Artículos de investigación
Research articles

Mothers with disabilities: challenging prejudices (Metropolitan Area of Buenos Aires, Argentina, 21st century)[1]

Madres con discapacidad: interpelando prejuicios (Área Metropolitana de Buenos Aires, Argentina, siglo XXI)

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Abstract

Historically, motherhood was denied to women with disabilities. However, in the twenty-first century, following the adoption of the Convention on the Rights of Persons with Disabilities, this right has been formally recognized. Although Argentina has ratified this international treaty, civil society organizations continue to report barriers to its effective realization. Drawing on qualitative research framed within feminist disability studies and the sociology of care, this article aims to analyze the impact of motherhood on the life trajectories of seven women with disabilities who became mothers in the Metropolitan Area of Buenos Aires after the Convention entered into force and who engage in intensive caregiving responsibilities. Through in-depth

[1] This study is based on a corpus collected as part of the research project titled "Narratives on Disability, Motherhood, and Gender in the Buenos Aires Metropolitan Area," conducted within the framework of the author's work plan (2022–2026) as a CONICET researcher affiliated with the Department of Social Sciences at the National University of Quilmes.

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interviews, the study explores their narratives and situated subjectivities. The findings reveal that motherhood is shaped by persistent prejudices that the participants challenge through their lived experiences. The lack of state support places caregiving responsibilities primarily within the family and disproportionately on women, generating inequalities and an excessive burden of care work. Nevertheless, motherhood emerges as a turning point in raising critical awareness and fostering the struggle for rights.

Keywords

Right to Procreation; Women's Rights; Human Rights; Sexual and Reproductive Rights; Discrimination; Social Research; Feminist Movement; Persons with Disabilities; Prejudice.

Resumen

Históricamente, la maternidad fue negada para las mujeres con discapacidad. Sin embargo, en el siglo XXI, a partir de la Convención Internacional sobre los Derechos de las Personas con Discapacidad, este derecho es formalmente reconocido. Pese a que Argentina se adhirió a este tratado internacional, la sociedad civil reporta barreras en la materia. Partiendo de una investigación cualitativa, encuadrada en los estudios feministas de la discapacidad y la sociología del cuidado, el objetivo de este artículo es analizar el impacto de la maternidad en las biografías de siete mujeres con discapacidad que fueron madres en el Área Metropolitana de Buenos Aires a partir de la Convención y que desarrollan tareas intensivas de cuidado. A través de entrevistas en profundidad, se exploran sus narrativas y subjetividades situadas. Los resultados revelan que el ser madre está atravesado por persistentes prejuicios que las entrevistadas interpelan biográficamente. La falta de apoyo estatal familiariza y feminiza el cuidado, generando desigualdades y sobrecarga de tareas. No obstante, la maternidad se convierte en un punto de inflexión para la toma de conciencia, impulsando la lucha por los derechos.

Palabras clave

Derecho a la procreación; Derechos de la mujer; Derechos Humanos; Derechos sexuales y reproductivos; Discriminación; Investigación social; Movimiento feminista; Personas con discapacidad; Prejuicio.

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Introduction

Motherhood is often perceived as a life experience incompatible with embodying what biomedicine defines as disability. The story of my mother, who acquired a physical disability during the 1980s in the Metropolitan Area of Buenos Aires (MABA, Argentina), clearly illustrates this reality. Experiences such as being threatened by a treating physician—who, in response to her expression of physical pain, warned her of the possibility of involuntary hospitalization and the consequent loss of custody and caregiving responsibilities—or her own resistance to severe neurological diagnoses, which she associated with an inability to care for young children, reveal the widespread belief that disability is the antithesis of motherhood. Her disablement became a turning point in our family history, as it triggered a struggle for access to basic rights, including the right to receive and provide care (Ferrante & Sánchez, 2025).

Many years later, in 2018, when my first child was born, these experiences resurfaced in my memory. As a sociologist conducting research in the field of disability, I began to wonder: how many stories of women with disabilities, similar to those experienced by my mother, have remained invisible within the private sphere of domestic life? What kinds of difficulties do women with disabilities currently face in exercising their right to motherhood, particularly in light of the changes that have taken place in recent years regarding the recognition of this population's rights?

Far from being rooted in biology, the prejudice that excludes motherhood from disability is mediated by social, historical, and political constructions. Motherhood—both as a physiological experience encompassing pregnancy and childbirth, and as a social practice associated with childrearing and caregiving that sustains social reproduction—has been shaped around an idealized model of motherhood endowed with specific attributes valued in modern, colonial, patriarchal, and capitalist societies (Tubert, 1996). This model is embodied by a woman considered "feminine," White, middle-class, heterosexual, cisgender, non-migrant, and possessing a body regarded as "able" or "normal" (Morris, 1996; Cioè-Peña et al., 2024).

During the 1990s, feminist disability studies in the English-speaking world began to critically examine the consequences of this construction. These scholars demonstrated that the intersection between gender stereotypes associated with motherhood and those associated with being a woman with a disability—which portray women with disabilities as "asexual, unable to reproduce, excessively dependent, unattractive, and removed from the sphere of true femininity" (Garland-Thomson, 2001, p. 89)—stigmatizes this population and denies or restricts their parental capacity (Garland-Thomson, 2005; Goffman, 1963/2001; Shakespeare, 1998). As Garland-Thomson (2001) notes, "women with disabilities often have to struggle to have their sexuality and their right to have children recognized" (p. 89).

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Feminist disability studies argue that these prejudices emerge from the disability/ability system, which produces a set of exclusions and forms of oppression that deny the full humanity of those whose lives challenge the able-bodied or "normal" body, biomedically defined according to standards of fitness for participation in the capitalist labor process. As a result, such individuals are subordinated and positioned as inferior beings (Garland-Thomson, 2005). This oppression intersects with other systems of domination—including gender, social class, ethnicity, type of disability, age, and nationality, among other factors—and devalues the lives of persons with disabilities by denying their rights and undermining their social identities (Goffman, 1963/2001). These misconceptions may sometimes be internalized, but they can also be resisted both individually and collectively (Garland-Thomson, 2005).

For feminist disability studies, the experiences of women with disabilities possess epistemological, heuristic, and political value. This perspective emerged within the broader context of debates with both disability studies and mainstream feminist scholarship (Thomas, 2007; Ville et al., 2024). While feminist disability scholars welcomed the process of demedicalization advanced by disability studies through the traditional social model (Oliver, 1983; Barnes, 1998), they criticized it for failing to account for the intersection of disability with other social markers and for artificially separating disability (understood as an oppressive social construction) from impairment (understood as an organic condition that allegedly required neither critical examination nor analysis) (Morris, 1996). Consequently, feminist disability scholars argued for the need to reincorporate the embodied experience of impairment in all its diversity, understanding it as a form of socially produced embodiment. They also emphasized the importance of addressing issues that had been neglected because they were relegated to the private sphere (Crow, 1996; Ferrante & Venturiello, 2014). The lives of persons with disabilities, they contended, should be understood holistically, through situated and intersectional perspectives, recovering the narratives of those directly affected in order to identify their needs and develop alternative discourses (Garland-Thomson, 2005; Morris, 2008). In other words, they sought to construct counter-narratives of disability capable of challenging dominant representations (Chase, 2015). This project also entailed engaging critically with mainstream feminist scholarship, which had generalized the experiences of women inhabiting able-bodied bodies while overlooking the ways in which women with disabilities were excluded from certain gender expectations, such as femininity and the maternal imperative (Garland-Thomson, 2005; Morris, 1996). By bringing these issues to light, feminist disability studies drew attention to vital areas that had previously received little attention within disability activism, including motherhood (Morris, 1996; Crow, 1996; Keith & Morris, 1996).

These demands would ultimately be enshrined in the Convention on the Rights of Persons with Disabilities (hereinafter, the Convention), adopted by the United Nations General Assembly in 2006 (United Nations [UN], 2006). This international instrument understands disability as the result of barriers to participation and explicitly recognizes the right of persons with disabilities to

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parenthood, as well as their right to receive state support in exercising this role when necessary (Article 23). Furthermore, the Convention adopts a gender-sensitive approach that highlights the situation of vulnerability affecting women and girls with disabilities (Article 6) (Palacios, 2008, 2017; Palacios & Regueiro De Giacomi, 2024).

This recognition has gradually fostered the inclusion of disability and motherhood within the research agenda of the Global North (Ville et al., 2024; Rodríguez-Garrido & Yupanqui-Concha et al., 2021), although its incorporation has proceeded more slowly in the Global South (Herrera, 2022). Consistent with this trend, Latin America is no exception, and despite motherhood having become one of the principal demands of disability feminist activism regarding care and support across the region (Equipo Latinoamericano de Justicia y Género [ELA], 2020; López-Radrigán, 2020), scholarly work on the topic remains limited. The available studies show that—even though all countries in the region have ratified the Convention—prejudices that deny or hinder women with disabilities in exercising their right to motherhood persist. In response, women with disabilities develop diverse strategies of coping and resistance[2] (Cruz-Pérez, 2017; Herrera, 2022; Ferrante & Tiseyra, 2024; Gesser et al., 2013; Rodríguez-Garrido & Pino-Morán, 2023).

In Argentina, women with disabilities have spent the last two decades drawing attention to the challenges they face in securing respect for their right to motherhood through documentaries, awareness-raising campaigns, journalistic reports, and scholarly publications (Amorín et al., 2021; González, 2020; Minieri, 2017; Monjaime, 2015; Tiseyra et al., 2023; Travesani, 2024; Vázquez et al., 2022; Venturiello et al., 2021).

More specifically, regarding the right to parenthood and compliance with Article 23 of the Convention, civil society organizations have reported, through the Alternative Report on the Situation of Persons with Disabilities in Argentina 2018–2023, the existence of "a social mandate prohibiting motherhood for women with disabilities" (Red por los Derechos de las Personas con Discapacidad [REDI], 2023, p. 19). According to the report, this mandate is manifested through barriers that hinder access to desired pregnancies and the exercise of motherhood due to the absence of adequate support systems, resulting in "the systematic separation of mothers with disabilities living in poverty from their sons and daughters on the grounds that they would be unable to care for them properly" (REDI, 2023, p. 19). Consistent with this assessment, the United Nations has recommended that the Argentine State implement parenting support services for persons with disabilities (Committee on the Rights of Persons with Disabilities, 2023).

Similarly, a body of academic literature produced by health and legal professionals documents the violations of rights experienced by women with intellectual and psychosocial disabilities—particularly those from lower socioeconomic backgrounds—in exercising this right (Basaure Miranda, 2017; Chávez & Robba, 2020; Seda, 2017, 2019; Spampinato & Testa, 2022; Teveles,

[2] For a detailed review of the state of research on disability and motherhood in Latin America, see Ferrante and Tiseyra (2024).

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2021). Meanwhile, studies in the social sciences and humanities have pointed to the lack of research that recovers, in the first person, the narratives and meanings that persons with disabilities attribute to sexuality and motherhood, with the aim of making their experiences publicly visible and combating prejudice (Arellano & Soto, 2023; Ferrante & Tiseyra, 2024; Míguez-Passada, 2020).

In dialogue with these contributions from civil society and academia, this article seeks to advance the existing body of knowledge by providing situated sociological insight based on the narratives of women from the Metropolitan Area of Buenos Aires with different types of disabilities, belonging to diverse social classes and shaped by other social markers that intersect with this experience. Specifically, focusing on the situated subjectivities (Brubaker & Cooper, 2001) of women with disabilities who became mothers in the post-Convention period in the MABA and who currently engage in intensive caregiving responsibilities, this study aims to analyze the following questions: How has motherhood affected their life trajectories? What characteristics have shaped the everyday organization of care, and what difficulties have emerged? What has becoming a mother meant to them at the subjective level?

Methodology

Research Design and Theoretical Framework

To address the research questions guiding this study, I draw on part of the corpus collected for the research project entitled Narratives of Disability, Motherhood, and Gender in the Metropolitan Area of Buenos Aires, which I have been conducting within the framework of my research agenda (2022–2026) as a researcher at the National Scientific and Technical Research Council (CONICET), based in the Department of Social Sciences at the National University of Quilmes. The purpose of this study was to analyze how gender- and disability-based prejudices interact in the experiences of women with disabilities who became mothers in the Metropolitan Area of Buenos Aires (MABA) over the last four decades, a period marked by profound transformations in the recognition of disability and in the acknowledgment of women's sexual and reproductive rights as matters of citizenship (Tiseyra et al., 2023).

Drawing on the contributions of feminist disability studies (Garland-Thomson, 2005; Morris, 1996; Crow, 1996) and selected elements of the sociology of care (Flainding & López, 2018; Venturiello, 2016, 2023), I adopted a qualitative approach to the social research process (Chase,

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2015), as this perspective makes it possible to access "the subjective meanings that women assign to events and to their living conditions" (Vasilachis de Gialdino, 2015, p. 12). Narratives were understood as extended accounts of a significant aspect of life that create meaning by organizing past experience through the expression of "emotions, thoughts, and interpretations" (Chase, 2015, p. 69). In particular, I was interested in exploring the situated subjectivities developed by mothers with disabilities—that is, the cognitive and emotional modes of self-understanding that reveal "one's own sense of who one is, one's social location, and how (given the first two elements) one is prepared to act" (Brubaker & Cooper, 2001, p. 69).

Fieldwork and Sample

Fieldwork was conducted in the Metropolitan Area of Buenos Aires between March 2023 and September 2024. The MABA comprises the Autonomous City of Buenos Aires (Argentina's federal capital) and forty surrounding municipalities. This geographical region is home to approximately one-third of the country's population and constitutes Argentina's principal economic and industrial center. No up-to-date national or local data are available regarding the number of women with disabilities who are mothers (Venturiello et al., 2021).

During the first phase of fieldwork, in order to validate the relevance of the study, I conducted key informal conversations about disability with ten informants. Subsequently, I carried out in-depth interviews with a purposive sample (Scribano, 2008) consisting of thirteen women with disabilities who became mothers in the MABA between 1981 and 2024. The criteria for sample selection were: being a cisgender woman, having a disability, and having become a mother by free and informed choice in the MABA during the period under consideration. Participants were recruited through a call for participation disseminated on social media, as well as through professional and personal networks that I have developed throughout my work as a researcher in the field of disability. Sample size was determined according to the principle of theoretical saturation (Glaser & Strauss, 1967).

Within the broader scope of this research project, this article focuses specifically on seven in-depth interviews conducted with women between 30 and 53 years of age who have disabilities, became mothers during the post-Convention period (between 2008 and 2018), and currently perform intensive caregiving responsibilities for children and adolescents. Four of these women are mothers of children with disabilities. In order to incorporate an intersectional perspective, the study included women with different types of disabilities (hearing, physical, visual, and intellectual), whether congenital or acquired over the life course, belonging to different occupational categories (unemployed, shop owner, business owner, teacher, and informal caregivers of older adults) and educational levels (ranging from completed primary education to completed university

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education). Combining these latter two indicators, I characterized the interviewees' social class affiliation by distinguishing between upper socioeconomic sectors (1), middle sectors (4), and working-class sectors (2) (ELA & United Nations Children's Fund [UNICEF], 2024). Three of these women receive non-contributory disability pensions.[3] Regarding health coverage, four are covered through employer-based social health insurance plans (obras sociales), one has private health insurance, and two receive care through the public healthcare system.[4] In terms of marital status, three are currently in a relationship and four are separated.

Table 1. *Characteristics of the Interview Participants*

Pseudonym	Age	Type of Disability	Number and Age of Children	Marital Status	Highest Educational Level Attained	Occupation	Health Coverage	Non-Contributory Disability Pension
María	46	Physical disability (acquired through an accident)	2 (ages 6 and 7)	Separated	Incomplete secondary education	Shop owner	Public healthcare system	No
Julia	30	Visual disability (congenital)	1 (age 5)	Separated	Incomplete university education	Unemployed	Public healthcare system	Yes
Jimena	33	Hearing disability (congenital)	1 (age 14)	Married	Completed postsecondary non-university education	Teacher	Social health insurance (obra social)	Yes
Mariana	53	Cerebral palsy (congenital)	1 (age 16)	Separated	Completed university education	Business owner	Private health insurance	No
Candela	34	Intellectual disability (congenital)	1 (age 5)	Married	Completed secondary education	Informal caregiver for older adults	Social health insurance (obra social)	No
Eugenia	35	Visual disability (congenital)	3 (ages 11, 7, and 3)	In a relationship	Incomplete university education	Formally employed worker	Social health insurance (obra social)	Yes
Cecilia	39	Intellectual disability (congenital)	3 (ages 17, 7, and 3)	Separated	Completed secondary education	Informal caregiver for older adults	Social health insurance (obra social)	No

The interviews adhered to the principles of informed consent, confidentiality, and anonymity and lasted approximately 90 minutes on average. Each interview began with my sharing aspects of my own biography as the daughter of a mother with a disability and followed a flexible interview guide designed to elicit participants' narratives regarding disability, motherhood, the organization of care, challenges encountered, and coping strategies. Depending on each participant's preference, some interviews were conducted in person in their homes or in public settings (cafés

[3] The Argentine State grants "Non-Contributory Disability Pensions" to persons with disabilities whose work capacity has been reduced by 76% or more (Venturiello et al., 2021). The official use of the notion of "disability" as invalidity is entirely inconsistent with a disability-rights and citizenship-based perspective.

[4] In Argentina, three healthcare systems coexist: the public healthcare system (state-funded), the social health insurance system (for workers and their families through payroll contributions), and the private healthcare system (funded through direct payment) (Venturiello, 2016).

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and restaurants), while others were carried out virtually through video calls. Throughout this article, pseudonyms are used to protect the identities of the interviewees, as well as those of their children and family members.

Analysis of the In-Depth Interviews

The materials were interpreted using the principles of content analysis (Krippendorff, 1990), and inferences were drawn from categories emerging from the participants' discursive production. After transcribing the interviews, I followed an interactive three-step analytical process. First, I conducted a comprehensive reading of the transcripts to gain an overall understanding of the life narratives. During this stage, I identified and selected textual excerpts related to the central objectives of the research: the biographical impact of motherhood in the context of disability, the barriers and prejudices encountered, coping strategies, the organization of care, and the subjective meanings associated with being a mother with a disability. Next, I organized these excerpts into a data matrix, which enabled me to compare and contrast the narratives of the seven participants. Through this inductive process, I identified and grouped the textual segments into emergent themes and categories that structured the findings presented below.

Results

Motherhood in Biographies Shaped by the Disability/Ability System

All of the women included in this study became mothers during a period in which the Argentine State had already adopted the Convention on the Rights of Persons with Disabilities (Law No. 26,378 of 2008). Although this international instrument proposes a paradigm shift in the understanding of disability and explicitly affirms the right of persons with disabilities to parenthood, these transformations are not always automatically reflected in policies directed toward this population (Palacios & Regueiro De Giacomi, 2024).

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This is largely because social responses to disability continue to be shaped by earlier legislation—Law No. 22,431, Comprehensive Protection System for Persons with Disabilities (1981), and Law No. 24,901, System of Basic Benefits for the Comprehensive Habilitation and Rehabilitation of Persons with Disabilities (1997)—which frame disability primarily as a medical condition requiring rehabilitation (Vázquez et al., 2022; Venturiello & Ferrante, 2018; Palermo, 2025). At the same time, this period is characterized by the consolidation of long-standing struggles for the recognition of women's sexual and reproductive rights (Tiseyra et al., 2023). These developments have resulted in significant legal achievements—including the Respectful Childbirth Act (Law No. 25,929, 2004/2006), the Comprehensive Sexual Education Act (Law No. 26,150, 2006), the Protection Against Violence Against Women Act (Law No. 26,485, 2009), and the Voluntary Interruption of Pregnancy Act (Law No. 27,610, 2020), among others. At the same time, they have brought greater visibility to the unresolved inequalities affecting women with disabilities, which disability activism has sought to transform (Tiseyra et al., 2023).

Motherhood among the women interviewed emerged after the onset or acquisition of disability. Their life trajectories have therefore been shaped by a series of stigmatizing experiences and forms of discrimination associated with the disability/ability system (Garland-Thomson, 2005), which restricted their social participation and affected, to varying degrees, their situated subjectivities (Brubaker & Cooper, 2001). The vast majority of these women underwent processes of medicalization that marked their childhood and youth as individuals carrying an organic condition requiring rehabilitation, which in some cases involved numerous surgical procedures. With regard to schooling, although some were able to attend mainstream educational institutions, they experienced different forms of discrimination or felt different from their peers. Some pursued postsecondary or university studies. In several cases, these spaces proved highly hostile because they failed to provide accessibility measures and implicitly or explicitly conveyed that "this place was not for them," since they did not conform to the fantasy of the able-bodied ideal (Garland-Thomson, 2001). Within their family environments, during childhood and adolescence, they received responses to their condition that ranged from encouragement to conceal their disability (Goffman, 1963/2001) to support for active participation and autonomy. In one extreme case, disability elicited contempt and mistreatment (Gomiz-Pascual, 2016). Far from being passive recipients of these diverse responses, all of the interviewees, in different ways, fought for their rights by developing forms of self-understanding and social positioning as individuals whose condition did not exclude them from full humanity. However, this understanding was not fixed; rather, it evolved according to the experiences accumulated throughout their lives, with motherhood representing a major turning point in this regard.

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The Eugenic Specter: Presumed Infertility and the Fear of Passing on Disability

Within this context, all of the women interviewed became mothers by choice for the first time between the ages of 18 and 38. In some cases, motherhood was a consciously pursued project—a "lifelong dream" (María, age 46, physical disability, middle socioeconomic sector)—or part of a broader aspiration to form a family. In others, it resulted from an unplanned pregnancy that they nevertheless chose to continue.

Yet motherhood first appeared in their lives as an impossibility before becoming a reality. As discussed above, while motherhood is often constructed as a social imperative for women who are regarded as legitimate bearers of femininity, feminist disability studies have demonstrated how women with disabilities are frequently excluded from this expectation (Garland-Thomson, 2005; Morris, 1991; Malacrida, 2009). Gender stereotypes intersect with disability stereotypes and, combined with eugenic assumptions linking sexuality and reproduction, promote the belief that women with disabilities are asexual and "naturally" incapable of reproducing life (Garland-Thomson, 2001; Herrera, 2022). Moreover, motherhood is often portrayed as an undesirable project because of the perceived risk of transmitting to one's children the "defect" or "disease" that disability is assumed to represent (Garland-Thomson, 2012; Herrera, 2022; Morris, 1991; Palacios & Regueiro De Giacomi, 2024). For example, María, a 46-year-old woman from a middle socioeconomic background who acquired what biomedicine labels paraplegia at age 21, explained:

> When I had the accident, the first thing I asked was not whether I would walk again. I asked whether I would be able to be a mother ... My dream was always to be a mother, so I felt that this limitation would prevent me from becoming one. When I asked the doctors, they told me that ... my disability would not affect my ability to be a mother in any way. That was when I finally relaxed, you know? (María, age 46, physical disability, middle socioeconomic sector)

By challenging her initial fears, the physicians provided María with a response aligned with an enabling perspective that moved her closer to an understanding of disability detached from pathologizing interpretations associated with mourning one's existence (Rosato & Angelino, 2009).

Although the interviewees had developed a non-tragic understanding of disability prior to pregnancy, once pregnancy became a reality—particularly among those with congenital disabilities—the fear of passing on their disability to their children emerged. Jimena, a 33-year-old mother from a middle socioeconomic background who identifies as having a hearing disability, stated:

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> When I went for my first ultrasound, ... the first thing I asked was whether the baby's ears had formed properly. ... That was my biggest fear—that my child wouldn't have ears like mine (laughs). But it wasn't really about that. It was more about how I would deal with all the situations I had gone through and the possibility of someone else having to go through them too. I wasn't prepared for that. Now it's more like, if it happens, it happens... (Jimena, age 33, hearing disability, middle socioeconomic sector)

At age 18, Jimena's greatest fear when expecting her daughter was not that she might pass on an organic condition affecting hearing, but rather that she might transmit the experience of social oppression she herself had endured while confronting the many barriers she had faced throughout her life in education, employment, accessibility, and within her family environment. Her parents had encouraged her to conceal her disability by covering her smaller ear with her hair and pretending that she could hear. However, after becoming a mother and deciding to receive a cochlear implant, Jimena began to "shout her condition from the rooftops." When contemplating the possibility of a second pregnancy, where the likelihood of transmitting the condition would be even greater, she feels that this would no longer be a concern for her.

As was the case for Jimena, for many of the other women interviewed, the birth of their children represented an epiphanic event (Denzin & Lincoln, 2012) that involved a re-signification of disability, through which they began to perceive internalized prejudices or previously invisible barriers. Julia, a 30-year-old woman with a congenital visual disability, mother of a five-year-old daughter and belonging to the middle socioeconomic sector, explained:

> [Before becoming a mother] I never really thought about disability itself (...) What is making me think about disability now is having had my daughter, seeing the barriers that keep appearing and saying, 'How the hell am I supposed to do this?' And that's when I'm only now beginning to realize, 'Well, I have a disability,' because I never really considered myself a person with a disability. I always just tried to manage as best I could. (Julia, age 30, visual disability, middle socioeconomic sector)

Until the birth of her daughter at age 25, Julia participated actively in social life: she attended university, played sports, went out with friends and her boyfriend, and traveled independently using public transportation. However, after her daughter was born, she began to notice barriers that emerge within an ocularcentric world (Bustos-García, 2015) that had previously gone unnoticed. For example, she feared that during childbirth she might not be allowed to have someone present who could "see" her daughter and ensure that she was not taken away or mistakenly switched with another baby. She also became concerned about navigating an inaccessible city with a young child who could unexpectedly run off.

Similarly, though in a different way, Eugenia, a 35-year-old woman with a visual disability, mother of three children and belonging to the middle socioeconomic sector, reconsidered her understanding of disability when her second child unexpectedly inherited blindness—even though her condition had supposedly not been hereditary. She had always viewed herself as a complete and fulfilled person and understood disability as a condition that motivated advocacy for rights rather than as a tragic attribute. In her words:

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> When Juanchi was born with a disability, I started asking myself a lot of questions. For example, I felt an enormous amount of guilt that he had been born with a disability. Then at some point it clicked: 'Why guilt?' Because what I was really saying was, "How terrible that he's disabled!" And what's incredible is a person with a disability discriminating against herself. I realized that I still needed to take my identity one step further—that part hadn't happened yet. I mean, if an activist is ableist, what hope is there for the rest of society, right? And then, when I took him as a newborn to [public pediatric institution] and he wouldn't open his eyes, and they forced one eye open with what looked like a butcher's hook, I said to myself: "I don't want to leave him this world". (Eugenia, age 35, visual disability, middle socioeconomic sector)

As Eugenia's testimony illustrates, the birth of a child with a disability led her to recognize the ways in which internalized ableism shaped her own subjectivity (Campbell, 2008). The concept of ableism, which emerged from the disability rights struggles of the 1970s, was further developed during the 1980s by feminist disability activists and has continued to evolve throughout the twenty-first century. Today, it is widely employed within Latin American disability activism (Lapierre, 2022; Pino-Morán & Tiseyra, 2019). This concept refers to a system of oppression grounded in the ideological hierarchy and naturalization of the "able" or "normal" body as desirable, typical, and synonymous with humanity, in opposition to the "disabled body," which is constructed as imperfect, inferior, and less than fully human (Campbell, 2008). In Eugenia's narrative, the experience at the pediatric institution became a moment of awareness regarding the ableist world she did not want her son to inherit. The insensitive manner in which healthcare staff forcibly opened her baby's eye in front of her—perhaps assuming that because she could not see the image it would not affect her—reveals a dehumanizing form of treatment that ultimately propelled her toward activism.

Planned Motherhood and Family Rejection: The Disability/Gender Intersection

As noted above, for several of the interviewees, motherhood was a project of personal fulfillment associated with the desire to form a partnership and build an independent life, breaking away from violent family relationships or asserting their right to create a family of their own. Candela, a 34-year-old woman who has what is medically labeled an "intellectual disability" ("developmental delay") and belongs to the working-class sector, spent her childhood experiencing violence at the hands of her mother, with whom she lived on the streets for five years. At age 13, she attempted suicide and was subsequently admitted to a psychiatric institution. Following this experience, she began living with her father. He subjected her to verbal, physical, and sexual abuse until, at age 18, she met her current partner and decided to report him:

> One day I woke up with a bruise on my arm and said, "Enough with the physical, verbal, and psychological abuse." I said, "That's it." So I went to the police station. They didn't want to take my report ... they said I was the one making him angry. And I kept thinking about what I wanted for my life. I wanted to finish school and then, well, start a family with Pedro, a good man who was headed in the right direction. (Candela, age 34, intellectual disability, working-class sector)

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Thanks to her report and the subsequent intervention of the justice system through a restraining order, Candela was able to distance herself from her father. After years of unsuccessful attempts, she eventually became pregnant. That Christmas, which she was expecting to spend alone because her husband, who worked as a security guard, would be on duty all night, she decided to have dinner with her father:

> Look at what a good daughter I was. Even while pregnant, I went to his house to spend Christmas with him. He became very violent because he was angry that I was pregnant, and I almost lost the baby. All because of my own stubbornness, saying, 'I forgive you, look, I'm pregnant,' so he wouldn't have to spend the holidays alone... I remember asking myself, 'What am I doing?' So I left. I went back to the hotel where my husband and I were staying. (Candela, age 34, intellectual disability, working-class sector)

Patriarchal gender stereotypes establish that a "good daughter," like a "good mother," should be compassionate, submissive, and loving toward the paterfamilias (Jelin, 2005; Gesteira, 2024; Palomar-Verea, 2004). Having achieved a deeply desired goal, Candela wanted to share the happiness of her pregnancy with her father as a personal accomplishment, exposing herself to a situation of extreme risk and violence. Following this episode, she never had contact with him again. Nevertheless, this family history of rejection and abuse permeated her pregnancy, which, despite progressing medically without complications, was marked by significant emotional ups and downs.

Similarly, Cecilia, a 39-year-old woman with an intellectual disability from a working-class background, planned her pregnancy with her boyfriend, who also has an intellectual disability. She explained:

> When I became pregnant, my boyfriend and I went to talk to his mother because we wanted to get married. She said no, because 'he couldn't even take care of himself.' Then she told my mother that if I didn't want to keep the baby, I should give him to her and she would raise him. My mother told her no. (Cecilia, age 39, intellectual disability, working-class sector)

Article 23 of the Convention recognizes the right of persons with disabilities to marry and to form a family. Cecilia's mother-in-law violated this right by invalidating her autonomy (Palacios & Regueiro De Giacomi, 2024). At the time of childbirth, another discriminatory incident occurred, which Cecilia described as follows: "During my first pregnancy, my boyfriend's mother wanted them to tie my tubes, and the doctor told her no because I didn't want that." (Cecilia, age 39, intellectual disability, working-class sector)The sterilization of persons with disabilities without their consent was a legal practice in Argentina until 2021, when, as a result of civil society activism, Law No. 26,130, Regime for Surgical Contraceptive Procedures, was amended (Amorín et al., 2021). Because this incident occurred before the legislative reform, the physician's refusal to comply with the request was particularly significant, as it respected Cecilia's desire to become a mother again in the future. Forced sterilization of persons with disabilities is rooted in the eugenic

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prejudice discussed earlier: the belief that women with disabilities should not reproduce because of the risk of passing on the "misfortune" of disability to their children (Herrera, 2022; Palacios & Regueiro De Giacomi, 2024; Rodríguez-Garrido & Yupanqui-Concha, 2023; Yupanqui-Concha et al., 2021). From this perspective, disability, rather than being understood as an inherent part of the human condition, is reduced to an undesirable form of existence (Garland-Thomson, 2012), constituting a form of ableist obstetric violence (Rodríguez-Garrido, 2024). The respectful treatment Cecilia received from her physician enabled her to challenge her family's prejudices and retain decision-making authority over her future reproductive choices, even though her motherhood would remain a constant target of scrutiny and questioning (Herrera, 2022).

In fact, shortly after the birth of her first child, the newborn required several days of neonatal care before being transferred to her room. Cecilia was alone and needed to undergo a medical examination. The nurses instructed her to leave the baby in the neonatal unit while she attended the appointment. However, she misunderstood the instructions and left her son in another area of the hospital:

> When I came back, the social worker grabbed me and scolded me. She asked why I had left my baby there. I explained that I was confused, that sometimes I get lost or don't fully understand things because of my disability. I was alone. Then they wanted to speak with someone 'a little more normal than me,' either the baby's father or my mother. In the end, they spoke to my mother. (Cecilia, age 39, intellectual disability, working-class sector)

The situation described is permeated by multiple forms of violence: the scolding itself, the failure to ask whether she required support, the insult implied in labeling her as "less normal," and the implicit blame associated with not being a "good mother" (Palomar-Verea, 2004). Such attitudes are rooted in a universalized ideal of motherhood embodied by the able-bodied mother and in a conception of caregiving as a one-directional relationship, rather than as an intersubjective practice that may require support in order to be exercised (Keith & Morris, 1996; Malacrida, 2009). During a second pregnancy, Cecilia's mother-in-law claimed that her son was not the child's father, an accusation that Cecilia disproved through DNA testing. Exhausted by the ongoing harassment, Cecilia separated from her partner and severed contact with him. She later had a third child with another partner who also had an intellectual disability, from whom she eventually distanced herself as well.

Her three children, all of whom have intellectual disabilities, bear only her surname because of the families' opposition to recognizing paternity. This situation violates the children's right to identity and reflects the fathers' failure to fulfill their parental responsibilities. Following these experiences, marked by persistent nonrecognition and exclusion, Cecilia now lives with her mother and her children. She has not considered initiating paternity proceedings against her former partners because, as she explained during the interview, her "children are not lacking anything".

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The Organization of Care, Childrearing, and Family Relationships

Caregiving from Disability: Strategies, Inequalities, and Conflicts

For all of the women interviewed, becoming a mother required a reorganization of everyday life and the development of strategies to address caregiving responsibilities. According to the sociology of care, caregiving constitutes a social relationship that sustains the reproduction of life and encompasses material, moral, and affective dimensions (Flainding & López, 2018). Far from being merely a personal matter, it is a public issue involving families, the State, the market, and civil society. However, in Latin American societies, prevailing approaches to childcare place this responsibility primarily on women due to the persistence of a familistic ideology that assigns caregiving duties to them on the assumption that they possess supposedly "natural" abilities for this role (Brovelli, 2020; Flainding & López, 2018; Venturiello, 2016).

Although prevailing prejudices suggest that women with disabilities are incapable of performing these tasks, they challenge such barriers and develop adaptive strategies to do so (Venturiello, 2016). Yet it is important not to lose sight of the context in which caregiving takes place. As noted previously, the lives of the women interviewed unfold within a sociohistorical period of transition, characterized by the coexistence of persistent prejudice and subtle shifts in attitudes toward disability and women (Ferrante & Sánchez, 2025; Venturiello et al., 2021). Within this context, the disability/ability system manifests itself primarily through forms of exclusion that marginalize women with disabilities, permeating "the formation of culture, legitimizing an unequal distribution of resources, status, and power within a biased social and architectural environment" (Garland-Thomson, 2001, p. 6). Consequently, being a woman with a disability in the Metropolitan Area of Buenos Aires today means having to struggle continuously, to "knock on many doors that remain closed" (Jimena, age 33, hearing disability, middle socioeconomic sector). This includes ongoing battles for access to medical services, navigating the bureaucracy required to renew the Unique Disability Certificate (Certificado Único de Discapacidad, CUD), overcoming barriers to employment, and, more broadly, managing the constant stream of social obstacles associated with disability (Venturiello, 2016; Vázquez et al., 2022). These challenges, while affecting persons with disabilities in general, are intensified for women with disabilities, who exhibit poorer indicators of economic and educational participation (INDEC, 2018), thereby creating a condition of social vulnerability (Castel, 1997).

Within this everyday reality shaped by the disability/ability system, among those interviewees who are currently partnered, responsibilities related to economic provision and certain caregiving tasks associated with sustaining their children's daily lives are shared with the children's fathers.

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Nevertheless, there remain domestic responsibilities that fall exclusively on the women, which they perceive as unfair. In some cases, interviewees with formal employment relied on daycare services. Extended family solidarity also plays an important role (Flainding & López, 2018). This support is highly valued. Reflecting on her experience, Jimena (age 33, hearing disability, middle socioeconomic sector) explained that her parents' assistance in caring for her daughter when she was young was essential in enabling her to complete her postsecondary studies. As she put it: "I would go to class, and they would take care of my daughter until I came back from the institute at 10:00 p.m."

In Candela's case (age 34, intellectual disability, working-class sector), because her husband works more than twelve hours a day in precarious employment, she assumes the role of primary caregiver. To balance paid work and caregiving responsibilities, she supplements her non-contributory disability pension by providing hourly care to older women while her son is at school. Household income is insufficient to meet basic needs, generating constant anxiety about making ends meet and paying for both rent and food. In her words: "My mind never stops. I'm always thinking about how I'm going to manage. Right now, I'm looking into housing subsidies for people with disabilities."

Among separated mothers, such as Mariana, a 53-year-old woman with a neuromotor disability (cerebral palsy) from an upper socioeconomic background, caregiving responsibilities have also significantly shaped life choices. Mariana lives with her 16-year-old son and, since his birth, has sought to develop an independent economic activity that would allow her to control her own schedule. However, it took her many years to realize that she could ask for support and that caregiving was not exclusively her responsibility. Consequently, she occasionally pays for caregiving assistance, although this does not eliminate the fatigue associated with the feminization of care work (Esquivel et al., 2012).

By contrast, separated women from middle- and working-class backgrounds face greater difficulties in reconciling economic activity with intensive caregiving responsibilities. Many depend on informal employment—as self-employed workers or informal caregivers of older adults—or are unemployed, while also relying on the modest non-contributory disability pensions provided by the State. These mothers often experienced highly conflictive separations from their partners, who disengaged from both the economic and emotional responsibilities associated with parenthood. For example, María (age 46, physical disability, middle socioeconomic sector) explained: "When I separated from the children's father, he disappeared. He went three years without seeing them and without giving me a single peso." Similarly, Julia (age 30, visual disability, working-class sector) stated: "He didn't see our daughter for more than a year. Then he reappeared and started taking her to his house in April ... One day he told me he wanted to get back together, and when I said no, he disappeared again and never came back."

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We have also seen that, in Cecilia's case (age 39, intellectual disability, working-class sector), the dissolution of both of her relationships was associated with barriers imposed by the families of her partners, who denied the caregiving capacities of both parents because of their disabilities. During a brief period of cohabitation with her first boyfriend in her mother-in-law's home, Cecilia was subjected to constant devaluation. According to Cecilia, her mother-in-law would say in front of her: "Look at the kind of woman you brought me." This person also systematically attempted to persuade Cecilia to relinquish custody of her children so that she could assume responsibility for raising them herself. Cecilia refused, ultimately separating from her partner and moving in with her mother along with her children.

The situations described involve multiple forms of gender-based violence—including caregiving overload, disability-based discrimination, economic violence, and parental abandonment—which disproportionately affect these separated women (Gomiz-Pascual, 2016). Nevertheless, despite bearing the costs associated with the unilateral assumption of caregiving responsibilities, they resist patriarchal subordination to their partners and reject the imperative of maintaining a traditional family structure at any cost.

At the same time, all of the interviewees who experienced conflictive separations rely on support from their families of origin. Although this support is deeply valued, it is also a source of tension, as it often generates dynamics of overprotection that undermine their parental legitimacy (Herrera, 2022). Julia (age 30, visual disability, middle socioeconomic sector), who is unemployed due to the barriers that persons with disabilities—and particularly women with disabilities—face in accessing employment (ELA, 2025), relies exclusively on a state disability pension that is insufficient to cover basic living expenses. As a result, she has no choice but to live with her mother and siblings, creating a living arrangement in which her parenting abilities are frequently questioned:

"At home I'm the one who does everything: I wash, cook, clean. But my mother absolutely refuses to let me go out alone with my daughter, and she fills my brothers' and sisters' heads with those ideas." (Julia, age 30, visual disability, middle socioeconomic sector). Similarly, María (age 46, physical disability, middle socioeconomic sector), who separated from her partner in 2020, explained:

> After the separation I became somewhat depressed and found myself alone in the middle of a desert ... So my father started taking on another role, becoming overprotective toward the children. And now I find myself saying, 'No, let me do it, because that's what I'm supposed to do as their mother.' (María, age 46, physical disability, middle socioeconomic sector)

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As María's account demonstrates, these situations are not passively accepted (Herrera, 2022). Rather, they are the result of the lack of public policies supporting the motherhood of women with disabilities in Argentina (Ferrante & Sánchez, 2025; REDI, 2023).

Moreover, the individualizing and feminizing logic that structures caregiving generates fatigue, exhaustion, the abandonment of personal projects, and adverse health consequences, particularly among the separated interviewees, regardless of social class (Brovelli, 2020; Venturiello, 2016). Mariana (age 53, physical disability, upper socioeconomic sector), who is able to purchase certain caregiving services on the market, expressed this reality as follows:

> You carry the mental load of your child, and you also carry the mental load of disability—keeping up with appointments, treatments... Last year a physical therapist came to help me with mobility exercises, and this year I didn't ask for the service again because I was tired of dealing with all the paperwork required by my private insurance. I told myself, 'I don't need another problem.' But not doing it wasn't without consequences. I can clearly feel the difference in my health and in my pain levels.

Along similar lines, the interviewees emphasized that intensive caregiving arrangements often entail neglecting the needs of the caregiver herself. María (age 46, physical disability, middle socioeconomic sector) stated that she feels "very limited as a person" (Angelino, 2014; Brovelli, 2020; Venturiello, 2016). She explained that her only personal time during the day comes after spending from 6:00 a.m. until 10:00 p.m. engaged in caregiving responsibilities and work at her grocery store. She has only 15 to 30 minutes to "smoke a cigarette in peace and watch a TV series or a movie—that's my time." This situation also affects her health:

> Day-to-day life is difficult because of the limitations we have—at least those of us who use wheelchairs—because nothing is designed with us in mind and everything takes twice as much effort (...) Right now, for example, I'm dealing with a health problem. I have a pressure ulcer on my left leg, and I can't rest as much as I'm supposed to because of the store, the house, the kids, all the demands of daily life, you know? (María, age 46, physical disability, middle socioeconomic sector)

An untreated pressure ulcer in a person with paraplegia can become life-threatening. In other words, caregiving overload carries an extraordinarily high cost in terms of quality of life and can even place life itself at risk (Brovelli, 2020). María's narrative also highlights an issue raised by the vast majority of the interviewees: being a mother with a disability in an ableist world requires greater physical and emotional effort than that experienced by women without disabilities (Herrera, 2022).

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Childrearing Practices: Instilling Anti-/Counter-Ableist Values Every Day

Being a mother with a disability and raising children also involves confronting the effects of the disability/ability system within parent-child relationships. In this regard, the vast majority of the interviewees described situations in which their children expressed pride in their mothers. Jimena, a 33-year-old woman with a hearing disability from the middle socioeconomic sector, recalled an anecdote from when her daughter was in elementary school:

> I remember one day when my daughter was in fifth grade and was really excited because they were learning about the sense of hearing. The teacher explained that some people use hearing aids and are hard of hearing. My daughter immediately raised her hand, incredibly proud, and said, 'My mom! My mom has something like that.' Then she said, 'If you want, I can bring her in so she can explain it.' For me, that was incredibly moving, that she saw it that way. Because with my father [who also had a disability], my dad hid it a lot, and I used to do the same thing—never saying anything when people asked about his disability. (Jimena, age 33, hearing disability, middle socioeconomic sector)

Likewise, Mariana, a 53-year-old woman with a physical disability from an upper socioeconomic background, stated:

> My son and I have a wonderful relationship. I feel that disability is there and manifests itself in different ways throughout the childrearing process and at different moments, and that it is part of my identity. But for me it is a positive part. It is not a deficit, because it has given me another perspective—it's like speaking another language, another lens through which to view the world, one that is also more compassionate. It helps me understand the effort all people make to live in a world shared with others and where things are not designed to fit us perfectly. (Mariana, age 53, physical disability, upper socioeconomic sector)

Nevertheless, problematic situations also emerge. For example, Mariana explained that her son, now an adolescent, occasionally reacts negatively when he needs to assist her with mobility-related tasks or when he is required to slow down because of her pace. When she challenges his attitude, he responds that he feels frustrated because "if he were by himself, he could move faster."

Similarly, Eugenia (age 35, visual disability, middle socioeconomic sector) explained that one issue she constantly works on with her children is the expectation that they are somehow responsible for "taking care of her," an idea reinforced by messages they regularly receive from others. She described the situation as follows:

> As a disabled (*disca*[5]) mother of nondisabled children *(non-discas)*, something that comes up all the time—and that I'm actually working on in therapy, not for me but for my children—is how caregiving roles get reversed. Ever since my kids were two or three months old, people have said things like, 'How wonderful that you can see, because you'll be able to help your mom.' ... And that happens everywhere... at the bus stop, from the nurse giving vaccinations... So I can't even walk down the street with my oldest son because he grabs onto me because he wants to take care of me, and I tell him, 'Let go of me. I already had a life before you; you were born after me.' (Eugenia, age 35, visual disability, middle socioeconomic sector)

[5] A colloquial expression used by some activists in Argentina, including Eugenia, to refer to themselves as persons with disabilities, emphasizing disability as a source of pride rather than shame or stigma.

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Indeed, her seven-year-old son, who inherited blindness, has developed the illusion that he might someday undergo surgery in order to fulfill this caregiving expectation:

> Suddenly he had a first-grade teacher who had been blind until she was ten years old and then had surgery. And what did that put into his head? The idea that maybe he could have surgery and be able to see. Then he started saying, 'I want to see because I want to help you.' And I tell him, 'Listen, sweetheart, I don't need anyone to help me. Let's get one thing straight.' ... It's a burden. They genuinely feel that caregiving is their role. (Eugenia, age 35, visual disability, middle socioeconomic sector)

These intrusive comments violate the interactional norms that ordinarily govern encounters in public spaces, where treating another person as a full individual entails respecting their privacy and not invading their personal sphere (Goffman, 1956). Such remarks assume that Eugenia, because she is blind, must necessarily be cared for by others. In other words, the disability/ability system establishes normative ideals regarding the expected and desirable functioning of both "disabled" and able bodies, creating a false dichotomy that must be challenged (Garland-Thomson, 2001).

In fact, the women interviewed challenge this system on a daily basis through their childrearing practices, instilling anti-/counter-ableist values and behaviors in their children (Lapierre, 2022). In their own words:

> I teach them to be empathetic toward others and not to comment on other people's bodies. I always use myself as an example and ask them, 'Would you like someone to say that kind of thing about your mother?' And they stop and say, 'Noooo!' It's powerful. So I teach them that we need to think about how other people can also be hurt or bothered by what we say, and that's how we approach it. (María, age 46, physical disability, middle socioeconomic sector).
>
> My daughter knows that if she wants to talk to me, she has to speak to me face-to-face; otherwise, I won't hear her. She can shout all she wants, but I still won't hear her. So either she does it the right way, or I won't hear her at all. She has to adapt to me, because when it comes to disability, the barrier is created by other people. (Jimena, age 33, hearing disability, middle socioeconomic sector)

As María's and Jimena's testimonies demonstrate, living with a disability and developing a critical awareness of the injustices faced by those who challenge the imperatives of the able body provides these women with a unique form of knowledge. This knowledge enables them to teach their children the importance of considering others, as well as questioning dominant assumptions about time, communication, and social interaction. In this way, the women interviewed teach their children, through every-day lived experience, the value of the lives of persons with disabilities, their right to participate fully in society, and the injustice of the tyranny of perfection (Cioè-Peña, 2024; Morris, 1991).

For those interviewees who have children with disabilities, their own lived experiences also served as a resource for responding to situations of stigma and discrimination. For example, Candela (age 34, intellectual disability, working-class sector), when spending time at the playground with her son, who has an intellectual disability, challenges the reactions of people

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who judge him because of the way he interacts with others. Faced with such situations, Candela seeks to educate people and discourage discriminatory behavior: "I explain to them, 'My son is like this. He's hyperkinetic. He expresses himself through his body—that's how he communicates things'" (Herrera, 2022). Similarly, Eugenia (age 35, visual disability, middle socioeconomic sector) explained that she tries to instill in her son with a visual disability, every single day, the understanding that: "Breaking away from a system is really difficult ... What hurts us most is not the physical part. What hurts most is having to confront barriers over and over again." (Eugenia, age 35, visual impairment, middle socioeconomic sector)

In summary, by establishing normative ideals regarding how bodies are expected to function, the disability/ability system manifests not only through external discrimination but also through family dynamics, including the most intimate relationships. Although mothers with disabilities strive to instill anti-/counter-ableist values in their children, they are often confronted with situations in which children and adolescents themselves reproduce the logics of a world that pressures them to "be able-bodied" or "be capable." Examples such as the disapproving looks Mariana's son gives when his mother needs support, or Eugenia's son's desire to undergo surgery so that he can "take care of her," reflect the imperative that the system imposes on childhood and adolescence. These behaviors do not represent failures in parenting; rather, they reveal the impact of intrusive social messages. As noted above, when strangers tell Eugenia's children, "How wonderful that you can see, so you can take care of your mother," they reinforce the notion that disability is a deficiency that must be compensated for and that caring for their mother is their responsibility, thereby shaping the development of the children's identities (Keith & Morris, 1996).

These situations highlight the constant and often invisible work that these mothers must perform. Through alternative narratives (Angelino, 2014), they confront such behaviors, transforming each incident into an opportunity to teach anti-/counter-ableist values (Lapierre, 2022). As illustrated by María's words ("Would you like someone to say something like that to your mother?") and Jimena's statement ("You have to adapt to me, because in disability the barrier is created by other people"), childrearing becomes a form of everyday political praxis (Cioè-Peña et al., 2024). These mothers are not merely raising their children; they are challenging the hegemony of the disability/ability system from within the deepest layers of the private sphere, a domain that the sociology of care has shown to be a crucial site of struggle for equity (Ferrante & Sánchez, 2025). This ongoing effort to deconstruct prejudice entails continuous emotional and cognitive labor (Herrera, 2022). In certain cases, such as Eugenia's, it has even required seeking professional support for her children so that they can fully recognize and respect her autonomy.

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Making Meaning of Motherhood Through Disability

The mothers with disabilities who participated in this study consistently attach positive meanings to motherhood, despite the inequalities and injustices they face as a result of the disability/ability system and its intersection with other factors that shape their biographies. In this regard, the value they assign to motherhood is, in some cases, linked to the possibility of constructing a personal life project and envisioning a future of their own:

> Being a mother is the most beautiful thing that has ever happened in my life. (Cecilia, age 39, intellectual disability, working-class sector).
>
> Being a mother changed my life. It gave me a life project that was truly my own. And being a mother means I learn something every day. Being a mother is the most beautiful thing that has happened to me, beyond disability. For me, disability doesn't exist; we are all people, period. (Candela, age 34, intellectual disability, working-class sector)
>
> Being a mother changed everything for me... (laughs), all the habits I used to have. I kept thinking, 'How am I going to do this?' But children teach you everything, all the time. Back then, I just lived through whatever came my way and that was it. I wasn't looking for anything more... I didn't have a goal like saying, 'I'm going to earn this degree,' or anything like that—it didn't matter to me. But now I do want to finish my studies. And at the same time... I want to build a future where I have a job and can live alone with my daughter, even if I have to get her out of here with the police (laughs), so that she can be okay. (Julia, age 30, visual disability, middle socioeconomic sector)

Cecilia (age 39, intellectual disability, working-class sector) experiences motherhood as the most beautiful thing that has happened in "her" life—the life she has built despite the lack of recognition and emotional support from her partners and family members. In Candela's narrative (age 34, intellectual disability, working-class sector), whose childhood and adolescence were marked by family violence, we can see how the birth of her son enabled her to construct "her" own life project, one in which disability does not diminish her value as a person within her affective relationships.

Julia's testimony (age 30, visual disability, middle socioeconomic sector) likewise conveys the idea of life transformation and hope for a future project in which she can live independently with her daughter, free from the overprotection and social isolation imposed by her mother, as well as from the lack of employment opportunities she currently faces. Both Candela and Julia also describe motherhood as a deeply meaningful learning experience.

Referring to motherhood as "the most wonderful adventure she has ever experienced," Mariana (age 53, physical disability, upper socioeconomic sector) stated:

> Being a mother is the most wonderful adventure I've ever had—or that I'm still having. In every sense, including the hardest parts: being exhausted, dealing with a child who throws a tantrum in the supermarket, giving up things so your children can have them. It's not all rosy... in fact, it's far from rosy. But for me, it's worth it every single time. (Mariana, age 53, physical disability, upper socioeconomic sector)

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This testimony reflects a positive valuation of motherhood that does not deny the challenges associated with caregiving in a world where such labor remains feminized and privatized (Jelin, 2005). It also conveys the idea of transformation and the challenge of being a mother in a world where multiple barriers and forms of violence continue to affect the lives of persons with disabilities. Similarly, Jimena (age 33, hearing disability, middle socioeconomic sector), who was able to earn three teaching credentials thanks to her extraordinary efforts and the support her parents provided in caring for her daughter, describes motherhood as the most important achievement of her life:

> Being a mother is the most important title I have ever earned in my life. Becoming a mother helped me overcome many fears. It became my driving force—my greatest motivation to fight for my rights and keep pushing forward in so many areas. It made me say, 'I can do this.' If I was able to become a mother and raise my daughter, then 'I can do anything' (laughs) ... It is still the most beautiful thing that has ever happened to me. (Jimena, age 33, hearing disability, middle socioeconomic sector)

As Jimena's narrative suggests, motherhood possesses an emotional dimension that enables women to overcome fears and becomes a catalyst in the struggle for rights. In a similar vein, Eugenia (age 35, visual disability, middle socioeconomic sector) explained that becoming a mother was the experience that fostered her full political and personal awareness: "That was when I realized how difficult it is to change something from the outside when I first have to build it from within. I had to build strength inside myself before I could go out and be strong in the world." Becoming the mother of a child with a disability motivated Eugenia to profoundly transform her modes of self-understanding and to extend this struggle into the broader social sphere through feminist activism within disability advocacy organizations.

Thus, among the women interviewed, filial love and the moral and emotional responsibility of sustaining care become driving forces in the struggle for recognition and in the desire to build a dignified life for themselves as women with disabilities and for their children (Honneth, 1997). At the same time, they challenge the dominant ideal of motherhood, which assumes that caregiving is a one-directional activity grounded in innate maternal attributes (Brovelli, 2020). Many participants emphasized that it was their own children who taught them how to become mothers. In this way, the experience of motherhood becomes a political practice that leads these women to rethink their modes of self-understanding as women with disabilities, challenging the prejudices that reduce them to passive, dependent, or sick individuals and contesting their social positioning as non-mothers excluded from normative gender expectations. For these women, motherhood becomes an intersubjective praxis (Cioè-Peña et al., 2024) that fosters the construction of counter-narratives (Chase, 2015) capable of challenging the hegemonic narratives produced by the disability/ability system. These alternative narratives generate situated subjectivities (Brubaker & Cooper, 2001) grounded in dignity, the right to a full life, and human agency, while simultaneously promoting anti-/counter-ableist values (Lapierre, 2022).

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Discussion

The findings of this study, consistent with feminist disability studies, demonstrate that for women with disabilities the exercise of motherhood constitutes a critical site of struggle due to the effects of the disability/ability system (Garland-Thomson, 2001; Morris, 1996). The narratives of the women interviewed confirm the concerns raised by civil society regarding the failure to fully guarantee the right to parenthood recognized by the Convention (Article 23) and the existence of a "social mandate prohibiting motherhood for women with disabilities" (REDI, 2023, p. 19). This mandate manifests itself through prejudices that emerge prior to conception—both internalized and external—including assumptions about women's inability to bear children and fears concerning the transmission of disability, as well as through barriers to the recognition of their parental capacity by those around them. This denial of the right to motherhood is also expressed through various forms of gender-based violence. In this regard, the sample highlights a particular vulnerability among women with intellectual disabilities and women from working-class backgrounds. However, this situation is not deterministic. Indeed, the findings reveal certain medical responses that promote the right to motherhood from a social perspective, despite the persistent lack of accessibility and support services (Ferrante & Sánchez, 2025). Moreover, even within this context, the mothers with disabilities who participated in this study exercise diverse forms of agency and resistance. In this respect, our findings are consistent with international and regional scholarship that identifies disability motherhood as a disruptive social practice (Cruz-Pérez, 2017; Herrera, 2022; Malacrida, 2009; Ville et al., 2024). The counter-narratives developed by the women interviewed demonstrate that being a mother with a disability motivates them to challenge the barriers and prejudices embedded within the disability/ability system, confronting both ableism and patriarchy. Similar conclusions have been reported in studies focusing on mothers and women who care for children and adolescents with disabilities (Angelino, 2014; Cinquegrani, 2021; Cioè-Peña et al., 2024). In the present study, these possibilities vary according to type of disability, social class, and the availability of social support networks (Venturiello, 2016). This interpretation is consistent with feminist disability scholarship, which argues that while motherhood may represent a potentially oppressive dimension for women without disabilities, for women with disabilities—who are often denied access to this reproductive role—it can become a practice of liberation (Garland-Thomson, 2001).

One of the novel contributions of this study concerns the ways in which the private sphere created through the mother-child relationship also becomes a site of ongoing contestation against the disability/ability system (Torres, 2024). The mothers who participated in this study actively instill anti-/counter-ableist values in their children. This constitutes a form of everyday pedagogy, since even their children reproduce ableist practices as a result of the messages they receive in public spaces.

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Consistent with the broader Latin American literature, the testimonies underscore the urgent need for public policies that promote respect for and support of motherhood among women with disabilities, in accordance with the commitments established by the Convention (Ferrante & Tiseyra, 2024). At a time marked by the rise of new right-wing political movements and the erosion of disability rights, as has occurred in Argentina since 2023 following the inauguration of Javier Milei's administration (ELA, 2025), it is essential to adopt a comprehensive approach to sexual and reproductive rights—one that recognizes that such rights encompass both "the power to make informed decisions ... and the resources necessary to carry out those decisions safely and effectively" (Felitti, 2011, p. 12).

Another challenge lies in continuing to advance, through both civil society and academia, critical perspectives capable of questioning the disability/ability system and the dominant ideal of motherhood. From a sociological standpoint, feminist disability studies have enormous potential to illuminate dynamics that affect all women. As Malacrida (2009) argues: "Ideal motherhood is an oppressive set of normative expectations for all women, and by examining the particularities of disability motherhood, we can also understand the implications of this system for all women who are mothers" (p. 112).

In this regard, critical approaches that problematize the feminization and privatization of care can make visible the inequalities that must be addressed collectively as matters of public concern (Angelino, 2014; Brovelli, 2020; Venturiello, 2023).

Conclusions

The objective of this article was to explore the impact of motherhood on the biographies of women with disabilities who became mothers in the post-Convention period and who currently perform intensive caregiving responsibilities in the Metropolitan Area of Buenos Aires (MABA), describing both the organization of care and the subjective meaning of motherhood in their lives.

Throughout this study, the narratives of the interviewees have revealed how motherhood emerges within biographies shaped by the disability/ability system, albeit in ways that reflect the particularities of their social trajectories. These experiences unfold within a transitional sociohistorical context characterized by the coexistence of social responses that exclude and stigmatize persons with disabilities—and women in particular—and others that increasingly recognize them as rights-bearing subjects.

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The absence of policies supporting motherhood among women with disabilities fosters a process of familization that privatizes and feminizes care work, exposing mothers to heightened inequalities that vary according to marital status, occupational position, and the availability—or lack—of social support networks. In particular, separated mothers and those in relationships characterized by informal employment and limited social support face significant challenges in meeting basic needs, as well as substantial caregiving burdens that negatively affect their quality of life and health. In some cases, these circumstances also expose them to family overprotection and social isolation.

Thus, being a mother with a disability in an ableist and androcentric world requires overcoming multiple forms of inequality and violence through strategies of overadaptation and resistance (Herrera, 2022). In this regard, the situated subjectivities (Brubaker & Cooper, 2001) developed by the women interviewed reveal that motherhood becomes a turning point that prompts them to rethink themselves as women with disabilities and to become aware of injustices, barriers, and forms of violence. Far from being passive recipients of oppression, they resist and redefine social and familial expectations surrounding their maternal role. Motherhood functions as a catalyst for the struggle for rights and for the construction of autonomous and dignified life projects, extending in some cases beyond the personal sphere into activism and broader processes of social transformation, although these possibilities remain conditioned by material and social circumstances.

For all of the women interviewed, motherhood carries a positive meaning. This significance is associated with the fulfillment of a deeply held desire, the realization of a life project, or a motivating force for building a more just world. For this reason, motherhood possesses a political dimension, fostering critical subjectivities that construct counter-narratives (Chase, 2015) capable of challenging the disability/ability system and the prejudices that portray women with disabilities as asexual, incapable of reproduction or parenting, dependent, and passive. The caregiving practices of women with disabilities, while acknowledging the negative dimensions associated with the feminization of care and with caregiving in an ableist world, largely challenge the idealized image of the omnipotent mother by revealing the realities of vulnerability and interdependence (Venturiello, 2016). Likewise, their childrearing practices instill anti-/counter-ableist values (Lapierre, 2022), contributing to the construction of a more equitable society (Torres & Torres, 2024; Torres, 2024). Nevertheless, there are situations in which their children reproduce ableist assumptions, making these issues an ongoing focus of parental work and reflection. Such situations should in no way be interpreted as shortcomings in parenting; rather, they highlight the powerful influence of intrusive social messages that devalue disability.

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Comprehensive policies supporting mothers with disabilities must be promoted in order to effectively implement Article 23 of the Convention and to be integrated with broader struggles for the rights to employment, housing, and adequate social protection. It is necessary to build a world in which disability is socially welcomed and embraced (Garland-Thomson, 2012).

Future lines of inquiry include exploring experiences of motherhood and fatherhood among persons with disabilities in different regions of Argentina, examining disability parenting within LGBTQ+ communities, fostering dialogue with scholarship on the care of children and adolescents with disabilities (Angelino, 2014), and conducting comparative studies across Latin American countries.

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Conflict of interest

The author declares no conflicts of interest related to the conduct or publication of this study.

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Author contributions

Carolina Ferrante assumes full responsibility for all stages of the research process, including conceptualization, methodological design, data collection and analysis, preparation of the original manuscript, and final revision of the article.

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