about their disabilities emerging either from culture or religion. The growing research on the intersection of disability and sexuality has shown that the misconceptions about disability led to disabled people being seen as asexual. Consequently pushing their sexual rights further to the margins. This was notably worse for queer disabled individuals, as they have multiple stigmatised identities, making them a double minority. This chapter has also presented a non-exhaustive list of themes that can be found in the scholarship about disability and sexuality at large. Lastly, this chapter also highlighted the existing scholarship about the sexuality of queer and disabled people.

Chapter 3. Theoretical framework

3.1 Introduction

This chapter deals with the theoretical underpinnings of this study. Because this study traverses two fields of literature – queer literature and disability literature -it is therefore informed by a queered social model of disability. This chapter will, thus, outline how the two fields of study will be merged under one theoretical framework.

3.2. Theorising disability

3.2.1 Progressive understandings of disability

Even though the thesis is underpinned by the social model of disability as one of the theories, the religious and medical models will be discussed briefly below to provide different insights into how disability is viewed. Additionally, it is essential to acquaint oneself with varying models of disability as they shape people's perceptions and ideas about disabled individuals (Retief and Letšosa, 2018: 1). Smart (2004: 25-29) outlined that the models of disability provide definitions of disability, provide explanations of causal attribution and responsibility attributions. Additionally, models of disability guide the formation and implementation of policy, are not value-neutral, determine which academic disciplines study and learn about people with disabilities, shape the self-identity of people with disabilities, and can cause prejudice and discrimination (Smart, 2004).

3.2.1.1 Religious understandings

Through the religious model of disability, also known as the moral model, disability is seen as a punishment from God for the sins committed by the disabled individual or their parents (Retief and Letšosa, 2018: 2; Henderson and Bryan, 2011: 7). As a result, it is believed that some disabilities result from immoral behaviours of either the parents or the individual (Henderson and Bryan, 2011: 7). In addition, disability is also seen as proof of satan's existence; taken as suffering that one should endure for falling into temptation (Machingura, 2019; Retief and Letšosa, 2018).

There are also understandings of disability that emerge at the intersection of culture and religion. Machingura (2019: 211) has argued that "negative attitude toward disabled people manifests in the intersections of religion, culture/tradition". According to Machingura (2019: 212), disability is usually associated with witchcraft and moral challenges. As a result, when a child is born with a disability, witchcraft is always considered. Although some sufferings resulting from witchcraft can be reversed, disability is culturally regarded as irreversible, and to prevent its recurrence, concerned family members must take corrective measures.

3.2.1.2 Religio-cultural understandings

Some of the religious and cultural beliefs contribute to the creation of attitudes that lead to the acceptance or rejection and pity toward disabled individuals. These beliefs lead to stigma and cultural myths that often result in derogatory terms for disabled people. Dlodlo and Moyo (2022: 12) argue that among the Ndebele people in Zimbabwe, "disability implies a lack or incompleteness on the part of the person, particularly when judged according to the standards of the 'complete person' hence the use of the term *kaphelelanga* (they are incomplete)". Consequently, cultural and religious descriptions of disability are the major influencers towards the conceptualisations of and responses to disabled individuals in most African societies (Chataika, 2013:123). Disability is also seen as the wrath of the ancestors for the sins committed by disabled individuals or their parents (Machingura, 2019: 213). Therefore, rituals and spiritual ceremonies are performed to cleanse the disabled individual and chase the evil spirits away from the family (Chataika, 2013:119). If these rituals are not carried out, the family will remain with bad luck.

Although there are cultural and religious beliefs contributing to the creation of stigma toward disability, disabled individuals are not entirely rejected by African societies. People in most African societies are "generally sympathetic toward disabled people, as they teach their people not to mock or laugh at disabled people" (Machingura, 2019: 213). African languages have several idioms and proverbs that encourage love, kindness, care, respect, protection, and acceptance of disabled individuals. These are guided by the philosophy of Ubuntu, which emphasises that- *umntu ngumntu ngabantu*- a person is a person through other people. This means that "at the heart of ubuntu is respect for diversity of what it means to be human" (Machingura, 2019: 214).

These include idioms and proverbs such as *seka urema wafa* (Shona for 'laugh at disability when you are dead') (Machingura, 2019: 213), *inxeba lendoda alihlekwa* (Nguni languages for 'one's wound should not be laughed at') (Dlodlo and Moyo, 2022: 11), *oborema igoro bore* (Ekegusii for 'disability (may) befall one late in his life') (Ogechi and Ruto, 2002: 78). These expressions are meant to shape the behaviour and attitudes toward disabled individuals and ensure better treatment (Machingura, 2019: 214; Ogechi and Ruto, 2002: 78). Hence, Devlieger

(1999) encourages the frequent use of proverbs that express the favourable position and promote inclusion of disabled people in society.

3.2.1.3 Bio-medical understandings

The medical model of disability views disability as a medical problem, a defect, disorder, dysfunction, or deformity in one's bodily function (Smart, 2009: 4; Olkin, 1999). Griffo (2014: 149) concurs, stating that this model considers disabled individuals to be suffering from pathologies, thus requiring "medical and rehabilitation treatment in order to regain any lost functionality". The biomedical model is characterised by "scientific rigour and objectivity", meaning that disability can be classified, quantified, measured, and standardised (Smart, 2009: 4). This model is sometimes also referred to as the 'personal tragedy' model, as it defines disability as a tragedy (Retief and Letšosa, 2018: 3). Although some disability scholars have criticised the medical model as discriminative and stigmatising, Smart (2009: 4) highlighted that no one would advocate for the complete rejection of this model because "there are biological realities to the experience of disability".

However, that does not mean these critiques should be disregarded, as they aim to re-examine this model and make it more inclusive, less prejudiced and stigmatising. Wade & de Jong (2000) have called the "bio-medical model a 'meta-handicap', asserting that the prejudice and discrimination toward people with disabilities has developed not in spite of the bio-medical model, but because of it". The model fails to acknowledge the individual's social, cultural, and racial aspects and how these affect one's life experiences (Smart, 2009: 5).

3.2.2 Social Model of Disability

There are two dominant perspectives through which disability is theorised: the social model and the biomedical or individual model (Dawn, 2021). The social model emerged out of activism as a rejection of the claims and arguments of the biomedical model. As aforementioned, the biomedical model viewed disability as a personal tragedy or the individual's problem or a defect that needed to be fixed through medical attention (Retief and Letšosa, 2018: 3). The biomedical model became the dominant framework through which disability was viewed in the late 18th to early 19th century, and it regarded disabled individuals not only existing outside the bounds of normality but also in need of medical care and attention to be corrected. This model was heavily criticised for pathologising disability and also for the absolute power which it afforded medical practitioners (Sipungu, 2021). Thus, the othering of disabled people as abnormal that is embedded in the model makes it unsuitable as a framework for this study.

As mentioned in the introduction, this study employs a queered social model of disability framework. The social model of disability emerged as a result of the British disability movement Union of the Physically Impaired Against Segregation (UPIAS) (Liddiard, 2018: 17). According to Liddiard (2018: 17), this movement radically changed the meaning of disability from it being understood as produced or manifesting in the bodies of individuals to disability being a product of the social world. This approach made a distinction between disability and impairment, and this was regarded as one of its most outstanding achievements as it introduced a “paradigm shift in the understanding of disability” (Sipungu, 2021). On the one hand, it defined impairments as individual and private, the physical manifestation. On the other hand, it defined disability as a public disadvantage as a result of physical barriers in society or attitudinal barriers (Oliver, 2013). This means that the social model of disability argues that disability is not determined by one's impairment but rather by the disabling social challenges one faces daily (Oliver, 2013: 1024).

According to this approach, disability is believed to be something that is enforced on people with impairments because of their restricted and unequal access to certain amenities, activities and resources in society. Social model scholars argue that "disability is created by physical, organisational and attitudinal barriers in society" (Oliver, 2013). Through this approach, disability becomes the outcome of societal barriers. This means that society limits disabled people to equal opportunities of the 'normal' life in society, therefore disabling them (Dawn, 2021: 10).

As mentioned, this model was created with the intention of disassociating disabled people from the medico-scientific models of disability, which locate disability in individual bodies and pathologising individuals by labelling them as defective or diseased (Liddiard, 2018: 17). This means this model helps disabled individuals to reject and resist their “medicalised and pathological existence” (Liddiard, 2018: 18). Furthermore, the social model of disability has been used to protest against the use of dehumanising language towards disabled people (Dunn and Andrews, 2015: 258). Scholars such as Oliver (2013) and Shuttleworth (2007) argue that using the term 'disabled people ' is not a value judgment on what people can or cannot do but rather a political description of the shared, disabling experience that people with impairments face in society. Thus, being disabled means that one is marginalised in society, and their disability is, therefore, "a particular form of oppression and a barrier to an enabling environment" (Majiet, 1996: 78).

The social model is essential for this study because it necessitates a structural analysis of disability. Through this method, the disability is not the problem of the participants, and therefore, the researcher can look at the role of society insofar as it enables or hinders their romantic pursuits and stigmatises them, thus troubling identity construction. In this regard, the social model of disability in this research will help explain how disabled individuals view themselves as merely reflecting what society believes them to be. As previously mentioned, the social model will be queered to create a framework that attends to both identities – for the queer participants. It will soon be made clear that queer theory is not only about sexual 'queers' but all those regarded as outside the margins of conventional normal. All those deemed strange in some forms are catered for under queer theory. Therefore, even the heterosexual participants in this study will be studied through a queer(ed) social model because disability is deemed strange and outside the bounds of normal and, therefore, queer.

3.3 Queer theory

3.3.1 Key aspects

To 'queer' means to disrupt or do something that is considered strange; it is a way to challenge the norm and make space for marginalised identities and perspectives, opening up possibilities for new ways of being and thinking (Martino and Schormans, 2021: 54; Chappell, 2015: 55). This means that 'queering' serves as a form of defiance of what is considered normal. Queer sexuality, therefore, serves as defiance of compulsory heterosexuality, while the disabled body exists as defiance of the normality ascribed to the able-bodied embodiment. However, within the last two decades, the term queer has been overwhelmingly used as an alternative for gays and lesbians and to create an inclusive space for those individuals whose sexualities and gender identities are outside of what society considers normal (Dilley, 1999: 457,458). The term queer theory was first used by Teresa de Lauretis, a theorist who suggested that new ways should be explored, where lesbian and gay sexualities could be viewed as forms of resistance, which could help to challenge dominant and oppressive cultural norms and open up possibilities for greater diversity and inclusion (Casey, 2012: 86). For her, this would allow for safe spaces to be created, where people would feel free to talk about sexualities in different and non-oppressive ways.

The 1990 University of California Santa Cruz conference is seen as an essential event that got things started for de Lauretis (Casey, 2012: 86). This conference was themed Queer Theory, where de Lauretis encouraged the lesbian and gay community members that in order for them to be able to redefine their sexualities and establish other perspectives in which they can think about sexuality and rethink their understanding of it, they must address their own sexual histories and unwind their silence about sexuality and its relationship with gender and race (Casey, 2012: 86). De Lauretis wanted to eliminate the privilege of analysing literature in a hegemonic, white, male, and middle-class perspective and the heterosexist way of thinking that dominates feminist and sexuality studies (Casey, 2012: 86). This means that she wanted the heteronormative foundations of studying the lesbian and gay theory to be radicalised and destabilised and to come up with new ways of thinking about and understanding sexuality.

Heteronormativity reinforces and naturalises the idea that heterosexuality is the only legitimate form of sexuality, and that gender and embodied identity must adhere to certain ideas and behaviour patterns. Queer theory, according to Chappell (2015: 61), rejects the idea of viewing gender and sexual identities as fixed by recognising the fact that identity is a "fluid entity that takes into account diverse and changing social experiences". This means that it focuses on how an individual's intersectional experiences can shape identity. For a study such as this one about the intersections of disability and sexualities, queer theory therefore serves as a fertile ground from which to theorise. In other words, queer theorising contributes to how society should understand the construction and reproduction of identities and how they are performed (Watson, 2005: 68;69). Therefore, it is crucial to understand that people whose identity consists of more than one subjugated group should not have their experience reduced based on the experiences of privileged individuals, as these do not fully represent them (Bell, 2017: 34). This clearly demonstrates that queer theory emerged directly from "liberal ideas of equality, building on feminist and other liberatory political movements" which seek to question the power dynamics of identity (Watson, 2005: 69). Due to the fact that it accepts fluidity and aims to deconstruct the ideas of binary, queer theory is believed to be a more inclusive and radical choice to advocate for queer rights (Callis, 2009: 216). This theory drew from poststructuralism, which argues that "meaning is unstable and that the individual is created by/ creates social structures" (Callis, 2009: 216). This shows that this theory's main focus is to destroy ideas that restrict the construction of queer people's identities. The queer theory will help with understanding how individuals navigate their queer identities/ sexualities in a dominantly heterosexual society. However, the social model and queer theory will be merged.

The result will be a queered social model of disability, which will cater for both queer sexual identities and disabilities, as previously explained.

3.3.2 Critique

Despite its popularity, scholars have criticised queer theory to be ironically exclusionary (Grzanka, 2019: 7). According to Msekele (2020: 35), one criticism of queer theory is that the term ‘queer’ refers to no particular sexual status or gender identity. It was argued that even heterosexual people may be ‘queer’, robbing LGBTQI+ individuals of the uniqueness caused by their marginalisation. Msekele (2020: 35) (citing Jasoge, 1996) further argued that this “desexualises identity, when the matter is exactly a sexual identity”.

Additionally, queer theory was criticised for its lack of intersectionality, where it failed to recognise factors such as race, class, culture, and religion (Hames-Garcia, 2011: 20; Msekele, 2020: 34). Literature from the mainstream queer theory, according to Hames-Garcia (2011: 20), failed to address the connection between the experience of class and race for queer individuals, and the racialised homophobia that gays and lesbians faced. As a result, this critique led to the creation of a powerful movement and an inclusive theory: the queer of colour critique and ‘quare’ theory (Grzanka, 2019; Johnson, 2001; Eguchi *et al*., 2014). The queer of colour critique demanded and argued for an intersectional approach which rejected the “single-axis analysis” that prioritised either race or sexuality over the other (Grzanka, 2019: 7). Similarly, the quare theory argued for the acknowledgement and recognition of queer black people’s experiences (Eguchi *et al*., 2014: 373; Johnson, 2001: 3). This would be an essential move toward developing the way we understand queerness (Eguchi *et al*., 2014: 373).

Both these theories advocate for the acknowledgement and accommodation of issues faced by queer people of colour, plus their contribution to the substantial body of critical queer studies’ literature (Grzanka, 2019: 8; Hames-Garcia, 2011: 28; Johnson, 2001: 3).

3.4 Queering the social model of disability: in respect to crip theory

Given the fact that it emerged from a highly politicised, male-dominated, activist culture, some sexuality scholars argued that the social model of disability assumed a white, male, and heterosexual norm which was a representation of the dominant groups in society (Rembis, 2010: 54). Consequently, most of the disability and sexuality research also assumed a heteronormative view. Furthermore, other critiques of the social model of disability have raised its “inability to recognise sexual agency and the way in which it has little or nothing to say on the subject of sexuality and has no place for the question of desire in particular” (Liddiard, 2018: 19). It was argued that the masculinist and outdated principles of this model needed to be revised for it to be more inclusive (Liddiard, 2018: 19). Applying queer theory to disability studies challenges us to examine disability by looking at how heterosexuality and able-bodiedness create an environment of exclusion and discrimination for queer disabled individuals (Cheng, 2009: 116). This combination creates what is referred to as crip theory, which critically studies the impact done by disabling societal processes on disabled individuals' identities, especially sexuality (Msekele, 2020: 31). This theory seeks to adequately address the issues pushed aside by the queer and disability theories (Martino, 2017: 7).

Both the social model of disability and queer theory give some insight into how queer disabled individuals construct their identities and adjust their behaviour based on how society interacts with them (Bell, 2017: 34). Combining queer theory and the social model of disability allows us to understand the unique challenges faced by people who are either simultaneously queer and disabled or solely disabled, as well as how their position within society is determined by their multi-minority status (Bell, 2017: 34). The combination of these theories does not only allow for a more helpful way of looking at sexuality and intimacy but permits for a critical focus on the intersections of disability with other social identities; an aspect that still needs to be examined within the disability and sexuality research (Liddiard, 2018: 21). Hence, the frequent use of crip theory is required.

With the understanding that the 'disabled' and 'queer' identities are perceived as 'abnormal' by society, the social model of disability and queer theory provide the suitable theoretical framework to achieve the main objective as they both acknowledge that there is a need to deconstruct what is viewed as 'normal'. Because there have been calls for a renewed and updated social model of disability, combining it with queer theory helps to strengthen it and make it more intersectional. The acknowledgement of the intersectionality of identities provides an insight into how unique the experiences of people who identify with multiple marginalised groups are (Bell, 2017: 34).

Queer theory and the social model of disability have the capacity to challenge the presumed normality of able-bodiedness and heterosexuality (Cheng, 2009: 115). This means that they have the power to demand recognition and inclusion, not just tokenism and tolerance, and challenge the notion that being disabled and queer are problems that need to be solved (McRuer, 2003: 99). Queer theory and the social model of disability argue that people should not only be given access to the physical spaces and institutions, but access to the spaces where identities and communities are created and contested (McRuer, 2003: 99). Although there is no way of predicting what identities will emerge as alternatives, we cannot deny the fact that able-bodied heterosexuality is evidently not the best there is; and the continuous access and use of queer theory and social model of disability means there will always be other possibilities (McRuer, 2003: 99). Therefore, using both these theories to study disabled sexuality will provide a platform to understand individuals' various, constantly changing identities.

3.5 Conclusion

The discussions in this theory chapter focused on some of the progressive understandings of disability, looking at some of the other models of disability. Furthermore, it focused on how the social model of disability changed the way of understanding disability. This model argued that people's impairments were not the cause of their disability but the social barriers which restrict them access to participating in society. This was followed by a discussion of the queer theory, outlining its emergence, main arguments, and some of its major critiques. This theory believes that people's identities are not fixed and that they are fluid and should be studied that way. It also argues that there should be new ways of thinking about identities. Lastly, this theory chapter looked at how and why combining the social model of disability and queer theory will help achieve the main objective of the thesis.

Chapter 4. Findings and discussion

4.1 Introduction

Employing the thematic analysis methods, the dominating themes that emerged from the data were queer and disabled: romantic and sexual lives, identity construction at the crossroads and perceptions, negotiating disability and sexuality: disability identity first or sexual identity first, and strategies. This chapter will explore these themes in relation to existing literature. Additionally, the themes will be reported according to the goals of this study that were previously mentioned.

4.2 Queer and disabled: romantic and sexual lives

The first section of this analysis chapter focuses on the romantic and sexual lives of the disabled participants in this study. This focus addresses the first objective of this study, which is to explore the negotiation of romantic and sexual lives in a comparative way. The themes explored in these sections explore both the queer and heterosexual participants. Each of these sections explores the accounts of queer participants and then follows with the accounts of heterosexual participants on the same theme.

4.2.1 Physical Disability and Relationships

When asked questions about romantic relationships, both gay participants, Luthando and Siphesihle, indicated that they were not in stable relationships. Luthando mentioned that they were in a clandestine relationship with a married man, while Siphesihle alluded to what can be considered a 'situationship' or an 'on-and-off' relationship, as he described it.

> Luthando: I am not married. But I am seeing someone.
>
> Siphesihle: *Hayi anditshatanga* (laughs). *Ndisingle. Kodwa ukhona umntu endimbonayo ngeloxeshana.* On and off? *Heke!* On and off. *Sadibana e* [mentions place]. *Ey man, ndimjonge lo on and off, ndiqonde hey ndiyambawela.*

However, Aisha, who identified as pansexual, stated that she was in a long-term relationship.

> Aisha: I am in a relationship as of now. We met, I think two years, I think three years. Yeah, we met three years ago, and we met in my brother's car, right. Yeah. He used to be in my brother's car a lot of times. And we just started talking, and we linked up and everything just happened.

The relationship experiences of the two gay participants are not uniquely different to the vast experiences of gay people and relationships, as evident in the literature. The literature on gay people's experiences of relationships shows patterns of instability amidst a dominant hook-up culture propelled by sites such as Grindr (Olivier, 2021). What is important to note from the experiences of all the queer participants is that their words contradict the assumption of asexuality often ascribed to disabled individuals. Particularly interesting in the accounts of Luthando and Siphesihle is the seemingly easy access to sex despite their unstable relationship statuses. Again, this mirrors the hook-up culture that scholars of gay experiences have shined the light on (Olivier, 2021).

Msekele (2020: 160) argues that "queerness, due to its own deviance and burdens, turns my disabled interlocutors into people who are even more disabled than they were before –it makes their disability both more visible and more disabling". I, therefore, wonder if the reason the disabled gay participants are not in relationships is due to stigma emerging from the combination of the deviance and burdens of being queer and the deviance and burdens of being disabled? However, Aisha's account, the pansexual participant, troubles this thought because she is in a long-term relationship. However, again the literature on queer people has shown that the gay community is preoccupied with body image "lookism" (David, 2006).

However, I also want to argue that the co-existence of disability and queerness had also made the participants peculiar as sexual partners. This is because while some of the queer participants seemed to have struggled with sustaining a relationship, they spoke about having constant access to sexual partners. More research is needed on how strangeness or queerness creates curiosity about a person as a sexual subject.

As the primary goal of this was to offer a comparative exploration of how black heterosexual disabled individuals vs black queer disabled individuals negotiate their sexualities, I found that in the case of some of the heterosexual participants, the onset of disability made them strange/queer – to their partners and themselves - to the extent that they left their relationships. This argument is an extension of Msekele's (2020) argument. I found that the onset of disability had led to the death of their relationships. I argue that the beginning of the disability made them queer/strange either to themselves or to their partners; thus, their relationships could not continue. Nomzamo stated that she was in a relationship before a stroke hit her, and became physically disabled.

> Nomzamo: I didn't want to be involved in anything or anyone (khange ndifune nix nie). He tried staying with me, but I realised that I was uncomfortable, I wasn't interested. I didn't know whether it was the stroke or not. I also thought of the relationships of

> disabled people …and thought he was not staying because he loved me. These were just my thoughts. It's either he wanted a place to stay… he'd be glad to find me in one place, receiving the disability grant, and there's… (everything he'd need in a house). He stayed for about 3 to 4 months. There was nothing happening, as I was uncomfortable. I was still in denial of the situation I was in, so I couldn't focus on the relationship. I hated the fact that I couldn't do most things, so I was dependent on people for that… I just felt sorry for myself.

Two things emerge from this account. Firstly, the disabled body was so strange to its owner that she started doubting the intentions of potential partners. Secondly, due to how poor most people are in this area of Makhanda, it would have been possible for Nomzamo's former lover to stay so that he would benefit from her disability grant. Eastern Cape was identified as having the highest rates of inequality in 2015. This factor reveals itself in this area's 34,9% unemployment rate (Statistics South Africa, 2021). As a result of this, Nomzamo may have felt that her former lover might take advantage of her situation and use her as a meal ticket. Msekele (2020: 99) noted that family members or anyone involved may exploit the disabled individual for their disability grant with no intention of protecting and providing for the disabled person's needs. This means that the disability grant "turns the disabled person into a commodity, a good deal, someone to keep around, to keep the household running" (Msekele, 2020: 99).

Luthando also expressed their scepticism about being in a long-term relationship with non-disabled individuals, as some get involved with them [disabled people] for their money.

> Luthando: you know it's been difficult to find now like a long-term relationship with abled-bodied because omnye *nhe uzazicingela ukuba ndandophukile so ndizofumana iimali zika* RAF (Road Accident Fund). So *ufumaniseke ukuba umntu uza kumntu one* physical impairment *kuba enento ethi unemali okanye uzobanemali* [one approaches a physically impaired person thinking they have money] … So *ndifumanise into yokuba umntu akazelanga uthando ncam uzele* benefits [the person did not come for love, but for benefits]. *Mhlambi omnye uzoza kuba ecinga ndifumana* disability income [they will come thinking I receive disability income].

Another participant also reported that she was in a relationship before her stroke, but they broke up shortly after.

> Asanda: He did not seem to be interested anymore. *Ndazixelela ukuba…makahambe, ndiyazisokolisa mos ngaye* [I told myself that I should let him go. I was just wasting my time with him]

When I asked about how they [Nomzamo and Asanda] felt about being in intimate relationships again, Nomzamo showed no interest.

> Nomzamo: I also thought about the fact that my daughter was growing, so I should stop these things (sexual and romantic relationships). She was only ten years old when this happened (the stroke). (as time went by) And I also thought about how my daughter was approaching the appropriate age to start being sexually active. So, I didn't want to be doing what my daughter was doing. I'm also 60 years old, so why would I start being sexually active now? Where would that kind of horniness come from? It's been years since I've had sex, *akukho nento ethi thiki* [I don't even get aroused].

In society, women are expected to behave in specific ways in order to be socially accepted, shown respect, and gain the label of being a proper woman (Mtenje, 2018: 4). Mtenje (2018: 4) also stated that during socialisation, girls and boys receive different lessons about how to behave. The girl child is taught that the way they carry their bodies, dress, and conduct themselves sexually determines whether they are worthy of respect. Older women, particularly mothers, are expected to 'respect' their children by not exploring their sexualities, as it may be seen as inappropriate. According to research done by Sennott and Mojola (2017: 790) on women's respectability in rural South Africa, mothers who explored their sexual desires were viewed as behaving prematurely, disrespectfully, and unmotherly. In Nomzamo's case, abstaining from sexual and romantic relationships was not only due to her physical disability but also out of respect for her daughter. She felt that being in a sexual and romantic relationship would seem inappropriate to her daughter.

Nomzamo also felt that she could not have sex because it would seem like she was being taken advantage of.

> Nomzamo*:* Having sex would feel as if the other person was taking advantage of me. But no, that's not the case, as it would be something you'd do even if I weren't living with a disability.

Asanda, on the other hand, expressed that she would see as time passed.

> Asanda*:* I don't see myself being intimate with anyone... in fact, let me not say that. I'm just not ready yet. I don't know what will happen as time goes by…but for now, I want to focus on myself.

According to Chance (2002: 198), people who have acquired their physical disabilities as adults go through a period of adjustment where they "mourn losses" and try to accept their new bodies and lives. Similarly, Pyke (2017) also argues that there is a 'pause period' after the acquisition of the disability wherein people mourn the life lost and reconfigure how they are to lead a life as disabled. This is a difficult period for them compared to those who have lived with their disabilities almost their whole lives. This is because people with lifelong disabilities might have developed a sense of identity and self and were able to navigate their sexualities, insecurities, and identity crises (Chance, 2002: 197). Therefore, through this adjustment period, one might feel that it is essential to focus on developing their new sense of self and identity instead of exploring their sexualities as well. This might be one of the reasons Asanda is not keen to navigate her sexuality and focus on herself instead, and learn to adapt to being disabled.

In light of the scholarship from the social model of disability, the participants in the above excerpts are indicating that it is the environment which disables their chances of being in relationships. The participants are scared of being taken advantage of as disabled people. Additionally, the participants demonstrated that the politics of respectability prevalent in this context also placed them at an additional disadvantage, mainly because they were women.

4.2.2 Physical disability and sexual pleasure

It was the intention of this study to explore the full spectrum of the romantic and sexual lives of the participants. Therefore, I also explored any opportunities or constraints posed by the disability on their sexual lives. Participants revealed how they viewed their sexual lives through their disabilities. Aisha stated that her disability brought both challenges and advantages to exploring her sexuality, Luthando stated that their disability posed a challenge to their sex life, and Siphesihle felt that his disability was not a challenge for exploring his sexuality.

Luthando viewed their physical disability as a challenge to their sex life because they could not visit their partners, meaning that partners had to come to their home, which they share with siblings.

> Luthando: First of all, I can't…it's difficult for me to visit someone to his place, so people have to come to my place. And *ndihlala endlini ngoku* [I stay at home now], I

> moved to my mother's place. *Ndihlala neesiblings zam* [I stay with my siblings] ... So, I have to bring people to my place, *oko kuqala*. In a house *endiyi share.a nabantu.*

From the above account, the first constraint on the sexual lives of the participants is as a result of mobility challenges. Disabled participants tend to live with family or personal carers, which then means they cannot host sexual partners. On the other hand, they cannot go to their sexual partners' places without needing assistance. Therefore, as with Luthando, they have to find opportunities when there is no one else in the house. Secondly, Luthando also mentioned the effect of having weakness of the muscles on their sex life.

> Luthando: ...and *kengoku amaxesha amaninzi* [most of the time] I had lack of power [strength], so I couldn't perform to my utmost best. So, even now, I try, but ke not to my utmost best, *elihlobo bendiqhele ngalo* [like I used to before].

This admission of a body that aches and troubles the participant is important for disability studies and frameworks. Luthando acknowledges that the body is weak and, therefore, cannot perform at its best. This is important for disability studies because the social model alone tends to disregard that the disabled body aches and pains. The queer social model of this study seeks to look at the disabled body as strange and therefore implies placing the body at the forefront of social analysis. This analysis will take into account that the disabled body hurts and aches.

Aisha felt that being physically disabled was both a challenge and an opportunity for her sexuality and sex life.

> Aisha: I lowkey feel like a bit of both because to be honest, there are times where you meet someone or like they view your profile [online]. And they don't see my full/whole pictures. Right. And then now when it comes to, like, literally meeting and then they on some "yho dawg, you're so short and I can't do it", you know. And there are times where like someone will just find you, like, will be cringely, cringely attracted to you. Some comments are so unacceptable because you can't tell me "nha dude you're ncaah, you're short, you're like a baby", kanti you want something.

Aisha also revealed that she felt that her flexibility was an advantage to her sex life.

> Aisha: And one other nice part is now it's an advantage because I am so flexible, so it does cover up for…(giggles)

There is literature about how disability usually affects the 'traditional' way of physical pleasure, resulting in finding alternative ways of feeling and satisfying their sexual partners. Aisha's above account shows that instead of seeing her condition as a challenge to experiencing good sex, she is able to incorporate the flexibility which comes with her disability into [her] "sexual repertoire" (Rainey, 2017: 229). Msekele (2015: 16) has noted that "where physical disability is involved, manual devices, medication, and experimentation is crucially important for sexual activities". Therefore, the pleasure that is derived from beyond/ without penetration and intercourse is also emphasised (Msekele, 2015: 16). Additionally, the disabled men in Rainey's research (2017: 227) often keenly disidentified with modes of sexual identity that focused on the penis, "creating a masculine sexual expression that highlights their adeptness at giving sexual pleasure" (Rainey, 2017: 215). This means that they familiarised themselves with other skills for sexually pleasing their partners (Rainey, 2017).

However, while some of the queer participants spoke about constraints in relation to sexual intercourse, the heterosexual participants, the males in particular, said that their disabilities did not affect their sexual lives. However, that could have been their masculine egos talking. Sipungu (2021) has argued that the way the participants talk about their experiences can be used to enact particular kinds of realities or create certain lights within which the participants want to be seen. Bongile and Monwabisi expressed that they have been in intimate relationships after they acquired their physical disabilities. Their responses also indicated that this journey challenged their masculinity. Bongile had to show it off by exerting force, while Monwabisi held back to avoid negative consequences.

> Bongile: ...in high school, we would go behind school premises and have sex. I was also involved with someone, but she was problematic. She would cheat, and I had to go and fight people off. After that, I met my wife of 2 years.
>
> Monwabisi: After I came back from prison, I was involved with someone. But she died of stress when I was arrested again for drug charges. Since then, I haven't been involved with anyone. (In terms of physical appearance or attraction) they would call me 'ikhroko-khroko' (crippled), knowing that I wouldn't do anything that would send me back to prison.

The term *'ikhroko-khroko'* refers to something that does not work the way it should; something broken. This, again, is an indication that disability makes the heterosexual participants queer. As much as these men had difficulties with navigating their sexualities while physically disabled, they were able to be involved with some women; they were able to approach them. For women such as Nomzamo and Asanda, it is different as they may not have the courage to approach men (due to social gender expectations and roles) or be approached as a result of the fact that women with physical disabilities may be viewed as "innocent, vulnerable, sexually passive or asexual" (Shakespeare, 1999: 56). Shakespeare (1999: 56) further explained that the intersection of gender and disability for women with physical disabilities grants them the second-class status and "potentially undetermined independence and agency". Lastly, women with physical disabilities may not conform to societal body expectations as a result of the deviation of their bodies (Shakespeare, 1999: 56). This is due to the heavy emphasis society has on women's physical appearances (Majiet, 1996: 78).

4.2.3 Being sexually and romantically involved with other disabled people.

Msekele (2015: 18) noted the misconception that society has about how disabled individuals are assumed and expected only to be interested in and pursue relationships with other disabled people.

Previous studies on disability and romantic relationships have noted that participants had different opinions and experiences about being in sexual and romantic relationships with disabled people. The findings in this study were no different, as they revealed that some participants were not against being involved with disabled people, and some were. Aisha reported she was once involved with one; Luthando stated that they had always wanted to be in a relationship with them, while Siphesihle expressed that he had no interest in disabled people.

> Luthando: I even tried to check online dating sites *zabantu abane* physical impairments but *ndafumanisa into yokuba bakude* [they stay far]. I wouldn't mind, I have never actually been nomntu one physical impairment. Thus far, I've been with *abantu aba* fully abled.

Although they showed interest in being involved with disabled individuals, Luthando had some reservations.

> Luthando: And if that's the case, *abengumntu* one visual impairment so that *angabinale challenge ndinayo yokungabina* power [strength] [so that they don't have the challenge of not having strength] to assist me during iperformance. So I think *abantu abanamandla bazondixwaya ngokwakhe* (both laughing) [a person with strength to

> carry me]. *Ndizomthini umntu ongenamandla ube ungenawo wena kuqala* [what am I going to do with a person with no strength when I also don’t have strength]

Luthando’s desire to be carried corresponds with a study by Hassouneh-Phillips and McNeff (2005: 235), which found that some participants preferred being involved with non-disabled people with arms because they wanted to be held. Although these were not Luthando’s exact words, this shows that, although they are keen on being involved with disabled people, Luthando had a preference for what kind of disability and the level of disability severity the partner should possess.

However, as with all research, there was no singularity of voice regarding the dating desires of the participants. For instance, Siphesihle reported no interest in being with a disabled person.

> Siphesihle: *Andikholwa ngabantu aba disabled njengam* [I am not interested in disabled people, like]. *Ndikholwa nje ngabantu aba* ‘normal’*, abahamba kakuhle* [I only like ‘normal’ people, who walk properly].

This also corresponds with what was found in Hassouneh-Phillips and McNeff’s (2005: 235) study, where some of the participants stated that they preferred non-disabled people over disabled men. Siphesihle’s use of the word ‘normal’ when referring to non-disabled individuals reflects how disability is perceived as an abnormality. This is because of the way disabled bodies deviate from what society views as an ‘ideal’ body standard.

Aisha, on the other hand, stated that she was once involved with a disabled individual.

> Aisha: It's not people with physical disabilities have had an encounter with someone who had a neurological disability. Which now is not something that you expect or because we have this marginalisation of being normal, you understand? So yeah, one they had a neurological disability. But they didn’t want to talk about it right. I was like, okay. The fact that you did tell me that you have a neurological disability, that's okay. You understand? And it was now bad or they just didn't wanna mention it because it's a thing of people are gonna say *akekho right entloko*, you know. But yeah, I did. But not one with a physical disability, but it was a neurological disability.

The fact that the partner did not want to talk about their disability is not an uncommon issue.

Most of the heterosexual participants expressed a desire to be with a disabled partner. For example, both Monwabisi and Bongile expressed that they have always wanted to be in an intimate relationship with a disabled person.

> Bongile*:* it has always been my wish to be involved with one because a person with a disability will not do the things that non-disabled people do. They would not bother you with unnecessary drama.

> Monwabisi*:* yes, because there is no difference between a person living with a disability and a non-disabled person. Being in an intimate relationship is about love, trust, and loyalty. We can't fault people who were born with a disability; it's God's plan. I would love to get a chance to be involved with a disabled person.

In the above accounts, both participants express an interest in being in a relationship with another disabled person. This is interesting because most of the Western literature on the romantic lives of disabled people notes that they often prefer a non-disabled romantic partner. Bongile's explicit desire to be with a disabled person because 'they would not bother with unnecessary drama' is an acknowledgement that the disabled body aches and hurts because of impairment – beyond being only restricted by the social structures. It is an acknowledgement that requires us, as social model researchers, to pay particular attention to the body rather than only focusing on the structures. Additionally, this is an admission that the disabled body presents as queer and thus another disabled body would perhaps be more understanding. Bongile's statement also speaks on how disabled individuals, especially women, are perceived as passive, as they do "not cause unnecessary drama".

Nomzamo and Asanda, the other two heterosexual participants, were also not against the idea, as they stated that it would depend on their feelings.

> Nomzamo*: it would depend on…if I were interested in one, I would.*

> Asanda*: it would depend on my feelings…but I don't see anything wrong with it.*

4.3 Identity Construction at the cross-roads and Perceptions

The second objective of this study is to comparatively explore the construction of sexual identities that intersect with disability. In this section, I explore the factors that enable or constrain the construction of a sexual identity for disabled people. As with the previous section, the sub-sections here begin with the experiences of the queer participants and then followed by the experiences of heterosexual participants.

4.3.1. The causes of disability

From the interviews, I learned that the cause of disability had a significant influence on how the participants later constructed a sexual identity as disabled people. When Luthando was diagnosed with myopathy, there were rumours that Luthando was disabled because of their HIV+ status. This went on until doctors told Luthando otherwise.

> Luthando: When I started losing mobility… I couldn't walk, so the stigma I received from the location was that I had defaulted (not taking medication); it's HIV related, and that's what they thought, and that's what the rumours were saying. But then, if I had defaulted and the treatment was not working, the doctors would have picked that up, and I would have been switched from line 1 to line 2. Because I was hospitalised here in Makhanda, then was transferred to Gqeberha, from there to Cape Town. So, I have exhausted all the options the medical services and still the doctors couldn't really put a finger. But then people had their own [opinion].
>
> Luthando: I think abantu they are aware ukuthi abantu aba queer are a part of ikey population of being exposed to HIV and other infections because of the way we perform sexual activities. So they [other people] will always think that you've come to a stage where you are now defeated… they don't say it, but …*okanye mhlambi ke kukuzicingela kum…*

As evident in the above accounts, the manner in which the participant was disabled has a massive influence on the path they follow in constructing a sexual identity thereafter. There is a lot of stigma and fear around HIV in communities (see Chappell, 2013, 2016; Hanass-Hancock, 2009; Msekele, 2020). People do not want to have sexual intercourse with people suspected of being HIV positive. Research has noted that the chronic nature of HIV and the stigma it carries has an impact on the construction of sexual identity and the sexual agency of people living with HIV. In the case of Luthando, the fact that the onset of their disability was rumoured to be the result of HIV influenced how they became a sexual being thereafter.

The point of inception of disability is evidently crucial in the creation of any identity after disability. For example, Sipungu (2021) looks at the creation of manhood identity by participants who acquired disability after initiation versus participants who acquired disabilities before initiation.

In addition to the cause of the disability, the process of constructing a sexual identity after disability is also dependent on the severity of the disability. With Luthando, muscles weakened and gay, the sex life revolved around partners doing most of the work, which they disliked. Luthando had to assume a submissive sexual position because they "lacked the power", as he framed it.

Whereas with Siphesihle and Aisha, both of whom did not need assistive devices, there was no need to reconstitute newness in relation to their sexual lives. For example, as mentioned before, the point at which disability is acquired is crucial to any form of identity construction thereafter. In the case of Aisha, who was born with a disability, she realised she was pansexual at puberty.

> Aisha: I've always been pansexual. I've always had a sense of belonging in male people and the sense of belonging in female people, right. But now I never had the pressure to, like, come out and explain to people because I didn't feel the need to explain to them for something that they would later talk like negatively about.

Aisha was born with Osteomalacia, which she described to be caused by a deficiency in vitamin D, calcium, and phosphate. This condition is characterised by bone deformities leading to the softening of bones, joint pains, and fragile teeth. As a result, she sometimes had to use crutches to help her move around. In order to spare her the stigmatisation and discrimination he faced growing up, Aisha's father sheltered her.

> Aisha: as a differently abled person when I grew up, my dad isolated us from the community because he was also differently abled, and he didn't grow up well. He was stigmatised. He was like stereotyped and discriminated against. So he didn't want us to go through that trauma.

However, the issue with these participants was the claiming of both a disabled identity and a queer sexual identity. They felt that two stigmatised identities were too much of a burden to claim. Thus, they either owned the disabled identity with pride and did not come out, or came out and rather did not claim the disabled identity while they lived a disabled life. There are a lot of contradictions, and I believe they arise because of the supposed conflicting identities. The participants are making sense of their lives as they go. The fact that both identities are stigmatised places them in an awkward position.

Contrarily, I learned from the heterosexual participants that disability does not destabilise their sexual identities to the extent that they need to think about what it means to be disabled and heterosexual. Similar to available research about heterosexual sexual identity in general, the participants had never thought about sexual identity; they assumed they never had to think about it; it was a given. Therefore, the questions about sexual identity at the crossroads of disability were confusing to them. While they worried about the labour of sex in their conditions, they did not think about what it means to be disabled and heterosexual. To them, this was not a question for contemplation. In this regard, I argue that because heterosexuality is so normalised and naturalised, they do not see the need.

Thus, the construction of sexual identity for both queer and heterosexual participants was a balancing act between wanting to claim sexual agency as an individual and stigmatised perceptions of disability by society. In the following subsections, this section will explore the perceptions that the participants reported to have been negotiating. The following subsections, therefore, address the last objective of this study, which is to comparatively offer an understanding of how both groups experience other people's perceptions of their identities.

4.3.2 Being a burden.

Since becoming physically disabled, Luthando has not been participating in certain activities that they were previously active, such as queer activism. Due to how the myopathy has affected their body, Luthando has to be fetched and assisted to get in and out of the car. As a result of this, Luthando feels that they are now a burden to those who have to help.

4.3.3 "You can't do anything" mentality

Aisha reported that one of the perceptions people have about her being disabled is that she does not have the capability to do anything without assistance.

> Aisha: Well, when it comes to that, it's the 'you can't do anything' type of stuff that people usually tell us... And mna as a result nangoku ndifike [mentions a place] and I applied for a [job position] but then kwiposition yam, they put in 'assistant' because apparently my [superiors] they were saying that I can't do anything and they don't trust that I have a capability and all. But ke that's something that I don't want to use against them. But yeah, people don't believe that I can do anything or that I'm good enough for anything.

4.3.4 Awareness of stigma associated with being queer disabled.

Aisha, Luthando, and Siphesihle were all aware of the stigma associated with being queer disabled, but it does not affect the navigation of their sexualities. Aisha stated that the most important thing one has to do is accept oneself and educate oneself about these stigmas.

> Aisha: I think like more than anything *kukuzamkela* [accepting oneself] and accepting everything as it comes as a challenge and as an opportunity to learn more about myself, right? And *ndiqhubeke ndizi educate.a ukuba* [continue educating myself], these are the changes that I will experience. and *nalanto yoba ndingabina* expectations [and not have expectations], I expect people to accept me in a certain type of way and all, yabo. Yeah, it's all about me accepting myself and learning more about myself and learning more about queer society and like literally learning more about ezi stigmas, now that we tend to get from people. And look if you being aware *ukuba abantu abathile bathi kwenzeka into ethile nabantu aba disabled naba queer* [being aware about what people say about disabled and queer people]. So now that I know *ukuba kuthwa abantu aba disabled ngabantu abatheni, and abantu aba queer ngabantu abanjani* [now I know what how people view disabled people and how they view queer people], you understand? When it literally happens to me, it doesn't bother me that much because I educate myself constantly.

Luthando felt that things were not the same as they used to be decades ago, as some people have learnt to understand and accept queer people.

> Luthando: *Akufani nakudala man ngoku* [it is not the same as before], families and communities have come to realise and accept indaba ye sexualities zabantu.

Luthando also believed that the way one presents themselves determines how others treat them.

> Luthando: Otherwise, I think it's how you present yourself in the community *ezakwenza abantu bakujonge ngayo, or indlela abazoku treat.a ngayo* [that will determine the way people look at or treat you]. I believe you teach people how to treat you. So, if you need to be respected, you should treat them with respect.

Siphesihle acknowledged that he was aware of people's different views regarding his identity; however, that does not affect him, as people will always talk.

> Siphesihle: *Hayi andifuni kuxoka, bakhona abantu abangayifuniyo lento, bekhona abayifunayo leyo* [I won't lie, there are people who do not like this, while others do].

> But *ayonto ndiyihoyileyo leyo, abantu bosoloko bethetha* [it's not something I care about, people will always talk].

4.3.5 Phase

Luthando reported that their expression of gender-nonconforming behaviour was labelled a phase. This led to Luthando thinking their queer identity was a phase they would eventually outgrow. As a result, they dated women to conceal the fact that they were gay.

> Luthando: *Because umakazi wam wayethanda xa ndigezelwa pha ekukhuleni athi "myekeni, usengumntana, izodlula"* [my aunt used to say when I was being teased as a child, "leave them, they are still a child, it's going to pass"]. *So nam ndikhule ndinalanto yoba hayi man inoba yi phase lento yoba ndi act.e oluhlobo, ndizothi xa ndimkhulu iphele* [I grew up believing that it is a phase. That it would end when I'm older]. When I started having feelings for same sex*, ndandiqonda inoba yinto ezodlula.* So, I didn't come out and I was young at that time.

4.3.6 Fear of being assaulted and disowned.

> Luthando: There was a story that one [gay person] was sexually assaulted *ngomnye ubhuti*. So I was scared *into bana* people are obviously going to tease me and I might be at risk of hate crimes and being sexually assaulted.

As aforementioned, some of the South Africans' attitudes towards queer individuals do not reflect the country's legal policies on homosexuality. As a result, these homophobic attitudes may result in violent acts aimed at changing their sexualities.

Nel and Judge (2008: 22) noted that, due to the sexual orientated-related bias nature of the violence against LGBTQI+ members, it is not an individual injury alone but a hate crime that forms part of the domination system against queer individuals.

Individuals choose to conceal their queer sexual orientation because they fear the disclosure will jeopardise their relationships with families (Kekana and Dietrich, 2020: 152).

> Luthando: *So enye friend yam endandifunda nayo…wayegxothiwe ngumalume wakhe because waye wafound.a out ukuba uthandana nomnye umfana* [a friend I went to school with was kicked out by their uncle when he found out that they were dating a

> guy]. So it was my fear *into yokuba* I wonder how's my family going to react… The only person I feared rejection from was my mother.

4.3.7 No need to come out.

Previous studies have shown that parents of gay youth who displayed more gender-nonconforming and less masculine/ effeminate behaviour while growing up were more likely to assume that their children were gay (Kekana and Dietrich, 2020: 152). Therefore, some parents have a sense of awareness about their sons' gay identities. Siphesihle reported that there was no need for him to disclose his gay identity because people had already perceived his gender-nonconforming behaviour as gay.

> Siphesihle: *Ha.a, abantu baziqondela. Wonke umntu apha endlini, nase area.ini bayayazi* [people just knew. Everyone in my family and community knows].

Aisha felt there was no need to come out because she thought she did not need to give people another reason to stigmatise her. She also stated that she's always felt queer.

> Aisha: I've always been queer, thinking about it now. I've always been pansexual… Because now you are already stigmatised for being differently abled, and then now you come with a new thing that "yeah, sure, mna I feel a type of way about both genders.

She was only forced to come out when her sister found out that she was dating other girls.

4.4 Negotiation disability and sexuality: Disability identity first or sexual identity first

Similar to studies about the negotiation of conflicting identities, I wanted to find out if the participants placed one of the identities before the other and if one identity takes priority in terms of their self-descriptions. I wanted to find out if they are queer before disabled or disabled before queer or disabled and queer equally. Msekele (2019, 2020), as a disabled researcher, noted that it was possible for strangers to comfortably ask her to choose between her queerness and her blindness. She went on to note that "occupying both at once is too much of both and too much in total"; therefore, by hiding their queer sexualities, [her] "interlocutors become less disabled" (Msekele, 2020: 160).

Again, in this regard, there was nothing to analyse from the heterosexual participants. Their self-descriptions only end at being disabled. Their only queer identity that requires 'coming out' of some sort was only the disabled identity. In this light, it is my argument that, unlike their queer counterparts, heterosexual people have no "abnormality" to confess. This line of argument stems from queer theory scholar Foucault (1990), cited in Kotze and Bowman (2018), who argues that the confession of queer sexuality in the coming out about one's sexuality is a result of heteronormativity because homosexual people constantly find themselves compelled to 'confess' their 'abnormal sexual identity' and then they have to regulate their behaviour in accordance with the heterosexual norm. Therefore, unlike the queer and disabled participants, the heterosexual participants did not need to 'come out'.

Aisha stated that her disabled identity will always take priority.

> Aisha: More than anything, the physical disability identity will always cloud me being queer because when people see me, that's the first thing they notice.

Luthando, Nomzamo, Asanda, Bongile, Monwabisi, Sandile, and Siphesihle acquired physical disabilities later in life. Siphesihle got his disability as a result of a stroke. Luthando acquired theirs due to a muscle disorder called myopathy, which weakens the muscles. This disorder affected Luthando's lower limbs and arms. Luthando also reported that they developed diabetes while in a wheelchair and became depressed because of their immobility.

To accommodate their physical impairment, Luthando and Siphesihle had to make several adjustments to their lives. Luthando had to hire a caregiver, as they could not do some things by themselves. Luthando reported this to be financially draining, as they were not earning as much as they used to before the incident.

Since they were not born or did not grow up with a disability, Luthando felt that their queer identity would always take priority. This is because they always believed that their disability was something they would recover from.

> Luthando: *kuba ndingazalwanga nayo* [since I was not born with] physical impairment, it's not something that I prioritise with. I've always believed *into yabana* it's something that's going to pass or something that I'm going to recover from.

The life stage point of disability onset determines how an individual attaches meaning to their disability, particularly when this disability intersects with other marginal identities, such as queer sexual orientation (Msekele, 2020: 87). The contrast between the self-descriptions of Aisha and Luthando rests in the fact that one was born with a disability while the other acquired in late in life, respectively. More research is needed on the negotiation of stigmatised identities in cases where they occur simultaneously.

4.5 Strategies

Lastly, for the disabled and queer participants, because this study was initially conceptualised for them and also because they were all keenly aware of the double stigma of being queer and disabled, the section looks at possibilities for queer and disabled participants.

4.5.1 Sex education and guidance

Aisha, Siphesihle, and Luthando reported that they never received sufficient sex education and guidance regarding their queer sexualities. Aisha had to educate herself on everything she needed to know about sex.

> Aisha: I didn't really have anyone to like guide me because both my siblings were straight as heck, and I had a hard time finding friends because kaloku I was always indoors and all that. So as I said that I'm a very intellectual person, so I took it upon myself to like, literally educate myself about certain things.

Siphesihle acknowledged the education he received at school. However, he felt it was not enough.

> Siphesihle: *Hayi zange. Ewe, esikolweni sasifundiswa but zange ndifumane ulwazi olwaneleyo…* [No, never. Yes, we were taught at school, but I never received enough knowledge]

Luthando also touched on the failure of the school curriculum on this matter. They reported that they had to learn most of what they knew and how to protect themselves from infections from treatment action campaigns.

> Luthando: Because should I have known even *indaba ye* foreskin *ukuthi* it makes you at high risk of contracting infections because it can tear up slightly. *Yabo*, those were the risks *besigaxeleka kuzo thina singayazi into yobana* [we came across unknowingly that] you can contract infections, you know, *ungekasusi* [with an uncircumcised] foreskin.

They also had to learn some things from sexual partners.

> Luthando: [sexual partner] wanted to do ipenetration, so *wabe efuna* lubricant [he wanted lubricant]. *Andiyazi ukuba* lubricant *yintoni, so ndeza ne* Vaseline [I didn’t know what lubricant was, so I brought Vaseline]. So, he was like I must bring something that is water-based. So *waqala wandicacisela ngoku silapha eroom.ini ukuba* Vaseline

> might break something [he started explaining to me that Vaseline might break something]

Luthando also stated that they always felt comfortable around girls, even from a young age.

> Luthando: *Ekhaya ndikhule ne* siblings that were mostly girls [I grew up with girl siblings]. There was one sibling, *engu* brother enkulu but he was not here to guide me on how to behave. So, it was the girls, the cousin sisters who were always there. Even ne house chores, yonke into. They were the ones who were sort of grooming me *yabo*… I was more comfortable with being around females than being around you know, masculine men.

Aisha reported that she always had a sense of belonging in the LGBTQI+ community.

> Aisha: I've always had a sense of belonging in male people and the sense of belonging in female people, right. But it was always a normal thing for me because I grew up around people who conform to being, like parties of the LGBTQ community.

These participants did not have education or guidance about their queer identities. Sexuality education in the school system does not cover queer sexualities. Additionally, the societies in which we live also stigmatise queer sexualities. All of this miseducation then becomes compounded by the co-existence of disability, which there is also no education and guidance about. It is my belief that there should be ongoing education and guidance about how those who find themselves at the crossroads should negotiate their lives.

4.5.2 Accessible queer spaces for disabled people.

In the context of this study, queer spaces refer to activities and spaces where LGBTQI+ individuals find a sense of belonging. These include activist organisations, pride marches, nightclubs, etc. The participants reported their experiences of queer spaces as disabled individuals. Aisha revealed that she does not attend queer activities without friends.

> Aisha: I don't go to queer events when I am not going with queer friends. So I don't go to like queer spaces if there's no one I'm comfortable with going *yabo*…Because, to be honest, *kaloku*, even queer people, do have their own preferences; *umntu* has a certain type. They can't date *umntu osebenzisa* crutches [someone who uses].

Luthando reported their withdrawal from queer spaces due to the changes disability brought.

> Luthando: I have not really have been able to access those spaces… *kufuneka ndizolandwa kengoku ngemoto yomntu ba kuthwa kuyiwa kulo* training [I have to be fetched by someone’s car]. Sometimes they come to my place, but *mna andikwazi kuya kubo* [I can’t go to them]. *Andifuni nalanto yodika abantu, ibengathi ndiyi* burden [I don’t want to annoy people, like I am a burden]. Because if *imoto isezantsi*, I still require assistance. *Umzekelo* I won’t even be able to go to *izinto ezifana ne* pride marches…it’s been really difficult and I’m just there telephonically *pha kwi* WhatsApp groups to assist *ngendaba ze* planning.

Siphesihle stated that he does not go to queer spaces. However, he reported going to a tavern, where he could be himself.

It is clear from these accounts that the existing queer spaces, as with all structures in societies, further disable the participant because there are no accommodations for their conditions. Luthando, for instance, identifies that it has been hard for them to go to those spaces because of mobility issues. Aisha, on the other hand, alludes to attitudes. As mentioned in the theory chapter, the environment and people’s attitudes further disable people with impairments. In this regard, queer spaces need to be disabled to make them more accessible for disabled people.

4.5.3 Accessible disabled spaces for queers

Disabled spaces refer to organisations that cater for disabled individuals. Aisha’s visible physical disability makes it easier to blend into disabled spaces.

> Aisha: I don't necessarily have a problem with accessing disabled spaces as a queer person because now, as I told you, like the first thing that people see when they see me is me being disabled.

Msekele (2020: 88) noted the traumatic effect disability has and its ability to push aside and minimise one’s sexuality. She also stated that, unlike sexuality, one cannot hide their visible physical disabilities, as the physically disabled individual “automatically exists in a state of permanent disability disclosure” (Msekele, 2020: 93). Therefore, Aisha is in a constant state of disability disclosure.

Luthando reported no issues with accessing disabled spaces as a queer individual.

> Luthando: I have not really experienced challenges. I think abantu they enjoyed to have me around because of my experience of my activism work.

Siphesihle stated that he does not go to disabled spaces.

While queer spaces need to be disabled, disabled spaces need to be queered. In the case of the participants for this study, it seemed that they had no problems accessing disabled spaces.

4.5.4 Inclusive strategies

Some of the participants felt it was essential to raise some critical issues regarding disability and queer sexuality. Siphesihle wanted to raise the fact that he performs his gay identity the same way others [non-disabled people] do, despite his disability.

> Siphesihle: *Ndingathi nabo mabayazi le ndlela abantu aba gay ngayo nangoku ndi disabled ndiyakwazi* [people must know that I am gay the same way others are].

Luthando advocated for more organisations that cater to physical rehabilitation for physically disabled individuals, where they could engage in sports activities and be part of the community. Luthando also raised the issue of representation, claiming that it is difficult to relate to mainstream media representation, as it always consists of heterosexual and non-disabled individuals.

> Luthando: So *xa uzobona abantu aba* fully abled *bejaiva uzoqonda* [when you see 'fully abled' people dancing, you will feel] there's no space for me. So *izinto* should be inclusive of all races, genders, *kunye nee* inabilities *zabantu njalo njalo* [these things should be inclusive to all]. *Izobayi* education *nakomnye* [it will educate someone] … So, *abantu* need to be empowered and *mabafunelwe* organisations *ezizokubenza bafunde ukuphila* with disabilities *zabo* [organisations that will teach them how to live with their disabilities]. They must have life, because there's a difference between being alive and living life.

Luthando felt that families and communities should ensure that disabled individuals live their lives to the fullest without feeling restricted.

4.6 Conclusion

This chapter analysed the results found from the data collected. This chapter analysed four major themes that emerged from the study, which were divided into subthemes and discussed. The themes were explored and addressed according to the objectives of the study. Each section explored the accounts of the queer participants, followed by the heterosexual participants accounts. The finding of this study showed that disabled individuals engaged in romantic and sexual relations, whether stable or not. The study also found that some participants discontinued their relationships after they got impaired and did not get involved with anyone thereafter. Some participants shared the opportunities and constraints posed by disabilities in their sexual lives. The study found that some participants were keen on being involved with disabled individuals, and some were not. The study revealed how the participants experienced other people's perceptions about their identities. Lastly, the study found that queer disabled individuals needed more representation, sexual education, and accessibility for them to have a sense of being and belonging.

Chapter 5: Discussion

5.1 Introduction

This final chapter of the thesis seeks to show how the empirical findings, as set out in Chapter Four, address the main goal and objectives of the thesis. This chapter will discuss the findings about how disability constrains or enables the way individuals negotiate their sexualities. This chapter will explore these themes in relation to existing literature. The study revealed how disability affected the romantic and sexual lives of the participants – both disabled and heterosexual; their experience of others' perceptions of their identities, how they grew up with disabilities, how they adapted to their acquired disabilities, and the construction of their sexual identities.

5.2 Comparatively exploring the negotiation of romantic and sexual lives.

The study found that while the gay participants were not in stable relationships, they showed no obvious shortage of sex. The participants had access to sex either through clandestine relationships or through 'situationships'. Additionally, the participants were well-versed in online dating sites. I argued that the onset of disability for heterosexual participants rendered them queer to the extent that they either stopped or paused their sexual relationships. The study also revealed that some participants had a fear of being taken advantage of by those -especially non-disabled individuals- who are after their social grant money. Exploitation of the disability grant is not an uncommon issue in South Africa. In a study by Kelly (2018: 10), nurses and social workers shared that family care provided to sick and disabled individuals was highly motivated by benefitting from the disability grant. This was similar to Neille and Penn's (2017: 2854) study, where participants reported families acting nicely to gain access to their social grants. Neille and Penn's (2017: 2854) study also found that disabled people were in relationships with people who were only interested in their grant money. This supported my participants' fear of being exploited or taken advantage of by sexual partners for their disability grant money.

Previous studies by Msekele (2015) and Rainey (2017) have noted the important use of manual devices, medication, and experimentation for sexual activities by physically disabled individuals. They also noted the emphasis on the sexual pleasure derived from beyond penetration (Msekele, 2015: 16). In Rainey's (2017: 215) study, it was found that disabled men disidentify with penis-focused sexual identity by sexually expressing their skills of giving sexual pleasure. This means that "they become mindful of the ways in which women's sexual pleasures are marginalised in normative heterosex, and work hard at learning how to please a woman through [other forms of sexual activities]” (Rainey, 2017: 227). However, this is not the case with my participants, as their disabilities did not affect the way they felt sexual pleasure. As a result, the disability has also been utilised to derive sexual pleasure.

It was also found that, even though they encountered some challenges, the heterosexual disabled male participants were able to be in stable relationships after acquiring their disabilities. This shows that they were able to exercise their hegemonic masculinity privileges by approaching their potential sexual partners.

The findings also showed that participants had differing views about being involved with disabled individuals. The findings of the study show that disabled people have varying preferences, dismantling the common misconceptions and expectations that disabled individuals should be with other disabled people.

5.3 Comparatively exploring the construction of sexual identities that intersect with disability

The study found that disabled individuals who require assistance from others tend to regard themselves as burdens. Feeling like a burden changes the way one views oneself, one's external relationships and quality of life (Gorvin and Brown, 2012: 34). This feeling can cause the individual increased suffering, along with feelings of guilt and failure associated with relying on other people for daily activities (Gorvin and Brown, 2012: 34). These findings correspond with results from a study by McPherson *et al.* (2010), which found that self-perceived burden was prevalent among stroke survivors. This study suggested that the heightened sense of self-perceived burden may be based on recognising the hardships and social consequences one’s disabilities have on those who provide them with assistance (McPherson *et al*., 2010: 200).

The study found that society perceives disabled people to be incapable of doing things by themselves without assistance and that they are not good enough. This perception contributes to the exclusion of disabled individuals and their denial of independence. The study also found that being aware of the stigma associated with one’s marginalised identity does not negatively affect the navigation of sexuality. Participants emphasised the importance of educating themselves about these stigmas, so they do not determine and affect how one lives their life. Participants also acknowledged how society has evolved to understand the diversity of sexuality. These findings contradict what was previously stated, stipulating that South African society is still finding it challenging to accept non-normative sexualities, as they are deemed ‘un-African’. However, this does not disregard those South Africans who have accepted how diverse sexualities are. The minimal acceptance shines a light of hope for the LGBTQI+ rights movement.

The study also revealed that queer participants were reluctant to disclose their gay identities. The reluctance was based on denial and believing the queer identity was a phase. The results show that these beliefs stemmed from interactions one had during childhood, where one's expression of the gay identity was labelled a phase. Therefore, internalisation occurred. The realisation of a gay identity in a heterosexist society magnifies the gay individuals' challenges. Consequently, young gay men typically question their sexual orientation, making it difficult to accept it (Kekana and Dietrich, 2020: 144). Thus, some gay individuals tend to date women to hide their gay identity. This means they had to display gender-conforming and masculine behaviour to conceal their identities from their parents and communities (D'Augelli *et al.*, 2005: 475; Kekana and Dietrich, 2020: 144; Toft *et al.*, 2019: 167). Following societal shunning and parental disapproval, some gay men who displayed gender-nonconforming behaviour during childhood, therefore, tend to be more masculine and gender-conforming as adolescents (Kekana and Dietrich, 2020: 144)

The findings also reveal that queer individuals choose to stay 'closeted' due to fear of being disowned and rejected by family. Studies (see Allen, 2023; Msekele, 2020; Kekana and Dietrich, 2020; Wandrey *et al.*, 2015) have shown that some individuals who disclosed their queer identities have reported strained relationships with their parents, which in some cases led to disownment. It was also found that individuals were sceptical about disclosing their queer identities because they feared being victims of homophobic bullying and attacks. These fears were not unfounded, as previous studies (see Msibi, 2009, 2012; Nel and Judge, 2008; Butler *et al.*, 2003) have shown that South African queer individuals have been exposed to verbal, sexual, and physical assaults. The findings also revealed that some queer individuals felt no need to disclose their sexual identities because people already knew. They also showed that disabled participants felt disclosing their queer sexualities would further stigmatise them.

5. 4 Strategies for the queer and disabled participants

5.4.1 Sexual education and guidance

Francis (2018: 773) emphasised the importance of framing sexuality education around young people's needs, interests, and conceptualisation. This means that young people's, including queer, inputs into sexuality education should be considered. Francis' (2018) study showed that the South African curriculum on sexuality lacked diversity, as it operates on compulsory heteronormativity. The findings of my research revealed that the participants did not receive sufficient sex education and guidance catering to their queer sexualities. As a result, they had to learn for themselves or the hard way.

5.4.2 Accessible queer and disabled spaces as queer disabled

Previous studies have demonstrated the exclusion of queer disabled individuals from both the queer and disabled communities. This study has found that some disabled individuals are reluctant to attend queer events. This reluctance stems from the lack of access for disabled queer individuals and how these spaces tend to “create a sense of belonging for the normative queer body” (Msekele, 2020: 138). This then creates a sense of ‘unbelonging’ for queer individuals who do not conform to the dominant ability norms (Msekele, 2020: 138).

This study found that queer participants had full access to disabled spaces. This is due to the visibility of their disabilities and experience in activist work. These findings show that the severity level of one’s disability is one of the determinant factors in accessing disabled spaces. As a result, the disability overshadows one’s queer sexuality.

5.4.3 Inclusive strategies

The study found that physically disabled queer individuals needed to see more representation of their bodies. They felt that constantly seeing non-disabled and heterosexual bodies in mainstream media made them feel underrepresented and out of place. This shows that a proper and positive representation matters as one gets to relate, identify, and accept oneself. Additionally, representation serves as an opportunity for marginalised individuals to find communities for support and validation (Nadal, 2021).

5.5 Conclusion

This chapter discussed the findings of the study. It discussed the issues disabled individuals come across when navigating their sexualities. The chapter discussed the politics of physically disabled sexual pleasure and how some individuals improve their skills of giving sexual pleasure to their partners. The chapter also discussed how some individuals tend to regard themselves as burdens due to their disabilities. It also looked at how the misconception of disabled people not being able to do things by themselves contributes to their exclusion and denial of independence. This chapter also explored the reasons queer individuals were reluctant to disclose their sexual identities. Lastly, this chapter discussed the strategies that can be considered to create an inclusive and accessible space for queer disabled individuals.

Chapter 6. Conclusion and recommendations

6.1 Summary of the literature review

The paper began by providing a background of this study, outlining the challenges encountered and the changes made as a result. This was followed by a discussion of this study's methodological approach. A qualitative methodological approach guided this study. This methodological approach was suitable because it provided insight into the participants' lived experiences. Also, the use of in-depth interviews made the interview process feel like a natural interaction. It also allowed for a rich data collection. The thematic analysis method was employed to analyse the data collected, where the prominent themes were identified from the coding process.

This was followed by an exploration of existing literature on disability, where it was argued that it is an enforced concept on people. It was also argued that disabled people had been discriminated against for a long time due to negative beliefs about their disabilities. To understand disability from a South African context, literature exploring the rights and conditions of disabled individuals under the apartheid government and the democratic government was reviewed. This was followed by a discussion of sexuality in the South African context, focusing on queer sexuality. It was argued that, although there is solid constitutional protection for their rights, LGBTQI+ individuals often face attitudinal challenges such as homophobia, transphobia, and biphobia. This is due to beliefs that queer sexualities are 'unAfrican'.

The growing research on the intersection of disability and sexuality has shown that the misconceptions about disability led to disabled people being seen as asexual. This resulted in the further marginalisation of their sexual rights. The literature reviewed in this paper revealed trends of feelings of unworthiness and unattractiveness resulting from low body image and sexual esteem. It also revealed that the growing literature on disability and sexuality lacks accounts of queer disability. The existing literature queer disability shows that queer disabled individuals have been marginalised in both the disability and queer communities. Therefore, becoming a multi-minority community.

The social model of disability and queer theory were used to guide this study. The aim of this combination was to 'queer' the social model of disability, as some disability scholars have criticised it for being less considerate of the aspect of sexuality.

6.2 Summary of the findings

The findings of this study show that, although the participants navigated their sexualities differently, disabled individuals, regardless of their sexual orientations, are queer beings. This means that disability functions as queerness, as their bodies diverge and deviate from what is viewed as desirable by the dominant culture- “a kind of queer ability”, as Msekele (2020: 159) puts it. Therefore, demonstrating the vigorous existence of the compulsory heteronormativity and able-bodiedness.

The findings show that disabled individuals are sexual beings, challenging the misconceptions surrounding their sexualities. This shows that disabled individuals have a sexual agency that allows them to construct their sexual identities. The challenges they encounter are evidence of the existence of their sexual navigation.

The findings show that heterosexual disabled individuals do not have to choose between their disability and sexuality. The queer disabled individuals had to think about what it means to be both queer and disabled, where they had to choose by prioritising one identity over the other or finding a way for them to co-exist in a balanced manner. Whereas for heterosexual disabled individuals, their sexual identity was a given. They did not have to consider the meaning attached to being disabled and heterosexual.

6.3 Recommendations

Given that one of the biggest challenges this thesis encountered was time, I recommend that, for future research, researchers pursue this topic over a considerable period of time, where a vast amount of knowledge can be generated. Additionally, since the study took place in one town, it is recommended that researchers in this field expand to other parts of the country. I also suggest that a more extensive sample be used to provide a more generalised exploration of the topic. This should include people from different races, genders, sexualities, classes, and backgrounds. This may prove helpful as there would be more themes to understand the intersection of disability, sexuality, and other social identities.

I would also recommend including disabled sexuality education in the school curriculum, providing learners/ students with accurate and appropriate knowledge regarding this issue. I would also suggest that government departments and NGOs hold more awareness campaigns to educate society about the intersection of disability and sexuality. I believe these would contribute to the dismantling of the misconceptions towards disabled sexualities and get rid of the stigma associated with them.

REFERENCE LIST

Addlakha, R. (2007). How Young People with Disabilities Conceptualise the Body, Sex and Marriage in Urban India: Four Case Studies. *Sex. Disabil*, Vol. 25, pp. 111- 123.

Allen, J. L. (2023). "And then I came out…": A thematic analysis of gay men's recalled memories of coming out and its impact on their mental health and well-being. *Journal of Gay & Lesbian Social Services*, Vol. 35 (4), pp. 488-510.

Amusan, L., Saka, L. & Adekeye, M. O. (2019). Gay Rights and the Politics of Anti-homosexual Legislation in Africa: Insights from Uganda and Nigeria. *Journal of African Union Studies*, Vol. 8 (2), pp 45-66.

Baker, A. E. & Edwards, R. (2017). *How many qualitative interviews is enough? Expert voices and early career reflections on sampling and cases in qualitative research*. National Centre for Research Methods Review Paper: Economic and Social Research Council.

Barrett, T. (2014). Disabled Masculinities: A Review and Suggestions for Further Research. *Masculinities and Social Change*, Vol. 3 (1), pp. 36-61.

Barton, L. & Oliver, M. (eds) (1997). *Disability Studies: Past, Present and Future*. Oxfordshire: The Disability Press.

Basumatary, D. (2021). *Queer/Disabled Existence: Human Rights of People with Disability*. Human Rights in the Contemporary World. Available at: https://www.intechopen.com/chapters/75555 [Accessed 10 May 2023]

BBC News. (2023). Uganda Anti-Homosexuality Bill: Life in prison for saying you're gay. Available at: https://www.bbc.com/news/world-africa-65034343 [Accessed 04 May 2023]

Bell, A. (2017). *Intersectionality: A critical qualitative exploration of the experiences of LGBTQ persons with disabilities at the collegiate level*. PhD Thesis. Michigan: Eastern Michigan University.

Bennett, C. (2002). *'A Minority Within a Minority: Identity and Well-being Amongst Gay Men with Learning Disabilities'*. PhD Thesis. Guildford: University of Surrey.

Bertolt, B. (2019). The Invention of Homophobia in Africa. *Journal of Advances in Social Science and Humanities*, Vol 5 (3), pp.651-659.

Butler, A. H., Alpaslan, A. H., Strümpher, J., & Astbury, G. (2003). Gay and lesbian youth experiences of homophobia in South African secondary education. *Journal of Gay & Lesbian Issues in Education*, Vol. 1 (2), pp. 3-28.

Callis, A. S. (2009). Playing with Butler and Foucault: Bisexuality and Queer Theory. *Journal of Bisexuality*, Vol. 9 (3-4), pp. 213-233.

Casey, M. L. (2012). *The (ir)relevance of lesbian identity within contemporary theorizing: A poststructural critique of lesbian feminist and queer theory*. PhD Thesis. Edmonton: University of Alberta.

Chance, R. S. (2002). To Love and Be Loved: Sexuality and People with Physical Disabilities. *Journal of Psychology and Theology*, Vol. 30 (3), pp. 195-208.

Chappell, P. (2013). Troubling the socialisation of the sexual identities of youth with disabilities: Lessons for sexuality and HIV pedagogy. In D. A. Francis (ed.) *Sexuality, society & pedagogy*, pp. 111-119. Bloemfontein: Sun Media Bloemfontein.

Chappell, P. (2014). How Zulu-speaking youth with physical and visual disabilities understand love and relationships in constructing their sexual identities. *Culture, Health & Sexuality*, Vol. 16 (9), pp. 1156-1168.

Chappell, P. (2015). Queering the social emergence of disabled sexual identities: Linking queer theory with disability studies in the South African context. *Agenda: Empowering women for gender equity*, Vol. 29 (1), pp. 54-62.

Chappell, P. (2016). (Re)Thinking Sexual Access for Adolescents with Disabilities in South Africa: Balancing Rights and Protection. In: C. Ngwenya, I. Grobbelaar-du Plessis, H. Combrinck, S. D. Kamga (eds) *African Disability Rights Yearbook*, pp. 124-140. Pretoria: The Pretoria University Law Press.

Chataika, T. (2013). Cultural and Religious Explanations of Disability and Promoting Inclusive Communities in Southern Africa. In J. M. Claassen, L. Swartz & L. Hansen (eds) *Search for Dignity: Conversations on Human Dignity, Theology and Disability*, pp. 117-128. Stellenbosch: African Sun Media.

Cheng, R. P. (2009). Sociological Theories of Disability, Gender, and Sexuality: A Review of the Literature. *Journal of Human Behavior in the Social Environment*, Vol. 19, pp. 112-122.

Cornwall, A. & Jolly, S. (2006). Sexuality Matters. *IDS Bulletin*, Vol. 37 (5), pp. 1-11.

Creswell, J. W & Creswell, J. D. (2018). *Research Design: Qualitative, Quantitative, and Mixed Methods Approaches*. California: SAGE Publications.

D'Augelli, A. R., Grossman, A. H. & Starks, M. T. (2005). Parents' awareness of lesbian, gay, and bisexual youths' sexual orientation. *Journal of Marriage and Family*, Vol. 67 (2), pp. 474-482.

Dasandi, N. & Erez, L. (2023). The Flag and the Stick: Aid suspensions, human rights, and the problem of the complicit public. *World Development*, Vol. 168, pp. 1-13.

David, S. (2006). *Ageism and looksism among gay men.* PhD Thesis. California: University of Southern California.

Dawn, R. (2021). *The Social Model of Disability in India: Politics of Identity and Power*. New York: Routledge.

DeCarlo, M. (2018). *Scientific Inquiry in Social Work*. Roanoke: Open Social Work Education.

Devlieger, P. (1999). Local knowledge and international cooperation in disability programmes. In: B. Holzer, A. Vreede & G. Weigt (eds) *Disability in Different Cultures*, pp. 169- 177.

Dilley, P. (2009). Queer theory: Under construction. *International Journal of Qualitative Studies in Education*, Vol. 12 (5), pp. 457-472.

Dlodlo, S. & Moyo, M. (2022). Examining Ndebele derogatory labels bestowed on people with disabilities in Zimbabwe. *Nomina Africana*, Vol. 36 (1), pp. 11- 23.

Drummond, J. D. & Brotman, S. (2014). Intersecting and Embodied Identities: A Queer Woman's Experience of Disability and Sexuality. *Sex Disabil*, Vol. 32, pp. 533–549.

Dunn, D. S. & Andrews, E. E. (2015). Person-First and Identity-First Language: Developing Psychologists' Cultural Competence Using Disability Language. *American Psychological Association*, Vol. 70 (3), pp. 255- 264.

Dutton, M. J. W. (2013). *Masculinity and Mobility: A Qualitative Analysis into How Adolescent Boys with Physical Disabilities Construct and Experience Masculine Identity*. Unpublished master's thesis. Johannesburg, University of Witwatersrand.

Eguchi, S., Calafell, B. M. & Files-Thompson, N. (2014). Intersectionality and Quare Theory: Fantasizing African American Male Same-Sex Relationships in Noah's Arc: Jumping the Broom. *Communication, Culture & Critique*, Vol. 7, pp. 371–389.

Epprecht, M. (2010). The Making of 'African Sexuality': Early Sources, Current Debates. *History Compass*, Vol. 8 (8), pp. 768–779.

Epprecht, M. (2013). *Hungochani: The History of a Dissident Sexuality in Southern Africa*. Montreal: McGill-Queen's University Press.

Ferguson, P. M. & Nusbaum, E. (2012). Disability Studies: What Is It and What Difference Does It Make? *Research & Practice for Persons with Severe Disabilities*, Vol. 37 (2), pp. 70-80.

Flink, P. (2021). Person-First & Identity-First Language: Supporting Students with Disabilities on Campus. *Community College Journal of Research and Practice*, Vol. 45 (2), pp. 79-85.

Francis, D. (2019). 'Keeping it straight' what do South African queer youth say they need from sexuality education? *Journal of Youth Studies*, Vol. 22 (6), pp. 772-790.

Fulcher, J. & Scott, J. (2003). *Sociology*. New York: Oxford University Press.

Gannicott, A. (2018). Disability, Performativity, and the Able-Gaze. *Exclamat!on: An Interdisciplinary Journal*, Vol. 2 (1), pp. 213-228.

Gloppen, S. & Rakner, L. (2021). LGBT rights in Africa. In: C. Ashford & A. Maine (eds) *Research Handbook on Gender, Sexuality and the Law*, pp.194-209. Cheltenham: Edward Elgar Publishing.

Goffman, E. (1963). *Stigma: Notes on the management of spoiled identity*. New Jersey: Prentice-Hall, Inc.

Gorvin, L. and Brown, D., 2012. The psychology of feeling like a burden: A review of the literature. *Social Psychology Review*, Vol. 14 (1), pp.28-41.

Griffo, G. (2014). Models of disability, ideas of justice, and the challenge of full participation. *Modern Italy*, Vol 19 (2), pp. 147-159.

Grut, L., Mji, G., Braathen, S.H. & Ingstad, B. (2012). Accessing community health services: challenges faced by poor people with disabilities in a rural community in South Africa. *African Journal of Disability*, Vol. 1(1), pp. 1-7.

Gyamerah, A. O., Collier, K. L., Reddy, V. & M. Sandfort, T. G. (2019). Sexuality Disclosure among Black South African MSM and Responses by Family. *Journal of Sex Research*, Vol. 56 (9), pp. 1203-1218.

Hagopian, A., Rao, D., Katz, A., Sandford, S. & Barnhart, S. (2017). Anti-homosexual legislation and HIV-related stigma in African nations: what has been the role of PEPFAR? *Global Health Action*, Vol. 10 (1), pp. 1-10.

Hames-Garcia, M. (2011). Queer theory revisited. *Gay Latino studies: A critical reader,* Vol. 41, pp. 19-45.

Hanass-Hancock, J. (2009). A systematic review of literature on disability and HIV and AIDS in Africa. *Journal of the International AIDS Society*, Vol. 12 (34), pp. 1-11.

Hassouneh-Phillips, D. & McNeff, E. (2005). "I Thought I was Less Worthy": Low Sexual and Body Esteem and Increased Vulnerability to Intimate Partner Abuse in Women with Physical Disabilities. *Sexuality and Disability*, Vol. 23 (4), pp. 227- 240.

Hayter, M. (2003). *Contraceptive conversations: power, discourse and the social construction of contraceptive use during nurse consultations with women in family planning clinics*. PhD Thesis. Sheffield: University of Sheffield.

Henderson, G. & Bryan, W. V. (2011). Psychosocial aspects of disability. Springfield: Charles C. Thomas.

Howell, C., Chalklen, S. & Alberts, T. (2006). A history of the disability rights movement in South Africa. In: B. Watermeyer, L. Swartz, T. Lorenzo, M. Schneider & M. Priestley (eds), *Disability and Social Change: a South African Agenda*, pp. 46-84.

Hunt, X., Braathen, S. H., Chiwaula, M., Carew, M. T., Rohleder, P. & Swartz, L. (2021). *Physical Disability and Sexuality: Stories from South Africa*. Cham: Palgrave Macmillan.

Jacques, G. (2014). “Coming Out” or Coming in? Social Exclusion of Sexual Minorities in Africa: Challenges for Social Work Education and Practice. *Journal of Gay & Lesbian Social Services*, Vol. 26 (1), pp. 91- 110.

Johnson, E. P. (2001). “Quare” Studies, or (Almost) Everything I know about queer studies I learned from my grandmother. *Text and Performance Quarterly*, Vol. 21 (1), pp. 1-25.

Juvva, S., Bidaye, K. & Nayar, M. (2020). Between and betwixt Experiences of being young, trans and disabled in India. In: A. Toft & Anita Franklin (eds) *Young, Disabled and LGBT+: Voices, Identities and Intersections*, pp. 106- 124. New York: Routledge.

Kahonde, C. K., Mlenzana, N. & Rhoda, A. (2010). Persons with physical disabilities' experiences of rehabilitation services at Community Health Centres in Cape Town. *SA Journal of Physiotherapy*, Vol 66 (3), pp. 2-7.

Kaoma, K. (2016). Unmasking the Colonial Silence: Sexuality in Africa in the Post″ Colonial Context. *Journal of Theology for Southern Africa*, Vol. 155, pp. 49-69.

Kekana, P. & Dietrich, J. (2020). "I don't need to come out; I'm quite obvious": a qualitative exploration of the relationship between young black gay men and their heterosexual fathers in South Africa. *Journal of Family Studies*, Vol. 26 (1), pp. 142-156.

Kelly, G. (2018). *The Influence of Disability-Related Cash Transfers on Family Practices in South Africa*. Centre for Social Science Research: University of Cape Town.

Kennedy, N. (2022). Deferral: the sociology of young trans people's epiphanies and coming out. *Journal of LGBT Youth*, Vol. 19 (1), pp. 53-75.

Kim, E. (2011). Asexuality in disability narratives. *Sexualities*, Vol. 14(4), pp. 479–493.

Koko, G. Monro, S. & Smith, K. (2018). Lesbian, gay, bisexual, transgender, queer (LGBTQ) forced migrants and asylum seekers. In: Z. Matebeni, S. Monro & V. Reddy (eds) *Queer in Africa: LGBTQI Identities, Citizenship, and Activism*, pp. 158-174. New York: Routledge.

Kotze, E. and Bowman, B. (2018). Coming-out confessions: Negotiating the burden of lesbian identity politics in South Africa. *Journal of Homosexuality*, Vol. 65(1), pp.1-18.

Liddiard, K. (2011). *(S)exploring Disability: Intimacies, Sexualities, and Disabilities*. PhD Thesis. Coventry: University of Warwick.

Liddiard, K. (2018). *The Intimate Lives of Disabled People*. Oxon: Routledge.

Linton, S. (2005). What Is Disability Studies? *PMLA/ Publications of the Modern Language Association of America*, Vol. 120 (2), pp. 518-522.

Machingura, F. (2019). The 'Unholy Trinity' against disabled people in Zimbabwe: Religion, culture and in the Bible. In T. Chataika (ed) *The Routledge Handbook of Disability in Southern Africa*, pp. 211-221. Oxon: Routledge.

Mahomed, F. & Trangoš, G. (2016). An Exploration of Public Attitudes Toward LGBTI Rights in the Gauteng City-Region of South Africa. *Journal of Homosexuality*, Vol. 63 (10), pp. 1400-1421.

Majiet, S. (1996). Sexuality and Disability. *Agenda: Empowering Women for Gender Equity*, Vol. 28, pp. 77- 80.

Marnell, J., Oliveira, E. & Khan, G. H. (2021). 'It's about being safe and free to be who you are': Exploring the lived experiences of queer migrants, refugees and asylum seekers in South Africa. Sexualities, Vol 24 (1-2), pp. 86- 110.

Martin, N. (2012). Disability identity – disability pride. *Perspectives: Policy and Practice in Higher Education*, Vol. 16 (1), pp. 14-18.

Martino, A. S. (2017). Cripping sexualities: An analytic review of theoretical and empirical writing on the intersection of disabilities and sexualities. *Sociology Compass*, Vol. 11, pp. 1-15.

Martino, A. S. (2020). Also here, also queer: The work of LGBT+ disabled activists/scholars in 'cripping' sexualities. In: A. Toft & A. Franklin (eds) *Young, Disabled and LGBT+: Voices, Identities and Intersections*, pp. 13-24. New York: Routledge.

Martino, A. S. & Schormans, A. F. (2021). THEORETICAL DEVELOPMENTS: Queer theory meets Crip theory. In: R. Shuttleworth & L. R. Mona (eds.) *The Routledge Handbook of disability and sexuality*, pp. 53-67. Oxon: Routledge.

Mashiri, M., Maunder, D., Venter, C., Lakra, A., Bogopane-Zulu, H., Zukulu, R., Buiten, D. & Boonzaier, D. (2005). Improving the provision of public transport information for persons with disabilities in the developing world. Paper presented at the *24th Southern African Transport Conference*. Pretoria, 11- 13 July.

Massoud, M. F. (2003). The evolution of gay rights in South Africa. *Peace Review*, Vol. 15 (3), pp. 301-307.

Matebeni, Z., Monro, S. & Reddy, V (eds). (2018). *Queer in Africa LGBTQI Identities, Citizenship, and Activism*. Oxon: Routledge.

Matyana, M. & Thusi, X. (2023). Unemployment and poverty in South Africa: Assessing the National Development Plan 2030 predictions. *International Journal of Development and Sustainability*, Vol. 12 (6), pp. 212-226.

McCormick, T. L. (2015). Queering Discourses of Coming Out in South Africa. *African Studies*, Vol. 74(3), pp. 327-345.

McKenzie, J. A. (2013). Disabled people in rural South Africa talk about sexuality. *Culture, Health & Sexuality,* Vol. 15 (3), pp. 372-386.

McPherson, C. J., Wilson, K. G., Chyurlia, L. & Leclerc, C. (2010). The Balance of Give and Take in Caregiver–Partner Relationships: An Examination of Self-perceived Burden, Relationship Equity, and Quality of Life from the Perspective of Care Recipients Following Stroke. Rehabilitation Psychology, Vol. 55 (2), pp. 194- 203.

McRuer, R. (2003). As Good as it Gets: Queer Theory and Critical Disability. GLQ: A Journal of Lesbian and Gay Studies, Vol. 9 (1-2), pp. 79-105.

McRuer, R. (2014). Compulsory Able-Bodiedness and Queer/Disabled Existence. In: L. J. Davis (ed) *The Disability Studies Reader*, pp. 369- 378. New York: Routledge.

Medzani, J. M. (2022). *"Coming out" and queer visibility within the African context: A tale of spatial sexualities*. Gender Justice. Available at https://www.justgender.org/coming-out-and-queer-visibility-within-the-african-context-a-tale-of-spatial-sexualities/ [Accessed 06 February 2024]

Merriam, S. B. & Tisdell, E. J. (2016). *Qualitative Research: A Guide to Design and Implementation*. San Francisco: Jossey-Bass, A Wiley Brand.

Msekele, S. (2015). *Persons with Disability Negotiating Their Sexualities*. Unpublished MA Thesis. Johannesburg: University of Witwatersrand.

Msekele, S. (2019). Being Disabled, Black and Queer in South Africa: A Personal Journey. In P. Chappell & M. de Beer (eds) *Diverse Voices of Disabled Sexualities in the Global South*, pp. 127-130. London: Palgrave Macmillan.

Msekele, S. (2020). *The Blind Gaze – A critical examination of disability and queer sexuality in South Africa*. PhD Thesis. Johannesburg: University of the Witwatersrand.

Msibi, T. (2009). Not crossing the line: Masculinities and homophobic violence in South Africa. *Agenda: Empowering Women for Gender Equity*, Vol. 80, pp. 50-54.

Msibi, T. (2012). 'I'm used to it now': experiences of homophobia among queer youth in South African township schools. *Gender and Education*, Vol. 24 (5), pp. 515-533.

Mtenje, A. L. (2018). "Colouredness", Female Sexuality and Respectability in Irene Sabatini's *The Boy Next Door*. *UNISA Press Journals*, Vol. 8 (9), pp. 1-19.

Mutambanengwe, S. A. (2014). *"Totally Unacceptable": Representations of homosexuality in South African public discourse*. Unpublished master's thesis. Makhanda: Rhodes University.

Mutanga, O. (2015). *Experiences of disabled students at two South African universities: A capabilities approach*. PhD thesis. University of the Free State.

Mutanga, O. (2018). Inclusion of Students with Disabilities in South African Higher Education. *International Journal of Disability, Development and Education*, Vol. 65 (2), pp. 229- 242.

Nadal, K. L. Y. (2021). *Why Representation Matters and Why It's Still Not Enough: Reflections on growing up brown, queer, and Asian American*. Psychology Today. Available at: https://www.psychologytoday.com/za/blog/psychology-the-people/202112/why-representation-matters-and-why-it-s-still-not-enough [Accessed 19 February 2024].

Neille, J. & Penn, C. (2017). The Interface Between Violence, Disability, and Poverty: Stories from a Developing Country. *Journal of Interpersonal Violence*, Vol. 32 (18), pp. 2837–286.

Nel, J. A. & Judge, M. (2008). Exploring homophobic victimisation in Gauteng, South Africa: issues, impacts and responses. *Acta Criminologica*, Vol. 21 (3), pp. 19-36.

Neuman, W. L. (2014). *Social Research Methods: Qualitative and Quantitative Approaches*. Harlow: Pearson Education Limited.

O'Leary, Z. (2017). *The Essential Guide to Doing Your Research Project*. London: SAGE Publications.

Ogechi, N. O. & Ruto, S. J. (2002). Portrayal of Disability through Personal Names and Proverbs in Kenya: Evidence from Ekegusii and Nandi. *Vienna Journal of African Studies*, Vol. 3, pp. 63-82.

Oliver, M. (2013). The Social Model of Disability: thirty years on. *Disability & Society*, Vol. 28 (7), pp. 1024- 1026.

Olivier, J. E. (2021). *Who are you? Online practices of self-representation of black gay men at Rhodes University on the geosocial networking application Grindr*. Master's thesis. Makhanda: Rhodes University.

Olkin, R. (1999). *What psychotherapists should know about disability*. New York: Guilford.

Parker, R. (2009) Sexuality, culture and society: shifting paradigms in sexuality research. *Culture, Health & Sexuality*, Vol. 11 (3), pp. 251-266.

Pyke, T. (2017). *“Reformed” Men? Positioning Masculinities in Alexandra Township*. PhD Thesis. Norwich: University of East Anglia.

Rainey, S. S. (2017). Disidentification and Ingenuity in the Sex Lives of Disabled Men. In: C. Loeser, V. Crowley & B. Pini (eds) *Disability and Masculinities*, pp 213–231. Palgrave Macmillan.

Reeve, D. (2020). Psycho-emotional disablism. In: N. Watson & S. Vehmas (eds) *Routledge Handbook of Disability Studies*, pp. 102-115. Oxon: Routledge.

Rembis, M. A. (2010). Beyond the Binary: Rethinking the Social Model of Disabled Sexuality. *Sex Disabil*, Vol. 28, pp. 51-60.

Retief, M. & Letšosa, R. (2018). Models of Disability: A brief overview. *HTS Teologiese Studies/Theological Studies*, Vol. 74 (1), pp. 1-8.

Sandstrom, K. The lived body- experience from adults with cerebral palsy. *Clinical Rehabilitation*, Vol. 21 (1), pp. 432-441.

Schaefer, R. T. (ed.) (2001). *Sociology*. New York: McGraw-Hill.

Seidman, I. (2006). *Interviewing as Qualitative Research: A Guide for Researchers in Education and the Social Sciences*. New York: Teachers College Press.

Sennott, C. & Mojola, S. (2017). 'Behaving well': The Transition to Respectable womanhood in Rural South Africa. *Cult, Health, Sex*, Vol. 19 (7), pp. 781-795.

Serpe, R. T. & Stryker, S. (2011). The Symbolic Interactionist Perspective and Identity Theory. In: S. J. Schwartz, K. Luyckx & V. L. Vignoles (eds.) *Handbook of Identity Theory and Research*, pp. 225- 248. New York: Springer.

Shah, S. (2017). "Disabled People Are Sexual Citizens Too": Supporting Sexual Identity, Well-being, and Safety for Disabled Young People. *Frontiers in Education*, Vol. 2 (46), pp. 1-5.

Shakespeare, T. (1999). The Sexual Politics of Disabled Masculinity. *Sexuality and Disability*, Vol. 17 (1), pp. 53- 64.

Sherwin, F. (2020). *The Church as True Communities of Belonging for People with Disabilities*. Unpublished Masters Thesis. Auckland: Laidlaw College.

Shuttleworth, R. (2007). Introduction to Special Issue Critical Research and Policy Debates in Disability and Sexuality Studies. *Sexuality Research & Social Policy*, Vol. 4 (1), pp. 1-14.

Sipungu, T. (2021). *Embodied difference in manhood: A sociological analysis of the intersection of visible physical impairments and manhood among Xhosa men in the Eastern Cape*. PhD Thesis. Makhanda: Rhodes University.

Sipungu, T. (2022). Exploring embodied differences in Xhosa manhood masculinity, and reflecting on thematic analysis. *Canadian Journal of African Studies*, pp. 1-20.

Smart, J. F. (2004). Models of Disability: The Juxtaposition of Biology and Social Construction. In: T. F. Riggar & D. R. Maki (eds) The Handbook of Rehabilitation Counseling, pp. 25-49. New York: Springer Publishing Company.

Smart, J. F. (2009). The Power of Models of Disability. *Journal of Rehabilitation*, Vol 75 (2), pp. 3-11.

South Africa [SA]. (1996). Constitution of the Republic of South Africa, 1996.

Statistics South Africa. (2021). Quarterly Labour Force Survey. Available at: https://www.statssa.gov.za.xn--za%20%21p-zk0e.pdf [Accessed 27 February 2024]

Svendby, R. B., Romsland, G. I. & Moen, K. (2018). Non-disabled ableism: An autoethnography of cultural encounters between a non-disabled researcher and disabled people in the field. Scandinavian Journal of Disability Research, Vol. 20 (1), pp. 219-227.

Taleporos, G. & McCabe, M. P. (2002). The Impact of Physical Disability on Body Esteem. *Sexuality and Disability*, Vol. 19 (4), pp. 293-308.

Tischler, H. L. (ed.) (2010). *Introduction to Sociology*. Wadsworth: Cengage Learning.

Toft, A., Franklin, A. & Langley, E. (2019). Young disabled and LGBT+: negotiating identity. *Journal of LGBT Youth*, Vol. 16 (2), pp. 157-172.

Toft, A., Franklin, A. & Langley, E. (2020). 'You're not sure that you are gay yet': The perpetuation of the 'phase' in the lives of young disabled LGBT + people. *Sexualities*, Vol. 23(4), pp. 516–529.

Tugli, A. K., Zungu, L. I., Ramakuela, N. J., Goon, D. T. & Anyanwu, F.C. (2013). Perceptions of students with disabilities concerning access and support in the learning environment of a rural-based university. *African Journal for Physical, Health Education, Recreation and Dance*, Vol. 1 (2), pp. 356- 364.

Wade, D. T. & de Jong, B. A. (2000). Recent advances in rehabilitation. *Behavioral Medicine Journal*, Vol. 320, pp. 1385- 1388.

Wandrey, R. L., Mosack, K. E. & Moore, E. M. (2015). Coming Out to Family and Friends as Bisexually Identified Young Adult Women: A Discussion of Homophobia, Biphobia, and Heteronormativity. *Journal of Bisexuality*, Vol. 15 (2), pp. 204-229.

Watson, K. (2005). Queer theory. *The Group-Analytic Society*, Vol. 38 (1), pp. 67-81.

Wells, H. & Polders, L. (2006). Anti-gay hate crimes in South Africa: prevalence, reporting practices, and experiences of the police. *Agenda*, Vol. 20 (67), pp. 20-28.

Appendix 1: Ethics Clearance

RHODES UNIVERSITY
Where leaders learn

Rhodes University Human Research Ethics Committee
PO Box 94, Makhanda, 6140, South Africa
t: +27 (0) 46 603 7727
f: +27 (0) 46 603 8822
e: ethics-committee@ru.ac.za

https://www.ru.ac.za/researchgateway/ethics/

3 October 2023

Sinokuhle MZONDO

Email: g19m4357@campus.ru.ac.za g19m4357@campus.ru.ac.za

Review Reference: 2023-7299-8098

Dear Sinokuhle MZONDO

Title: Disability and Sexuality in Makhanda, Eastern Cape: A sociological exploration of physically disabled black queer individuals negotiating sexuality.

Researcher: Sinokuhle MZONDO

Supervisor(s): Dr. Thoko Sipungu

This letter confirms that the above research proposal has been reviewed and **APPROVED** by the Rhodes University Human Research Ethics Committee (RU-HREC). Your Approval number is: 2023-7299-8098

Approval has been granted for 1 year. An annual progress report will be required in order to renew approval for an additional period. You will receive an email notifying you when the annual report is due.

Please ensure that the ethical standards committee is notified should any substantive change(s) be made, for whatever reason, during the research process. This includes changes in investigators. Please also ensure that a brief report is submitted to the ethics committee on the completion of the research. The purpose of this report is to indicate whether the research was conducted successfully, if any aspects could not be completed, or if any problems arose that the ethical standards committee should be aware of. If a thesis or dissertation arising from this research is submitted to the library's electronic theses and dissertations (ETD) repository, please notify the committee of the date of submission and/or any reference or cataloguing number allocated.

Sincerely,

Janet Hayward

Dr Janet Hayward

Chair: Rhodes University Human Research Ethics Committee, RU-HREC

cc: Ethics Coordinator

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Appendix 2: Participant consent form.

PARTICIPANT INFORMED CONSENT DECLARATION

(To be signed by research participant/s)

Project Title: Disability & Sexuality in Makhanda, Eastern Cape: A sociological exploration of physically disabled black queer individuals negotiating sexuality.

Sinokuhle Mzondo from the Department of Sociology, Rhodes University, has requested my permission to participate in the above-mentioned research project.

The nature and the purpose of the research project and of this informed consent declaration have been explained to me in a language that I understand.

I am aware that:

1. The purpose of the research project is to contribute to the emerging literature focusing on queer disability. Additionally, this research hopes to raise public awareness about how the oppression and discrimination against queer disabled individuals affect the way they view and understand their sexualities. Furthermore, through all the misconceptions and myths regarding their identities, the research is being undertaken to find out how queer disabled individuals explore their sexualities without feeling restricted and disempowered by society.

2. Rhodes University has given ethical clearance to this research project ***(Ethics Approval Number)*** and I have seen/may request to see the clearance certificate by contacting the Ethics Coordinator (ethics-committee@ru.ac.za)

3. By participating in this research project, I will be contributing towards the body of knowledge by enlightening scholars about the importance of including physically disabled people in sexuality studies. Doing so will enrich the knowledge around the intersection of disability and sexuality, which will encourage more disabled people to share their experiences. Once there is solid academic research around this issue, the sexual rights movements will gain more strength, therefore empowering disabled people. This may help change what society considers normal and the negative way in which it views disabled sexualities. Lastly, most research on the aforementioned intersection is from the First World countries, and this research aims to present viewpoints from South African lived realities.

4. I will participate in the project by talking about how I navigate my disability and queer sexuality. I will do this by sharing my everyday experience of being queer and physically disabled.

5. My participation is entirely voluntary and should I at any stage wish to withdraw from participating further, I may do so without any negative consequences.

6. I will not be compensated for participating in the research, but my out-of-pocket expenses will be reimbursed.

7. The following risks are associated with my participation: The risks of participating in this study may include having to disclose some experiences that may be considered invasive. These include talking about the nature of the physical disability, sexual experiences, and the stigma associated with being disabled and queer. However, I am aware that I can withdraw my permission at any time during this project without any penalty. Also, the information I provide will be confidential, and my anonymity will be kept.

8. The Researcher intends to publish the research results in the form of a Master's Thesis. However, confidentiality and anonymity of records will be maintained, and my name and identity will not be revealed to anyone who has not been involved in the conducting of the research ***unless I indicate to the contrary/recognise that as a public figure my identity will inevitably be/become known, in which case I agree to accept the loss of anonymity.***

9. In terms of the Protection of Personal Information Act (No. 4 of 2013) it remains my right to request the Researcher to provide me with a detailed explanation of exactly how confidentiality and anonymity of the data I provide will be achieved. I may also request to know exactly how my personal information will be stored securely, for how long it will be stored.

10. If any data collected from me for this research project is to be used by the Researcher for any further study, I am to be informed in writing and my written consent requested again. I need not give consent for the new research if it is incompatible with the initial purpose of the present study (POPIA, s15(3)). Equally, I can simply reject the request. In such cases, a formal request needs to be made to me by the researcher via the Ethics Coordinator (ethics-committee@ru.ac.za).

11. In terms of the POPI Act, I possess the right to receive feedback about this research. This will take the form of ……………… unless ***I elect not to receive this feedback.***

12. Any further questions that I might have regarding the nature of the research and/or my participation in it will be answered by **Sinokuhle Mzondo-** g19m4357@campus.ru.ac.za.

13. By signing this informed consent declaration, I am not waiving any legal claims, rights, or remedies. A copy of this informed consent declaration will be given to me, and the original will be kept on record by the Researcher.

14. I ***agree/disagree*** to the Researcher's use of voice recording of my comments and opinions during interviews, the purpose of which is to ensure the accurate recording of my views/responses. Furthermore, I have the right to request a copy of the interview transcriptions to confirm that my opinions are accurately recorded.

I, ……………………………………………………………………………, have read the above information / confirm that the above information has been explained to me in a language that I understand and I am aware of this document's contents. I have asked all questions that I wished to ask, and these have been answered to my satisfaction. I fully understand what is expected of me during the research.

I have not been pressurised in any way and I voluntarily agree to participate in the above-mentioned project.

…………………………………	…………………………	…………………………
Participants' signature	**Witness**	**Date**

Appendix 3: Poster calls for participation

PARTICIPANTS NEEDED
FOR MASTER'S THESIS:

To understand how queer disabled individuals explore their sexual identities

I am looking for black physically disabled individuals who identify as LGBTQIA+, must be 18+, reside in the Eastern Cape

All you need to do is give consent to an interview with me either in person or via a preferred video call platform.

Please contact me at:
cnosonyamzondo@gmail.com
or 071 966 1663

Appendix 4: Request email draft.

Request for Permission to Conduct Research

To whom it may concern

My name is Sinokuhle Mzondo, a Master's student in the Sociology department at Rhodes University. I am seeking permission to conduct research on a small portion of the members of your association. I am conducting this research under the supervision of Dr Thoko Sipungu (t.sipungu@ru.ac.za), who is a lecturer in the Sociology Department.

I am looking for participants for my research project, which will be looking at the intersection of disability and queer sexuality. My research involves examining how black queer/LGBTQI+, physically disabled individuals explore their sexualities. Furthermore, research is being undertaken to find out if people with visible physical disabilities can explore their sexualities without feeling restricted and disempowered by society.

Participants will be asked to give their written or verbal consent before the research begins. The risks of participating in this study may include having to disclose some experiences that the participants may consider embarrassing. However, the participants will be reassured that they can withdraw their permission during this project without penalty.

Furthermore, I have obtained ethical clearance from Rhodes University.

Upon the completion of this study, I undertake to provide you and these members with feedback and a copy of the thesis.

If you require any further information, please do not hesitate to email me at cnosonyamzondo@gmail.com. Thank you for your time and consideration in this matter.

Yours sincerely

Sinokuhle Mzondo

Appendix 5: Interview questions.

How do you identify? What are your preferred pronouns?

Would you like to provide your own pseudonym?

Where were you born and raised?

How old are you?

If you do not mind, please share your childhood experiences. How was home, and what are the main things you remember from childhood?

Did you have siblings growing up, or were you an only child?

What do you do for a living?

Are you religious? [Explore their beliefs]

Were you born with this disability or acquired it later in life? If later, when and how?

What is the nature of your disability? [explore the diagnosis if they know, what they can and cannot do physically, their medical needs, and how often they must see a health practitioner]

Explore if they use any assistive devices. – [how is their mobility?]

Are you on any medication?

Are you currently in a relationship or married?

How do you meet your prospective partners? Do you meet online, in the clubs, or is it mostly random interactions?

Do you prefer being approached, or do you do the approaching?

When you realised you were queer, did you feel the need/ pressure to come out? Did you come out? Please tell me more about how and when you came out and to whom? How were the reactions of those around you? Did these reactions affect how you view your sexual identity?

If not openly queer, do you have any reason for not disclosing your sexuality?

As a child or teenager, did you receive sex education regarding your queer sexuality?

As a person with a physical disability, how do you view your sexuality? [how does the disability pose challenges or opportunities in terms of their sexual lives? Explore examples of such challenges or opportunities]

How do the social and cultural beliefs of being queer and disabled affect how you negotiate your sexuality?

How do you negotiate between your disability and sexuality? [What is your everyday experience of being queer and disabled] Do you feel one identity takes priority over the other? How did you find a way for your disabled and queer identities to co-exist in a balanced manner?

Explore their views on dating disabled people.

Did the physical disability affect how you feel sexual pleasure?

Is there a space in your life where you feel you can fully express who you are?

Experiences accessing queer spaces as disabled.

Experiences accessing disabled spaces as queer.

Is there anything you feel is important regarding disability and sexuality that we may have missed during the interview?