



UMEÅ UNIVERSITY

# Two Centuries of Inequalities: Disability and Partnership in Sweden

Lotta Vikström, Kateryna Karhina and Johan Junkka

**CEDAR Working Papers 2021:11**  
Centre for Demographic and Ageing Research

# Two Centuries of Inequalities: Disability and Partnership in Sweden

Lotta Vikström

Department of Historical, Philosophical and Religious Studies, Umeå University, Sweden  
Centre for Demographic and Ageing Research (CEDAR), Umeå University, Sweden

Kateryna Karhina

Department of Historical, Philosophical and Religious Studies, Umeå University, Sweden  
Centre for Demographic and Ageing Research (CEDAR), Umeå University, Sweden

Johan Junkka

Centre for Demographic and Ageing Research (CEDAR), Umeå University, Sweden

## Abstract

This study brings together a unique selection of results that reveal how disabilities shaped the marriage/cohabitation chances in Swedish populations from the 1800s until recent decades. Using longitudinal population registers and a life-course approach, multivariate statistical analysis helps to estimate the impact of disability on partnership relative to other individual-level attributes in different temporal contexts of Swedish society. While there were some differences by type of disability and gender, the overall finding is that disabilities kept weakening people's partnership chances to a similarly high extent (with about 60% or even more), as Sweden moved from being a poor country in the 1800s to a modern welfare state. We discuss the findings from social inequalities perspectives arguing that disabled people's partnership chances not only represent how potential partners perceive disability; these chances also reflect general attitudes in society towards disability that work to compromise disabled people's participation in social life and society. Our long-term results uncover a remarkable persistence in the relationship between disability and partnership in turn suggesting that social inequalities persist being associated with disability in spite of profound structural changes and extensive welfare measures in Sweden to create a more equal society for all.



## **Two Centuries of Inequalities: Disability and Partnership in Sweden\***

### *Authors*

**1. Lotta Vikström**, Professor of History | Dept. of Historical, Philosophical and Religious Studies | Centre for Demographic and Ageing Research (CEDAR) | Umeå University | SE-901 87 Umeå, Sweden | *E-mail*: lotta.vikstrom@umu.se

**2. Kateryna Karhina**, DISLIFE Postdoc Research Fellow 2018–2020, Doctor in Public Health and Epidemiology | Dept. of Philosophical, Historical and Religious Studies | Centre for Demographic and Ageing Research (CEDAR) | Umeå University | SE-901 87 Umeå, Sweden | *E-mail*: kateryna.karhina@gmail.com

**3. Johan Junkka**, Assistant Professor in Historical Demography | Centre for Demographic and Ageing Research (CEDAR) | Umeå University | SE-901 87 Umeå, Sweden | *E-mail*: johan.junkka@umu.se

### *Abstract*

This study brings together a unique selection of results that reveal how disabilities shaped the marriage/cohabitation chances in Swedish populations from the 1800s until recent decades. Using longitudinal population registers and a life-course approach, multivariate statistical analysis helps to estimate the impact of disability on partnership relative to other individual-level attributes in different temporal contexts of Swedish society. While there were some differences by type of disability and gender, the overall finding is that disabilities kept weakening people's partnership chances to a similarly high extent (with about 60% or even more), as Sweden moved from being a poor country in the 1800s to a modern welfare state. We discuss the findings from social inequalities perspectives arguing that disabled people's partnership chances not only represent how potential partners perceive disability; these chances also reflect general attitudes in society towards disability that work to compromise disabled people's participation in social life and society. Our long-term results uncover a remarkable persistence in the relationship between disability and partnership in turn suggesting that social inequalities persist being associated with disability in spite of profound structural changes and extensive welfare measures in Sweden to create a more equal society for all.

*Keywords*: Disability, inequality, life course, marriage, partner, relationship, Sweden

---

\* This project has received funding from the European Research Council (ERC) under the European Union's Horizon 2020 research and innovation programme, Grant Agreement No. 647125, 'DISLIFE Liveable Disabilities: Life courses and opportunity structures across time', headed by Lotta Vikström. This paper is the pre-print version submitted (March 2020) to *Routledge International Handbook on Inequalities and Life Course*, edited by Magda Nico & Gary Pollock, in which a shorter and revised version has been approved (April 2021) for publication upon editorial review. An extended and developed version is included in this special series of *CEDAR Working Papers DISLIFE Collection (2021)*.

## 1. INTRODUCTION [*Figures/tables at the end of the paper*]

Historically, marriage and family were the aims of most young people. Still today, partnership stays as one key transition to adulthood and the recognition as a ‘real’ man or woman. That partnership and family formation should be an equal right worldwide independent on humans’ ability is stressed in the *UN’s Conventions on the Rights of Persons with Disabilities* (Article 23, CRPD 2007):

States Parties shall take effective and appropriate measures to eliminate discrimination against persons with disabilities in all matters relating to marriage, family, parenthood and relationships, on an equal basis with others, so as to ensure that: a) The right of all persons with disabilities who are of marriageable age to marry and to found a family on the basis of free and full consent of the intending spouses is recognized...

While contemporary studies from across the globe recount how disability leads to inequalities concerning health status and the access to education and work, there is a lack of knowledge on how disability affects partnership. One reason to this lack is probably due to socio-cultural perceptions in society that tend to make individuals with impairments poorly recognized as potential partners. Two persons being physically disabled and participants in one of the Swedish studies we base our results on, tell about their experiences of this looking back at their lives while interviewed in 2018 (Bylund, PhD thesis):

I wanted to form a family as quickly as possible. It was kind of an act of resistance, I think, to my mother and all of society that had always said, this will never happen, do not expect it (Charlotte, 65 years old)

It was never something that was talked about at the institution. It was always the case that you were supposed to find a job, and get by on your own. But we never talked about families. It wasn’t expected of us. (Lars, 75 years old)

Perceptions of that disability cannot be combined with romantic partnerships have created few incentives to research the topic, not being many cases to study. Such preconceptions may go long back in time and have little to do with the actual impairment, person or situation, while disabling attitudes can have far-reaching effects on the wellbeing and social equality of disabled people in society today. This study contributes knowledge on this issue by investigating how disability has affected partnership in Swedish populations from the 1800s until the 2010s.

### *1.1 Purpose and rationales*

The aim of this study is to identify the partnership chances for people with disabilities in historical and contemporary Sweden using a life course approach, and to discuss the outcomes from social inequality perspectives. We view the partnership as indicative for integration in social life and society, which work to suggest the level of equality in the society under study. Investigating the actual access, or possibly the right, to a partner this way, we obtain results on how disability has affected human life in Swedish society for about two centuries. Today, Sweden is considered as one of the most equal and developed nations in the world, while it was one of Europe's poorest countries some 150–200 years ago. Our exceptional scope uncovers disability findings that are of interest for cross-national comparisons. They are novel in targeting the transition to partnership, which has been long ignored from disability dimensions.

The next section provides a background concerning previous research and the Swedish context during the period studied. Then, we explain our analytical use of the life-course concept and the data and methods, followed by the result section. In the concluding section, we sum up dis(similarities) regarding how disability has shaped people's partnerships across time and discuss the results from inequality perspectives.

## **2. BACKGROUND: PREVIOUS RESEARCH AND CONTEXT**

### *2.1 Disability and partnership in literature*

Disability affects 65-80 million (10-12%) in the EU countries (EC 2017). In fact, people with disabilities is the largest minority group worldwide (15% or 1 billion, UN Factsheet, 2020). Despite this significant proportion, there are few studies on how disability influences human lives and especially romantic partnership, as our study does. The existing research suggests that disability impedes the chances of cohabiting/marrying and makes adults more likely to reside with their parents (Clarke & McKay 2014; Osgood et al. 2008; Janus 2009; MacInnes 2011; Savage & McConnell 2016; Tumin 2016). When disabled people experience romantic relationships, they do it later in life than others (Franklin 1977; Osgood et al. 2008).

Scholars address multiple theories to explain the negative association between disability and partnership, some of which we account for below. Since most studies conclude that impairments limit people's participation in society in general, this would hold for the partner pool participation as well. Hence, just as disability adds difficulty to get a steady job, it implies difficulty to find someone to share life with. More advanced theories go beyond the impairment itself and link low partnership levels with low socio-economic status because disability can reduce the working capacity and access to income (Danielewicz et al. 2017). Since to set up a

household or family with a partner requires material resources, low social status limits people's appeal in the partner pool rather than the actual impairment. The theory of homogamy suggests that similarities attract, implying that persons select a partner resembling their values, socio-economic status or cultural background. Some scholars argue that such assortative preferences manifest 'disablist views' among average people, not recognizing disabled persons as potential partners (Helmius, 1999; Crawford & Ostrove 2003; O'Toole 2002; Robillard & Fichten 1983). Additionally, the fear of being stocked in a caregiving role can make people avoid partnership with someone having disabilities (Savage & McConnell 2016; Fiduccia 2000; Gill 1996). Studies further show that adverse disability attitudes, especially when coupled with sexual relationships, include the persons subjected to these attitudes. Not imagining themselves in the role of having a spouse or a family, they stay single. This notion adds explanation to the low partnership linked to disability and suggests that environmental views and circumstances matter. Conceptualizing disability in such ways is to apply the 'social model' (Oliver 1990, 1996). In the 1990s, this model became increasingly used by scholars interested in a social understanding of disability in contrast to the 'medical model'. While the latter recognizes disabled people as suffering from a pathological condition, which preferably is to be fixed, the social model situates disability and the barriers it tends to imply for those concerned in a broader economic and socio-political context. Societal barriers must thus be fixed or removed, rather than individuals' impairment.

New studies on disability and partnership are coming, some of which are collected in a special issue of *The History of the Family* journal (Vikström, Shah & Janssens 2020). On the one hand, it shows evidence of disabled people who do marry/cohabit and of couples who survive in their relationship when one of the spouses has acquired impairment. On the other hand, this collection contends that people with disabilities face significant social and societal barriers when aiming at partnership, which limits their wellbeing and inclusion in social life and the community. Yet, many nurture the hope of having a partner despite the struggles they encounter in society, consistently being reminded that they are not worthy a life like others because of their disability. Cultural studies show an increasing interest in the 'impossible' combination of disability and sexual-romantic relationship to understand why impairments make people little recognized as subjects or objects of love and partnership (McRuer & Mollow 2012; Schalk 2016; Wälivaara & Ljuslinder 2020). Media representations (e.g. films or TV series in traditional or social media) rarely portray romantic relationships as viable options for disabled people. Only certain bodies or minds can be subject to love or partnership and highly dependent on perceptions of functionality. As mainstream media reflect and reinforce disabling attitudes in society, disability and partnership persist to be regarded as an impossible combination.

While the above literature primarily concerns the Global North, there is little knowledge about how disability affects social integration through partnership in the Global South and in the past. Our analysis makes up for the historical lack drawing upon studies conducted within the ERC-funded DISLIFE project, led by one of the authors (Vikström). Each of these studies provides further data on the results, datasets and methods used (cf. Table 1).

## *2.2 The Swedish context: from a poor country to a wealthy welfare state and beyond*

The social model draws attention to societal circumstances to comprehend the impacts of disability on human life. As our study shows results from the past two centuries, we recall some of Sweden's context divided into three overlapping periods. They set the structural conditions concerning inequalities and normative expectations coupled with partnership and disability.

Figure 1 shows Sweden's population made up about 2.5 million in the early 1800s. In 1900, this number had doubled to 5 million, today consisting of almost 10 million. During the whole period, crude marital rates dropped from around 8 to below 5 marriages per 1000 individuals, except some peaking years between the World Wars and in the most recent time. This decline reflects a shift in how Swedish society views partnership. Citizens have become less dependent on, or interested in, establishing marital unions than before while cohabitations have replaced many marriages since the 1960s. Today, living a life without pooling one's resources with a partner is possible and accepted, in contrast to 100–150 years ago.

### **Figure 1 about here:** Marital rates and population development in Sweden 1800–2015

In pre-welfare Sweden (c. 1800–1930) the governmental resources to aid people in need due to impairments were scant, and welfare support largely depended on kin, local parishes (poor relief) and charity, especially in the 1800s. The urban-industrial processes went on at a slow pace but came to alter the labour market and living conditions more rapidly from the 1870s onwards. Factory work replaced agricultural production and handicraft, and provided new employments. However, the large-scale processes led to income inequalities and made about 1 million Swedes leave the country for North America before WW1. Marital union was key to cohabitation although legislation prohibited marriage if the spouses were too young or could not provide for themselves or their new family. Until the 1840s, men should be 21 and women 15 years to marry while the eligible age for the latter was set to 17 in 1892, and to 18 in 1915 (Hafström 1974; Inger 1980). The spouses and especially the 'breadwinning male' were to gain the income to afford a household. Certain diseases (e.g. epilepsy) and mental/intellectual



disabilities (e.g. insanity, idiocy) were regarded impediments for marriage, and continued to be well into the 20th century.

During the welfare era (c. 1930–1990), Sweden became internationally known for its welfare and economic progress (Esping-Andersen 1990, 1999; Hirdman 1989). The first phase (c. 1930–60) was characterized by strong beliefs in the knowledge of experts and normative views of ‘decent’ citizens. Institutionalization and sterilization programmes were targeted towards people with undesirable hereditary conditions, many of whom had impairments. Yet, this period showed increases in health care, economy, education and social services that improved the material and medical conditions of citizens in general and decreased the social inequality between them. Working-age persons with long-term limitations due to handicap or ill health could access some income support through disability benefits. Women entered the workforce in large numbers and it became less necessary for them to find subsistence through a husband. Since the 1960s, couples increasingly cohabited and bore children without marrying and the divorce ratio was rising (Sandström 2012). These developments signify the de-familiarisation in society associated with the second demographic transition (Lesthaeghe 2010; Van de Kaa 1987), illustrated by Sweden’s declining marital rates (Figure 1). The 1980s were characterised by economic booms and a de-institutionalization, the latter of which aimed to integrate disabled people in society.

Sweden’s post-welfare period starts around 1990. It shows a continuation of the de-familiarisation process and plurality regarding partner choices (Therborn 2004). In 1995, the right to register homosexual partnership was sanctioned, and marriages from 2009. Recurrent economic recessions and ideas of individualism and New Public Management have come to limit the state’s welfare provisions with a few exceptions like the Act for Special Service Provision (1994). It provides disabled citizens the right to apply for a personal assistant (*Lagen om stöd och service, LSS*) to facilitate their participation in society on more equal terms with others. They are to be diagnosed having special needs to receive public support, increasingly provided by private care companies. Swedish disability policy favours active citizenship through redistributive and regulatory measures for citizens including those with disabilities to negotiate and maintain security through social rights, encouraging personal autonomy (Halvorsen et al. 2017; Sépulchre 2018). As not all enjoy the capacity nor have the socio-economic resources to design their life accordingly while the public benefits are shrinking, inequalities exist in Sweden as reports on the working and living conditions of people with disabilities show (National Board of Health and Welfare 2009, 2010; Tideman et al. 2017).



### 3. ANALYTICAL APPROACH AND DATA

#### 3.1 *The life-course concept*

Our study draws on the holistic framework of the life-course concept. It recognizes both *societal structures* and *individual life* and stresses the role of institutions and social ties affecting every person. Scholars define the life course in terms of pathways or trajectories (Elder 1985; Giele & Elder 1998) that reflect people's living conditions, constraints and possibilities in society. Individuals follow a line of development with phases such as childhood, adolescence, education, career, adulthood and parenthood, old age; phases that affect the status, behaviour, identity, social activities and rights in society. Finding a job or a spouse exemplify events across the life course that can influence the wellbeing and subsequent development, disabled or not.

Our study examines the long-term outcomes of disability on partnership considering some life course principles (Kok 2007; Mortimer & Shanahan 2003). One is that the *past shapes the future*. We apply this notion examining whether impairments since birth or young age lead to disadvantages represented by low partnership chances. The principle of *linked lives* states that familial and social ties mark the life course. People's possibilities mutually depend on the assistance and appreciation of each other, which we gain information on by studying social interaction through partnership. Another principle recognizes *humans as agents* and that the life course reflects their choices and actions taken, like to unite with a partner. The principle of *time and setting* stresses that current environment influences the choices and actions people make. Making temporal comparisons, we come across different normative views in society concerning gender, (dis)ability and partnership, for example. Certain disabilities can cause men more troubles than women, and vice versa. As most societies do, Sweden exhibited shifting structures over time providing different opportunities for less fortunate citizens regarding the access to a job or a partner or to welfare, which can limit or increase inequalities between people.

While the life-course concept holds many analytical benefits, it has normative implications of how life is to be lived in taking the able-bodiedness/mindedness for granted. This expects people to attain education, take up work and engage in a partner or family and often within a certain timeframe or phase in life. Although the reasons are not clear-cut in research, disability makes individuals live lives that deviate from the 'standard' regarding work and partnership. As this can lead to inequalities or even a stigma (Goffman 1963; Ljuslinder, Ellis & Vikström, 2020), we conceive disability and the life course from *social inequality* perspectives. Hypothetically, impairments would be less disabling in life and society if people regardless of their attributes can enjoy various socio-economic resources enabling interaction with peers in the community. A long-term study of how disability shapes partnership across individual as

well as societal time would provide clues to whether and how disability implies social inequality and the level of it. Research increasingly call for an increasing recognition of disability as an analytical category on par with gender, age, class or ethnicity to understand how human characteristics intersect to define people's (dis)advantaged position in society (Grönvik & Söder 2008; Kudlick 2003; McCall 2005). Our multivariate statistical analysis responds to this call, as it helps estimate the impact of disability on partnership relative to other individual-level attributes in different temporal contexts of Swedish society.

### *3.2 Data, methods and definitions*

This study shows a selection of findings from studies within the DISLIFE project on how disability affects people's trajectories in terms partnership (Haage et al 2017; Vikström et al. 2017; Namatovu et al. 2020; Sandström et al 2020). The partnership results cover the two recent centuries (except the 1960–1990 period) and are based on micro-level data from nationwide Swedish population registers or samples of it (c. 1990–2011) or from parish records for selected regions (c. 1800–1960) (Figure 2, Table 1). All the studies and use of datasets comply with ethics sensitivity issues, upon approvals from the National Ethics Board.

**Figure 2 about here:** Map of Sweden...

**Table 1 about here:** The databases on Swedish populations under study.

The results are obtained through statistical life-course methods. Logistic regressions and Cox regressions estimate the time to event of partnership (defined as marriage/cohabitation or living alone) and how impairments acquired since birth or in young age affect the probability to experience this event (Figure 3). As all the data indicate whether and when in life impairment occurred and often the type of it (sensory, physically, mentally) besides reporting demographic and socio-economic characteristics, we can examine how multiple intersections of disability, age, gender and socio-economic status and time-space setting affect human life. Adjusting for the impact of other variables, our key interest is the effects of disability on people's partnership chances, and variations over time and by type of disability and gender.

**Figure 3 about here:** Model illustrating the statistical life-course analysis of this study.

Although the statistical methods are similar and the datasets resemble each other in showing micro-level data and indications of impairments, the regressions are run separately for each dataset. As the studies were conducted in different labs, the datasets cannot be merged together,

also because of ethics issues. Additionally, the data do not always provide the identical type of information to make consistent comparisons. While marriage is the only evidence of partnership in the historical datasets, the recent datasets also show cohabitation and parenthood that help trace partnerships. Furthermore, the disability documentation varies, as the datasets comprise registers constructed in different periods for shifting purposes (Table 1). As for the historical datasets (POPUM, POPLINK) we use information from ministers who reported impairments among parishioners to assist national authorities with collecting data on the population and its health status. Without the ministers, such recording would have been hard to collect, as Sweden is a vast area sparsely populated then. The registers indicate abilities and behaviours that the ministers recognized as deviant or abnormal at the time and in accordance with authorities' guidelines. This documentation enables us to identify sensory, physical and mental disabilities, while parishioners not showing these impairments constitute a group of references, or controls, whose partnership chances we compare with the disabled group.

The recent datasets allow us to conceive impairments in two ways. First, in the SIMSAM dataset, there is information on the disability benefits entitled to citizens unable or unfit to work on a variety of medical grounds ranging from physical to psychological conditions. This is a less differentiated definition of disability compared to past parish registers, yet the SIMSAM dataset is more comprehensive in including nationwide populations. Second, the SILC/ULF sample provides data on both disability benefits and self-reported impairments among citizens in recent Sweden, even though we just focus on mobility disabilities below. The self-reported data also show rich information on how people experience their health and social wellbeing, given their life situation.

Despite dissimilarities between the datasets, there are major advantages of our long-term analysis on how disability affects partnership. The statistical results show the same outcome measured similarly, although the reverse side of partnership is concerned in the SILC/ULF study investigating the link between disability and living alone. Cox regressions and logistic regressions are joint for all studies. They provide outcomes showing multivariable hazards and odds ratios respectively, which is possible to compare and discuss. Furthermore, individuals not having any impairments reported in the datasets serve as useful references/controls that help to discern disparities across time between groups of people given disability.

## 4. RESULTS

The results of Figure 4 show that disability made the partnership chances unequally distributed among Swedish men and women across time, as disability impeded these chances with some 60% or even more. This difference is substantial and statistically significant across time and

genders. Up until 1960, disability affected women partnership slightly more negatively than among men, but this gender gap has diminished in the 1990s.

The fourth bars of Figure 4 cover the 1993–2011 period and do not concern partnership but the risk to end up living alone. Singlehood was less typical for men with disabilities than among their female counterparts. This does not imply they cohabited with a partner or spouse; they may have shared a household with other relatives (parent, child) or resided in a group home. From the self-reported data it becomes clear that both men and women with moving difficulties rate their quality of life lower than others and especially if living alone. This result is interesting for two reasons. First, living alone and low life satisfaction is both associated with adverse health outcomes that disability might promote if it implies singlehood (Collins et al. 2009; Wiest et al. 2011). Second, the high dissatisfaction from living alone suggests that people with disabilities represent normative expectations in wanting to experience partnerships just like others (Arnold & Chapman 1992; Vikström et al. 2020), just as the two quotes in the Introduction illustrated.

**Figure 4 about here:** Regression results showing how disability affects the chance/risk of partnership, or singlehood, in Swedish populations from the 1800s until the 2010s.

While Figure 4 treats men and women with disability as one homogenous group in turn grouped into four broad time periods, there is likely variation within the disabled group and periods. Our historical results confirm that different disability types affected human life differently with one exception: mental disability. Figure 5 shows that it implied the lowest marital chances within each gender (between 75–80%) during the 1900–1960 period while other disability types had lesser impact with some variations between men and women. Figure 6 shows that this was the case in the 1800s as well. These recurrent results suggest that mental disabilities were particularly associated with poor access to the partner pool, possibly due a stigmatization and institutionalization.

Concerning the other two disability types, Figures 5–6 show some variations by gender over time. Back in the 1800s, physical disabilities did not impede men’s marital prospects as much (c. 45%) as did sensory disabilities (c. 63%), while the reverse pattern is found among women (62% vs. 58%). For them, hearing and/or visual disabilities did not have such a negative impact on the marital chances as among men. During the 20th century, there were some changes although the results for women are less significant. While a visual or physical disability decreased the marital chances for women with 70% and 78% respectively, the equivalent ratios for men was 22% and 52%. Physical disabilities were thus less limiting for men’s marriage than for women. One plausible reason is that especially disabled women’s bodies have been

asexually objectified by medical and legal discourse that have made them conceptualised as undesirable partners or parents (Priestley, 2003; Kallianes & Rubenfeld, 1997).

**Figure 5 about here:** Marital chances (HR) by type of disability and gender in Sweden 1900–1960

**Figure 6 about here:** Marital chances (HR) by type of disability and gender in 19th-century Sweden

There are further explanations to our results from the past (Figures 5–6) as they probably reflect gendered expectations of the time and normative views concerning (dis)ability. A job and income was key to afford an independent life and marriage, and required the capacity to perform work. In 19th-century Sweden, which largely depended on agricultural production, impairments may not have hindered women from doing the domestic work associated with their gender (maidservants, seamstresses). Thereby, they kept some of their appeal in the marriage market. Our results indicate that sensory disabilities did not modify their feminine appearance and household work capacity as much as physical impairments did, as the latter made women less attractive as wives (Figure 6). Men were expected to be ‘breadwinners’ and provide for themselves, their wife and family by taking up rough work in factories or as farmers, farmworkers or craftsmen (e.g. tailors, shoemakers). Their marital chances suggest that such manual outdoor work were more difficult to conduct if having sensory disabilities than if being physically impaired.

The job opportunities and gendered expectations changed in the 20th century as economic modernization and the expansion of the welfare state came to differentiate the labour market. People found more diverse occupations than before in industry and in the service and public sectors, and women increasingly entered the workforce. Possibly, labour market developments modified the gendered pattern in marital chances that people with sensory and physical disabilities experienced back in the 1800s. Visual disabilities became more limiting for women during 20th century than then, while the opposite held for men. Physical disabilities continued to impede women’s marital chances substantially, while these impairments became less disabling for men’s marriage in the 1900-1960 period.

There are indications that physical disabilities kept having adverse effects especially on women’s partnership, as the most recent decades show that mobility difficulties made them more likely to live alone than men (Figure 4). On the one hand, this result might reflect women’s emancipation, or that they are more inclined to live alone and to cope with this situation than are men. In Sweden, comprehensive welfare programmes have long supported the idea of

independent life without having to lean on a partner or relatives, which has particularly benefitted women to stay single if they like. On the other hand, that mobility disabilities jeopardize their partnering chances more than men suggest that bodily defects make women less regarded as potential partners and perhaps because female bodies continue to be more subject to gendered ideals than are male.

## 5. CONCLUDING DISCUSSION

The aim of this study was to apply life-course analysis to identify how disability affects people's partnership across time using Swedish population registers from the past to the present. This section sums up the findings and discuss them from social inequality perspectives, as we conceive partnership as one key to integration in social life and society that has largely passed unnoticed in research from disability dimensions. Our major contribution is the long-term trends we can uncover using longitudinal data and life-course methods. We show sound empirical evidence that disability kept weakening individuals' position in the partner pool to a similarly profound extent today as two centuries ago. No matter of period or gender, disability cut the partnership chances with some 60% or even more. This trend stays remarkably strong despite the different structural conditions that Swedish society has witnessed since the 1800s.

Another profound but less surprising trend is that mental disabilities implied the ever-lowest partnership chances for both men and women from the 1800s until 1960. During this period, we also come across some partnership variations depending on whether men or women had sensory or physical impairments, probably shaped by current perceptions regarding gender and (dis)abled bodies. However, our long-term partnership trends suggests that the overall disability effect became more similar between the genders. Up until 1960, disability made women's partnership chances slightly lower, while this gender gap had narrowed in the 1990s. This might mirror Sweden's move toward a more gender-equal society. During the preceding decades, welfare reforms like parental leave had worked to encourage gender equality in Swedish society and to increase women's participation in the labour force. Reforms like these probably balanced the gendered chances in disabled people's partnership, although their chances stayed less than a half of others throughout the whole period under study.

It is relevant to apply social inequality perspectives on the long-term low levels of partnership we find was associated with disability. Despite Sweden's development of welfare systems and targeted policies for creating and sustaining an equal society for all including citizens with disabilities, the negative association between disability and partnership persisted. It was slightly more prominent in the early 20th century, probably due to the dominant ideology

at the time that promoted institutionalization and thus decreased the access to potential partners. Yet, today's relationship between disability and partnership does not differ much from then. The Act for Special Service Provision (1994) to assist the participation of disabled citizens in wider society in accordance with the *UN's Convention on the Rights of Persons with Disabilities* (CRPD 2007), which the Swedish government ratified in 2008, has not made any significant difference. Demographic developments in the 1900s such as the decline in marital rates and de-familiarisation process have not come to close the disability gap in partnership, neither have more tolerant attitudes toward partner preferences. Disability keeps on distributing the partnership chances unequally between people.

This bias in partnership does not only indicate the level of social inequality in human life and Swedish society across time due to disability. It can have wider implications in making the group with disabilities less equally in other domains since many advantages come with living in partnership. Access to a partner tends to benefit one's ties to firm social bonds and to emotional support that promote the social wellbeing and health. Partner's pooling of socio-economic resources further tend to improve the living conditions and increase the quality of life. Consequently, disabled or not, small chances to experience partnership can have detrimental outcomes for people in the longer run and work to reinforce existing inequalities through the accumulation of disadvantages across the life course.

Identifying two centuries of social inequalities in partnership due to disability is fascinating yet disappointing. Our study cannot confirm that all the policy efforts implemented during the Swedish welfare era or in recent decades have integrated disabled people in wider society on a more equal basis with others. Why this disadvantage persists is difficult to tell without more research. Poor partner access is a possible outcome of social isolation that has prevailed while society has changed fundamentally and despite recent technological advancements such as the internet or cell phones, which nowadays bring people increasingly together as partners. This disadvantage is likely due to disablist attitudes in society, still not recognizing people as potential partners if having disabilities. Finally, the persistent trend we find might manifest the powerful impact history can have in shaping present circumstances to which past negative views and values of disability play a part to impede people's possibilities even today.



## REFERENCES

- Arnold, P., & Chapman, M. (1992). Self-esteem, aspirations and expectations of adolescents with physical disability. *Developmental Medicine and Child Neurology*, 34(2), 97–102.
- Bylund, C. (ongoing PhD thesis in ethnology). *Anakrona livsvillkor: en studie av funktionalitet, möjligheter och begär i den föränderliga svenska välfärdsstaten* (Anachronous living conditions: a study of disability, opportunities and desire in the changing Swedish welfare state), Dept. of Culture and Media Studies, Umeå University
- Clarke, H., & McKay, S. (2014). Disability, partnership and parenting. *Disability & Society*, 29(4), 543–555. doi:10.1080/09687599.2013.831745
- Collins, A.L., Gleib, D.A., & Goldman, N. (2009). The role of life satisfaction and depressive symptoms in all-cause mortality. *Psychology and aging* 24.3 (2009): 696
- Crawford, D., & Ostrove, J. M. (2003). Representations of Disability and the Interpersonal Relationships of Women with Disabilities. *Women & Therapy*, 26(3–4), 179–194. doi:10.1300/J015v26n03\_01
- Danielewicz, A. L., Dos Anjos, J. C., Bastos, J. L., Boing, A. C., & Boing, A. F. (2017). Association between socioeconomic and physical/built neighborhoods and disability: A systematic review. *Preventive Medicine*, 99, 118–127. doi:10.1016/j.ypmed.2017.02.014
- Elder, G.H. Jr., ed. (1985). *Life course dynamics*. Ithaca, NY: Cornell Univ Press
- Esping-Andersen, G. (1990). *The three worlds of welfare capitalism*, Princeton
- Esping-Andersen, G. (1999). *Social foundations of postindustrial economies*, New York: Oxford University Press.
- Fiduccia, B. W. (2000). Current Issues in Sexuality and the Disability Movement. *Sexuality and Disability*, 18(3), 167–174. doi:10.1023/A:1026461630522
- Franklin, P. A. (1977). Impact of Disability on the Family Structure. *Social Security Bulletin*, 40, 3.
- Giele, J. Z. & G.H. Elder Jr. (1998), eds., *Methods of life course research: Qualitative and quantitative approaches*, London
- Gill, C. J. (1996). Dating and relationship issues. *Sexuality and Disability*, 14(3), 183–190. doi:10.1007/BF02590076
- Goffman, E. (1963), *Stigma: Notes on the management of spoiled identity*, Englewood-Cliffs: N.J. Prentice-Hall
- Grönvik, L. & Söder, M. (2008). *Intersektionalitet och funktionshinder* [Intersectionality and disability], Stockholm
- Haage, H., Vikström, L., & Häggström Lundevaller, E. (2017). Disabled and Unmarried? Marital chances among disabled people in nineteenth-century Northern Sweden. *Essays in Economic & Business History*, 35(1), 207–238. <http://www.ebhsoc.org/journal/index.php/journal/article/view/379>
- Hafström, G. (1974). *Den svenska familjerättens historia*. Lund: Studentlitteratur

- Halvorsen, R., Hvinden, B., Beadle Brown, J., Biggeri, M., Tøssebro, J. & Waldschmidt, A. (2017). *Understanding the lived experiences of persons with disabilities in nine countries: Active Citizenship and Disability in Europe*. London: Routledge.
- Helmius, G. (1999). Disability, sexuality and sociosexual relationships in women's everyday life. *Scandinavian Journal of Disability Research*, 1(1), 50–63. doi:10.1080/15017419909510737
- Hirdman, Y. (1989). *Att lägga livet till rätta: Studier i svensk folkhemspolitik* [To put life in order: Studies of the Swedish welfare policy], Stockholm
- Inger, G. (1980). *Svensk rättshistoria*. Malmö: Liber
- Janus, A. L. (2009). Disability and the transition to adulthood. *Social Forces*, 88(1), 99–120.
- Kallianes, V., and P. Rubinfeld. (1997). Disabled women and reproductive rights. *Disability & Society* 12(2): 203–222. <https://doi.org/10.1080/09687599727335>
- Kok, J. (2007). Principles and prospects of the life course paradigm. *Annales de Démographie Historique*, 1(113), 203-230. DOI: 10.3917/adh.113.0203
- Lesthaeghe, R. (2010). The unfolding story of the second demographic transition. *Population and development review* 36.2: 211-251
- Ljuslinder, K., Ellis, K., & Vikström, L. (2020). Crippling Time : Understanding the Life Course through the Lens of Ableism. *Scandinavian Journal of Disability Research*, 22(1), 35–38. <https://doi.org/10.16993/sjdr.710>
- MacInnes, M. D. (2011). Altar-Bound? The Effect of Disability on the Hazard of Entry into a First Marriage. *International Journal of Sociology*, 41(1), 87–103. doi:10.2753/IJS0020-7659410105
- McCall, L. (2005). The complexity of intersectionality. *Signs: Journal of Women in Culture and Society*, 30(3), 1771–1800
- McRuer, R. & Mollow, A., Eds. (2012). *Sex and disability*. Durham, N.C: Duke University Press
- Mortimer, J. T. & M. J. Shanahan, eds. (2003), *Handbook of the life course*, New York
- Namatovu, F. (2020). The impact of disability on family formation in Sweden, 1990–2009. *The History of the Family* Vol. 25 (2), 230–245 doi: [10.1080/1081602X.2019.1692054](https://doi.org/10.1080/1081602X.2019.1692054)
- National Board of Health and Welfare. (2009). *Att följa levnadsförhållande för personer med funktionshinder* [Following the living conditions of people with disabilities], Report, Stockholm
- National Board of Health and Welfare. (2010). *Alltjämt ojämt!* [Still unequal!], Report, Stockholm
- OECD. (2010). *Sickness, Disability and Work: Breaking the Barriers*. Retrieved from: [http://www.keepeek.com/Digital-Asset-Management/oecd/social-issues-migration-health/sickness-disability-and-work-breaking-the-barriers\\_9789264088856-en](http://www.keepeek.com/Digital-Asset-Management/oecd/social-issues-migration-health/sickness-disability-and-work-breaking-the-barriers_9789264088856-en), page61.
- Oliver, M. (1990). *The politics of disablement*, London: Macmillan
- Oliver, M. (1996). *Understanding disability: From theory to practice*, New York
- Osgood, D. W., Foster, E. M., Flanagan, C., & Ruth, G. R. (2008). *On your own without a net*. Chicago, United States: University of Chicago Press.

O'Toole, C. (2002). Sex, Disability and Motherhood: Access to Sexuality for Disabled Mothers. *Disability Studies Quarterly*, 22(4), 81-101

Priestley, M. (2003), *Disability: A life course approach*. Cambridge: Polity

Robillard, K., & Fichten, C. S. (1983). Attributions about sexuality and romantic involvement of physically disabled college students: An empirical study. *Sexuality and Disability*, 6(3-4), 197-212. doi:10.1007/BF01136077.

Sandström, G. (2012). *Ready, willing and able: The divorce transition in Sweden 1915-1974*. Diss. Umeå University

Sandström, G., Namatovu, F., Ineland, J., Larsson, D., Ng, N., & Stattin, M. (2020). The Persistence of High Levels of Living Alone Among Adults with Disabilities in Sweden, 1993–2011. *Population Research and Policy Review* (Springer). <https://doi.org/10.1007/s11113-020-09570-2>

Savage, A., & McConnell, D. (2016). The marital status of disabled women in Canada: a population-based analysis. *Scandinavian Journal of Disability Research*, 18(4), 295–303. doi:10.1080/15017419.2015.1081616.

Schalk, S. (2016). Happily ever after for whom? Blackness and disability in romance narratives. *The Journal of Popular Culture* 49(6), 1241–1260

Sépulchre, M. (2018). Tensions and unity in the struggle for citizenship: Swedish disability rights activists claim 'Full Participation! Now!'. *Disability & Society*, 33 (4), 539-561. doi: 10.1080/09687599.2018.1440194.

Therborn, G. (2004). *Between sex and power: Family in the world 1900-2000*. Routledge

Tideman, M., Lövgren V. & Szönyi, K. (2017). Forskning i korthet: Intellektuell funktionsnedsättning och arbete. Research report, Swedish Research Council for Health, Working Life and Welfare

Tøssebro, J. (2016). Scandinavian disability policy: From deinstitutionalization to non-discrimination and beyond. *ALTER, European Journal of Disability Research*, 10, 111–123. doi:10.1016/j.alter.2016.03.003.

Tumin, D. (2016). Marriage trends among Americans with childhood-onset disabilities, 1997–2013. *Disability and Health Journal*, 9(4), 713–718. doi:10.1016/j.dhjo.2016.05.004.

United Nations (2007). Convention on the Rights of Persons with Disabilities. <https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html>

United Nations (2020). Factsheets on Persons with Disabilities (retrieved Feb. 26, 2020) <https://www.un.org/development/desa/disabilities/resources/factsheet-on-persons-with-disabilities.html>

Van de Kaa, D. J. (1987). Europe's second demographic transition. *Population Bulletin*, 42(1), 1–59

Vikström, L., Häggström Lundevaller, E. & Haage, H. (2017). Sequence analysis of how disability influenced life trajectories in a past population from the nineteenth-century Sundsvall region, Sweden', *Historical Life Course Studies*, Vol. 4, 97–119 [<https://www.ehps-net.eu/article/sequence-analysis-how-disability-influenced-life-trajectories-past-population-nineteenth>]

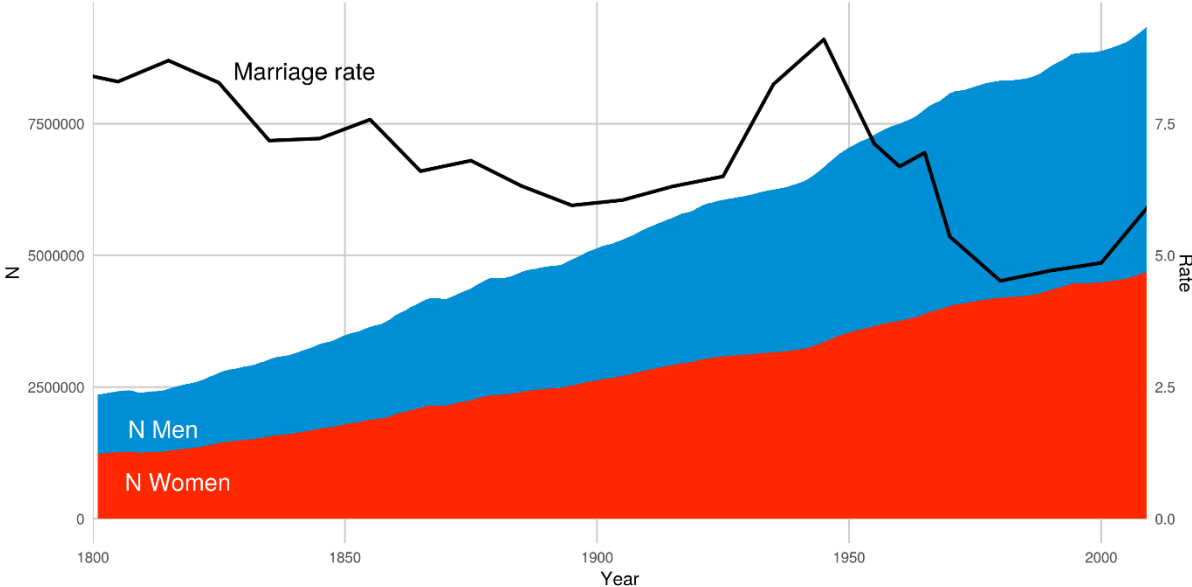
Vikström, L., Shah, S. & Janssens, A. 2020. Introduction: Disability, partnership and family across time and space. *The History of the Family*, 25(2), 177–201  
DOI: [10.1080/1081602X.2020.1761427](https://doi.org/10.1080/1081602X.2020.1761427)

Wiest, M., Schüz, B., Webster, N., & Wurm, S. (2011). Subjective well-being and mortality revisited: Differential effects of cognitive and emotional facets of well-being on mortality. *Health Psychology, 30*(6), 728.

Wälivaara, J., & Ljuslinder, K. (2020). (Im)Possible Lives and Love : Disability and Crip Temporality in Swedish Cinema. *Scandinavian Journal of Disability Research, 22*(1), 80–87.  
<https://doi.org/10.16993/sjdr.629>

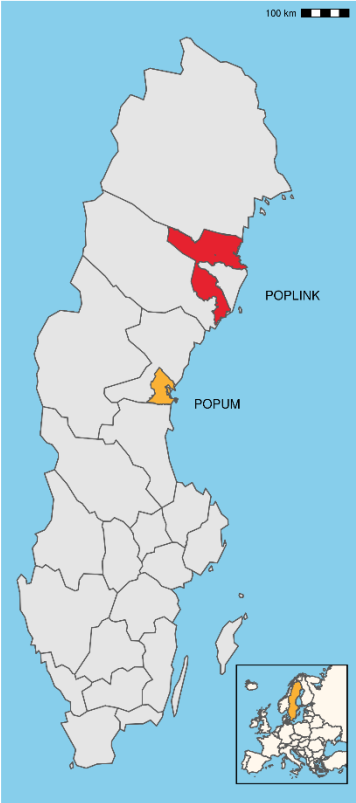
# FIGURES AND TABLES

**Figure 1:** Marital rates (per 1000) and population development in Sweden by sex 1800–2015.

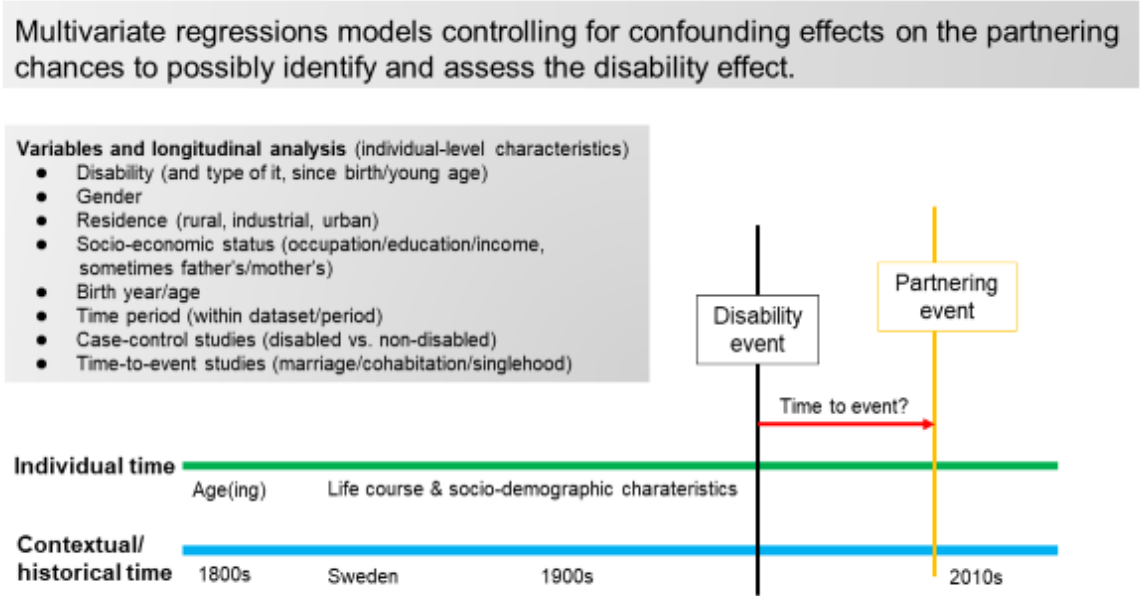


Source: Statistics Sweden

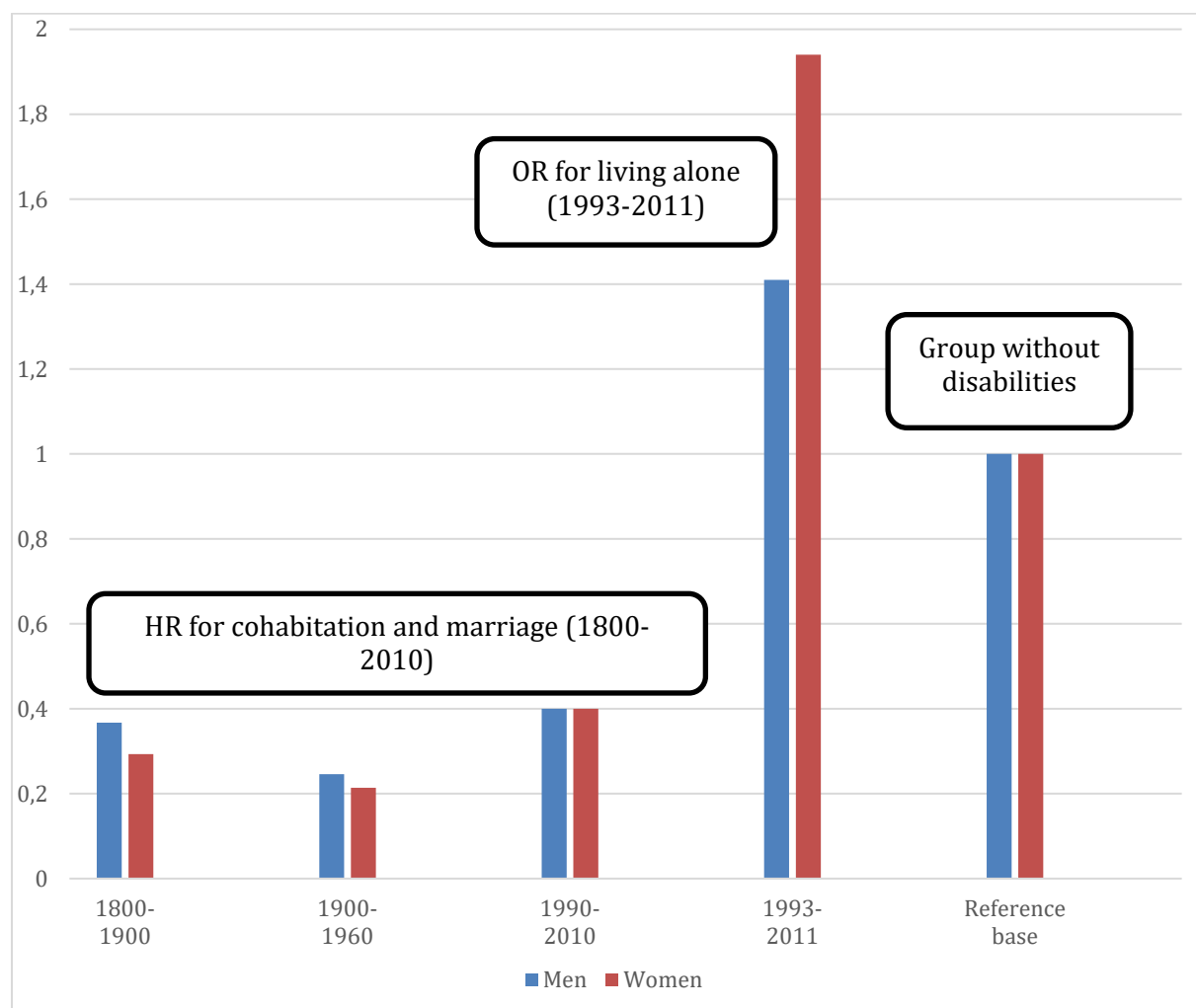
**Figure 2:** Map of Sweden showing the geographical coverage of the past population datasets (POPUM, POPLINK) while the recent datasets (SIMSAM, ULF/SILC) cover the entire Swedish population or representative samples of it.



**Figure 3:** Model illustrating the life-course approach of disability and partnership in this study.



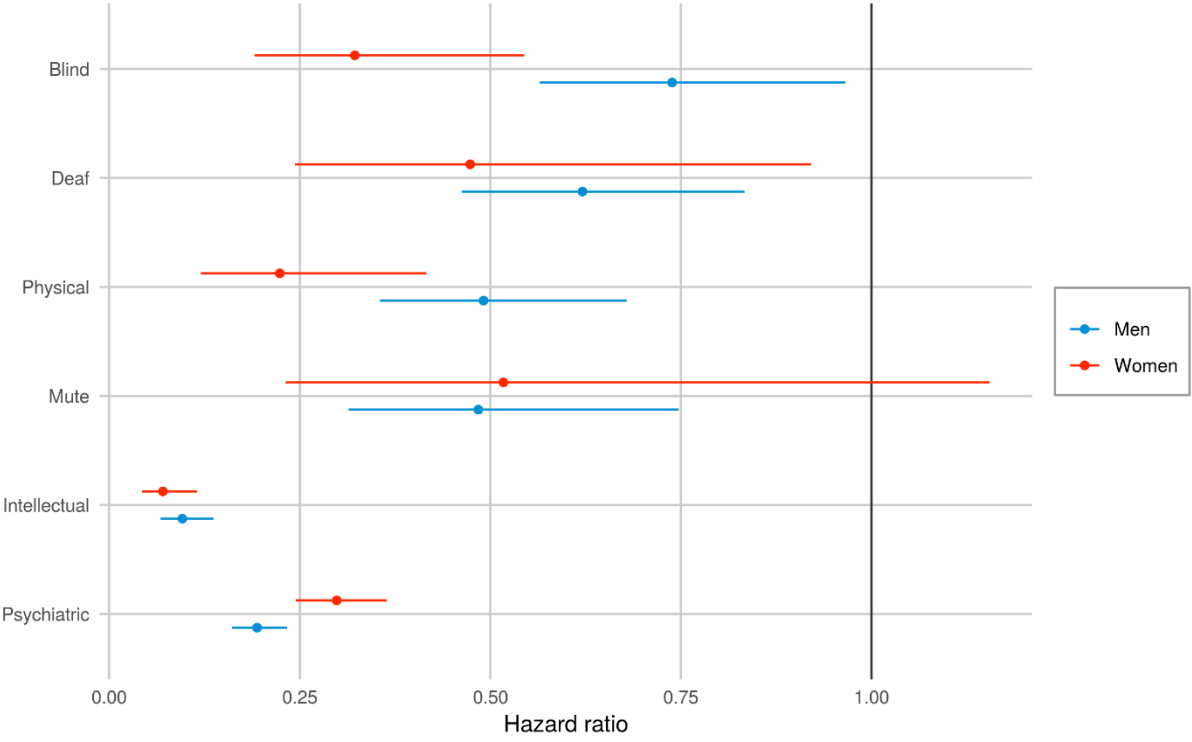
**Figure 4:** Regression results of how disability affects the chance/risk to experience partnership, or singlehood, in Swedish populations from the 1800s until the 2010s. Hazards ratios (HR) refer to Cox regression while the odds ratios (OR) refer to logistic regression.



*Source:* See Table 1 and the separate studies for further details (Haage et al. 2017; Vikström et al. 2017; Namatovu et al. 2020; Sandström et al 2020).

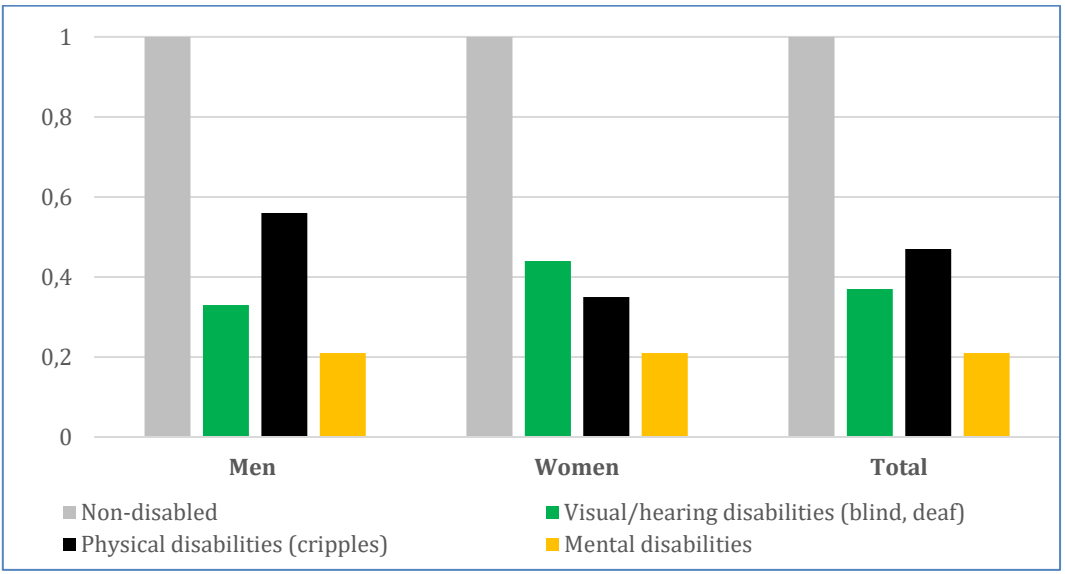


**Figure 5:** Marital chances (HR) by type of disability and gender in Sweden 1900–1960 (the Västerbotten region, POPLINK dataset).



Source: Digitized parish registers, Demographic Data Base, Umeå University.

**Figure 6:** Marital chances (HR) by type of disability and gender in 19th-century Sweden (the Sundsvall region, POPUM dataset).



Source: Digitized parish registers, Demographic Data Base, Umeå University.

**Table 1:** The databases on Swedish populations included in this study.

<i>Database</i>	<i>Time period</i>	<i>No. of Persons/study</i>	<i>Swedish area</i>	<i>Type of data</i>
<b>1. HISTORICAL POPUM Database</b> Demographic Data Base (DDB), Umeå University, Sweden Total population: c. 1 million	c. 1800- 1900	c. 28,500 (Disabled: 468)	Sundsvall region (14 parishes)	Parish registers showing continues micro-level data on birth, occupation, marriage, migration, death, impairments
<b>2. HISTORICAL POPLINK Database</b> Demographic Data Base (DDB), Umeå University, Sweden Total population: c. 300,000	c. 1900- 1960	c. 116,000 (Disabled: 3,035)	Västerbotten region (11 parishes)	Parish registers (same type of data as above)
<b>3. SIMSAM Database</b> Umeå SIMSAM-Lab, Umeå University, Sweden Total population: c. 12 million	1960- 2010	c. 550,000 (Disabled: 12,636)	All Sweden	Extensive longitudinal socio-economic & demographic micro-level data, in-patient & health at birth registers, drug prescription registers, hospitalization, disability benefits
<b>4. SILC/ULF Database</b> (National Survey of Individuals' Living Conditions, Statistics Sweden), Dept of Sociology, Umeå University, Sweden Total population: c. 16,500	1975- 2015	c. 16,500 (Disabled: 553)	National sample	Rich micro-level data on living conditions, indicators of disability, cross-sectional panel waves, disability benefits, self-reported disabilities & accounts of quality of life

*Comments:* See the separate studies for further information (Haage et al. 2017; Vikström et al. 2017; Namatovu et al. 2020; Sandström et al 2020).