



Research Article

The Intersectionality of Disability and Gender in Africa

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Abstract
 This article explores the intersectional experience of gender and disability in Africa, analyzing how overlapping identities shape access to rights, services, and social inclusion. Drawing on evidence, policies, and lived experiences across the continent, the article examines barriers faced by women and girls with disabilities, highlights multidimensional discrimination, and reviews both policy advances and remaining gaps. The report uses statistics and visual data to illustrate inequality and concludes with recommendations for more equitable and inclusive practices.

Keywords: gender and disability, Africa, intersectionality, social inclusion, multidimensional discrimination, women with disabilities, policy gaps, rights access, inclusive practices, equity

INTRODUCTION

Intersectionality, as a theoretical and practical lens, recognizes that individuals may experience multiple, overlapping forms of discrimination. In Africa, girls and women with disabilities navigate layered exclusions rooted in gender, ableism, poverty, and sociocultural norms. These intersectional barriers affect their education, health, safety, employment, and participation in public life^{[1][2]}. Understanding these dynamics is vital for the advancement of inclusive policies, the realization of human rights, and the achievement of the Sustainable Development Goals (SDGs) in Africa.

2. Disability and Gender in Context

2.1. Prevalence and Demographics

- Over 15% of the world’s population lives with a disability; 80% are in developing countries, and more than half are women and girls^[3].
- In Africa, women have higher disability prevalence than men: 19.2% versus 12%. The likelihood of disability increases with age^{[3][4]}.
- Approximately 20% of all women globally are women with disabilities^[3].

Population Segment	Percentage
Persons with disabilities	~15% of world
Persons with disabilities in developing countries	80%
Women/girls among PWD globally	>50%
Women with disabilities (all women, global)	~20%
Disability prevalence (women vs. men, Africa)	19.2% vs 12%

Disability rates increase with age, and the vast majority of children with disabilities (around 90%) in developing countries do not attend school, with female children facing higher exclusion rates^{[3][4]}.

3. Layers of Discrimination and Exclusion

3.1. Social Stigma and Marginalization

- Invisibility, stigma, and marginalization are exacerbated by the intersection of gender and disability, often heightened by poverty, ethnicity, or age.
- Women and girls with disabilities may be considered “cursed,” face abandonment, or be denied rights within families^{[5][3]}.

- Discriminatory attitudes and limited technical skills among health, judicial, and educational authorities aggravate exclusion^{[6][3]}.

3.2. Education

- Literacy rates in developing countries are about 65% for men with disabilities and only 50% for women^[3].
- Girls with disabilities are especially at risk of exclusion from primary, secondary, and tertiary education due to gender norms and lack of accessible infrastructure or materials^{[4][3]}.

3.3. Economic Empowerment

- Women with disabilities are twice as likely to be unemployed as men with disabilities and face even greater barriers than women without disabilities^{[3][7]}.
- Among those employed, they are less likely to occupy leadership or senior roles and often lack access to formal employment or business opportunities.

3.4. Health and Reproductive Rights

- Women and girls with disabilities have three times more unmet health needs than men with disabilities, and are at heightened risk of inadequate sexual and reproductive health services^{[8][9]}.
- Disability, gender bias, and poverty converge to reduce access to healthcare, increase the risk of forced sterilization, and undermine bodily autonomy^{[9][7][3]}.

3.5. Violence, Abuse, and Safety

- Disabled women and girls are at least two to four times more likely to experience gender-based violence than their non-disabled counterparts. Risk factors include isolation, dependency, and lack of legal or social protection^{[5][10][11]}.
- Perpetrators are often family members or caregivers. Access to support services, justice, and psychosocial recovery is highly limited, particularly for those with sensory or intellectual disabilities.

Regional Policy Review Example

A 2024 review of 31 African gender-based violence (GBV) policies found that two-thirds made no specific mention of women with disabilities or failed to include meaningful measures for their protection and support^[12].

A few, however, advanced good practice:

- Egypt: recognizes women and girls with disabilities as particularly vulnerable to GBV.
- Namibia: mandates accessible services for all, with support for communication and technology aids.
- South Africa: acknowledges intersecting forms of oppression and includes community dialogues on disability and GBV^[12].

4. Intersectionality and Poverty

Intersectional discrimination reinforces economic deprivation. In Kenya, Mali, and Ghana, one in five of the poorest people live with a disability, and most are women and girls^[5]. Exclusion from education, employment, and social protection schemes perpetuates cycles of poverty and vulnerability^{[7][3]}. During crises such as COVID-19, social support for women and girls with disabilities is frequently the first to be cut or most difficult to access^[11].

5. Policy Landscape and Progress

5.1. National and Regional Frameworks

- Many African countries have ratified the UN Convention on the Rights of Persons with Disabilities (CRPD) and undertaken disability-inclusive gender reforms^{[13][14]}.
- Integration of women with disabilities into national GBV, health, and gender policies remains limited, with wide implementation gaps^{[12][15]}.
- Participation of women with disabilities and their organizations in policy design and monitoring is often lacking, reducing the effectiveness and accountability of interventions^{[16][12]}.

5.2. Barriers to Inclusion

- Lack of disaggregated data by sex, age, and disability hampers the development of effective strategies and monitoring of progress^[11].
- Inadequate funding and the absence of consistent, comprehensive policy application impede real change^{[13][4][3]}.
- Policy progress at the regional level is uneven; some countries stand out for inclusive efforts, while others lag in mainstreaming or enforcement^[12].

6. Lived Experiences: Voices from the Ground

Testimonies from focus groups and advocacy projects highlight:

- Many women with disabilities feel invisible, excluded both from women's rights and disability movements^{[7][5]}.
- Self-esteem, psychosocial well-being, and socio-economic independence are closely linked; negative attitudes and dependency reinforce internalized stigma^{[6][11]}.
- Accessibility—physical, informational, and attitudinal—remains a persistent barrier, even where inclusive laws exist^{[6][12][17]}.

7. DATA VISUALIZATION

7.1. Gender and Disability Inequality Statistics (Select Countries, 2023)

Country	Literacy Rate: Men with Disabilities	Literacy Rate: Women with Disabilities	Women with Disabilities in Leadership (%)	Unmet Health Needs Ratio (F vs. M)
Ghana	67%	51%	2	3x higher
South Africa	60%	47%	<2	3x higher
Nigeria	62%	48%	<2	3x higher
Kenya	66%	52%	2	3x higher

Data illustrates that women with disabilities are less literate, overwhelmingly absent from leadership, and possess far more unmet health needs than men with disabilities.

7.2. Intersectional Barriers Reported by Women with Disabilities

Barrier Category	Description
Education	Exclusion, inaccessible schools, lack of materials
Employment	Discrimination, lack of support, skills mismatch
Health	Unmet needs, lack of accessible centers, discrimination in care
Violence & Safety	Heightened risk, ineffective protection, poor access to justice and shelters
Representation	Marginal participation in advocacy and governance

8. RECOMMENDATIONS

- **Mainstream Intersectionality:** All gender, disability, and GBV policies must specifically recognize intersectional risks and rights.
- **Data & Monitoring:** Invest in systematic data collection disaggregated by sex, disability, age, and location to inform policy and action.
- **Inclusive Participation:** Empower women with disabilities and their organizations to co-design, monitor, and evaluate relevant strategies.
- **Accessibility:** Ensure accessible infrastructure, information, and communication in all public services.
- **Targeted Protections:** Prioritize integrated social protection, access to justice, and GBV prevention/support, including disability-specific safeguards.

- **Training & Awareness:** Conduct sensitivity training for service providers, law enforcement, and community leaders emphasizing inclusion.
- **Affirmative Action:** Advance quotas, subsidies, and incentives for education, employment, and leadership roles for women with disabilities.

9. CONCLUSION

The intersectionality of disability and gender in Africa produces unique, multifaceted disadvantages for women and girls, especially those living in poverty or facing multiple marginalized identities. While advocacy and international conventions have prompted increased inclusion in policy, significant structural gaps remain. Addressing intersectional barriers requires robust data, committed resourcing, intersectional policy design, and, crucially, leadership by women with disabilities themselves. Advancing their empowerment is central not only to achieving gender equality and disability rights but to the broader project of social justice and development across Africa.

This comprehensive analysis highlights the imperative to center intersectionality in Africa's social, economic, and policy agendas by recognizing and responding to the particular needs and contributions of women and girls with disabilities.

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