Living with Disability

A Literature Study and a Content Analysis of the Social Contexts of Women with Disabilities in Sub-Saharan Africa

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Women with disabilities face multiple discrimination due to their gender and disability state. This is a literature study through the means of a content analysis of documents that explore the lives of women with disabilities in Sub-Saharan Africa. The study was conducted by reviewing documents surrounding the topics to display a representable picture of women with disabilities lives in the area and a discussion on what can be done to improve their situation. The study concluded that women with disabilities face a multitude of social barriers in their efforts to participate in their communities but also while conducting daily activities in their homes. The results of the study are categorised into different themes that represent aspects of social life. Additionally, the study discusses The social model of disability theory from the women’s perspective. Development focus in regards to disability is skewed, and in need of review, women with disabilities need to be a more prominent discussion in the development mainstream. This study is a response to the Convention on the Rights of Persons with Disabilities as well as the mention of persons with disabilities in Agenda 2030.

Keywords: Disability, Women, Social disability theory, Intersectionality, Feminism, Abuse, Sexuality, Environment, Dependency, Sub-Saharan, Africa
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1. Introduction

Our world as we know it is on a path of globalisation. With globalisation follows international communities that actively work to enhance the living situation for the majority of the people on our planet, especially financially. Since after the Second World War international development work has praised themselves with international treaties and partnerships. Former US president Harry S. Truman stated in 1949 that:

We must embark on a bold new program for making the benefits of our scientific advances and industrial progress available for the improvement and growth of underdeveloped areas (Campbell, MacKinnon & Stevens, 2015: 218).

Since Truman spoke these words international development work has been prominent in many parts of the Global-South communities. And while the content on of development work and its methods have shifted over time, the international teamwork that has been set in place have seen progress in combating poverty and inequality worldwide (Campbell et al., 2015: 214-245). However, as the world grows closer, gaps in the international systems comes to light and demand attention. Although globalisation is often referred to as ungendered, the reality is that globalisation often affect men and women in different ways. Additionally, development aid and progress is unevenly distributed between genders and minority and majority social groups (ibid.).

One such group is persons with disabilities. It is only in recent years that persons with disabilities have been brought up on the political agenda. Women with disabilities have been even further neglected in development work, and because of their multiple identities as both women and persons of disabilities they face double discrimination. This thesis investigates disability and gender in the social contexts of Sub-Saharan Africa through a literature study using the means of thematic analysis of peer reviewed articles that depict the situation these women face and wants to further enhance women with disabilities voice in the political atmosphere. Additionally it is important to state that the thesis will focus on the social barriers that women with disabilities are face with.

1.1 Aim and Research Questions

The aim of this study is to investigate women with disabilities social situation in Sub-Saharan Africa.

The research questions as follows:

- How are women with disabilities being treated in different context of society such as healthcare, safety and financially?
- What are the recurring challenges women with disabilities face in these situations?
• What does women with disabilities experience the reason for their lack of participation in society to be?

1.2 Disposition

The thesis is organised as follows: The first chapter includes a short presentation of the situation and problem investigated throughout the study, followed by aim and research questions. Following the first chapter, chapter two further presents important information about disability and the historical background surrounding disability in development work. Issues such as gender discrimination as well agreed upon international development goals are presented to ensure that the reader understand the necessity of raising the disability issue. It is important to realise the connection between gender and disability, which is why this chapter touches on both topics. Moreover, chapter three presents theoretical concepts to further enhance the reader's understanding of gender and disability. The study is founded on social theories, as its aim is to investigate women with disabilities in social contexts. Therefore we see a presentation of the social model of disability in this chapter as well as a section on intersectionality. The next chapter of the essay is chapter four. Chapter four is of central importance as this is the chapter that fully explains our choice of method. The chapter consists of an explanation and description of a content analysis, sampling, reliability and validity in regards to the study at hand. Our coding, coding manual and coding schedule is presented in this chapter as a part of the content analysis. The sampling of our study is based upon the theories presented in the previous chapter. Every article have a clear social focus that lines up with the social model of disability. In chapter five the empirical data is presented in the systematic format of a thematic analysis. First, the categories from the coding is presented and explained to the reader. After that a subchapter on each category is presented with a summary of the information gathered from the articles investigated. This chapter also include information gathered through a keyword analysis. Finally the study reflects upon the results in a discussion in order to properly answer and respond to the research formulations in the last chapter labelled six. This chapter also includes a discussion on enhancing women with disabilities presence in development work, followed by our final conclusion and remarks on further research.

2. Background

On December 13th, 2006, at the United Nations Headquarters in New York, the Convention on the Rights of Persons with Disabilities, as well as it’s Optional Protocol that was adopted and eventually opened to signature on March 30th, 2007. The Convention was devised as a response to the fact that persons with disabilities were continually being denied their rights although pre-existing human rights conventions offered potential to promote and protect the rights of persons with disabilities. The Convention on the Rights of Persons with Disabilities sets out legal obligations for states to promote and protect the rights of persons with disabilities. There were 82 signatures to the Convention, 44 signatures to the Optional Protocol and 1 ratification of the Convention, making it the highest number of signatories in history to a UN Convention on its
opening day. The Convention on the Rights of Persons with Disabilities entered into force on May 3rd 2008 (International Disability Alliance, 2006). The purpose as recited by the Convention:

is to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities and to promote respect for their inherent dignity. Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others (UN, 2006a).

Recent data reveals that more than a billion people are estimated to be persons with disabilities, which adds up to approximately 15 percent of the world's population. The statistics show a rise in persons living with disabilities. The increase in persons with disabilities is a combination of an aging population and because of the global increase in chronic health conditions associated with disability (WHO, 2011). Disability disproportionately affect vulnerable populations. Not only does studies such as the World Health Survey indicate a higher disability prevalence in lower income countries, people living in poverty, women and the elderly also have a higher prevalence of disability. Further data also show that children from poorer households and those in ethnic minority groups are at a greater risk of disability than other children (ibid.).

Increasing evidence shows that persons with disabilities face multiple sets of discrimination in regards to healthcare, policy making, accessibility, funding and participation. Negative attitudes fuelled by conservative beliefs and prejudices generates barriers to education, employment, healthcare and social participation. Misconceptions by employers or educational staff such as teachers that persons with disabilities are less productive than abled persons stems from ignorance and lack of knowledge of persons with disabilities and the available adjustments to work arrangements, and in turn limits persons with disabilities employment opportunities. Persons with disabilities have an extensive unemployment rate and generally earn less when employed. According to the World Health Survey persons with disabilities have a lower employment rate ranging from 53 percent for disabled men and 20 percent for disabled women, while non-disabled men have 65 percent employment rate and non-disabled women have a 30 percent employment rate (WHO, 2011). Thus persons with disabilities experience higher rates of poverty.

Persons with disability is at a higher risk of attracting preventable secondary conditions and age-related conditions. An additional health concern for persons with disabilities is the rates of risky behaviours such as smoking, poor diet and physical inactivity resulting in deterioration in general health status as well as reduced quality of life. Additionally, healthcare for persons with disabilities may include extra costs, playing up the already financial struggle persons with disabilities face. Persons with disabilities are reliant on their community for task that an abled person would consider mundane. A survey of 1505 non-elderly adults with disabilities performed in the United States reported that 42 percent had sometime failed to get up from a bed or chair because no help was available. People with disabilities is also at risk for targeted violence and abuse (WHO, 2011).
2.1 Facing double discrimination

Women with disabilities face double discrimination. The Convention on the Rights of Persons with Disabilities address the issue of female discrimination in article 6 (International Disability Alliance, 2006).

Article 6: Women with Disabilities

1. States Parties recognise that women and girls with disabilities are subjected to multiple discrimination, and in this regard shall take measures to ensure the full and equal enjoyment by them of all human rights and fundamental freedoms.

2. States Parties shall take all appropriate measures to ensure the full development, advancement and empowerment of women, for the purpose of guaranteeing them the exercise and enjoyment of the human rights and fundamental freedoms set out in the present Convention.

In many countries women are subjected to social, cultural and economic disadvantages due to gender-stereotyping norms. Discrimination against women impedes their ability to achieve life goals and increase their quality of life. Gender discrimination is present in women’s access to healthcare, education and employment among other areas. Thus women with disabilities are victims of double discrimination - as women and as a disabled person. Gender discrimination and gender stereotyping have been researched at the highest levels of academia, but research focusing on women with disabilities is lacking. Gender discrimination and disability-discrimination are two separate factors that become even more overpowering when combined in one person. Persons with disabilities face difficulties when looking for employment, but men with disabilities are almost twice as likely to have employment than their female counterparts. When women with disabilities attain work, it is not unusual for them to experience discrimination in promotion standards, training, pay and occupational segregation. Thus women and girls with disabilities are among the most vulnerable and marginalised social groups of society. Therefore it is paramount to address their needs and concerns in all policy-making and programming, and actively strive for women with disabilities to become integrated into the mainstream of development (Womens Watch, 2011).

Women are also faced with the risk of becoming disabled as mothers. According to the World Bank’s report on Health, nutrition and population: Reproductive health and disability more than 30 women are seriously injured or disabled during labour every minute (Womens Watch, 2011). Women with disabilities often struggle to access physical healthcare, resulting in frustration, pain and isolation. The lack of access to sexual and reproductive healthcare is an immediate threat to women with disabilities sexual and reproductive rights. As a result of discrimination, women with disabilities are denied the right to make their own decisions about sexual relations and reproductive health (MyRight, 2017a).
2.2 Leave no one behind

The 2030 Agenda for Sustainable Development was established as an international collaboration to end poverty. The Agenda is a plan that consists of the 17 Sustainable Development Goals that seeks to build on the Millennium Development Goals to complete what the Millenium Development Goals could not. By committing to the realisation of the 2030 Agenda for Sustainable Development, Member States recognise that the dignity of the individual is fundamental. The goals and targets set out by the Agenda are meant for all nations and all segments of society. Additionally, the Agenda speaks to reach those who are the furthest behind. Evidence clearly depicts that the benefits of development are not equally shared. The most vulnerable groups of society, such as children, youth, persons with disabilities, people living with HIV/AIDS, elderly, indigenous people, refugees and internally displaced persons must be empowered. The 2030 Agenda for Sustainable Development aims to promote physical and mental health and well being with the goal to extend life expectancy for all. In order to accomplish these goals, the 2030 Agenda states that we must achieve universal health coverage and access to quality healthcare. The word Disability is mentioned eleven times in the 2030 Agenda for Sustainable Development, and seven goals specifically identify persons with disability. In its predecessor, the Millennium Goals, disability was never mentioned (MyRight, 2017b).

3. Theoretical Aspects

This chapter includes two central social theories relating to the study of women with disabilities in social context. The first theory that is presented is the social model of disability. The second term that is presented is intersectionality. The sampling of this study is based on the social model of disability, in comparison to the medical model of disability. Intersectionality is a theory that explains the difference of power between people depending on their social background.

3.1 The Social Model of Disability

The social model of disability is a response to the traditional medical model of disability. The medical model of disability holds that a person's functional impairments are the root cause of any disadvantage experienced and these disadvantages can therefor only be rectified by treatment or cure. While many persons with disabilities may wish or even seek out a treatment for their impairment, many will be unsuccessful in achieving the full functions of a healthy body. The social model of disability carries on where the medical model of disability falls short, and further investigates the boundaries that persons with disabilities face (Davis, 2013: 195-202).

The social model of disability separates the question of impairment and disability. The model examines the definition of “normality”. Persons with disabilities may feel threatened and
accused in terms of the medical model of disability because their bodies are deemed to be “less” of that of an abled person. But one could argue that for a person born with an impairment, the natural state of his or her body does in fact come with such a condition and should therefore not be regarded as wrong. An impairment could in fact be considered to merely be a description of a physical body. Disability however, describes when an impairment hinders a person participation due to the social environment he or she is faced with. The social model of disability highlights the social restrictions persons of impairments face which is a central part of becoming disabled. Medical solutions are not the only approach to increasing the quality of life for persons with impairments, instead a more inclusive framework which accounts for the social barriers of impairment is the desired goal (Davis, 2013: 195-202).

In order to achieve sustainable solutions for persons with disabilities development mainstream and global communities needs to adapt both models. The social model does not deny that impairments can and most likely will cause an individual pain and discomfort, it merely states that those are not the only restrictions persons with disability face in societies around the globe. The different perspectives on disability is deeply intertwined. In the Global-South, something as common as a broken leg can lead to disability, something that could be prevented if the persons had access to treatment and rehabilitation (Giddens, : 295-302). Disability in general is on the rise due to different health reasons that has surfaced in our modern societies. Treatment and healthcare will always be detrimental for persons with disabilities. The social model acts to adapt our societies to the medical impairments many of us face (ibid.). The social constructs surrounding disability is vital for persons with disabilities sense of identity, and additional their self-esteem and capacity (ibid.). Therefore neither model can be ignored by development mainstream.

The social model was a base for both our sampling, as was every article that was later coded had a clear social focus, and our analytical discussion.

3.2 Intersectional Feminism

Postcolonial feminists reject the theory that gender is something universal and homogeneous and that all women (and men) act, think, experience the same thing alike just because they share the same gender. Postcolonial feminist theorist states that all women (and men) do not necessarily share the same interest and thinking just because their share the same gender. They believe that a human being consist of multiple identities and that these identities affect you in various ways (Steans, 2013: 32), such as race, sexuality, class, age and so on. Intersectionality is a central part of the postcolonial feminist theory. As the postcolonial feminist theorist, the speakers of intersectionality also believe that gender is not something universal. Intersectionality continues to develop this theory and states that through your various identities and social locations, you can have multiple and various experiences of discrimination and oppression. It continues to express the idea that people of a specific group are subjected to and experience discrimination in ways that are interconnected and multiple (Steans, 2013: 36).
Women with disabilities in Sub-Sahara is a clear example of intersectionality. They experience discrimination and oppression because they are women. This is shown for example in the economic and violent abuse women suffer. This is not just an issue for women with disabilities. Many women throughout Africa experience physical and economic abuse. However, women with disabilities can also experience oppression and discrimination because of their disability. The disability becomes a factor and a “reason” for example abuse or neglect. This thesis is an attempt to highlight the additional abuse women with disability face because of their multiple social identities.

4. Method

The following is a description and explanation of the choice of method used to conduct the study, as well as information concerning sampling and process of analysis. The chapter also includes a discussion on reliability and validity.

In order to investigate women with disability the authors have conducted a literature study with the use of a thematic content analysis as well as a keyword analysis. In a literature study the authors show that they through scientific methods can chose and examine the data that exists on a certain topic and offer additional insights, discussions and arguments from the material (Bryman, 2015: 97).

4.1 Content Analysis

Content analysis is a method designed for the analysis of texts and documents in a systematic and replicable manner, and can be used in both quantitative and qualitative research (Bryman, 2015: 281). This study uses a thematic analysis that includes the quantitative approach of a word-count, keyword analysis, as well as a qualitative approach through thematic coding. The combination of a quantitative and a qualitative approach results in a wide analysis that receives the positive aspects of both methods. Through a quantitative method the study can remain systematic and gain statistical data. The method is based on the assumption that the frequency of certain keywords indicate hidden information in texts, that in turn can lead to further discussions and conclusions. The qualitative coding investigates the manifest and latent themes of a text and categorises them with the help of a coding manual (Appendix 1). The categories are constructed by the researchers and the manual provides thorough instructions for the coding process. The manifest themes are the primary themes of the text, while the latent themes require further analysis (Bryman 2015: 290).

The categories developed for this study is a depiction of distinctive social contexts in today's societies. The categories are as follows - Healthcare, Abuse, Sexual Violence, Economy, Education, HIV, Environment and Political Rights. During the course of the study several sub-categorise have emerged from the data collected. These categories add an additional code for
these articles. The categories were developed through deductive means, since they were constructed from previous social research.

The most important part of a content analysis is the coding itself. There are two major activities within this process - the creation of the coding manual and the coding schedule. These are two overlapping tools used for coding. The coding manual contains instructions for the coders on how the coding should be conducted. If the coders follow the coding manual, the coding should be done the same no matter who the person coding is. However, a coding manual is just as important for a lone researcher as well. The manual contains what codes to use to present the correct information in the coding schedule. By referring to the manual, coders receive information that can be recorded in the schedule (Bryman, 2015 s. 292-923). This study's coding manual depicts the different categories available for coding, the method used by the authors of the study being coded, the authors genders, the social context of the study, demographic of the sampling, disposition, use of keywords and secondary themes in the text. To review further refer to Appendix 1.

In addition to categorising the data into the themes mentioned above a word analysis was conducted in order to investigate correlations between distinctive keywords. The words were chosen deductively and originated from the background collected on the subject of disability. Two separate keywords were chosen because of their correlation to the experiences of disability. Discrimination was chosen because of its negative significance. This word was measured as a method to identify disposition and attitude of the article. In addition to discrimination synonyms was also counted such as inequality, bigotry, stigma, injustice, prejudice and unfair. Furthermore the word support was also investigated because of its association to change and inclusiveness. Articles that focuses on a productive word might give additional information such as possible solutions. Synonyms to support was also counted such as assistance, aid, help, service and facilitation. However, though the word support on its own have a positive value, cluster of words surrounding it such as “lack of” changes the meaning of the word. Therefore it requires additional review of the construction of sentences to fully examine the disposition of an article where these words are commonly recurring.

Additionally, a keyword analysis on inductive words were also conducted. While analysing the articles, measure were taken to highlight words and clusters that made regular appearances. In order to perform a keyword analysis, researchers must be open and alert to recurring words. Keyword analysis is a method that uses quantitative data to do a qualitative analysis on the material (Bryman 2015: 288-289).

4.2 Selection and Sampling

The material for the basis of the analysis comes from 28 scientific articles primarily from ProQuest Central and Sociological Abstracts as well as articles from the Jönköping University Library. These databases were chosen based on their sociological orientation which suited the aim of the study. Because of the fact that the study is a literature study, the articles are secondary sources.
In order to answer the research formulations and aim of the study certain criteria’s was put in place in order for articles to be deemed appropriate for the task at hand. Every article has a distinct focus on the social situation of women with disabilities or persons with disabilities. The essay is a mean to investigate the social contexts of women with disabilities and naturally the material collected have a similar focus. While articles might not mention the social theory model of disability, the contexts investigated are on a social spectrum.

Each of the articles is peer reviewed, this means that before publishing the article has been reviewed by experts or researchers in the chosen area that the article explores. Or as APA, 2001: 291 states ”... articles are reviewed by peers before being accepted or rejected by a journal”.

Additionally the essay seeks to investigate the intersectional aspects of women and disability. While certain articles focused on persons with disabilities in general, these were also coded accordingly, and the material used from these were either directly taken from the women's perspective or used to understand the situation for persons with disabilities in general and therefore additionally for women with disabilities. Furthermore, a majority of the articles that were chosen were interviews of women with disabilities as we seek to understand the situation through the eyes of the concerned party. Disability theory usually depict a difference in perspectives on disability and impairment between persons of disability and their abled counterparts. An additional criterion was the geographical location of the study, Sub-Saharan Africa.

With the criteria’s in mind, searches was made through digital databases as those stated above. The search words were disability, women, poverty, empowerment, economic, physically handicapped, Africa, living conditions, disab*, environment, social development as well as combinations of these and the use of a thesaurus to find additional synonyms. The main search in both ProQuest Central and Sociological Abstracts generated 1968 peer reviewed articles, searchword were (disability + women) + Africa. By adding new words, the results of articles became fewer and more specific, a search on (disability + women + poverty) + Africa generated 1117 articles and (disability + women + poverty + living conditions) + Africa generated 808 articles. The result became a snowball method of sampling. The snowball method is a type of comfortability method, where the researchers use the early onset of material to search for additional sources (Bryman, 2015: 196). Authors that had additional articles within the topic was researched further in regards to the sampling method.

4.3 Reliability

Reliability is always something that is difficult in qualitative research (Bryman, 2015: 49). However since the study also include quantitative methods such as a keyword-analysis the external reliability is enhanced. Other researchers by reading the same material as the current researcher would most likely come to the same conclusions. Additionally the use of a coding manual enhances both the external reliability as well as the internal reliability. The external
reliability is the possibility for the study to be replicated while the internal reliability is the fact that both current - internal - researchers have understood and coded material in the same way (Bryman, 2015: 352).

4.4 Validity

A major aspect of any study is the validity of said study. A high validity means that the conclusions of the study is based on the material presented and that they are connected (Bryman, 2015: 50). It is important that the study does what it has set up to do. The internal validity of our essay is based on the fact that the observations that we have concluded all have gone through the same coding and categorisation. The external validity of the essay is more complicated, as the social aspects of an individual's life can reach so far. However the essay seeks to present a viable picture of the social challenges women with disabilities face, and the essay show that they appear on multitude levels. It is not impossible for the same challenges to appear in social contexts that this study have not investigated.

An additional aspect of validity is the researchers bias. Both researchers in this case are disabled women, and have an emotional connection to the subject at hand. However, because of this, it is even more important that we fully use and stick to the coding manual in order to reduce our bias to the best of our abilities.

5. Results

This chapter contains the empirical data in an arranged form. The following material is the produce of thematic analysis and coding, presented to the reader in a systematic format. The data is collected from 28 articles and have been divided into different categories in regards to the coding schedule. Throughout the coding process a coding manual was used to ensure objectivity throughout the analysis (Appendix 1).

5.1 Thematic Analysis

The thematic analysis of this study consists of nine categories that articles have been sorted into. The result of the coding can be seen in Appendix 2 as well as in the chart below. Certain articles had multiple themes, and was therefore sorted with a secondary theme. The articles have been coded into these categories in order to detect patterns in the code.

Below follows a summary of the information collected from articles coded into every category. The summary acts as a deeper examination of each category and the information that was found in the articles in regards to their themes.
Table 1: Article scheme

<table>
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<tr>
<th>Article</th>
<th>Scheme</th>
<th>Healthcare</th>
<th>Local and National</th>
<th>International</th>
<th>Rights to</th>
<th>Environment and Poverty</th>
<th>Fundamental Rights</th>
<th>Rights to</th>
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The table depicts the articles that were analysed for the study.

5.2 Healthcare for Women with Disabilities

According to the Convention on the Rights of Person with Disabilities, all individuals has the same right to medical treatments and access to health care in a close promaxial area to their home. Accessing healthcare in the rural parts of Sub-Sahara isn’t always easy. The studies that were analysed for this essay show that persons with disabilities have problem accessing healthcare and as a result are being hindered in their access to medical treatment. Grut et al. (2012) press on the economic part of the problem. Receiving medical treatment in hospitals can be expensive and additionally the travel to the hospital are prone to amount in an expansive sum. Moreover, the trip will cost women of disability a loss of income for the rendered trip, which may accentuate the already financial situation many women with disabilities face. In some cases the hospital or medical center is not close enough to access by foot or wheelchair for women with disabilities, alternatively the weather makes the use wheelchairs difficult, forcing women with disabilities to pay for the bus or an expensive taxi. Additionally wheelchair user may need to pay an additional travel fee in order to include their wheelchair on the vehicle (Grut et al., 2012). Vergunst et al. (2015) found that some women with disabilities had moved
in with relatives that live closer to the road, in order to cut down on travel costs and loss of time.

A consequence to the lack of accessible medical facilities for women with disabilities is the choice not to embark on the depleting journey women with disabilities are forced upon in their search for healthcare. The mother of a disabled boy speaks of the stress of travel she and her son face due to the boy’s condition, epilepsy. The boy struggles to handle the stress, and more often than not become violent and sometimes soil himself during the bus rides. The mother continues “A person who does not behave in a socially acceptable manner will often not be admitted on the bus”. These events are not uncommon for women with disabilities and mothers of disabled children to find themselves in. Other disabled families have similar stories to tell. Traveling back and forth to seek medical attention takes a toll on the families and their dignities (Grut et al., 2012).

Additionally persons with disabilities may need assistance depending on the persons conditions both during the travel and upon reaching their destination. Family members may need to assist the person with various tasks, such as translating sign language, interpreting a speech impediment or physical support. Without assistance the disabled person may be unsuccessful in seeking treatment resulting in a lack thereof. In Mulumba et al (2015) two women speak of this issue and how it affected them during their pregnancy and the birth of their children. The first woman explains the difficulties about being deaf and not being able to communicate with the medical staff, an error that risks resulting in the death of a baby,

There are some of us who are deaf and for the pregnant women, when they go to the health centers to give birth, they have problems because there is no way for the medical people to communicate with them, which results in the death of their children as they don’t understand the instructions of the midwives and medical people (Mulumba et al., 2015).

The second woman had a similar experience with a medical staff member. She tells the story of her time in an antenatal care class, which she attended on her own without anyone that could translate for her. Despite the fact that the woman knew sign language, no staff member could understand her. The situation resulted in the woman missing out on vital information provided in the class, and doctors documenting the woman's medical history without being able to converse with her, risking the life of both the mother and the baby (Mulumba et al., 2015). Conversations and personal barriers is one of many problems surrounding healthcare for people with disabilities.

5.2.1 Reproductive healthcare

Reproductive healthcare services are an important factor to investigate when studying the difference between women with disability and women without disabilities as it is an area focused on the female gender. Below follows a summary of the information this study collected on women with disabilities and reproductive healthcare.
The study showed that women with disabilities have a limited access to sexual and reproductive healthcare due to certain factors such as negative attitudes from healthcare providers, long queues at healthcare facilities, distant facilities, unfriendly physical structures and negative perceptions of women with disabilities sexuality (Ahumuza et al., 2014). Gaps exist between healthcare and healthcare status between women with disabilities and their non-disabled counterparts (Trani et al., 2011). Services such as maternal healthcare are designed for the needs of able women and therefore often lack the flexibility and responsiveness to meet the special maternity care that women with disabilities may demand.

Healthcare providers as well as their equipment is unsuitable for women with disabilities. Women with disabilities disclose that both healthcare infrastructure and examination beds usually provide challenges for women with disabilities in general and especially pregnant women with disabilities. Women with disabilities may not be comfortable with or able to comply with hospital equipment, which may be seen as an attempt to further burden healthcare personnel. However, due to lack of mobility, women with disabilities may actually be unable to use hospital entrances that require stairs or beds that are set to high (Ganle et al., 2016).

Furthermore access to maternal healthcare may also be prohibited for women with disabilities because of their location. Inadequate public transportation systems makes it impossible for women with disabilities to arrive at the hospital. The issue of lack of mobility has therefore several layers. The challenge to transport yourself to a facility, furthermore entering that facility and finally being able to use the equipment of that facility. Long queues are an additional challenge for women with disabilities. Because of their condition, their bodies may not be equipped to stand for a long period of time, eventually having to retreat out of pain (Ahumuza et al., 2014).

Another major issue for women with disabilities in search of maternal care is the negative attitudes that are directed towards them. Women with disabilities testified to health providers crude and unrespectful manner. Women with disabilities either get yelled at or made fun of, resulting in an uncomfortable and embarrassing situation for them. The negative attitudes connected to disability believe that disability takes up a person's entire life, and that pregnancy in regards to disability would be a selfish act. However, the women investigated in the studies examined state that pregnancy and motherhood is something that is valued both by the person going through it as well as a social status in the community (Ganle et al., 2016). Women with disabilities are also seen as asexual by abled persons, resulting in confusion and disbelief when women with disabilities seek sexual or maternal healthcare (ibid.).

5.3 Violence and abuse against Women with Disabilities

The analysed articles information on abuse are as follows in this chapter. Several studies speak up on the relationship between women and girls with disability and violence and abuse. Violence towards women with disability take many forms such as physical violence, sexual violence, economical violence and psychological violence.
Our study found that women with disabilities meet many of the criteria’s perpetrators search for when turning to commit a crime as they are often accessible to a potential abuser and in need of caretakers for support, they seldom have many friends and are prone to low self-esteem. In addition they may, either by a physical incapability of doing so, or by their isolation from society have communication difficulties in reporting the crime (Kvam & Braathen, 2008). Moreover, girls with disabilities have described themselves as feeling unsafe both at home, in public and at school (Pearce, Paik & Robles, 2016). Incorporated into this fear is the lack of trust to peer networks, partially a result of the social norms that pushes women with disabilities to be ashamed of their impairment. This reduces women with disabilities access to informal information networks regarding safety, gender-based violence and relationships. This results in women with disabilities being less likely to ask for assistance when subjected to experiences of violence and abuse. Women with disabilities are exposed to violence that carries both disability and gender-related contexts, and that may at times even be condoned by a wide range of actors, including intimate partners, family members, caregivers and assistants (van der Heijden, Abrahams & Harries, 2016).

Physical abuse have been reported at care facilities. Residents may experience discrimination and physical violence when asking for help or if they have wet the bed (van der Heijden et al., 2016). Other women with disabilities have experienced forced or coerced sterilization or been refused assistance with personal hygiene from caregiver and assistants. Furthermore caregivers have been known to withhold devices used to assist their patients disability such as mobility or communication devices as a means to assert their control of the individual (ibid.). Women with disabilities also reported being at the receiving end of physical abuse from teachers and parents due to complications of their disability such as being “too slow” or wetting the bed. In Additional layers of violence: The Intersection of Gender and Disability in the Violence Experiences of Women with Physical Disabilities in South Africa (van der Heijden et al., 2016) a woman with paralysis in her right leg tells interviewers the story of being purposefully tripped at school by her peers and additionally being subjected to stones being thrown at her as a means to denote her assisted walking device. Another woman described the actions taking by her own grandmother, which consisted of regular beatings and sexist verbal abuse directed towards her disability (ibid.). The women was punished for not living up to the gender norms in regards to women, marriage and child labour, and her disability was identified by her perpetrator as the cause of her failures as a woman. In conflict and crisis situations, social norms are often manipulated and becomes increasingly harmful. This is true especially in terms of power and dominance over adolescents girls. Adolescence is a critical period in the development of girls as events, choices and opportunities shape their lives. Adolescent girls with disabilities are perceived to be further vulnerable in these situations since perpetrators take advantage of their isolation and limited access to communication (Pearce et al., 2016).

Physical abuse is usually accompanied by psychological abuse, though both can also be separate from each other. Psychological violence is a result of the stigma associated with disability. Women with disabilities in (van der Heijden et al., 2016) proclaim that they had suffered at the hands of dehumanising verbal abuse from young age being called words such as
monkey, creature, burden or stupid. Again, the perpetrators took the form of a number of actors such as family members, peers and strangers. Common abuse was being called useless and dumb. Women with disabilities face psychological abuse both from their male partners and their partners mothers who label them unworthy of their sons and unsuitable for being wives. If a woman with disability is perceived as unable to fulfil the roles expected of her in the household, she will be perceived by others as a burden, a misconception that may extend to herself perceiving herself the same and in turn lowering her self-esteem. Another form of psychological abuse that affect women with disabilities self of worth is being deprived of public love and affection. Romantic partners hiding them from friends as a result of being ashamed or embarrassed, and furthermore only taking their disabled spouse out at night when no one could see them together (ibid.). The psychological abuse is a key tool for controlling the disabled person, as it results in lack of self-esteem and needed assistance. By regularly distributing offensive comments family members and peers assert themselves of women with disabilities further violating their rights. The right to marry may be such a right, as family members may deny women with disability this relationship because they are not seen worthy of it, which projects a textbook example of social barriers are complicit with the experience of disability (Kvam & Braathen, 2008).

Psychological abuse is not confined to the private setting either. Women with disabilities testify to being subjected to discrimination by government officials and health providers, such as being declined or excessively questioned when trying to buy property or receive medical care. One woman with disability explained how she had been subjected to hate when she was resorting to abortion, as the care staff shunned her for being pregnant and questioned her ability to be sexual active. In contrast, another woman with disability explained how she was on the receiving end of hateful backlash when she came in to give birth, resulting in her being told that she would not be able to keep the child and that it would be given to a family member (van der Heijden et al., 2016).

Another aspect of abuse towards women with disabilities is neglect which may have both physical and psychological consequences. Women with disabilities being left alone at home with no support may find complications when performing personal activities such as toileting, resulting in a lack of those activities. While women with disabilities may need assistance in such activities, there is also the issue of women with disabilities privacy and dignity, resulting in a dilemma where neither outcome is beneficial for women with disabilities. The dilemma is further enhanced for women that have reached the age of adolescence and in turn have started menstruating. The situation tender a lack of privacy and autonomy for women with disabilities (Pearce et al., 2016). Furthermore women with disabilities might experience isolation and loneliness for being confined to the household, having no one to socialize with when abled persons leave for work (van der Heijden et al., 2016). Pearce et al. (2016) found that neglect may be a direct result of vulnerability to abuse, since confiding women with disabilities to their household might be a negative coping strategy from their families. The research discovered the solution of confinement to be a means of protection from abuse and exploitation in certain situations. However the same study also reveal this confinement to reinforce the extreme
isolation of women with disabilities and may deny them access to opportunities, resulting in further augmenting their vulnerability.

5.3.1 Sexual Violence and abuse towards Women with Disabilities

Because of the fact that an aspect of violence proportionately effect women, a sub-category was constructed to further examine women with disabilities exposure to sexual violence. Worldwide women are more susceptible to sexual violence. The articles our study analysed found that women with disabilities face multiple susceptibility because of their vulnerability as a disabled person. Complex intersections of disability, culture, religion and gender roles such as power relations within heteronormative relationship expedites the vulnerability of women with disabilities to various forms of gender based violence. This vulnerability includes sexual acts such as unsafe and coercive sexual practices, resulting in detrimental effects on the women's health and well-being (Peta, 2017).

Sexual abuse may lead to mental, social and physical struggles for the victims (Kvam & Braathen, 2008). Moreover, women with disabilities are vulnerable to sexual violence because of the stigma and prejudice accompanied with their disability. The stigma attached to the sexuality of persons with disabilities reduces the access to information networks that confer protective skills and further knowledge about sex, and sexual violence. Additionally, recent HIV propaganda states that having intercourse with a virgin may cure an individual of HIV. Women with disabilities are seen as asexual and additionally they are perceived to be virgins (ibid.).

Another consequence of this stereotype is the probability of ignoring sexual violence towards women with disabilities. Within some African contexts, bodies do not solely belong to the person itself but is an extension of the entire family as well as the community. Asserting dominance over ones body may appear as an attempt to break out of traditional norms and may result in the loss of support from family members. Ignoring the actions of perpetrators of sexual violence only further assists the perpetrator as it becomes easier to use it as a means of control and oppression towards women in general and especially women with disabilities. Participants at risk of experiencing sexual violence may be unwilling to battle their oppression since traditional belief state that the ability of a woman to bear hardships earns her respect and repute in the African patriarchal context. These predicaments result in rape and sexual violence not being reported or merely being reported to a close family member, who may choose to not report it further. Existing principles on human rights pertaining to sexuality as well as disability is constructed on the belief that the body belongs to an individual, resulting in the lack of positive outcome in real life situations (Pearce et al., 2016).

Disability and sexual violence faces a further issue in terms of reporting. While women in general depend on family for a resolution in the matter, women with disabilities might be even more dependent on these relationships. Due to the nature of their disability women with disabilities may be unable to communicate with authorities. In (Peta, 2017) a deaf woman explains that she was unable to communicate her rape to police since the police did not
understand sign language. Other barriers may be lack of mobility and elevated social isolation, again resulting in a physical inability to report the crime (ibid.).

5.4 Poverty and Women with Disabilities

The following chapter will present the information collected about women with disabilities financial situation. Women with disabilities are a vulnerable group in the society especially due to the lack of a sustainable financial income. Poverty and disability are connected (Loeb et al., 2008). Poverty may be measured through your access to money and your possessions, but can also be measured by the access to education, employment, health care and to other services that are part of one’s basic human and social rights (ibid.). People living in poverty lack the necessities to access adequate food and shelter as well as education and healthcare. Among the world's population about 10 percent is estimated to be disabled with a large majority living in developing or low income countries under poor circumstances (ibid.).

During the last 20 years of international development work organisations have worked with a system that has taken a substantial position in development work - microfinancing. This includes credit services to expand and include savings and insurance services. The focus of the strategy is two of the most problematic issues by donors and development agencies - the alleviation of poverty and the empowerment of women (Lewis, 2010). Microfinancing services and organisations work towards empowerment for women by giving them a chance to start their own businesses and earn incomes for themselves and their families. Women are in a difficult position when it comes to lending money as many banks do not see them as a strong investments resulting in women having trouble getting financial support and loans. One obstacle women face when applying for loans is not having acceptable collateral, or not having enough resource to start a business. Moreover, lack of experience and training in the field, heavy family responsibilities, being unmarried or receiving discouragement from husbands as well as low self-esteem are additional obstacles that women face when applying for financial support (ibid.).

Women with disabilities have long been excluded from microfinancing investments and have only during the last couple of years been part of this financial evolution. Women with disabilities have not been able to act as loan recipients despite the fact that several microfinancing services have been directly designed to repel financial hardships towards the female gender. Women with disabilities are considered as a “bad investment”, a risk, due to their condition and has therefore rather been directed to accept financial help or support from traditional rehabilitation- and charity programs (Lewis, 2010).

Additionally women with disabilities face the same obstacles stated above as their abled counterparts when applying for loans, however women with disabilities are often unmarried and girls with a disabilities are often the family’s last priority when it comes to getting an education and vocational training, which reduced their investment attraction (Lewis, 2010).
Furthermore studies showed a disbelief among society towards disability and employment. The assumption is often that a disabled person is economically inactive due to the person’s condition (Susuman et al., 2013). Moreover the belief that persons with disabilities is not suitable for work or in any position to contribute to society further enhances the difficulties persons with disabilities face when searching for work. Women with disabilities often have a more difficult time than their male counterparts to find work because of both disability and gender. Additionally if women with disabilities find work, they are more likely to be the first persons to be let go or forced out of their jobs in a time of high unemployment (Lewis, 2010) or in a work crises.

For many women with disabilities it is a constant struggle and burden to provide the basic needs for the family, such as food, education and money. In some developing countries in Sub-Saharan, such as South Africa, persons with disabilities can apply for a disability grant. To be able to access the disability grant from the Government of South Africa you need to meet certain requirements. You must be a South African citizen as well as a permanent resident or refugee. You must also be between 18 and 59 years of age and you must submit a medical assessment report confirming disability. This medical assessment must not be older then 3 months old from date of application (SASSA, 2018). However in Lorenzo’s (2003) article women with disabilities reveal that the grant only covers very basic needs, and can not be used in order to achieve a more sustainable income such as a business. As a result the disability grant are often many disable women’s only income.

Further analysis of the articles that reported on disability grants also showed some negative aspects about the grant itself. The grant may put women with disabilities in a position of financial abuse. The grant at times are taken from the disabled woman by family members, partners, friends or others (van der Heijden et al., 2016). The situation is not uncommon, and women with disability can feel as though the money is not theirs to spend. Women with disabilities reported that when they receive the grant money, neighbours and other people will show up at their homes and ask to borrow money, or their husbands will take the money and spend it for himself. In some cases women in Additional Layers of Violence: The Intersections of Gender and Disability in the Violence Experiences of Women With Physical Disabilities in South Africa (van der Heijden et al. 2016) reported being beaten and physical abused by their partners if they tried to keep the grant from their husbands. Additionally, women with disabilities are at risk of ending up in an abusive relationship because of men who dated them for the purpose of the grant.

The first thing they [non-disabled men] will ask you is “Do you work.” And you say no. “Ok, do you go to school,” and you say no. They ask “But you do get a grant, don’t you?” And if you do, then they want to be with you (van der Heijden et al. 2016).

Due to their lack of additional income, women with disabilities are at a risk for financial exploitation when receiving no additional support other than the grant. This is also an emotional burden for the women, as they feel that they don’t any power over their own financial lives and
are depended on others for financial support. Additionally it is an issue of neglect, as the money rarely goes to women with disabilities personal needs.

5.5 Education for Women with Disabilities

An important aspect of the chance of a sustainable life in modern societies is the access to education. All persons, abled or disabled, has the right to education. This chapter will present the data collected in regards to education for women with disabilities.

In the entirety of Africa, there is between 1-2% of disabled children that receive a valid education (Kvam & Braathen, 2008). A research report from South Africa shows that 5% of the population lives with some sort of disability and that more than 10% of these individuals did not have any education. Additionally, of those who had received an education, only 3% had reached a higher education status (Rule & Modipa, 2012). The studies we analysed showed that women with disabilities have trouble in accessing education systems because of various issues. The issues can be gender related, as well as additional discrimination-, environmental-, economic issues. Discrimination can be the fact that boys gets priority in terms of education over girls (Braathen & Kvam, 2008). This type of discrimination is not uncommon and one woman in “We Must Believe in Ourselves”: Attitudes and Experiences of Adult Learners With Disabilities in KwaZulu-Natal, South Africa (Rule & Modipa, 2012) speak of her experience of discrimination that was based on her gender,

“All the teachers were men, who were the best, the teachers of the man. For us [women] it was not possible to go to school, they did not want us to go to school (Rule & Modipa, 2012)."

The circle of education and employment leaves families with disabled members at loss. All persons with disabilities faces obstacles in their quest for income, which leaves families with disabilities at a stalemate. Families with disabled members may struggle to financially provide education for their young, having an incapability to send their children to school. The stalemate becomes the lack of income to send children to school, versus the lack of education that increases the prospect of income. Adverse, families may not see a future in a disabled child, failing to see the need for education. One woman mentions in (Rule & Modipa, 2012) that her mother would stop her from going to school on some days stating that her mother was not interested in getting her an education because the mother did not think any jobs would be suitable for a person with disabilities.

In comparison to the issues we found that women with disabilities faced in their pursuit for healthcare, many schools fail to meet the requirements disable learners need in terms of mobility. School buildings structures fail to incorporate support for persons with disabilities, preventing persons with disabilities to access the building and the classrooms within. And as with the issue of healthcare, school equipment is not adjusted to persons with disabilities, and communication for persons living with deafness, blindness or other lack of communication attributes limits students with disabilities learning capabilities. As a result, students with disabilities may experience school to be too difficult and demanding and decide to leave (Rule
If the needs of the disabled would be met, students with disabilities would not have to leave school and miss out on important education.

Additionally the vulnerability of women with disabilities put girls with disabilities at risk of sexual harassment and sexual abuse in school. In Kvam and Braathen (2008) every second girl said that her private parts had been touched without permission by either her teacher or male classmates. More than half of the incidents of sexual violence were committed by fellow students. School should be safe for all parties involved, including girls with disabilities. Girls without disabilities and girls with disabilities should not have to face sexual harassment or abuse when attending school. A disabled girl may not be able to protect herself from advances made towards her and may not be able to speak to anyone about what happened. As previously mentioned, predators seek out girls or children that are vulnerable because of their disability and the fact that some may have trouble communicating what happened to them (ibid.).

5.6 HIV

An important issue of education as well as safety in areas in Sub-Saharan is the human immunodeficiency virus more commonly known as HIV. Because of its importance to life quality, this chapter will further analyse the issue of HIV and HIV education for women with disabilities.

Sex is not commonly talked about between adults and younger persons with disabilities. According to data collected from one of the articles analysed for this study sexuality, sex or sexual education is not a regular topic of conversation in the homes of persons with disabilities. The assumption is that a parent gives their child approval to have intercourse if they openly discuss sex at home. A quote from McKenzie’s (2012) article disclose that “We say when you speak with your girl or your boy about sexual affairs, you perpetrate her to do it; you give her a right. […] You give her a right to do the things”. This way of thinking may be the reason why adults tend to not talk about sex with youths. Further evidence is given in the article by a woman who states that it was first when a she became pregnant that her mother viewed her as a person who had or could have sex (McKenzie, 2012).

Teachers in schools for disabled children talks about sex and HIV sporadically with the students, but usually present the issue as a “once in a blue moon” situation (Rohleder et al., 2011). The issue that the teachers face is not the talk itself but the lack materials that are needed in order to properly teach about sex and HIV. Due to the students disabilities, such as cerebral palsy, visual disabilities and learning disabilities, different materials are needed in order for the children to understand what they are being taught. Suitable material such as information books, movies and pictures are needed with regards to disability. In Challenges to providing HIV prevention education to youth with disabilities in South Africa (Rohleder et al., 2011) one teacher mentions that they

… have books and visual material, but sometimes the books are not appropriate. they can’t all read, and the pictures are very explicit, so you can’t focus on what
you want to do with them because now they are all laughing because they see the private parts, so the focus is all off (Rohleder et al., 2011).

These issues lead teachers to not prioritise the learning of sex and HIV and instead lets that education fall on society. Many teachers believe that the students will learn about HIV by the general information program about the condition, however studies showed that to not be the case (Rohleder et al., 2011).

The stand on HIV education for persons with disabilities is troubling. All persons has the right to reproductive health education (UN, 2018b). As previously inspected, disabled persons are believed to be non-sexual beings and are therefore more vulnerable to sexual abuse, especially women with disabilities, which puts them at risk of contracting sexual transmitted infections such as HIV.

5.7 Environment and mobility for women with disabilities

For all of us, the environment you grow up in and subsequently spend your life in will affect your life. This is also the case for persons with disability. As mentioned in the section of this essay depicting healthcare for persons and women with disabilities, disabled persons may have issues traveling to and entering hospitals due to environmental causes. A study by Maart et al. 2007, shows that the lives of persons with disabilities are affected by the environment on many different levels, as the environment constructs barriers that are hard for persons with disabilities to overcome. Adults with a disability say that they avoid visiting places with limited accessibility, such as houses with stairs, escalators or uneven roads (Maart et al., 2007). Depending on location the issues the environment cater to can be different. A person living in a rural part of Cape Town experiences a barrier with transportation and the access of products and technology, which include categories such as food and medicine, mobility, communication and access to public and private buildings. A person living in the urban part of town experiences barriers with the natural environment and man-made changes in the environment such as climate, light and sound (idib.). Depending on where a person with disability may live they will face similar but also different concern in regards to their surroundings. Living in a rural area thus being restricted to go places without a wheelchair creates a mobility problem but if you are a blind person living in a city you might face similar mobility issues, but also have to face the issues of sound and light in a different way. It is important that all needs for all people is being met by the government both in rural parts and in the urban parts of a town or a country.

5.8 Political Rights

United Nations states that “political participation is a fundamental aspect of democratic governance, the rule of law, social inclusion and human rights approaches aimed at eliminating marginalisation and discrimination (Virendrakumar, Jolley, Badu & Schmidt, 2018)”. Every
person have the right to be able to have their voice heard. Voting is the most common way to participate in the political sphere, but you can participate in the political process in more ways than voting. By registering as a candidate in an election and campaigning, being elected and after that hold office you have participated in all levels of the political sphere (Virendrakumar et al., 2018). If you as an individual are denied this opportunity to be a part of the political life, you are effectively denied citizenship and potentially rendered inconsequential to those who hold power (ibid.).

In order to encourage people with disabilities to join the political sphere many countries in Africa have established various legislations that focuses on getting people with disabilities involved in politics. Article 51 of the Disability Act 2010 in Tanzania, reads that people with disabilities over the age of 18 are entitled to the right to vote, hold office (they are encouraged to stand for election) and participate in all types of political arrangement without any form of discrimination (Virendrakumar et al., 2018). Burkina Faso also state in their Article 40 of their Disability Act of 2010, that persons with disabilities have the same civil and political rights like any other person in the country. The National Assembly in Kenya has reserved 12 seats for historically underrepresented groups; this includes persons with disabilities (ibid.).

Even though extensive legislation, a person with a disability in Africa face various barriers to accessing the political sphere. People with seeing and hearing impairments have trouble locating information about voter registration and they are not getting reached by the campaigns from political parties. One barrier that is identified, especially in low-income countries, were inaccessible and insecure buildings, an example of this can be polling stations that are placed in a high-rise building, this is inaccessible for physically disabled persons. In countries with security problems surrounding elections, polling stations may be situated in a more secure locations, and this may hinder disable persons to access the stations (Virendrakumar et al., 2018).

Research has shown that in all parts of society, negative attitudes directed towards people with disabilities exist and the political sphere is no different. People with disabilities are the subject of negative views and disbelief from polling stations staff, and even in some case, the staff could become hostile. People with disabilities are for an instant not allowed to become chiefs in many Ghanaian communities. Also, if they have the courage, the education and the finances to start a campaign they are most like to be mocked and treated unjustly by others. Stigma plays a significant role in their political marginalisation according to people with disabilities. (Virendrakumar et al. 2018).

Virendrakumar et al. (2018) noticed in their research that the support from family, friends, communities and professionals plays a vital role in the political participation for people with disabilities. Many of the countries in Africa have legislation that promotes assistance to persons with disabilities when it comes to elections. Support such as reading, filling in ballots or help to get to and from the polling station are some examples.
5.9 Keyword analysis

A component of the analysis of the articles was a word-analysis. The analysis was conducted in two parts, the first being a thorough examination of the words support and discrimination as well as synonyms for each in the articles. These words were chosen in regards to the information on disability in the Global-South today. By using these words we were able to investigate the attitudes in modern disability research, and whether attitudes were different depending on what element of society that the article in question investigates. The second part of the keyword-analysis was to identify recurring words in the disability research in excess of the words mentioned above, in order to pinpoint a pattern of issues where women with disability are being failed in Sub-Saharan societies. In this chapter, we will present the data collected from these word-analysis, for the complete word-count see Appendix 2.

The word support indicates an effort to express the need of change and solutions for the situation. In terms of disability, support can mean support from close ones, support from the government, support in form of aid, as well as other types of services. The study concluded that the use of support was well diversified and there were several articles that frequently referred to support and synonyms in their studies. 12 articles used the word fifty times or more, with some even reaching above a hundred. The theme that had the most regular use of the word support was Healthcare, and the word was often used to argue that women with disability needs additional support in their trips to and when entering hospitals. Moreover, the word support was also frequently used in articles that investigated the financial position of women with disabilities, and often argued for the need of additional support in order to perform some employment tasks. The other categories where the word was frequently used was Abuse, Environment and Political Rights. Articles argued that women with disabilities need for additional support put them in a dependency situation.

In contrast, and surprisingly, the word discrimination and synonyms were not used as frequently. Only two categories had articles were the use of the word exceeded 20 uses. These two categories were Abuse and Education. A reason for the fact that discrimination was a less regular word could be that disability research based on the social model of disability have the aim to improve persons with disabilities situation, and therefor focus their resources to identify solutions to the issue rather than to further display the negative conditions persons with disabilities face today.

The second part of the word-analysis was identifying words that repeated themselves throughout the articles, without being theorised from earlier research. The words mobility, isolation and abuse occurred in articles across categories and gave us a pattern in disability research and the living situation for women with disabilities in Sub-Saharan. The study indicated that women with disabilities experienced discrimination in these regards both in financial aspects, aspects of healthcare and safety aspects.
Lack of mobility has a direct relationship to the autonomy of women with disabilities. Societal infrastructure, especially in developing countries, are not designed for bodies different than the norm. This results in an unfriendly environment for women with disabilities. Public territories such as public transport, hospitals, schools and other facilities often neglect to provide the assisting structure persons and women with physical disabilities may need. While developing-programs oftentimes attempt to take into account the issue of travel, factors such as gender, poverty and age might be considered, but the study show that there is a lack of concern for disability in this context. Furthermore, when disability was identified, the resolution would be to suggest healthcare implementation rather than to focus on accessibility. While lack of mobility has to do with the people surrounding the disabled, it would reduce the need to rely on those people if assisting equipment was available. If women with disabilities could trust in the fact that they would be able to, for example, safely travel with public transport without the need of an assisting character, it would increase their autonomy. While developing countries may struggle to implement such structures, one could argue that it is the more manageable force of action. Even though behaviour and attitudes factor in on the issue, the main solution would be facilities with easier access. The argument would be that physical structures are less complicated to adjust than transforming deep traditional beliefs towards disability.

Isolation, partially a consequence of lack of mobility, factors into numerous aspects of disability life. Isolation leads to lack of influence and power, which results in vulnerability to a myriad of social dangers. Lack of networking positions women with disabilities into a dependency state, where they are forced to trust the few people in their surroundings. Due to stigma and negative attitudes towards both disability and the female gender, discrimination against such an individual despite them being a family member is not uncommon in accordance to the data collected throughout this study. Furthermore isolation leads to poverty. The negative perspective on women with disabilities capabilities combined with the lack of education and job opportunities that isolation entitles makes it virtually impossible for women with disabilities to find employment. Subsequently, unemployment leads to poverty which further enhances the struggle of disability. Unlike lack of mobility, isolation is not a direct result of physical impairment but an outcome of the social barriers that becomes disability. However, access to education and development programs is a manner to battle isolation. Participation in community programs offers opportunity to gain knowledge and skills which empowers women with disabilities, while also making sure that they are not purposely shunned by society and precluded to participate.

Additionally we have the perspective of abuse. Abuse in this context encompass both physical violence, psychological violence, economical violence and sexual violence. Any social group that are isolated from society is susceptible to abuse. On account of being both female and disabled, women with disability belong to two separate vulnerable social groups, and therefore are at a heightened risk of abuse. Alarmingly, despite being faced with an increased threat, women with disabilities also face the issue of an inability to report crimes they may be victims of. Several women in the studies that were investigated claimed that they had tried to report crimes against them but were met with officials that failed to understand them or that they failed to make it to a police-station due to lack of access. Another issue was the lack of knowledge
about their rights, for example in terms of sexual rights when victims of sexual violence and rape. Lack of knowledge on how to report a crime does not equal that no crime took place. In order to combat the negative trend of abuse against women with disabilities it is paramount to empower women with disabilities by enlightening them on their rights and protective measures.

6. Discussion

In order to fully answer our research formulations with the data that has been collected we confer this chapter to further discuss the formulations for this essay.

6.1 Dependency

The different factors of disability such as mobility issues, isolation, abuse, poverty, unemployment, lack of education and further, can all be traced to a common outcome - dependency. Women with disabilities are forced to rely on family members, caregivers or public infrastructure in order to live their lives to the fullest. Furthermore dependency makes the target vulnerable to exploitation because ones lack of defence. Dependency effect every level of an individual's life, such as their abilities to take care of themselves, their health and the capability to work. Autonomy is a vital aspect of human development, and the lack thereof is a direct blow to the individual's self-esteem and self-confidence.

Autonomy can be considered a human need that is required to secure a sufficient level of competence to effectively participate in society and the capability to make significant choices in matters that affect one's life. However, autonomy does not have to mean independence. A person with disability may be dependent as long as she has the agency to choose her own assisting actor. Women with disabilities should not have to be dependent on external or untrustworthy actors in order to achieve full access to their rights. It is up to states to provide viable and operable assisting support for persons and women with disabilities both in their homes and in public settings. An individual should not have to “trade” autonomy in order to accomplish daily situations whether that means finding and keeping employment in a public setting, or using the bathroom in their home.

Tackling the issue of dependency is critical in order to empower women with disabilities and give them the power to control their own lives. The social stigma surrounding disability enhances the dependency issue since women with disabilities are at risk of being mistreated by their dependency partner. Autonomy is by its very nature valuable for an individual’s well-being, and because of the vulnerability of women with disabilities, even more so for their safety. People value the ability to help themselves in various aspects of their lives and women with disabilities are no different.
6.2 How are women with disabilities being treated in different context of society such as healthcare, safety and financially?

The material collected came from scientific articles that investigated different context in society. In terms of healthcare aspects the data indicated a severe lack of flexibility by healthcare staff as well as equipment. Additionally the issue extends the boundaries of the hospital itself, as public transport is an issue in its own right. which subsequently limits women with disabilities access to healthcare. In contrast to men with disabilities, women with disabilities face an additional problem when it comes to maternal care. In issues such as reproductive healthcare the intersectionality that women with disabilities face come to light as it is a specific example where their experience as women and persons with disabilities a line. It is important to also notice that the challenges that women with disabilities face as presented in this study have their foundation in the social barriers of the healthcare aspects. While proper care for one's disability is another aspect that is sure to be important, the medical aspect alone does not prohibit women with disabilities to seek healthcare. Instead it is barriers in terms of systems and environments that are the culprits for limiting women with disabilities access to healthcare.

Along with the issue of healthcare is the issue of safety for women with disabilities. Our research found that safety for women with disabilities regularly fail and have detrimental consequences in many aspects of the women's lives. Safety is yet another issue where women with disabilities intersectionality have a core role. Both women and persons with disabilities face abuse for different reasons, these reasons are then doubled in women with disabilities. Women with disabilities are victims of rape, domestic abuse, gender-related violence, neglect and psychological abuse. The articles that we examined also showed that not rarely is the abuse directed towards the disability with a foundation in traditional gender norms. For example women with disabilities are still expected to marry and take care of a household, and failure to do so are often blamed on the women’s disability.

While there are measuring to enhance women with disabilities financial situation such as disability grants for persons with disabilities, this measured has shown in the articles investigated to have both good and bad effects. A consequence to the financial aid is financial abuse, as men may choose to be with a disabled woman only to have access to the grant. At the same time the lack of education and the massive employment issues women with disabilities face leaves them at a constant financial disadvantage without the grant. Therefore the issue of the grant bleeds into the different social contexts that women with disabilities face in society today. Because of their vulnerability the grant puts women with disabilities at an increased risk of financial abuse, but the issue itself is not the grant but the vulnerable situation women with disabilities face.

Our research also investigated women with disabilities in microfinancing, a topic which again shows the complexity of the combined gender-identity and the disabled-identity. Women with disabilities financial situation have many layers but can be traced back to the social stigma that
surrounds disability. Lack of education, lack of employment and lack of access to loans sends women with disabilities into poverty, further enhancing their vulnerability even more.

6.3 What are the recurring challenges women with disabilities face in these situations?

Our study have focused on the social challenges that women with disabilities face in the circumstances such as access to healthcare, safety and financial stability. The main issues are prominent in many aspects of the daily life of women with disabilities. These challenges were mobility difficulties, social stigma, traditional gender-roles and miscommunication.

Women with disabilities faced mobility issues that can be traced back to the lack of supporting infrastructure. Mobility issues appeared in terms of women with disabilities access to healthcare, but also education and employment. As a result the lack of supporting infrastructure effect women with disabilities health and financial situation. And as that was not enough, mobility issues also affect women with disabilities ability to report crimes and wrongdoings, increasing the risk of women with disabilities to be victims of said crime. Another aspect of the issue of access to healthcare and authorities is the miscommunication that women with disabilities face. Our study found that the failure of hospital staff, employers, teachers and police officers to understand women with disabilities was a major of put for women with disabilities to seek care or support.

It is therefore important to investigate why there are none or very few supporting mechanisms for women with disabilities in today's Sub-Saharan societies. The study found that social stigma surrounding disability is still very strong in many parts of Sub-Sahara. The women in the articles that were analysed witnessed dehumanisation by family members and peers. While some stigma seems to have its foundation in hate, other seems to stem from unawareness. While there should be no issue to identify yourself as disabled on your own accord, able persons have a tendency to assume that disability takes up the entirety of a person's life and identity. This kind of perspective was augmented for women with disabilities, as they were for example not seen as suitable mothers.

6.4 What does women with disabilities experience to be the reason for their lack of participation in society?

While this question is difficult to answer while only using secondary sources, the majority of the articles that were used were interviews with women with disabilities. While the interviews had already been transcribed and presented to us in accordance to the articles, there were several experiences that appeared regularly throughout the different articles.

The lack of infrastructure was an issue that hindered women with disabilities both in healthcare, education and employment. It is important to recognise here that the issue is not the women...
with disabilities lack of mobility in this aspect, but the hinder that women with disabilities experience to be the reason that they were excluded.

Autonomy is an additional aspect that women with disabilities bring up throughout the material. Whether it is autonomy through finance, hygiene, safety or other. It is a result of the challenges that women with disabilities face. Autonomy is connected to empowerment, a vital step in order to include women with disabilities in their communities and enhance their social situation in society.

6.5 Solutions

Humanitarian development work fall to the medical model of disability which affect the expectations of the capabilities of women with disabilities. Moreover, assumptions about what women with disabilities can and cannot do, and what activities are more suitable for them limits women with disabilities participation in development programs. As a result, women with disabilities are not given the same opportunities as their abled counterparts. These assumptions are rarely true to the perspective the disabled person herself has on her capabilities. While women with disabilities have specific needs relating to their disability, one cannot overlook the gender components of their identity. Women with disabilities identify as mothers, daughters and sisters firstly and disabled secondly. By mislabelling their abilities humanitarian actors induce complications for women with disabilities inclusion in female activities in humanitarian settings. There is a need for the feminist movement to take practical steps towards empowering the voice of women with disabilities and to realise that they have so far failed to represent women with disabilities need in their quest for equality. While one can argue that many of the barriers that women with disabilities face are similar to the experience of women in poverty in general, the findings of this study divulge that disability adds another layer of vulnerability. Civil society and international humanitarian aid needs to work across all sections of society to raise awareness of the challenges women with disabilities face, extending the knowledge and reducing the ignorance on the subject. By not reacting to the issue at hand developing programs instead appear to put up with the abuse perpetrated against women with disabilities, further increasing the risk that they become the chosen target for perpetrators. The inclusion of women with disabilities in development programming is critical to reduce the social barriers and challenges women with disabilities battle with, thereby creating a safer and healthier life for them. Furthermore disability affect a wide range of actors and can affect any ethnic group, resulting in one of the largest minority groups in society. Therefore women with disabilities should be a core part of development programming. Moreover while programs that focus on the disabled is needed, women with disabilities participation in programs together with their able counterparts is vital to empower them and increase their self-esteem. Humanitarian actors have so far failed to address this diversity in the population they serve, and the risks and needs that comes with it.

Additionally, disability does not just affect the individual but due to the dependency aspect of disability it becomes critical that humanitarian efforts work with the families and caregivers of
women with disabilities. This also involves children that may live with a disabled mother. By reaching out to family units, the humanitarian community can both support and strengthen healthy relationships for women with disabilities and the people they are dependent on as well as balance power dynamics between both caregiver, family members and women with disabilities.

6.6 Conclusion

This study has concluded that women with disabilities face a multitude of challenges and barriers in almost every aspect of social life. Social stigma and unacceptable public infrastructure leaves women with disabilities vulnerable from a very young age. Without education and mobility women with disabilities become isolated which further limits them in their quest for the same opportunities as persons without disabilities. The relationships between health, poverty, isolation and abuse makes women with disabilities vulnerable to a myriad of perpetrators on a number of different scales, whether it is in their own homes or in a public setting. The fact that the solution for disability is healthcare is not completely amiss, since severe disabilities require extended healthcare. However, healthcare does not only translate to treating the disability, it also means further assistance in regular healthcare such as sexual and reproductive health. Instead women with disabilities are caught in a harmful cycle, where the social impacts of their physical impairment forces them into social cells where they are left no other options than to rely on the goodness of the people around them.

Women with disabilities themselves does not share the abled view of disability. They proclaim that they have the same potentials and capabilities as an abled person as long as assisting devices and structures are in place. It is the social structures that barricades against them. Women with disabilities already needs to battle the loss of a physical aid, it is unfair to require them to also fight the social norms that society makes them face.

Disability have to be brought into the development mainstream. Development actors needs to actively seek out the disability group as they are vulnerable and do not experience the same opportunities as person without disability. There has to be a special focus in development programs to seek this group out, for their isolation limits their own access to development programs. Women with disabilities might not be able to march or demonstrate for hours to promote their cause, but that does not make that cause any less important for achieving global development, and reaching the goals set out by the international community.

6.7 Further research

Future research of disability needs to put focus on the implementation progress of the Agenda 2030. While it is a great leap for persons with disabilities to be included in the Sustainable Development Goals, the words can not merely stay on paper. There needs to be thorough research into the experience of progress women with disabilities have felt in developing work, and an evaluation on their participation in development programs. This include programs
deliberately focused on women with disabilities as well as programs concerning persons without disabilities. Development programs for women in poverty need to have structures in place to handle the disabled, and if there is a lack there of, there needs to be more research conducted on the implementation procedures and how they can be improved. While conducting this study there was many articles that focused on what can be done, but few that focused on what is being done in a social context and how is that experienced by women with disabilities themselves.
References


Appendix 1 - Coding manual

Each article have been labeled with a number to identify it.

Each article that are to be analysed have been sampled because the article is adapted to the social model of disability and that it additionally focuses on the perspective of the disabled women.

The articles are to be coded according to the manual below. Each number are inserted into cells in the coding schedule (Bryman, 2015 s. 292-293)

Year of publish:
Insert year of publish in the coding schedule

Authors gender:
- Female (1)
- Male (2)
- Both (3)
- Unknown (4)

Manifest theme of the article - What are the most prominent theme:
- Healthcare (1)
- Violence/Abuse (2)
- Economy/Employment (3)
- Sexuality (4)
- Dependency (5)
- Education (6)
- Environment/Mobility (7)
- Political Rights (8)
- General disability (9)

Method used in the study presented:
- Interviews/Qualitative/Semi Structured (1)
- Surveys (2)
- Literature study/Content analysis (3)
- Case study (4)
- Other method (5)

The context of the study - social location:
- Not stated/General social contexts (1)
- Home/Private sphere (2)
- Work environment (3)
- School (4)
- Administrative authority/Institution, for example a hospital or police station (5)
- Humanitarian crisis (6)
- Community location, for example church or community workshops (7)
• Development projects, including projects funded by international aid (8)

Gender of the sampling:
• Female (1)
• Men (2)
• Both (3)
• Not specified (4)

Use of keywords:
Insert the amount of times these words (discrimination and support) are used in the article, these include the synonymies below.

**Discrimination/ discriminate**
• Inequality
• Bigotry
• Stigma/ stigmatization
• Injustice
• Prejudice
• Unfair

**Support**
• Assistance/ assistive / assist
• Aid
• Help
• Support
• Service
• Facilitation/facilities
• Rights
• Social/ socially
• Development/develop

The attitude of the article - Attitude towards the current situation women with disabilities are faced with in the article:
• Negative (1)
• Positive (2)
• Neutral (3)

Secondary manifest theme of the articles:
• Healthcare (1)
• Violence/Abuse (2)
• Economy/Employment (3)
• Sexuality (4)
• Dependency (5)
• Education (6)
• Environment/Mobility (7)
• Political Rights (8)
• No theme (9)

Latent theme of the article:
• Abuse - Physical, Psychological and Neglect (1)
• Sexual Violence (2)
• Healthcare - general healthcare, healthcare that women share with disabled men (3)
• Sexual and Reproductive healthcare - healthcare especially for women. healthcare women with disabilities share with abled women (4)
• HIV (5)
• Sexuality and intercourse (6)
• Economy (7)
• Dependency (8)
• Education (9)
• Environment (10)
• Right to vote (11)
• No theme (12)

Secondary latent theme of the article:
• Abuse - Physical, Psychological and Neglect (1)
• Sexual Violence (2)
• Healthcare - general healthcare, healthcare that women share with disabled men (3)
• Sexual and Reproductive healthcare - healthcare especially for women. healthcare women with disabilities share with abled women (4)
• HIV (5)
• Sexuality and intercourse (6)
• Economy (7)
• Dependency (8)
• Education (9)
• Environment (10)
• Right to vote (11)
• No theme (12)

Each article is coded into the schedule using the same manual.
Appendix 2 – Coding scheme