

Annotated bibliography: Disability and gender in low- and middle-income countries (LMICs)

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This annotated bibliography provides an overview and outlines key messages from a selected range of academic and practitioner literature looking at gender and disability in low- and middle-income countries, which may help with planning for gender inclusion in programmes and projects. The papers included here are not intended to be an exhaustive list of all the relevant literature. A focus is placed on literature looking at the main areas of work of the Disability Inclusive Development programme: stigma, livelihoods (which also applies to the Inclusion Works programme), education, and health, as well as humanitarian contexts. Literature which focuses solely on one of these areas has been included in the relevant sections, and those which address multiple areas are included in the first, overarching section on gender and disability. As is often the case, the literature on gender and disability in low- and middle-income countries has a tendency to focus mainly on the experiences of women and girls with disabilities. There is a lack of evidence relating to gender and disability in low- and middle-income countries, although more evidence is emerging as awareness of the importance of the issue grows.

People with disabilities face exclusion and discrimination on the grounds of both their gender and their disability, as well as other intersecting factors such as age, race, class or poverty. The intersectional nature of discrimination and inequality impacts all areas of life, from access to services, personal security, livelihoods and leisure, through to individual choice and autonomy. Women and girls with disabilities are more likely to face discrimination and exclusion than people without disabilities and compared with men and boys with disabilities. Their participation in education, livelihoods, and healthcare is challenged by barriers including stigma and cultural practices resulting in discrimination and prejudice, lack of accessible services, and lack of support from family, teachers and institutions - all of which are exacerbated by poverty. Women with disabilities are also at greater risk of physical, mental and sexual abuse and because of stigmatisation, have lower marriage prospects. Therefore, it is important to ensure the meaningful inclusion of women and men with disabilities in programming.

1. Gender and disability in LMICs

CBM. (2018). *The Intersection of Disability and Gender in the Global South: Narratives, Gaps and Opportunities*. CBM.

<https://www.cbmun.org.uk/wp-content/uploads/2018/04/The-Intersection-of-Disability-and-Gender-in-the-Global-South.-CBM-UK-April-2018-2.pdf>

Relevant DID themes: health, education, livelihoods, stigma and discrimination

While the intersection of disability and gender has received increasing attention, with most of the focus on gender on women and girls, there is still a limited amount of research and evidence looking at this intersection. There is a narrative of 'double discrimination': people with disabilities face exclusion and discrimination on the grounds of both their gender and their disability. Poverty adds a further intersecting 'vulnerability'. This paper explores the reasons why women and girls with disabilities are amongst those at most risk of being 'left behind' in low- and middle-income countries; being mindful to avoid a victimhood narrative whilst highlighting the realities of discrimination and abuse. It outlines positive pathways to equality and inclusion for women and girls with disabilities.

The intersection of disability and gender is often analysed in terms of the prevalence of disability amongst women and girls, and the impact of the 'double' or multiple discriminations experienced by women and girls with disabilities. An estimated 19% of women have a disability, compared to 12% of men, and in the global South, women constitute three quarters of people with disabilities. A gendered analysis suggests that this higher prevalence is a result of social and cultural norms relating to gender, including systemic exclusion from health care and education, poorer nutrition and gender-based violence. Women and girls with disabilities are more likely to face discrimination and exclusion than people without disabilities and compared with men and boys with disabilities. Women and girls with disabilities are at a greater risk than those without disability of exclusion from screening for and diagnosis of health problems. They face a number of barriers to accessing sexual and reproductive healthcare and enjoyment of family life. Women with disabilities often have less access to assistive devices, which are often not designed with their needs in mind. Women with disabilities experience difficulties in relation to access to water and sanitation. Girls with disabilities are least likely to have completed primary education, putting them at most risk of being left behind from early on. Women with disabilities are much less likely to be in work than men with disabilities (20.1% compared to 58.6%) and tend to earn less than men with disabilities, contributing to an increased risk of poverty. Women with disabilities are twice as likely to experience domestic violence and other forms of gender-based and sexual violence as non-disabled women. The challenges that women and girls with disabilities face in their everyday contexts are amplified, or experienced in different ways, in situations of conflict and disaster. Several perspectives can be offered as to why people with disabilities and women and girls face discriminatory attitudes, from fear of the 'other' and historical and cultural beliefs about the value of women or disabled people, to unconscious bias and market economy values.

The report argues that progress towards equality and inclusion for women and girls with disabilities needs to include: an end to unequal power relations and discrimination; recognition of the agency of women and girls with disabilities; the specific needs of women and girls with disabilities being met; and a holistic, multi-sectoral and joined-up approach.

Human Rights Watch. (2012). *Human Rights For Women And Children With Disabilities*. Human Rights Watch.

https://www.hrw.org/sites/default/files/related_material/0912_disabilities_brochure_0.pdf

Relevant DID themes: health, education, stigma and discrimination

Women and children with disabilities are particularly vulnerable to discrimination. They experience multiple discrimination, as a result of their disability and their age or gender. The Convention on the Rights of Persons with Disabilities explicitly recognises the difficulties facing women and children with disabilities, including multiple discrimination, in articles 6 and 7. It requires governments to take steps to eliminate discrimination by not only the government and government officials, but also private actors, including any person, organisation, or private enterprise.

This report summarises Human Rights Watch investigations into human rights abuses against women and children with disabilities, including on the following topics: sexual and gender-based violence targeted at women and girls with disabilities; discrimination in health and reproductive rights, including forced sterilisation and HIV and disability; barriers to education for children with disabilities; violence against children with disabilities in schools; and abuses in institutions.

Women and girls with disabilities face a heightened risk of physical and sexual violence. Many factors contribute to this risk, including limitations in physical mobility, communication barriers, isolation, and common myths that persons with disabilities are weak, stupid, or asexual. It is estimated that women with disabilities are 1.5 to 10 times more likely to be abused, either physically or sexually, by a family member or caregiver than women without disabilities. Children with disabilities are 4 to 5 times more likely to experience violence and sexual abuse than non-disabled children.

Throughout the world, women and girls with disabilities have been, and continue to be, denied reproductive and sexual rights through the practice of forced sterilisation. Forced sterilisation occurs when a person is sterilised after expressly refusing the procedure, without her knowledge, or is not given an opportunity to provide consent and is a violation of human rights principles in the UNCRPD. It is argued to be in the “best interests” of women and girls with disabilities but these arguments often have little to do with rights and more to do with social factors, such as avoiding inconvenience to caregivers, the lack of adequate measures to protect against the sexual abuse and exploitation of women and girls with disabilities, and the lack of adequate and appropriate services to support women with disabilities in their decision to become parents, such as accessible sexual education and parenting programs, training in self-defence, and other community support services. The difficulty some women and girls with disabilities may have in understanding or communicating what was done to them increases their vulnerability to forced sterilisation.

Women with disabilities are particularly vulnerable to HIV infection and are especially unlikely to have access to antiretroviral drugs. They are less likely to receive information about HIV prevention and safe sex and are less likely to have access to prevention methods such as condoms. Often, this is because people with disabilities are shut out of education, including on sexual and reproductive health. All of the risk factors associated with HIV are compounded for women with disabilities: poverty, stigma, inability to negotiate safe sex, increased risk of violence and rape, and lack of access to services and information. In many societies, it is wrongly but widely accepted that women with disabilities are asexual and therefore cannot be infected. In high HIV-burden countries, myths persist that sex with a virgin can cure AIDS, making women

and girls with disabilities targets of sexual violence. Access to care is complicated by inaccessible health care facilities and negative attitudes of staff.

Millions of children with disabilities worldwide are deprived of the right to attend school. It is estimated that children with disabilities represent more than one-third of out of school worldwide. In some countries, according to the UNESCO Education for All initiative, the chances of a child with a disability not attending school are two or three times greater than a child without a disability. Children with disabilities are often denied admission or have to leave school permanently because of inaccessible schools, inadequately trained teachers, or lack of awareness among parents and school staff. Violence against children in schools from both teachers and peers is also an issue in some countries.

Tefera, B., van Engen, M.L., Schippers, A., Eide, A.H., Kersten, A., & van der Klink, j. (2018). Education, Work, and Motherhood in Low and Middle Income Countries: A Review of Equality Challenges and Opportunities for Women with Disabilities. *Social Inclusion*, 6:1, 82-93.

<http://dx.doi.org/10.17645/si.v6i1.1206>

Relevant DID themes: stigma and discrimination, education, livelihoods, health

People with disabilities are often societally devalued, or at high risk of becoming devalued. For example, society does not identify women with disabilities as capable of playing a valuable role as students, employees or mothers. There is a lack of data around understanding the opportunities and challenges that women with disabilities in low- and middle-income countries face in participating meaningfully in education, employment and family life which could help improve the design of appropriate interventions to improve their quality of life. The existing evidence suggests that the substantial links between education, employment and family life are more multifaceted and interrelated than previously assumed. This article presents the findings of a systematic review and looks at the equality challenges and opportunities for women with disabilities in low- and middle-income countries to participate and succeed in education, employment and motherhood, using social role theory and the capability approach.

Women with disabilities in low and middle income countries have severe difficulty participating and succeeding in education, employment and motherhood due to a number of interrelated factors: (i) hampered access to education, employment, intimacy and marriage, (ii) stigma and cultural practices resulting in discrimination and prejudice, and (iii) lack of support from family, teachers and institutions—all of which are exacerbated by poverty. This means they are excluded from living the life they would like. Governments, educators, employers and families need to understand that denying women with disabilities access to valued social roles deprives them of their basic human rights. The three social roles of student, employee and mother are interrelated. For example, providing disabled women with better education opportunities potentially has a great impact on increasing their employability. Consequently, the potential that women with disabilities demonstrate in their education and employment can be proof of their capability to fulfil other social responsibilities, such as married life and motherhood.

Support from families, communities, the government, and nongovernmental organisations improves women's ability to fulfil their social roles (as students, employees and mothers), resulting in a better quality of life. Strategies that create awareness, minimise poverty and facilitate justice may improve the opportunities for women with disabilities in low- and middle-

income countries to participate in education, employment and motherhood, as well as their ability to succeed in these domains.

Emmett, T, & Alant, E. (2006). Women and disability: exploring the interface of multiple disadvantage. *Development Southern Africa*, 23:4, 445-460.

<http://dx.doi.org/10.1080/03768350600927144>

Relevant DID themes: stigma and discrimination, livelihoods, health, education

In general, women with disabilities are more discriminated against and disadvantaged than men with disabilities. There are gender differences in income, employment and education for people with disabilities, and poverty and deprivation magnify these inequalities, and can determine access to food, care and social inclusion. Women with disabilities are also at greater risk of physical, mental and sexual abuse and because of stigmatisation, have lower marriage prospects. There are more barriers to access and participation for women than for men. This article explores the interface between disability and gender, particularly within the context of poverty, looking first at developed countries, and then developing countries.

Less evidence exists about disability and gender in developing countries. The evidence that existed at the time the article was written suggested there are that lower rates of disability among women in developing countries, which may be related to higher mortality rates for women and girls in some developing countries which have extreme gender inequality. In some communities, for example, girls with disabilities receive less care and food, have less access to health care and rehabilitation services and may have reduced access to education and employment opportunities. Women with disabilities sometimes have poorer marriage prospects than disabled men, and can be at risk of being physically and sexually abused. Abuse from individuals outside the family often goes unreported because of the shame that some families feel in having a daughter with a disability. In addition, disabled women experience more discrimination than other women from being unable to live up to the demanding ideals for womanhood imposed by society. It is also important to consider other sources of deprivation and vulnerability such as poverty and race. In some circumstances the impacts of multiple deprivations are cumulative, while in others they will produce qualitatively different experiences.

Staples, J. (2011). At the intersection of disability and masculinity: exploring gender and bodily difference in India. *Journal of the Royal Anthropological Institute*, 17, 545-562.

<https://doi.org/10.1111/j.1467-9655.2011.01706.x>

This article, based on research with disabled men (with leprosy and cerebral palsy) in India, explores and nuances the claim that disability equals a reduction of males' status as men. Masculinities were enacted through three sets of overlapping sets of relationships: men's relationships with their own bodies, and how those bodies were seen by society; men's relations to women, especially their female kin; and their relations with other men. Different types and severity of impairments relate differently to gender.

Within one leprosy village, despite challenging caste norms, conventional hegemonic masculinity was enacted in relation to women as men attempted to re-create the norms of masculinity otherwise denied them within the leprosy colony. However, these separate communities within which conventional norms of masculinity may be re-enacted are not the experience for most

people with disabilities. Those living in their families and the wider community tended to remain more closely identified with the class, caste, and religion of their birth.

In general, disabled men were found to be more assured of care from their womenfolk than vice versa, for example, but, especially in the case of younger men, were also emasculated in the process. Disabled men were marginalised as men by being excluded from public realms; disabled women, by contrast, while they may consider themselves disadvantaged *vis-à-vis* men, were not necessarily marginalised as *women* by their exclusion from the public sphere (as women are more expected to be in the home).

Chappell, P, & de Beer, M. (eds). (2019). Diverse Voices of Disabled Sexualities in the Global South.

https://books.google.co.uk/books?id=N6lxDwAAQBAJ&pg=PA22&lpg=PA22&dq=lgbt+disabilities+in+low+and+middle+income+countries&source=bl&ots=fsIMNGc2rQ&sig=ACfU3U3H26Xnp92H_FoJsDFDeKhmUsiPKw&hl=en&sa=X&ved=2ahUKEwjGh--GxOvoAhWKnqQKHbDnCjwQ6AEwB3oECAgQAQ#v=onepage&q=lgbt%20disabilities%20in%20low%20and%20middle%20income%20countries&f=false

Relevant DID themes: stigma and discrimination, health

There has been increasing research into disability and sexuality, in recognition that sexuality is a central aspect of being human and a matter of human [disability] rights, although most of it has been situated in the Global North. Existing research into disabled sexualities in the Global South have focused on disabled peoples' own attitudes, knowledge and experience of sexualities; community, parental and professional attitudes towards disabled sexualities; barriers to accessing sexual and reproductive health; access to sexuality education; sexual abuse/violence and exploitation; and the intersectionality of disabled sexualities with culture and gender. This edited volume seeks to locate and bring out the diverse constructs and experiences of disabled sexualities within the context of the Global South and address some of the gaps in previous research. This book has chapters addressing the themes of cultural aesthetics of disabled sexual lives and bodies; desiring disability: love, relationships, and sexual intimacy; and sexual access, citizenship and rights.

The disabled body has generally been viewed as biologically and psychologically inferior to the normal and a threat to the gene pool, family, capitalism, and nationhood. In the context of sexuality, disabled people were generally categorised as being 'nonsexual' or 'perverted'. Therefore, in order to prevent 'sexual deviance' throughout countries in the Global South, disabled people were, and continue to illegally be, subject to sexual segregation, sexual confinement, marital prohibition and forced sterilisation, under the guise of their protection from pregnancy and sexual exploitation. The author suggests that approaches to disabled sexuality are not necessarily about disabled people per se, but rather non-disabled people's own discomfort in dealing with disability, let alone disabled sexualities. The medicalised and apolitical focus on disabled sexualities has not only drawn attention away from the sexual agency of disabled people, but also from the sociocultural meanings of disability and desirability, and the experiences of multiple barriers to sexual expression and relationships. There has been a lack of focus on the private lives of disabled people within the disability rights movement in the Global South.

Disability and gender analysis

CBM. (2019). *Disability and Gender Analysis Toolkit*. CBM

https://www.cbm.org/fileadmin/user_upload/CBM_disability_and_gender_analysis_toolkit_accessible.pdf

Disability is not a gender-neutral experience. It has a different impact on women, men, girls, boys and other gender identities. While all women and girls face inequality, women and girls with disabilities often face additional, severe disadvantage due to discriminatory social norms and perceptions of their value and capacity. The intersectional nature of discrimination and inequality impacts all areas of life, from access to services, personal security, livelihoods and leisure, through to individual choice and autonomy.

It is important to actively listen to all people living at the intersection of gender and disability discrimination; women, men, girls and boys, as well as people with other sex and/or gender identities. This requires the creation of an environment that enables all to share their experiences of exclusion and build communities, workplaces and systems that drive transformative change.

This Disability and Gender Analysis toolkit from CBM is designed to support staff, partners and allies in strengthening capacity to address systemic and deeply entrenched discriminatory practices. It provides practical tools for stronger disability and gender analysis to inform planning, practice and systems. The toolkit provides practical assessment templates and guidance for individuals, organisations and programmes, to identify strengths and gaps and to develop focussed action plans to improve practice. It recognises that a rights-based approach starts with us. If we are to transform unjust systems and practice, we must first reflect on our own attitudes, practice, programmes and ways of working.

USAID. (2010). *Guide on How to Integrate Disability into Gender Assessments and Analyses*. USAID.

https://www.usaid.gov/sites/default/files/Guide_How_Integrate_Disability_Gender_Assessments_2010.pdf

Gender assessments and analyses need to include and consider *all* men and women, including men, women and children with disabilities. However, men, women, and children with disabilities are often excluded from gender analysis. Therefore, a more proactive approach is needed to their inclusion to ensure they have equitable access to programmes and activities. This “how to” guide provides guidance on including women and men with disabilities into USAID’s gender assessments and analyses. It looks at why it is important to include disability in both activity analysis and country-level gender assessment; what disability specific issues may need to be considered; suggested questions to use; and some additional disability resources. A separate approach or framework to include disability in gender assessments and analyses is not needed. Disability specific questions should be added to the six general areas in gender assessments: (1) access to assets, (2) knowledge, beliefs, and perceptions, (3) practices and participation, (4) space and time, (5) legal rights and status, and (6) power.

The best resource on disability in any country are people with disabilities themselves, who may be represented through disabled people’s organisations, including some focused specifically on women with disabilities. International NGOs working on disability issues are another source of information.

de Silva de Alwis, R. (2008). *Disability Rights, Gender, and Development - A Resource Tool for Action*. Secretariat for the Convention on the Rights of Persons with Disabilities of the Department of Economic and Social Affairs/United Nations, United Nations Population Fund, & Wellesley Centers for Women.

<https://www.un.org/disabilities/documents/Publication/UNWCW%20MANUAL.pdf>

Relevant DID themes: health, education, livelihoods, stigma and discrimination

Women with disabilities face discrimination daily in every country in the world. This includes discrimination in the enforcement of laws, denial of equal opportunity in education and employment, exclusion of women with disabilities in political representation, deprivation of reproductive rights, cultural and social norms that reinforce stereotypes, and physical, sexual and psychological violence. While men with disabilities are more commonly cared for by their wives, women with disabilities are more likely to be abused or deserted by their husbands.

The Disability Rights, Gender, and Development: A Resource Tool for Action provides insights on the theory and practice of human rights-based approaches to development and contributes to this body of knowledge by designing innovative approaches to the implementation of the UN Convention on the Rights of Persons with Disabilities (UNCPRD) in gender and child sensitive development activities. It looks at the way in which the UNCPRD works with the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), and the Convention on the Rights of the Child (CRC). The selected areas of discussion and analysis include: equality and non-discrimination; violence against women with disabilities; traditional and customary practices that violate the rights of women and children with disabilities; sexual and reproductive health and rights of women and youth with disabilities; access to employment; and inclusive education.

2. Gender, disability, stigma, and violence

Mohamed, K. & Shefer, T. (2015). Gendering disability and disabling gender: Critical reflections on intersections of gender and disability. *Agenda*, 29:2, 2-13.

<https://doi.org/10.1080/10130950.2015.1055878>

Disability is deeply gendered and women with disabilities tend to be disadvantaged in comparison to their male counterparts. The intersectionality of disability for women shapes disabled women's experiences of being in the world, characterised by practices of stigma, marginalisation and 'othering'. This academic article gives a more theoretical discussion and critical reflection on the intersections of gender and disability. There are very few studies of disability from a feminist or gendered perspective and the article introduces a special edition of a journal that aims to fill this gap. It provides an overview of models of disability; the intersection of gender and disability; feminist disability studies; some of the work that has emerged on disability in Africa; and introduces the postcolonial feminist papers in the special issue.

Data that focus on gendered experiences of disability are sparse. The type of disability, its severity and visibility combined with age of onset will determine the degree of gendered expectations, and thus gendering is conditional for disabled people. Disabled women are infantilised and imagined as helpless victims. They are treated as asexual or hypersexual, expected to forego motherhood, are more likely to experience emotional, sexual and physical abuse, experience higher maternal morbidity and mortality rates, experience more poverty and

social isolation, and have less support and access to services. Mothers of disabled children are subjected to blaming discourses, are twice as likely to be deserted, face social isolation and are expected to be the primary caregiver, financially and emotionally. In relation to men with disabilities, the stigma of disability is in tension with masculine privilege and renders the patriarchal dividend unstable.

Disabled women were largely rendered invisible within the feminist movement until recently. In addition, although there is a long and proud history of disability activism, disability studies in sub-Saharan Africa and the developing world is an emerging field. Little of this literature focuses on women and disabilities, and where women were mentioned, it was relating to sexuality or violence. Where empirical work has been done, a disaggregation by gender is often thought to constitute a gendered analysis, even if a study retains sexist biases, does not mobilise feminist literature or recognise gendered power dynamics. It is important to not see disabled women as a homogeneous category or focus only on their suffering.

Dunkle, K., van der Heijden, I., Stern, E., & Chiwa, E. (2018). *Disability and Violence against Women and Girls - Emerging Evidence from the What Works to Prevent Violence against Women and Girls Global Programme*. What Works to Prevent Violence against Women and Girls Programme.

<https://www.whatworks.co.za/resources/evidence-reviews/item/444-disability-and-violence-against-women-and-girls>

Mixed methods research conducted by the What Works to Prevent Violence against Women and Girls Programme in a variety of different countries found that women with disabilities in low- and middle-income countries are at a two to four times higher risk of intimate partner violence than women without disabilities. Disability also increased women's risk of non-partner sexual violence. The risk of both intimate partner violence and non-partner sexual violence increased with the severity of disability.

The high levels of stigma and discrimination experienced by women with disabilities compounds their risk of intimate partner violence and reduces their ability to seek help. Disability-related stigma and discrimination manifested as verbal abuse and exclusion from social interactions by partners, family and community members, which had significant emotional consequences. Women with disabilities were said to be less attractive marital partners than their male counterparts and considered unable to fulfil 'normative' or 'able-bodied' female roles. Stigma, isolation and dependency on partners for income and care made women with disabilities more vulnerable to intimate partner violence (especially emotional intimate partner violence), more likely to tolerate intimate partner violence, and less likely to report it.

It is important to ensure meaningful inclusion of women with disabilities in Violence Against Women and Girls policy and programming as they are uniquely able to identify effective ways to combat violence against other women and girls with disabilities, and to identify barriers to disability inclusive programming. Including them in visible leadership and training roles can help break down stigma and ensure the needs of programme participants with disabilities are met.

Andrae, K. (2016). *Disability and gender-based violence. ADD International's approach. A learning paper.* ADD International.

https://www.add.org.uk/sites/default/files/Gender_Based_Violence_Learning_Paper.pdf

Women with disabilities are often considered weak, worthless and in some cases subhuman by their societies and because of this, face a heightened risk of domestic and sexual violence. For women with disabilities, gender-based violence is often compounded by disability-based discrimination. Many existing gender-based violence prevention programmes do not consider the unique dangers and challenges faced by women with disabilities. This paper outlines the lessons ADD International have learned from their gender-based violence work with women and girls with disabilities.

Women and girls with disabilities are additionally vulnerable as a result of patriarchal attitudes, powerlessness due to their isolation, and lack of access to legal protection and redress. They experience higher levels of violence, including from family members, carers/personal attendants, or partners on whom the women or girls with disabilities depend. Poor access to water and sanitation, and long distances to school, pose risks for women and girls with disabilities. Women and girls with intellectual disabilities who are often left to roam, are especially vulnerable to sexual violence. Most incidents of gender-based violence are not reported to the police. Disabled women and girls often have crushingly low self-esteem; many fear that reporting incidents of abuse might lead to them being abandoned, having their children taken away, losing financial support and care, and increased isolation. In situations of conflict and war, women with disabilities can be especially vulnerable to violence. Many disabled women and girls lack access to sexual and reproductive information and services. Women with disabilities are particularly exposed to economic violence, which includes being denied access to healthcare, education, financial resources and participation in economic decision-making processes.

One way to mitigate violence is to help disabled women to have a greater means of independence. Increasing the economic independence of women and girls with disabilities can increase their status as contributing and productive family members and reduce incidences of violence, it also gives women and girls the means to leave abusive homes and provide for themselves. However, there is a risk of backlash if men, families, and communities are not on board.

It is important for programmes to be inclusive of women with all types of disabilities. Addressing gender-based violence requires a long-term multi-faceted approach with the explicit involvement of husbands, family and community members. Where appropriate, use men with disabilities as allies and advocates. It is important to provide safe houses for abused or at-risk women and girls with disabilities. In order to counter vulnerability to violence in daily life, it is important to make sure places such as toilets, including in schools, are accessible. Different services, including sexual and reproductive health services, should be accessible. Programme staff and DPO members should receive capacity building on gender. Families should be helped to spot dangers to their relatives with disabilities. In order to bring perpetrators to justice, it is helpful to mobilise public support. Powerholders, decision makers and service providers, should be trained to increase their understanding of disabled women's rights and their accessibility needs. Cost effective legal redress should be created. It is important to pay attention to the long-term emotional impact on survivors. Building networks can enhance reach and impact of violence prevention efforts. In order to tackle harmful myths about the sexuality of disabled people, awareness campaigns can be helpful. The work on gender-based violence which takes place in conflict areas needs a disability lens. It is important for programmes to collect disaggregated

data. Work should be done with women with disabilities to enable them to stand up for their rights, assert themselves and find peer support in women's groups. Gender Monitoring Tools can be used to measure how people are including gender in their projects. Tools for gender inclusion can give organisations the confidence to engage in gender (and disability) inclusion. It is important to use the UNCRPD as a guiding document and reference point for programming, thereby supporting its implementation.

Men with disabilities also face violence both directly and indirectly because of the power inequalities between disabled and non-disabled people. However, little attention has been paid to gender-based violence against men and boys with disabilities. More work needs to be done in this area.

3. Gender, disability, employment and livelihoods

Naami, A. (2015). Disability, gender, and employment relationships in Africa: The case of Ghana. *African Journal of Disability*, 4:1, 1-11.

<http://dx.doi.org/10.4102/ajod.v4i1.95>

People with disabilities, compared with people without disabilities, are more likely to have lower educational attainment, experience lower employment rates, have lower wages when employed, and are more likely to be poor. The World Health Organisation Survey on Disability Report for 51 countries showed employment rates of 52.8% for men with disabilities and 19.6% for women with disabilities, while for men and women without disabilities employment rates were respectively 64.9% and 29.9%. Discrimination is cited as the greatest barrier to the employment of people with disabilities. Disability and gender interact to create multiple disadvantages for women with disabilities compared with men with disabilities as a result of discriminations in the form of sexism and disability.

Quantitative research with 110 people with various different disabilities in northern Ghana found that women featured predominantly amongst the people with disabilities who were unemployed (59% of those who were unemployed). More people with visual impairments were unemployed compared to people with hearing or physical impairments. Those who were employed worked mostly in marginal, seasonal and menial jobs, often in self-employment. Women with disabilities were more likely to be self-employed than men with disabilities, and people with physical impairments were more likely to be self-employed than people with visual or hearing impairments. The government is the main formal sector employer of people with disabilities, most of whom work as teachers. Persons with disabilities also experience several challenges on the job, including negative perceptions about their capabilities, discrimination and exclusion, irrespective of the employment sector and disability type. Almost all participants stated that their income was not enough to provide for their basic needs. Men with disabilities earned significantly higher income than women with disabilities.

This article suggests that educational interventions such as workshops, documenting and showcasing success stories of persons with disabilities could be helpful to reduce negative perceptions about their capabilities as well as discrimination against them. Government interventions to support persons with disabilities with start-up capital (for self-employment) and funding for formal education (to overcome barriers to employment in the public/private sectors) were proposed. Accommodation at work and an accessible environment are also needed.

ILO. (2008). *COUNT US IN! How to make sure that women with disabilities can participate effectively in mainstream women's entrepreneurship development activities*. ILO.

https://www.ilo.org/wcmsp5/groups/public/---ed_emp/---ifp_skills/documents/publication/wcms_106558.pdf

Women with disabilities are more disadvantaged than disabled men and are more likely to be poor and to have less education. The life experience of many (though not all) women with disabilities has led them to lack confidence in themselves and their abilities. This can limit their willingness to take risks, including participation in inclusive training and events. Many (though not all) women entrepreneurs with disabilities have had less education and less exposure to mainstream community life than their non-disabled peers. They often need to learn more than the skills of operating a microenterprise if they are to compete on a basis of equality with non-disabled women.

These ILO guidelines, based on pilot projects in Ethiopia, Kenya, United Republic of Tanzania, Uganda and Zambia, aim to spell out what needs to be done in order to ensure that women with disabilities can benefit fully from mainstream women's entrepreneurship development activities. It takes a rights-based approach and provides examples of disabled female entrepreneurs. Guidance is provided on setting up partnerships (including with DPOs); setting up systems that make inclusion work; training, facilitation and coordination of women's entrepreneurship development programmes; developing the skills of women entrepreneurs with disabilities; disability-related training for programme partners and others; women's entrepreneurship development tools and materials; publicising achievements; and promoting coherent disability-related policy and practice throughout the enterprise development sector.

4. Gender, disability, and education

Al-Ghaib, O.A., Andrae, K., & Gondwe, R. (2017). *Still left behind: Pathways to inclusive education for girls with disabilities*. UNGEI & Leonard Cheshire.

http://www.ungei.org/Still_Left_Behind_Full_Report.PDF

According to the 2011 World Disability Report 50.6% of males with disabilities have completed primary school, compared with 61.3% of males without disabilities. Females with disabilities report 41.7% primary school completion compared to 52.9% of females without disabilities. Adult literacy rates are extremely low, especially for women with disabilities.

Barriers to girls' education and gender parity in education are deeply entrenched in social norms and reflected in institutional constraints and inadequate legislation and policies. Schools tend to mirror patriarchal structures and reinforce traditional gender roles and stereotypes. Girls with disabilities are among the world's most marginalised groups as a result of social norms and cultural bias around both gender and disability. They have limited educational opportunities and there is a lack of focus on them in education programming. This research report aims to synthesise understanding of barriers to education for girls with disabilities and bring together evidence of effective or promising programme approaches that address these barriers. However, there is still very little robust evidence on research and programmes that address the intersectional marginalisation of girls with disabilities in education.

Whilst evidence suggests more girls with disabilities are being enrolled and retained in school than previously, there is also consistent reference to girls with disabilities dropping out, more

than boys, and often due to gender related challenges. Cultural bias and rigid gender roles are the most frequently mentioned barriers to education for girls with disabilities, especially around the expectation that they will not get a job or marry. Other barriers include stigma, long distances from rural homes to schools without transport, inaccessible school infrastructure (including WASH facilities), overprotection, lack of access to rehabilitation and assistive devices, the increased risk of violence and harmful practices, early marriage, lack of positive representation and role models, teacher training and attitudes, and low expectations.

In recognition of the issues, governments and international agencies have developed various frameworks and policies to respond to the barriers experienced by girls with disabilities in accessing education. Efforts are being made to sensitise families of children with disabilities, communities, school staff and local government officials about the rights of children with disabilities to education and the benefits of inclusive education in mainstream local schools, to improve their identification and enrolment. Support has been provided for assessment and referral to rehabilitation and assistive devices services. Medical assessments and explaining the disability of their child to families is an entry point to approaching misconceptions and tackling stigma. Schools have been helped to become more accessible. The combination of broad public campaigns to draw attention to disability and education, with one-on-one engagement with and support to families by people from the community, has a positive effect on enrolment. Child to child clubs have been used to improve children's knowledge and socialisation. In a safe and supported environment, girls with disabilities increase their self-confidence and self-assertion based on interaction with other boys and girls with and without disabilities, and opportunities to discuss issues. Inclusive teaching methods are shifting to more child- and learner-centred approaches and classroom adaptations. However, girls with intellectual and profound disabilities continue to be marginalised due to a lack of policy clarity on how to provide education for children with more severe disabilities, and the gaps in resources and teacher capacities to support these children. There needs to be more in-depth impairment-specific and gendered analysis, with documentation and sharing of applied and effective inclusive education practices.

Rousso, H. (2003). *Education for All: a gender and disability perspective*. Background paper prepared for the Education for All Global Monitoring Report 2003/4. UNESCO.

<https://unesdoc.unesco.org/ark:/48223/pf0000146931>

Girls with disabilities are a large, diverse group whose educational needs have been neglected by those committed to either gender equity or disability equity. This background paper written for Education for All Global Monitoring Report 2003/4 found little research into this area, with available information suggesting girls with disabilities face many barriers to a quality education. Double discrimination and underlying cultural biases based on gender and disability are key reasons for this. The report offers a number of recommendations to foster greater educational equity for disabled girls.

Rigid gender roles, compounded by the stigma of disability, devalue the importance of education for disabled girls. High rates of violence, resulting in safety issues, trauma, adolescent pregnancy, and susceptibility to HIV/AIDS, impede learning. Distance to school, compounded by inaccessible transportation systems, and limited access to assistive devices, such as wheelchairs makes it hard for them to access schools. School buildings may be inaccessible and facilities unsanitary. Disabled girls' have more limited access to special education services and supports. Gender and disability bias in curricula, render disabled women and girls invisible. Non-existent or gender and disability biased vocational training and counselling, as well as limited access to math, science and technology, mean that disabled girls are ill-prepared for the world of

work. It should be noted that despite the multiple barriers they face, disabled girls are not passive victims.

5. Gender, disability, and health

Frohman, C., & Ortoleva, S. (2013). *Issues Paper: The Sexual and Reproductive Rights of Women and Girls with Disabilities*. ICPD Beyond 2014.

http://wwda.org.au/wp-content/uploads/2013/12/issues_paper_srr_women_and_girls_with_disabilities_final.pdf

Women and girls with disabilities throughout the world have failed to be afforded or benefit from sexual and reproductive health rights. This briefing paper examines some of the key sexual and reproductive rights violations experienced by women and girls with disabilities around the world.

Systemic prejudice and discrimination against women and girls with disabilities has resulted in multiple and extreme violations of their sexual and reproductive rights, through practices such as forced and/or coerced sterilisation, forced contraception and/or limited or no contraceptive choices, a focus on menstrual and sexual suppression, poorly managed pregnancy and birth, forced or coerced abortion, termination of parental rights, denial of or forced marriage, and other forms of torture and violence, including gender-based violence. They also experience systemic exclusion from sexual and reproductive health care services.

Women with disabilities who also belong to (or are perceived as belonging to) disfavoured or minority groups may face compounded violence and discrimination based on several factors simultaneously. They include women with disabilities from indigenous or rural communities, women with disabilities in conflict or post-conflict situations, lesbians or members of other sexual minorities, older women, and women in institutions or detention.

There have been, and continue to be, significant systemic failures in legislation, regulatory frameworks, policy, administrative procedures, availability and accessibility of services, education, information and support to prevent and address the grave violations of disabled women and girls' sexual and reproductive rights. Underlying these systemic failures is an entrenched culture throughout all levels of society that devalues, stereotypes and discriminates against women and girls with disabilities. This culture perpetuates and legitimises not only the multiple forms of discrimination perpetrated against them, but also the failure of governments and other actors to recognise and act on these rights violations. The paper provides an analysis of the cycle of accountability in relation to the sexual and reproductive rights of women and girls with disabilities, looking at the dimensions of responsibility, answerability and enforceability. Written before 2015, it notes priority considerations for the SDGs.

Rugohor, T., & Maphosa, F. (2017). *Challenges faced by women with disabilities in accessing sexual and reproductive health in Zimbabwe: The case of Chitungwiza town*. *African Journal of Disability* 6:0, a252, 1-8.

<https://doi.org/10.4102/ajod.v6i0.252>

Women with disabilities across the world face numerous challenges in accessing sexual and reproductive health services. Negative attitudes towards sexual and reproductive rights of women with disabilities still exist and are a significant challenge. Prejudice, stereotyping and discrimination against people with disabilities have resulted in serious violations of their sexual

and reproductive rights. Health services are often not accessible or affordable, and people with disabilities are often not provided with health education. Some women with disabilities are especially disadvantaged by the lack of accessible health education, such as deaf women. Negative attitudes of health care providers can make it difficult for women with disabilities to access sexual and reproductive health services. The marginalisation of women with disabilities in sexual and reproductive health services presents a challenge in the global fight against HIV and AIDS. However, Article 12 of the UNCRPD outlines the right to sexual and reproductive health and that women should be given a voice in determining their own medical choices.

This article outlines qualitative research conducted with 23 women with a variety of different disabilities, mainly physical, aimed at exploring the challenges faced by women with disabilities in accessing sexual and reproductive health in Zimbabwe and provides recommendations for action. Women with disabilities in Zimbabwe face numerous challenges in accessing sexual and reproductive health. Cultural belief still regards them as not sexually active. The government has also failed to promote policies that facilitate access to sexual and reproductive services by women with disabilities. Negative perceptions of health personnel towards people with disabilities, disability unfriendly infrastructure at health facilities, lack of privacy, cost, absence of trained personnel for people with disabilities (sign language), and restricted access to information are other barriers they face.

Fraser, E., & Corby, N. (2019). *Family Planning for Women and Girls with Disabilities, Disability Inclusion Helpdesk Research Report No. 2 (pilot)*. London, UK: Disability Inclusion Helpdesk.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/818118/query-2-family-planning.pdf

Women and girls with disabilities need to be informed and enabled to make autonomous choices about their own sexual and reproductive health. This rapid review provides an overview the evidence on factors affecting access to and uptake of family planning for women and girls with disabilities, as well as highlighting examples of good practice. Barriers to family planning include physical barriers to accessing sexual and reproductive services, which can be compounded by queues at health facilities and long and difficult journeys to clinics. Family planning messaging and materials may be inaccessible. The high costs to persons with disabilities of accessing family planning services can be another barrier, as can lack of confidentiality if help with communication is required. Attitudinal barriers include perceptions that persons with disabilities are asexual; discrimination from health workers; overprotective attitudes and lack of communication around family planning by parents and caregivers; and gender-based violence (particularly intimate partner violence). Barriers can differ depending on the types and severity of impairment and can require different solutions to access and uptake of family planning. Adolescents with disabilities face particularly severe challenges to accessing family planning. In addition, there is a need for national policies to tackle the reproductive rights of women and girls with disabilities. There is also a lack of data on access to and uptake of family planning for women and girls with disabilities and a lack of technical expertise around family planning programming from a disability perspective.

There are still considerable gaps in the evidence base on good practice on increasing full free and informed contraceptive choice for women and girls with disabilities. Some promising practise are mentioned in the literature. Inclusion of women and girls with disabilities in the development of family planning policies and programmes is important. Peer education to improve the awareness of people with disabilities on family planning methods and services has been used.

Attitudinal barriers of caregivers and communities are being addressed. Key awareness-raising and educational messages on family planning have been tailored to the needs of people with disabilities. Negative attitudes amongst healthcare workers have been addressed and informed contraceptive choice has been promoted through training. Engaging family members on family planning interventions to get caregivers' buy-in and create enabling environment to improve access and uptake of family planning. Satellite services and sexuality education for people with disabilities have been set up. Data has been collected to improve planning of policy and services. Family planning services have been adapted to be accessible to women and girls with disabilities.

6. Gender, disability, and humanitarian response

Sherwood, E., & Pearce, E (2016). Adolescent Girls with Disabilities in Humanitarian Settings “I Am Not ‘Worthless’—I Am a Girl with a Lot to Share and Offer”. *Girlhood Studies*, 9:1, 118-136.

<https://doi.org/10.3167/ghs.2016.090109>

Persons with disabilities form one of the most socially excluded groups in any displaced or conflict-affected community. Adolescent girls with disabilities face multiple intersecting and often mutually reinforcing forms of discrimination and oppression, which are exacerbated in situations of crisis. Gender norms that define how women and men should act are socially constructed and learned; they vary across contexts, and interact with other factors, including socioeconomic status, ethnic group, age, and disability. This article draws on research by the Women's Refugee Commission to explore how age, gender, and disability affect identity and power in relationships, households, and communities in humanitarian contexts, influencing both the risks and opportunities faced by adolescent girls with disabilities and girls living in households of persons with disabilities. It outlines principles for including girls with disabilities in adolescent girls' programming, promoting safe access to humanitarian assistance, and mitigating the risk of violence, abuse, and exploitation.

In crisis situations, family and community structures break down, while traditional and social norms disintegrate, all of which affect adolescent girls with disabilities. Adolescent girls with disabilities are perceived to be more vulnerable to exploitation in the environments created by conflict and crisis since perpetrators take advantage of their lack of knowledge about sex, violence, and relationships, their extreme isolation, and their communication limitations. Living in new communities due to displacement also increases their vulnerability to all forms of violence, perpetrated by strangers as well as people they know. Separation of families and neighbours and the weakening of community support structures have a significant impact on girls with disabilities, reducing their access to information and services, and increasing their risk of violence. Caregivers of girls with disabilities reported that this was particularly relevant when they are newly displaced since individuals and families have not yet established trusting relationships with others or rebuilt their support systems in the host community. After community-based protection mechanisms break down, families may resort to negative coping strategies, which they believe will protect adolescent girls with disabilities from violence, abuse, and exploitation, such as locking them in their homes. Overcrowded homes and shelters give little privacy for girls with profound disabilities who require assistance with all daily care inside the home, including washing and toileting. Humanitarian actors do not necessarily consider the social factors that shape and contribute to the vulnerability of adolescent girls with disabilities, tending to focus on

their disability specific health and rehabilitation needs, and leading to their exclusion from girl's programming.

It is important for humanitarian actors to prioritise the right of girls with disabilities to participation and inclusion; see the girl first rather than just their disability; not make assumptions about what girls with disabilities can and cannot do, or what activities would be most suitable for them; identify and value all contributions as participation will look different for every individual; and to work with families and caregivers.

Sherwood, E., & Pearce, E (2016). “Working to Improve Our Own Futures”: Inclusion of Women and Girls with Disabilities in Humanitarian Action. Women’s Refugee Commission.

<https://www.refworld.org/pdfid/57ff515f4.pdf>

Women and girls with disabilities face multiple forms of discrimination, adding to their risk of violence, abuse, and exploitation in humanitarian emergencies. The needs and capacities of women and girls with disabilities are often under-represented in gender, protection, and disability forums in a humanitarian crisis. This report, drawing on the work of the Women’s Refugee Commission (WRC) identified and documented the role of organisations of women with disabilities (women’s DPOs) in humanitarian response, and effective strategies for the inclusion of women and girls with disabilities in humanitarian and post-conflict programs.

Women and girls with disabilities fall through the cracks in both disability and gender policy and programming in humanitarian contexts, with no enforced accountability mechanism to ensure their inclusion across different sectors. However, some strategies that promote the inclusion of women and girls with disabilities in humanitarian action include advocacy and technical support by women’s DPOs, and positioning of women with disabilities in leadership roles in humanitarian organisations, programs, and activities. Such strategies have wide-ranging impact on inclusion across a humanitarian response by bringing appropriate expertise, demonstrating skills and capacities, and raising awareness among humanitarian actors and affected populations alike. However, the expertise of women’s DPOs remains largely untapped in humanitarian crises, from the onset of an emergency through to recovery and development, as they face a vicious cycle of lack of funding and less organisational capacity. Their exclusion from both the disability and the women’s rights movements further hinders their capacity development and leadership opportunities in the humanitarian sector.

7. Report information

Key websites

- Source: <https://asksource.info/topics/social-inclusion/gender-and-disability>

Suggested citation

Rohwerder, B. (2020). *Annotated bibliography: Disability and gender in low- and middle-income countries.*