

Dowry, Disability, and Gendered Marital Vulnerability: Experiences of Rural Women with Locomotor Disabilities in Karnataka

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Abstract:

Dowry continues to be a deeply entrenched social custom in India, reinforcing gender inequality and economic exploitation within marriage. While extensive literature exists on dowry and women's subordination, limited attention has been paid to how disability reshapes dowry practices and marital vulnerability. This paper examines the intersection of dowry, disability, and gender vulnerability among rural women with locomotor disabilities in Karnataka. The study is based on primary data collected from 350 women from Raichur and Bangalore districts using a structured interview schedule supplemented with qualitative narratives. Findings reveal that dowry remains prevalent in marriages involving women with disabilities, notably higher in the relatively developed region. Dowry was paid in multiple forms, indicating the commodification of marriage. Disability intensified dowry expectations, often resulting in compensatory marital arrangements such as marriages to widowers or as second wives. Many respondents reported marital dissatisfaction, neglect, abandonment, and emotional insecurity, highlighting heightened post-marital vulnerability. The paper argues that dowry functions as a mechanism to counterweight the socially constructed 'burden' of disability, reinforcing patriarchal and ableist norms. It concludes that marriage frequently becomes a site of exploitation rather than protection for women with disabilities and calls for disability-sensitive social work interventions and intersectional policy responses.

Keywords: Dowry, Disability, Gender Vulnerability, Marriage, Rural Women.

Introduction

Despite legal prohibition and social reform efforts, dowry continues to persist as a dominant marital practice in India (Rao, Anderson, & Eswaran, 2003;

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Government of India, 2011). Rooted in patriarchal family structures, dowry reinforces women's subordinate position within marriage and contributes to economic exploitation and gender-based violence. Marriage remains a central marker of social acceptance and security for women; however, for women with disabilities, it is often marked by stigma, negotiation, and vulnerability.

Women with disabilities occupy a marginal social position due to the intersection of gender norms and ableist attitudes (Addlakha, 2007; Ghai, 2009). Disability is frequently viewed as a family burden, intensifying anxieties around marriage and leading to compromised negotiations involving higher dowry. Rural contexts further exacerbate these vulnerabilities, as marriage and dowry practices are followed with customary rigidity and social obligation, due to limited access to education, legal awareness, and support services.

While dowry and disability have been examined separately, limited empirical research has explored how dowry operates within marriages involving women with disabilities. This paper addresses this gap by examining dowry practices and marital vulnerability among rural women with locomotor disabilities in Karnataka, highlighting how dowry reinforces gendered and ableist inequalities.

Review of Literature and Theoretical Framework

Disability studies have shifted from biomedical explanations to the social

model, which emphasizes societal barriers and discriminatory attitudes as the primary sources of exclusion (Oliver, 1990; Shakespeare, 2017). Feminist scholars argue that women with disabilities face double discrimination on the basis of gender and disability, remaining marginal within both feminist and disability rights discourses in India.

Marriage continues to play a decisive role in determining women's social status (Addlakha, 2007; Dhungana, 2006). Women with disabilities are often perceived as incapable of fulfilling normative marital roles, resulting in delayed marriages, restricted choice, and compromised arrangements such as marriages to widowers or as second wives.

Dowry has been widely analyzed as a patriarchal institution that commodifies women and transfers wealth from the bride's family to the groom's family (Rao et al., 2003; Ghai, 2009). In marriages involving women with disabilities, dowry assumes a compensatory function, counterbalancing perceived physical limitation and social stigma.

An intersectional framework is adopted to understand how gender, disability, and rurality intersect to produce compounded disadvantage (Addlakha, 2017; Ghai, 2009), shaping dowry practices and marital vulnerability among women with locomotor disabilities.

Objectives of the study:

1. To analyze marital status and marriage patterns among women with locomotor disabilities in rural Karnataka.
2. To examine the quality and nature of marital life, including marital satisfaction, separation, and compromised marital arrangements.
3. To assess the role of disability in shaping dowry practices, marriage negotiations, and post-marital vulnerability.

Methodology

The study is based on primary data collected using multistage sampling method. 350 rural women with locomotor disabilities from the age of 18 to 60, were selected from Raichur and Bangalore districts of Karnataka. Data were collected through a structured interview schedule covering socio-economic background,

disability, marriage, dowry practices, and marital experiences, supplemented by qualitative narratives.

Quantitative data were analyzed using descriptive statistics, while qualitative responses were thematically interpreted. Ethical considerations included informed consent, confidentiality, and sensitivity while discussing dowry and marital experiences.

Analysis and Discussion

This section analyses marital patterns among women with locomotor disabilities, including marital status, marital quality, marriage type, dowry practices, and husbands' disability status. The findings illustrate how disability influences marriage negotiations and post-marital experiences. Quantitative data are interpreted alongside qualitative insights to contextualize these patterns in rural Karnataka.

Table 1: Percentage Distribution of Respondents by Marital Status

Marital Status		Raichur		Bangalore		Total	
Spinster		62.0%	155	47.0%	47	57.7%	202
Married	Married	30.0%	75	43.0%	43	33.7%	118
	Widow	6.4%	16	7.0%	7	6.6%	23
	Separated	1.2%	3	3.0%	3	1.7%	6
Devadasi		.4%	1	.0%	0	.3%	1
Total		100.0%	250	100.0%	100	100.0%	350

Table 1, presents the marital status of the respondents, showing that a majority (57.7%) were unmarried. The proportion of unmarried women was higher in Raichur (62.0%) than in Bangalore (47%). About half of the respondents above 25

years of age were also unmarried, which is significant in light of the Sample Registration System (2023) data indicating the mean age of marriage for women as 22.9 years in India and 22.9 - 23.0 years in Karnataka. No divorces were reported in the sample; however, 1.7% of

respondents were separated, with qualitative data attributing these separations to disability. Additionally, three respondents from Raichur reported being offered as Devadasis due to their disability, though only one was classified as such in the marital status table, as the

other two were married at the time of data collection. These patterns indicate that disability emerges as a decisive factor shaping marital exclusion, particularly in rural contexts where marriage remains a key marker of social legitimacy for women.

Table 2: Percentage Distribution of Respondents by happiness in marital life

Marital Life	Raichur		Bangalore		Total	
Good	72.3%	68	79.2%	42	74.8%	110
Bad	27.7%	26	20.8%	11	25.2%	37
Total	100.0%	94	100.0%	53	100.0%	147
Reason for bad marriage						
Expired within a few years of marriage	50.0%	13	54.5%	6	51.4%	19
Lives with another woman after my Disability	15.4%	4	.0%	0	10.8%	4
Husband married twice because of Disability	3.8%	1	.0%	0	2.7%	1
Separated	11.5%	3	27.3%	3	16.2%	6
This is her husband's Second Marriage	3.8%	1	9.1%	1	5.4%	2
Married Sister also	15.4%	4	.0%	0	10.8%	4
After Disability Marriage became Sour	.0%	0	9.1%	1	2.7%	1
Total	100.0%	26	100.0%	11	100.0%	37

Marital life is a personal territory which will have its own pleasures and pains. The researcher has attempted to get a glimpse of the marital life of the respondents.

The data indicate that 25.2 percent of married respondents reported experiencing a bad marriage. Among them, 51.4 percent attributed marital distress to the early death of their husbands. Although death is a natural occurrence, qualitative evidence suggests that many women, particularly in Raichur, were married to elderly widowers due to difficulties in finding a match because of

disability. In several cases, respondents were aware of their husbands' ill health prior to marriage.

Separation accounted for 16.2 percent of sour marriages, though no formal divorces were reported. Qualitative narratives revealed instances of intermittent cohabitation and husbands living with other women, often perceived by respondents as a consequence of their disability, accounting for 10.8 percent of cases. Another 10.8 percent reported being married alongside their sisters as a form of compensation for marrying a disabled woman, a practice observed only

in Raichur. Additionally, 5.4 percent of respondents were second wives, further reflecting compromised marital arrangements.

Overall, the findings highlight the structural barriers faced by women with disabilities in securing equitable marital companionship, where marriage often serves as a means of resolving perceived

familial burden rather than ensuring mutual partnership. These findings suggest that marital distress among women with disabilities cannot be explained by individual or circumstantial factors alone, but must be understood as structurally linked to disability-based stigma and unequal marriage negotiations.

Table 3: Percentage Distribution of Respondents by type of marriage

Marriage Type	Raichur		Bangalore		Total	
Non-Consanguineous	59.6%	56	81.1%	43	67.3%	99
Consanguineous	40.4%	38	18.9%	10	32.7%	48
Total	100.0%	94	100.0%	53	100.0%	147
Relationship in Consanguineous marriage						
Maternal Cousin	18.4%	7	80.0%	8	31.2%	15
Maternal Uncle	78.9%	30	20.0%	2	66.7%	32
Paternal cousin	2.6%	1	0.0%	0	2.1%	1
Total	100.0%	38	100.0%	10	100.0%	48

N = 147 & 48

Marriage, in India is largely a family-arranged institution, and in many communities, consanguineous marriages are culturally accepted as a convenient means of matchmaking. For women with disabilities, limited marital options often lead families to seek such arrangements as an easier solution. The data indicate that 32.7 percent of married respondents were

in consanguineous marriages. While this could be attributed to cultural norms, disability cannot be ruled out as a contributing factor. Therefore, Table 4, which cross-tabulates respondents' marriages with those of their parents' which, provide deeper insight into this pattern.

Table 4: Cross tabulation of nature of marriage of the Respondents with that of their Parents

Marriage of respondents	Marriage of parents				Total	
	Non-Consanguineous		Consanguineous			
Non consanguineous	82.8%	82	17.2%	17	100.0%	99
Consanguineous	60.4%	29	39.6%	19	100.0%	48
Total	75.5%	111	24.5%	36	100.0%	147

Table 3 does not independently establish that marriages of women with

disabilities occur within blood relatives, as consanguineous marriage is culturally

accepted in many communities. However, Table 4, which compares the nature of respondents' marriages with those of their parents, provides clearer insight. It reveals that 60.4 percent of respondents were in consanguineous marriages despite their parents having non-consanguineous marriages. This pattern suggests that, in the absence of suitable marital options,

consanguineous marriages are increasingly preferred for women with disabilities. Disability thus appears to override intergenerational marriage norms, compelling families to resort to culturally proximate marital arrangements in the absence of socially acceptable alternatives.

Table 5: Percentage Distribution of Respondents by practice of dowry

Dowry	Raichur		Bangalore		Total	
Given	61.7%	58	79.2%	42	68.0%	100
Not given	38.3%	36	20.8%	11	32.0%	47
Total	100.0%	94	100.0%	53	100.0%	147
Forms In which Dowry has been given						
Money	10.3%	6	0.0%	0	6.0%	6
Gold	25.9%	15	26.2%	11	26.0%	26
Land	15.5%	9	26.2%	11	20.0%	20
Vehicle	1.7%	1	2.4%	1	2.0%	2
Career opportunity	5.2%	3	0.0%	0	3.0%	3
Household gadgets	41.4%	24	45.2%	19	43.0%	43
Total	100.0%	58	100.0%	42	100.0%	100

Dowry operates as a compensatory mechanism that reinforces patriarchal and ableist norms, particularly in marriages involving women with disabilities. Table 5 indicates that 68.0 percent of respondents reported giving dowry in the form of money, gold, land, vehicles, employment opportunities, or household goods to the husband or his family. It is likely that this figure is underestimated, as some respondents were reluctant to disclose dowry transactions due to the presence of husband or in-laws during the interview. Notably, the prevalence of dowry was higher among respondents from Bangalore rural district than those from Raichur.

Despite legal measures such as the Dowry Prohibition Act, 1961, dowry continues to persist in diverse forms. For women with disabilities, particularly in rural settings, marriage negotiations are often constrained by stigma and limited choice, resulting in dowry being used as a compensatory mechanism to secure marriage

Table 6: Percentage Distribution of Respondents by disability of husband

Husband disabled	Raichur		Bangalore		Total	
No	92.6%	87	86.8%	46	90.5%	133
Yes	7.4%	7	13.2%	7	9.5%	14
Total	100%	94	100%	53	100%	147
Type of Disability of Husband						
Speech	28.6%	2	0%	0	14.3%	2
Vision	14.3%	1	0%	0	7.1%	1
Speech and Hearing	14.3%	1	0%	0	7.1%	1
Locomotor Disability	42.9%	3	100%	7	71.4%	10
Total	100%	7	100%	7	100%	14
Percentage of husbands disability						
<75% and \geq 40%	71.4%	5	71.4%	5	71.4%	10
75% and above	28.6%	2	28.6%	2	28.6%	4
Total	100%	7	100%	7	100%	14

The table highlights the marital status of respondents' husbands and reflects broader patterns of disability and marriage. Existing studies indicate that marriage rates among persons with disabilities are low, a finding supported by the present study, which shows that 57.7 percent of respondents were unmarried. Notably, over half of the respondents above 25 years of age remained unmarried, a situation that is socially stigmatized for women in rural India.

Among the married respondents, 9.5 percent were married to men with disabilities, indicating the limited marital opportunities available to women with disabilities. The difficulty in finding suitable matches results in many women remaining unmarried, while those who do marry are often matched with men who also have disabilities. This pattern reflects prevailing societal attitudes that perceive disability as a shared burden, thereby

increasing familial vulnerability. Additionally, most husbands with disabilities (71.4 percent) had a moderate level of disability (40–75 percent), suggesting selectivity even within disability-based marital matches. Across marital status, marriage type, dowry practices, and spousal characteristics, disability consistently emerges as a structuring force that reshapes marriage from a social institution of security into one of negotiation, compromise, and vulnerability for women.

Summary, recommendation, implication and Conclusion

The study demonstrates that the intersection of dowry, disability, and gender produces heightened marital vulnerability among rural women with locomotor disabilities in Karnataka. Dowry operates as a compensatory mechanism that reinforces patriarchal and ableist norms, converting marriage into a

site of economic extraction rather than security. Women with disabilities are often subjected to compromised marital arrangements, including consanguineous marriages, marriages to elderly, ill, or disabled men, or being married alongside a sister, as a devalued marital commodity, reflecting the perception of disability as a familial burden to be resolved through marriage.

The findings further reveal that dowry remains widespread, particularly in Bangalore district, and is paid in multiple forms such as cash, gold, land, household goods, and employment opportunities. Disability intensifies dowry expectations and contributes to marital instability, with many women reporting neglect, abandonment, widowhood, and emotional insecurity. Limited economic independence and bargaining power further exacerbate post-marital dependence, underscoring the need for intersectional interventions that address gendered, ableist, and rural disadvantages simultaneously

Social Work Implications

The findings underscore the need for social work interventions that recognize marriage as a potential site of vulnerability for women with disabilities. Pre-marital counseling and family-level interventions are essential to challenge dowry expectations and ableist attitudes. Strengthening economic independence through skill training, livelihood

programmes, and self-help groups can reduce dependency and vulnerability.

Social workers must provide disability-sensitive counseling services and integrate gender- and rights-based perspectives within community-based rehabilitation programmes. Social work education should incorporate disability studies and intersectionality frameworks to equip practitioners for effective intervention.

Policy Recommendations

Policy interventions must explicitly address the intersection of gender and disability within marriage and family institutions. Disability welfare schemes should integrate legal awareness and safeguards against dowry-related exploitation. Enforcement of the Dowry Prohibition Act must be strengthened, with particular attention to marriages involving women with disabilities.

Enhanced disability pensions, educational scholarships, livelihood support, and marriage-related social security measures such as widow pensions and legal aid are necessary to reduce economic dependency. Sustained community awareness campaigns are required to challenge stereotypes surrounding disability, femininity, and marital worth.

The Rights of Persons with Disabilities Act, 2016 recognizes the right to equality, dignity, and non-discrimination for persons with disabilities, including women, and mandates the State to protect them from abuse, exploitation, and

violence within family and social institutions. However, marriage-related safeguards within disability policy remain weakly articulated and poorly implemented, leaving women with disabilities inadequately protected from dowry coercion, marital exploitation, and post-marital abandonment.

Limitations of the Study

This study has certain limitations that must be acknowledged. First, dowry-related data may be underreported due to social desirability bias and the presence of family members during interviews. Second, the study focuses on rural women with locomotor disabilities in two districts of Karnataka; therefore, the findings may not be generalizable to women with other forms of disabilities or urban contexts. Despite these limitations, the study provides valuable insights into the intersection of disability, gender, and marriage in rural India.

Future Research Directions

Future research may explore similar marital vulnerabilities among women with different types of disabilities, including sensory and intellectual impairments, to allow for comparative analysis. Longitudinal studies could further examine how marital experiences and vulnerabilities evolve over the life course of women with disabilities. Additionally, urban-focused and policy-evaluation studies may help assess the effectiveness of legal and welfare interventions in

addressing dowry-related exploitation among persons with disabilities.

Reflexive Note

The researcher approached the study with sensitivity to the lived realities of women with disabilities, recognizing the ethical complexities involved in discussing marriage, dowry, and personal suffering. Efforts were made to ensure confidentiality, voluntary participation, and emotional comfort during data collection. Reflexivity was maintained throughout the research process to minimize bias and to respectfully represent the voices and experiences of the respondents.

Conflict of Interest

The author declares that there is no conflict of interest regarding the publication of this paper.

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Author Contribution

The author solely conceptualized, designed, conducted, and prepared this manuscript

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