

See discussions, stats, and author profiles for this publication at: <https://www.researchgate.net/publication/365805110>

# Rural Women with Disabilities in Zimbabwe: A Critical Feminist Disability Account

Article in *South African Review of Sociology* · November 2022

DOI: 10.1080/21528586.2022.2137842

---

CITATIONS

0

---

READS

220

2 authors, including:



Cowen Dziva

Great Zimbabwe University

31 PUBLICATIONS 120 CITATIONS

SEE PROFILE



## Rural Women with Disabilities in Zimbabwe: A Critical Feminist Disability Account

Cowen Dziva & Gretchen du Plessis

To cite this article: Cowen Dziva & Gretchen du Plessis (2022): Rural Women with Disabilities in Zimbabwe: A Critical Feminist Disability Account, South African Review of Sociology, DOI: [10.1080/21528586.2022.2137842](https://doi.org/10.1080/21528586.2022.2137842)

To link to this article: <https://doi.org/10.1080/21528586.2022.2137842>



Published online: 28 Nov 2022.



Submit your article to this journal [↗](#)



View related articles [↗](#)



View Crossmark data [↗](#)



# Rural Women with Disabilities in Zimbabwe: A Critical Feminist Disability Account

Cowen Dziva<sup>a</sup> and Gretchen du Plessis<sup>b</sup>

<sup>a</sup>Nehanda Centre for Gender and Cultural Studies, Great Zimbabwe University, Masvingo, Zimbabwe;

<sup>b</sup>Department of Development Studies, University of South Africa (UNISA), Pretoria, South Africa

## ABSTRACT

Women with disabilities (WWD) in rural Zimbabwe are unable to enjoy fundamental rights and freedoms. The aim of this study was to capture the experiences of WWD in a rural setting. Inspired by critical feminist disability theory, this study conducted semi-structured interviews with 25 WWD (in particular, women with visual and physical impairments) in Mberengwa. Their stories demonstrate limited access to education, employment, information, land, and other productive resources. All of the research participants grappled with inaccessible public transport and buildings. Accessing grants, land, farming knowledge, funding for trade, water and toilet facilities became daily struggles. Contextual, socioeconomic, historic, and gendered power relations intersect to heavily limit their functioning. None of the research participants embraced victimhood, but instead resisted pity. Their push-back against abjection took various forms, such as attempting to earn an income, achieving reproductive aspirations, or working the land. Such actions, however, were often met with negative perceptions that equate disability with inability. Based on the findings, it is recommended that institutions responsible for WWD be restructured and better financed. In addition, the study calls for improved mainstreaming, advocacy and awareness-raising about the rights of WWD in rural Zimbabwe.

## KEYWORDS

Critical feminist disability theory; disability in Zimbabwe; rural women with disabilities

## Introduction

Grech (2016, 3) and Chouinard (2014, 340) note that close to 80 per cent of people with disabilities (PWD) reside in the global South. Women with disabilities (WWD) face widespread discrimination, marginalization, violence, abuse, neglect, and exploitation (United Nations n.d.; Women Watch 2012). In most rural areas of the global South, WWD have limited mobility, access to employment, health care services and information, formal education, and awareness of their rights (United Nations Economic and Social Commission for Asia and the Pacific 2003). The aim of this study was to capture the experiences of WWD in a rural setting through the lens of critical feminist disability (CFD) theory.

Zimbabwe is hailed as the first southern African country to design a progressive disability law, the Disability Persons Act, or DPA in 1992 (Parliament of Zimbabwe 2012).

The DPA was promulgated to advance the rights of PWD, but has failed in its implementation to provide for their basic needs and services (Lang and Charowa 2007; Khupe 2010; Mandipa 2014). The Constitution of 2013 in Zimbabwe regards the rights of PWD as inalienable, interdependent, and indivisible (Parliament of Zimbabwe 2013). Sections 22 and 83 of the Constitution call upon the state and its agencies to implement measures ensuring the rights of PWD. In addition, Zimbabwe ratified the Convention on the Rights of Persons with Disabilities or CRPD (United Nations n.d.) and its Optional Protocol on 23 September 2013, setting into motion the CRPD Committee to hear individual complaints and, under Article 35, to receive regular reports. Zimbabwe failed to submit its first report, due on 23 October 2015. In the absence of state reports, the Committee and other stakeholders are unable to gauge progress made in the implementation of the CRPD.

Despite the presence of progressive legal instruments, disability remains benignly neglected in development programming and practice in Zimbabwe. Hence, rural WWD remain marginalized. This study is an attempt to document lived experience at the intersection of disability, gender, and rurality for a sample of rural WWD in the country.

## Theory and concepts

A brief look at the various models that define disability can help clarify why a new conceptual framework that embraces intersectionality is needed. The religious–moral model is most distant from allowing for intersection issues, because it sees disability as testing personal resolve (Henderson and Bryan 2011). A close second is a biomedical model that relegates disability exclusively to the realm of individual health problems to be prevented, cured, treated, or rehabilitated by medical experts (Goodley 2011), hence ignoring structural–relational and lived positionalities. The charity model, likewise, would cast PWD in the light of victimhood (Henderson and Bryan 2011), which again glosses over intersecting positionalities and the agency of PWD.

The social, human rights, and biopsychosocial models are important precursors to CFD theory. They focus on social constructions of (dis)ability and champion the agency of PWD to further their rights (Degener 2016; Owens 2015). Hence, they widen the gaze to consider culture, history, society, and politics (World Health Organization and World Bank 2011). Another important contribution to the debate on intersectionality is the postcolonial model, which links colonialism and disability to historically constructed power relations that produced disease and disability (Connell 2011; Sherry 2008; Soldatic 2013).

What does CFD theory add to these models on the one hand and to bringing intersectionality into the conceptual apparatus on the other? First, CFD theory is a maturation of the disability discourse (Meekosha and Shuttleworth 2009) that favors an intersectional approach that allows for a multiplicity of disability models, tested through research based on situated experiences. Like some of the models discussed above, it foregrounds the agency of PWD, and looks at factors and practices that disable and enable PWD in specific contexts (Parekh 2008). Garland-Thomson (2000, 2004, 2005, 2011) posits CFD theory as able to consider the intersection of corporeality, biopolitics, ableism, and other cultural narratives of the body. This first strength of intersectionality in CFD theory enables a view of different positionalities as constructing experiences separately, but most pronouncedly in their specific intersection.

Second, several scholars in the global North study the intersection of gender, race, ability, and sexual orientation in contouring the experiences of WWD (Bilge 2010; Davis 2008). Applying the same lenses to the global South, however, foregrounds the intersecting issues of equality, rights, race, history, context, and locale (Ndinda and Ndhlovu 2018; Soldatic 2013; Thornton and Kohlman 2014). It also urges the social scientist to emphasize a resistance against static and singular notions of (dis)ability.

Third, intersectionality as a heuristic examines the simultaneous social positions of black African women in relation to power-bestowing categories such as race, class, gender, place of residence and bodily ability. Applying intersectionality to WWD in rural Zimbabwe means that multiple, converging, and interwoven systems of women's oppression should be considered (Carastathis 2014). The impacts of labels (i.e. disability, womanhood, and rurality) are arranged hierarchically.

Fourth, a CFD focus on intersectionality, in our opinion, moves it beyond the criticism levelled against the social model of disability (see, for example, Vehmas and Watson 2014), namely that these are incapable of dealing with the moral implications of lived disabled reality. It therefore responds to the call that the existing models tend to foreground static and heteronormative notions of dis/ability, body, family, gender or sex that would see attitudinal changes as the main way of addressing inclusivity for PWD. This conceptual model hence demands of researchers to privilege the voices of the marginalized.

Fifth, CFD theory values personal experiences, focuses on substantial, socially created disadvantages, and reimagines gender and disability (Hall 2011) to uncover the overtly political nature of identities as they intersect, and impact on disabled life. In other words, CFD theory deals with the accountability to move towards full empowerment, activism, and resistance. Erevelles and Minear (2010, 127) add that many of the institutions intended to offer educational, legal, and healthcare inclusivity are complicit in locating PWD "perilously at the interstices of race, class, gender, and disability ... as noncitizens and (no)bodies."

CFD theory recognizes the pervasiveness of intersecting identity positions that structure institutions, identities, practices, and human experience. This leads to the sixth strength of the chosen conceptual framework, namely, to look at how oppression is transmitted. Such recognition implies a gaze resistant of reifying the separation between "the body" and its context that would then render the former as a site for intervention by medical experts, technocrats, or politicians.

Inspired by these six tenets of CFD theory, this study uncovered specific, multilogical, lived disability experiences as linked to identity, and practices in rural Zimbabwe. Each of the six strengths of the conceptual model is revisited in the discussion and conclusion. The methodological decisions guiding the research are explained in the next section.

## **Methodology**

This article stems from a larger study, comprising three phases, namely a first phase where semi-structured interviews were conducted with adult WWD, a second phase that comprised of qualitative interviews with five GWD at secondary schools and five special-needs secondary school teachers, and a third phase in which 15 state and non-state actors in disability rights in Zimbabwe were involved in semi-structured interviews as key informants. This article discusses only the results of only the first phase of the

larger study, namely the interviews with 25 adult WWD in the Mberengwa district of Zimbabwe's Midlands province.

The first phase of the study employed a qualitative approach. This phase used snowball sampling to purposefully select rural WWD in the study area. The inclusion criteria set for this phase of the study were that the women had to be 18 years or older, fit the legal description of a WWD, be resident in the Mberengwa district for five years or more, and be able to grant independent legal consent for participating in the study. On the advice of various permission-granting committees and individuals, WWD with mental disabilities and therefore unable to grant independent consent were excluded as potential participants. In addition, deaf and hearing-impaired WWD were excluded, because of concerns that a lack of proficiency in sign language could negatively affect the findings. Hence, the ethical clearance constraints implied that the final sample included women with visual or physical disabilities.

A starting point for the selection of interviewees was the Department of Social Services database. This was followed up by consultations with community leaders in Mberengwa district to obtain the addresses of women fitting the inclusion criteria. Personal visits with potential participants, and referrals from them to other WWD, yielded 25 interviewees. The youngest participant was 21 years old, and the oldest 57 years old.

A semi-structured interview schedule was developed in Shona and tested. Face-to-face interviewing in WWD's mother tongue allowed for the attainment of detailed narrations. Interviewing took place at the WWD's homes, or care institutions. Detailed observational notes were taken and all interviews were audio tape-recorded with the signed consent of the interviewees.

Due to the vulnerability of WWD, permission and ethical clearance were sought from national, provincial, and district authorities in Zimbabwe well in advance. In addition, informed consent was based on the principles of voluntarism, competence, full disclosure, and comprehension (Cohen, Manion, and Morrison 2000). Where possible, written consent for participating in the study was obtained. The WWD with visual disabilities confirmed their consent on the audio recordings. Pseudonyms are assigned to the responses to further ensure confidentiality.

The recorded interviews were transcribed in Shona and analyzed as documents. The-matic analysis was used to rigorously explore subjective experiences. After coding the texts and extracting themes, texts were translated into English.

The institutional guidelines set for the selection of WWD, and the realities of the research encounters have limitations for the findings. Although not claiming homogeneity in the group, or trans-disability generalizability, common themes were discernible. Notably all the WWD in this study possessed physiological impairments that marked them as different, and which ontoformatively<sup>1</sup> (Connell 2011) became the focal point of their engagement with others, the state, and institutions. We do not claim to generalize, trivialize, or speak for PWD. Respectful engagement with the research participants allowed for the emergence of the themes that are explored in the section below.

---

<sup>1</sup>Connell (2011, 1371) describes ontoformativity as "social embodiment" that goes much deeper than reflection and reproduction to create "new historical realities: new embodied possibilities, experiences, limitations and vulnerabilities for the people involved."

## Results and discussion

In terms of a brief quantitative overview of the sample of 25 women, 8 were below the age of 30, 6 were aged between 31 and 39, and 11 were 40 years and older. Of the 25 WWD, 7 had visual impairments, 11 were wheelchair users or used crutches, 5 had disabilities of the arm, shoulder, and hand (DASH) and the remaining 2 women had multiple physical disabilities. Sixteen participants have been disabled since birth, seven became disabled due to illness or accidents, and one suffered a progressively disabling condition. Fifteen interviewees were single, eight were married, and two were divorced. Eleven participants had no children, four had one child, and 10 had two or more children. Twelve of the participants lived with their parents, six with other relatives, four with a spouse, and three lived on their own in care facilities.

Three major themes emerged from the analysis, namely material conditions of disablement, the routines of everyday life, and corporeality. Themes and subthemes are discussed separately for the sake of analysis, but their complex linkages should be noted. As befitting a qualitative study, the presentation of the data and its interpretations are presented together. Cumulatively, the material, interpersonal, mundane, and bodily experiences of the WWD poignantly elucidate Garland-Thomson's (2002) view that disability is not one difference in the human condition amongst many others, but instead *the* difference that sharpens analytical focus on many intersecting, minoritized subjectivities.

### Theme one: material conditions of disablement

A dominant theme was the daily struggle of becoming, in other words the WWD's attempts at transcending their status as disabled women through inclusive participation in education, training, gainful employment, accessing grants, land and agricultural skills, or sharing in the meagre offerings of informal trade. None of the participants embraced victimhood, or were passive welfare recipients, but instead resisted pity. Some were successful in staying in school despite opposition from parents or guardians. Other WWD earned an income, accessed grants, or worked the land. Such active resistance against their exclusion from economic and educational activities was often met with negative perceptions about their abilities. These subthemes are explored below.

#### *Curtailed education and training and poor employment prospects*

All respondents were unemployed at the time of the fieldwork. They explained their plight as an intersection of limited education and professional skills, gender, rurality, parental (dis)investment, and disability. For example:

I have never worked in a professional job myself, because I'm not educated ... I dropped out of school when I was doing my Grade 5, due to my parents failing to pay tuition and boarding fees ... So I don't expect to get a professional job, because I don't have a profession. [Trudy]

My mother stopped me from going to school in Grade 3 after I told her of the injustices I faced from fellow students. Besides, my father told me that education wasn't necessary for me, since I cannot pass and get employment after all. [Malina]

Most of the interviewees had low levels of education, as their parents were unable or unwilling to send them to school. Pervasive, deepening poverty in rural Zimbabwe means that households take strategic decisions about how best to invest scarce resources to ensure their members' future potential for waged labour, income-generating work, and marriage. As in other countries, strategic household investments in rural Zimbabwe tend to exclude WWD (Marongwe and Mate 2007), despite constitutional commitments guaranteeing education for all.

Only one woman attained post-secondary education. Penury, overprotective reactions, or regarding WWD as unworthy of receiving investment conspired to limit these WWD's education and employment. This is best illustrated in Mabel's account that illustrates the second tenet of CFD theory about singular, fixed notions of disability leading to important exclusions:

I'm a trained secondary teacher with a Diploma in Education, but it has been three years now and I am yet to get a job in either a private or a government school. We are told that posts were frozen, save only for replacements of the deceased and those who retire from service. When they replace these teachers, they take people from the waiting list. I'm on that waiting list, but nothing has happened ... yet half of my sighted classmates are now working.

Zimbabwe's protracted economic crisis has led to the shutdown of many workplaces and severe job losses resulting in an estimated 80% unemployment rate (UNICEF 2014). Without policies ensuring the mainstreaming of PWD into gainful employment, WWD face a bleak future. A tension exists between sufficient protection for PWD and distributive equality for all.

The research participants have limited access to information about funding opportunities. Even when they are informed of such opportunities, they may lack the resources and knowledge to take full advantage of it. Tashel's account shows how her disability curtailed her education, and continued to put her at a disadvantage when a public funding initiative failed to actively consider inclusivity:

Most opportunities to support the poor with funds are not publicised to us people with disabilities. For instance, there was the Youth Fund disbursed by the Ministry of Youth. I've heard about it very late and went to district offices several times to inquire about the money ... I failed to apply for the funds due to strict requirements, such as that one had to write a proposal ... I failed to come up with one, since I'm blind and illiterate.

### **Poor access to social protection**

PWD, including rural WWD, are entitled to a monthly social grant of US\$17 from the Disability Fund in Zimbabwe. Only a fraction of WWD benefit from this monthly allowance (Dhemba 2013; Mandipa 2014). The grant is meagre and payouts are erratic, due to financial challenges in the state's grant disbursements.

The Zimbabwean Department of Social Services does not receive adequate financial support from the government, and it remains the most poorly resourced and capacitated of all the government departments (Dhemba 2013; Manatsa 2015). In addition, the Ministry of Public Service, Labour and Social Welfare and the Department of Social Services are overburdened with responsibilities for many different vulnerable groups, such as the aged and orphans. The Harmonized Social Transfer Cash Transfer program is not



targeted at WWD per se, but at all indigent families, hence vulnerable people compete for grant payments. The program is directed at heads of households, thus WWD who are not household heads are excluded.

Interviews and observations revealed that the WWD in this study survive through food aid, begging, petty businesses, and remittances from relatives. They found accessing state social grants very difficult. For example, Fiona said:

We used to get some money from the government ... That's long-back and nowadays we're not receiving even a cent ... The money was little, but it was better than nothing.

In fact, all 25 interviewees reported discontinuities in grant payouts. For example, Shailini revealed how gender, rurality, and disability intersect:

I stay with my brother who happens to be the breadwinner ... I understand our family often receives food aid and farming inputs from NGOs and government, and this is simply because they stay with me, a visually impaired person. The problem is that my brother is a drunkard and often sells the food parcels or farming inputs to get money for his beer.

Marriott and Gooding (2007) concur that PWD lack control over the way in which their caregivers, household heads, or families spend their grants. Shailini's account demonstrates her understanding that her disability is a source of income for her relatives, but that her identity as a woman in a patriarchal system intersects with her status as a disabled person, thereby severely inhibiting her ability to control household resources. Her story also echoed across other research participants' narrations, in which they felt unrecognized as farmers or providers, but instead are seen as recipients of food aid and charity.

### ***Limited access to land and farming information***

The Zimbabwean government commenced with land reform programs in 1980. Programs intensified in 2000, with compulsory and violent acquisition of vast tracks of prime land from minority white farmers. According to the Women and Land Lobby Group (2000), land reform was intended to benefit the disadvantaged and landless, including WWD. However, only a small percentage of women benefited from the program. The Presidential Land Review Committee Report (2003, 25) highlights that "women-headed households who benefited under model A1, constituted only 18% while women beneficiaries under Model A2 constituted only 12%."<sup>2</sup> Unfortunately, the available data do not show whether any of the female beneficiaries of the land reform programs were WWD. It can be assumed that very few WWD would have been among the small group of women beneficiaries.

With limited access to social protection, many rural WWD are food-insecure, exacerbated by a lack of access to farming land. Patriarchal norms in rural Zimbabwe devalue women as landowners, and WWD face further (intersecting) discrimination (Chingarande 2003). For example, interviewees revealed:

I have access to land that was allocated to my husband when we got married. The land is not in my name, it belongs to my husband ... [Joyilini]

---

<sup>2</sup>Although there is great variation within these categories, in general the A1 farms were small-scale resettlement farms, whereas the A2 farms are linked to the fast-track land reform system and tend to be medium-scale farms.

I used to grow crops on one of my father's plots, but it was taken over by my grandfather after my father died. He told me that there was no need for me to bother myself with a plot, since I stay with him, and he will take care of me. But that did not happen ... now the plot is leased to someone else. [Tanatswa]

It's difficult to get a piece of land for subsistence farming or even gardening when you are blind, because the headman will tell you stories, and ask you how you are planning to farm if you are blind. [Eliza]

The headman referred to in Eliza's interview and Tanatswa's grandfather displayed attitudes toward WWD that equate disability with the inability to farm, use, or own land. Through the lens of CFD theory, this shows how biology is equated with destiny to ratify intersecting subjugations. Moreover, families headed by WWD are often labor-constrained to effectively till the land. With limited knowledge of, and information about farming and climate change mitigation, the situation is unlikely to change. The following extracts illustrate this:

It's now like gambling, because you can commit yourself to farming and you get a good harvest ... but then you find that it can't sustain you to the next farming season, because of the drought and limited inputs ... there is not enough labour ... I have little knowledge about farming myself, and there is no one to educate me on this. [Marilini]

Even if you think of diversifying from food crops to start growing cash crops—such as cotton—like others in this village, no one will be there to educate you on how it is done, perhaps to show you how the chemicals are applied ... Agricultural extension officers do not consider us disabled women to be farmers and they do not visit us or invite us to their meetings. [Maria]

Smith, Jolley, and Schmidt (2012) and the United Nations Office of Disaster Risk Reduction (2014) confirm that PWD are often excluded from agricultural or disaster-management training or information sharing sessions. For rural WWD, the situation is exacerbated by the absence of early warning systems, especially for the visually impaired (Smith, Jolley, and Schmidt 2012).

### **Poor participation in the informal sector**

In many countries of the global South, PWD and WWD especially have been forced to eke out an existence in the informal sector. In the face of unemployment, many PWD turn to begging or street vending for survival (Groce et al. 2011; Ngwena 2006). Nearly 80 per cent of economically active PWD in the global South rely on hazardous and insecure informal trade (Groce et al. 2011; Leymat 2012). Street vending for WWD implies possible vulnerability to crime, discrimination, and harsh environmental conditions. With limited access to productive resources and capital, the WWD in this study spoke of surviving by begging, and self-help initiatives, such as selling poultry, eggs or craftwork, for example:

I survive mainly on money I get from well-wishers and I sell mats that I make from reeds ... My business is small, as I do not have capital or skills to expand it. I need capital to buy more reeds to make more mats, and to earn bigger profits. However, no one is willing to give me money to increase my business. Organisations that support women are unwilling to support women with disabilities, because they despise us. [Jenni]

I get most of my money from poultry keeping ... I have 10 hens that are laying eggs for me to sell ... I was hoping to get a loan or funding to increase them to 20 or 30 hens, but I'm failing to get it, since people are not willing to lend me money. Those who are willing, charge high interest rates ... [Tashel]

Rural WWD lack the support, business management, and marketing skills required to maximise their efforts in informal trade. Many micro-finance institutions do not regard WWD as creditworthy (Groce et al. 2011; Mont 2014). In fact, WWD constitute less than 1 per cent of most micro-finance institutions' clients (Groce et al. 2011; Leymat 2012).

## **Theme two: disablement in the routines of everyday life**

The second major theme emerging from the interviews concerns the ways in which disability became a struggle between personal health care needs, reproductive aspirations, the need to have clean water and toilets, use transport, access buildings, and the public provision of such support and services. The subthemes are explored below.

### ***Health care services: a daily struggle***

WWD have a diverse range of health care needs, including access to special assistive devices and drugs, reproductive health care services, and information (Wiman, Helander, and Westland 2002; World Health Organization and World Bank 2011). Accessing some form of health care assistance structured the daily routines of the WWD in this study. They spoke in particular of the long distances to health care centers, exacerbated by poor access to transport, for example:

It's very difficult for me to travel all the way to the clinic without the help of other people, because the clinic is a long distance away from this village. Most of the time, I hire a scotch cart or wait for well-wishers to use their vehicles to ferry me to the clinic. [Marilini]

The nearest clinic is about 3 km from our homestead ... Sometimes I struggle to reach the clinic with my crutches and go through all the procedures at the clinic, only to be told there is no medication. [Sarah]

At the clinic, you are supposed to pay consultation fees. So if you get sick, you need to think seriously about consultation, medication and transport costs. [Edelina]

The high cost of health care and related transport expenses further strain limited household incomes. Although these difficulties are experienced by many, especially the elderly, these costs are compounded for WWD. For example, Eide and Ingstad (2011) and Mandipa (2014) found that state provision to PWD in terms of assistive devices such as spectacles, wheelchairs, and crutches is inadequate. Not only is this in contravention of Articles 4 and 20 of the CRPD that affirm the state's responsibility but limits the WWD's functioning and ability to live independently. The study found this to be true for the research participants. For example, Doris explained:

In my case, I can see a little bit with the help of high-prescription spectacles. My prescription for these glasses expired two years ago ... I have been going to the hospital, expecting to receive new ones, but to no avail. I am told that the hospital does not have spectacles at the moment and they referred me to private practitioners. But I don't have money for that.

The challenges that rural WWD have in accessing health care services were more pronounced with regards to their reproductive health care needs. Article 25 of the CRPD confirms the right of PWD to enjoy the highest attainable standard of health care, including reproductive healthcare. Often, however, the disabled body is regarded by others as excluded from sexual and reproductive activities (Chikumbu 2014; Rohleder et al. 2009; Rugoho and Maphosa 2017; Touko et al. 2010). Frohmader and Ortoleva (2013) report that some WWD in rural areas have been forced to terminate pregnancies, because of concerns of family members and health care staff for the mother or her baby. The research participants suggested that because of this, some WWD in rural Zimbabwe avoid health care centers to instead rely on community midwifery or lay healers; however, we did not uncover first-hand evidence of this in the field. The interviewees recounted their experiences as follows:

When I visited the clinic for periodic check-ups during my pregnancy, I could hear staff laughing and saying how bad it was that a woman with disabilities decided to get pregnant ... I was equally disappointed to realise that my sister was telling nurses behind my back to see to it that I stop conceiving as soon as I delivered my child ... Perhaps, it's a crime, sin or shame for visually impaired women to conceive ... I don't know ... [Eliza]

I stayed at the maternity ward for nearly two weeks waiting to deliver my baby, and I felt insulted by the nurses on duty. Probably, they were upset because they had to always accompany me to get to important places in the hospital, because I could not do this on my own. Every time I called them for help, you could hear them murmuring and even saying stuff aloud such as "Why did you indulge in sex if you are blind?" or "You are bothering us" ... I don't see myself getting pregnant again, because the insults were just too much. Also, nurses don't care about our privacy when we visit health care centres. They think that being blind means I cannot explain my own health problems, because in most cases they want my helper to get into the consultation room with me to explain my condition. [Zelda]

I went to the clinic when I developed some rash on my private parts. I was disappointed that my aunt, who accompanied me, was allowed in the consultation room with me. I ended up asking my aunt to please leave and that's only when the nurse realised I needed my privacy ... Instead of apologising for the oversight, she scolded me for asking my aunt to leave the consultation room. [Tuso]

I visited the clinic for pregnancy check-ups and the nurse who was attending to me was not concerned with my privacy. She allowed people to come into the consultation room whilst I was being examined. I suspected the nurse was calling other nurses to come and examine me. I guess she wanted them to see a crippled women who is pregnant. [Josey]

WWD in rural Zimbabwe face challenges in accessing health care information and are often excluded from local training or information-sharing workshops.

We are excluded when women are invited to attend meetings where they are trained about disease prevention and family planning issues. Besides, most of the meetings are conducted far away from our villagemaking it very difficult for me to attend. So, I often get feedback from friends after the meetings. Sometimes, they bring back pamphlets, but the documents are not in Braille, so I cannot use them. [Maria]

Women from this area were invited for cancer screening sessions at the nearby clinic, but I only heard of it after people came back from the meeting. You then start to wonder if you're an equal woman ... you know ... if you're like others in society ... or if it's just a thing that rights groups say ... [Fay]

### ***Washing, water and sanitation***

Much of the everyday routines of the research participants also revolved around securing water for drinking, cooking, or washing, and accessing toilets. During the fieldwork we witnessed boreholes being drilled through state and non-governmental organization (NGO) assistance. Despite these efforts, some WWD found it difficult to access safe water, for example, Naomi said:

In summer I surely need my relatives to fetch water for me from the borehole, because it is far away from my home (approximately 1 km). Even if I go there alone, I will not be able to pump the water and carry even a five-litre container back home.

In the interviews, the women revealed that whenever water was scarce in the households, they needed to forego bathing, often for several days. This negatively affects their dignity and ability or desire to take part in the community (Wilbur et al. 2013).

All of the research participants' dwellings had so-called Blair toilets (pit latrines). Most of these toilets are built on high ground with a number of steps leading up to them, and with no wheelchair access. This necessitates assistance by an able-bodied person for these most intimate of actions. Collectively speaking, all of these issues undermine the autonomous development of an assured sense of bodily agency, a trait already hampered for WWD.

### ***Inaccessible infrastructure and transport***

WWD's everyday existence is further dominated by a search for access to spaces and places. In the study area, many health care and educational facilities have ramps and accessible pavements to accommodate the visually impaired and wheelchair users. Shops, beerhalls, and the rural District Council's Offices, however, do not have these features. Even recently erected buildings at the Mataga Growth Point, the Mberengwa Business Center, the Musume Business Center, and the Jeka Business Center have no wheelchair ramps. Participants revealed how the inaccessibility of buildings has long been a problem for them:

People are not bothered with our situation when they build their retail shops and other business places, yet we are equal customers who want to buy from their shops. [Esnath]

Wheelchair users like me face challenges to get into buildings in the district ... If there is anything you want from the Rural District Council, then you need someone to go with you, otherwise you won't be able to move your wheelchair up there. [Donna]

Indeed, the Mberengwa Rural District Council offices are built on a hilltop at the Mataga Growth Point, making it difficult for PWD to reach the offices. Eide et al. (2003) and Mandipa (2014) also commented on the inaccessibility of government offices and magistrates' courts, including the government complex in Gweru. Article 9 of the CRPD calls upon the state to ensure the accessibility of public infrastructure for PWD. The inaccessibility of public offices constitutes sociopolitical exclusion and is a violation of WWD's right to information and services as lucidly guaranteed by the CRPD.

Narratives by rural WWD revealed how they are unable to overcome the challenges faced in accessing public transport in rural Zimbabwe. Many WWD find it difficult to board public transport as stations do not have wheelchair access. In most cases, rural WWD board public transport with the help of others. Norah explained:

It's difficult to board a bus to go to town or any other place, because you can't do it without being lifted up from your wheelchair by someone. As a woman you wouldn't want the conductors to be seen lifting you up, but you don't have an option other than being lifted up by a stranger.

The poor road infrastructure in most parts of Mberengwa means that wheelchair use to get anywhere independently is nearly impossible. Many WWD are unable to visit with friends or relatives, or to attend health care facilities without prearranged transportation assistance.

### **Theme three: bodies that matter**

The third major theme emerging from the analysis concerns the way in which disabled bodies are responded to by other bodies. In particular, abusive and exploitative relationships and accessing social justice came to the fore and are further explored below.

#### ***Battered and vulnerable bodies***

Disability appears to be the major risk factor accounting for the vulnerability of rural WWD to abuse, physical and sexual violence (Rugoho and Maphosa 2016). Groce et al. (2011) found that WWD are three times more likely to be victims of sexual, emotional, and physical abuse.

Most of the research respondents revealed that they have been exposed to some form of abuse and violence from strangers and family members. Two narrations stood out in this regard:

My family members sometimes forget to open my room, and to take me outside. Mostly I think they just forget, but, in some instances, they just don't want to open the door for me to go out, and to be seen by others ... especially the young ones when they have visitors. [Chipochase]

One day I was looking for my goats. Then a man came from behind me and he grabbed my crutches, and I couldn't walk nor stand. All I managed to do, was to scream for help. Lucky enough some men were gold panning in the nearby river, and they ran to my rescue ... Up to now I don't know what that man was up to ... But it scared me. [Jenni]

#### ***Abused bodies unable to access justice***

Waddell (2012) found that WWD struggle to convince others of their alleged sexual abuse, as they are often considered asexual. The physically deformed self is seen as undesirable (Garland-Thomson 2005). Many of the interviewees mentioned that they have approached traditional leaders' courts about grievances. The traditional courts deliberate on matters related to verbal and physical violence, land, and other minor disputes. The prevailing opinion among the interviewees was that traditional courts handle cases of alleged sexual abuse poorly. In addition, family members and local law enforcement did not take their complaints about sexual abuse seriously, often infantilizing the WWD. Josey and Esther, for example, said:

When I was young, I used to tell my uncle of a relative who wanted to rape me, but he wouldn't believe me and continued to leave me alone with this man. My uncle used to

laugh at me and say “He’s only playing with you, no one can do that to you in your state.” [Josey]

People don’t take issues relating to us people with disabilities seriously—including the police. I was sexually abused by a person in this village. After reporting this to the neighbourhood policeman, nothing was done to arrest the perpetrator ... In fact, my story was regarded as rubbish, and I was accused of lying. My family was told that there is no one who can desire a disabled person like me, and we were threatened with unspecified action if we pursued the case. [Esther]

This struggle for justice extended to informal exchange deals to, as Norah revealed:

I gave a neighbour a goat, and, in return, he would put up a fence made out of thorns at my homestead ... but he failed to honour the promise ... he took the goat and absconded ... so after more than two months, I had no other option but to approach the headman. But even now it’s more than seven months later, and still there is no action. And I have done the fencing myself now ... but he has not given me back my goat ... and I don’t know what to do.

Exclusion from justice also extended to the WWD’s attempts to exercise political agency. Participation in community life and political activities were curtailed for most of the research participants, stemming from poor transport and the non-availability of ballot papers for the visually impaired. For example, Shailini explained:

I have only voted once in 2000, and I did not vote during the 2002, 2005, 2008 and 2013 electoral contests. When I voted for the first time in 2000, I was disappointed that I had to be assisted, since there are no Braille ballot papers. If the person helping me go and tell other people how I have voted, I can be beaten by supporters of the party I did not vote for.

These examples vividly demonstrate how vulnerable subjectivities are created against the normative calibration of conventional bodies. Socioeconomic hardships and power asymmetries that exist for many rural Zimbabweans are deepened for WWD who are regarded by others as bodies that should be contained, silenced, or eliminated.

## Discussion and conclusion

Intersectionality and CFD theory proved to be a valuable lens for this first phase study for six important reasons. First, it demonstrated how all positionalities (sex, gender, age, ability, race, and place of residence) freely flow through power structures, but that it is their intersection that leads most decisively to a reification of power structures. In this regard, the data demonstrated how the personhood of WWD in this study was minoritized in their rural society, where poverty, negative attitudes, cultural and patriarchal tendencies clash with (inter)personal rights, and equality. The exclusion, discrimination, and marginalization of rural WWD arise not as a result of the intrinsic nature of their impairments, but rather as a consequence of indigence, limited knowledge and awareness of their rights, poor responses by the state to enact liberal disability legislation, and the wider society’s negative gender and disability perceptions.

Second, intersectionality and CFD theory foreground the active resistance of static and singular notions of (dis)ability. The WWD in this study did not subscribe to victimhood. Instead, they all pushed back at their exclusions by attempting to find employment, earn an income, work the land, access grants to add to the household income, enact their reproductive desires, and approach agents of justice to hear their cases. They

actively attempted changing the outcomes in favor of hope, justice, agency, possibility, and dignity.

Third, intersectionality as located in CFD theory enabled insights into material, social, psychological, and physical impacts of lived experience of the WWDs as rural women in Zimbabwe. The data confirmed that no single disability model in isolation fully accounts for these realities. CFD theory offers a view of WWD refracted through the filters of gender, an impaired body, and patriarchal attributes. Following Garland-Thomson (2011, 591), we conclude that the intersecting, oppressive forces impacting on WWD stem from “prejudicial attitudes” that manifest as “architectural barriers, exclusionary institutions and the unequal distribution and access to resources”. The majority of WWD in the study recounted experiences of being despised, ridiculed, neglected, ignored, kept out of school, and even out of sight. Obstacles in accessing social grants, governmental buildings, state health care, land, agricultural resources, confidential suffrage, and information all speak of a failure by the state to implement claims to inclusive development.

Fourth, the richness of CFD theory that stresses intersectionality as its core heuristic sensitized the researchers to privileging the voices of the marginalized and enabled rendering thick descriptions of their accounts.

Fifth, intersectionality as imagined in CFD theory urges the social scientist to ask how oppression transmits in the intersecting spheres of private and public spaces, culture, and socialization. The data powerfully demonstrated how the 25 WWD received commonly held beliefs about disability that intersected with their expected roles as women, and as women trying to earn a living in a rural area. Despite progressive legislation, the labelling of disability, womanhood, and rurality intersected to produce and reproduce hierarchies of disempowerment.

Lastly, the conceptual lens privileges sites for resistance and activism. The data revealed the urgent need to preserve, extend, and realize distributive equality. The government, policy-makers, and leaders should mainstream disability and gender in the allocation of productive resources and basic needs, align disability-related laws to the best international instruments, and raise awareness of the rights of PWD and rural WWD. Such efforts can sensitize the wider society, and change the mindsets of many, including public servants and community leaders, to progressively advance WWD’s rights.

## Disclosure statement

No potential conflict of interest was reported by the author(s).

## References

- Bilge, S. 2010. “Recent Feminist Outlooks on Intersectionality.” *Diogenes* 57 (1): 58–72. doi:[10.1177/0392192110374245](https://doi.org/10.1177/0392192110374245).
- Carastathis, A. 2014. “The Concept of Intersectionality in Feminist Theory.” *Philosophy Compass* 9 (5): 304–314. doi:[10.1111/phc3.12129](https://doi.org/10.1111/phc3.12129).
- Chikumbu, M. 2014. “Challenges Faced by Disabled Youth in Sexual Relationships.” Thesis, University of Zimbabwe.
- Chingarande, S. D. 2003. “Women and Access to Land in The Context of The Fast Track Land Reform Programme.” In *Policy Brief Prepared for The African Institute for Agrarian Studies*, edited by AIAS, 1–16. Harare: AIAS Publishers.



- Chouinard, V. 2014. "Precarious Lives in the Global South: On Being Disabled in Guyana." *Antipode* 46 (2): 340–358. doi:10.1111/anti.12046.
- Cohen, L., L. Manion, and K. Morrison. 2000. *Research Methods in Education*. London: Routledge.
- Connell, R. 2011. "Southern Bodies and Disability: Re-Thinking Concepts." *Third World Quarterly* 32 (8): 1369–1381. doi:10.1080/01436597.2011.614799.
- Davis, K. 2008. "Intersectionality as Buzzword: A Sociology of Science Perspective on What Makes A Feminist Theory Successful." *Feminist Theory* 9 (1): 67–85. doi:10.1177/1464700108086364.
- Degener, T. 2016. "Disability in a Human Rights Context." *Laws* 5 (35): 1–24. <https://www.mdpi.com/2075-471X/5/3/35>.
- Dhemba, J. 2013. "Social Protection for The Elderly in Zimbabwe: Issues, Challenges and Prospects." *African Journal of Social Work* 3 (1): 1–11.
- Eide, A. H., and B. Ingstad. 2011. *Disability and Poverty. A Global Challenge*. Bristol: The Policy Press.
- Eide, A. H., S. Nhiwathiwa, J. Muderedzi, and M. Loeb. 2003. *Living Conditions Among People with Activity Limitations in Zimbabwe. A Representative Regional Survey*. Oslo: SINTEF.
- Erevelles, N., and A. Minear. 2010. "Unspeakable Offenses: Untangling Race and Disability in Discourses of Intersectionality." *Journal of Literary & Cultural Disability Studies* 4 (2): 127–146. doi:10.3828/jlclds.2010.11.
- Frohman, C., and S. Ortoleva. 2013. "The Sexual and Reproductive Rights of Women and Girls with Disabilities." Accessed March 16, 2017. [http://womenenabled.org/pdfs/issues\\_paper\\_srr\\_women\\_and\\_girls\\_with\\_disabilities\\_final.pdf](http://womenenabled.org/pdfs/issues_paper_srr_women_and_girls_with_disabilities_final.pdf).
- Garland-Thomson, R. 2000. "Staring Back: Self-Representations of Disabled Performance Artists." *American Quarterly* 52 (2): 334–338. doi:10.1353/aq.2000.0024.
- Garland-Thomson, R. 2002. "Integrating Disability, Transforming Feminist Theory." *NWSA Journal* 14 (3): 1–32. <http://www.jstor.org/stable/4316922>.
- Garland-Thomson, R. 2004. "The New Disability Studies: From Oedipus to the Human Genome." In *Disability Studies in The University, Emory Across Academe*, edited by R. Garland-Thomson, 5–11. Atlanta: Academic Exchange.
- Garland-Thomson, R. 2005. "Feminist Disability Studies." *Signs: Journal of Women in Culture and Society* 30 (2): 1557–1587. doi:10.1086/423352.
- Garland-Thomson, R. 2011. "Misfits: A Feminist Materialist Disability Concept." *Hypatia: A Journal of Feminist Philosophy* 26 (3): 591–609. doi:10.1111/j.1527-2001.2011.01206.x.
- Goodley, D. 2011. *Disability Studies: An Interdisciplinary Introduction*. Los Angeles: SAGE.
- Grech, S. 2016. "Disability and Development: Critical Connections, Gaps and Contradictions." In *Disability in the Global South. International Perspectives on Social Policy, Administration, and Practice*, edited by S. Grech and K. Soldatic, 3–19. Cham: Springer. doi:10.1007/978-3-319-42488-0\_1.
- Groce, N., M. Kett, R. Lang, and J.-F. Trani. 2011. "Disability and Poverty: The Need for A More Nuanced Understanding of Implications for Development Policy and Practice." *Third World Quarterly* 32 (8): 1493–1513. <http://www.tandfonline.com/10.108001436597.2011.604520>.
- Hall, K. Q. 2011. *Feminist Disability Studies*. Bloomington: Indiana University Press.
- Henderson, G., and W. V. Bryan. 2011. *Psychosocial Aspects of Disability*. Springfield: Charles C. Thomas.
- Khuphe, W. 2010. "Disabled Peoples Rights Where Does Zimbabwe Stand?" Accessed April 12, 2017. <http://www.thezimbabwean.co/2010/04/disabled-peoples-rights-where-doeszimbabwe-stand/>.
- Lang, R., and G. Charowa. 2007. *Scoping Study: Disability Issues in Zimbabwe. Final Report*. London: DFID.
- Leymat, A. 2012. "Inclusive Microfinance: Reaching Disabled People Through Partnership Development." *Enterprise Development and Microfinance* 23 (1): 25–37. doi:10.3362/1755-1986.2012.004.
- Manatsa, P. 2015. "Are Disability Laws in Zimbabwe Compatible with The Provisions of The United Nations Convention on The Rights of Persons with Disabilities (CRPD)?" *International Journal of Humanities and Social Science Invention* 4 (4): 24–34.
- Mandipa, E. 2014. "A Critical Analysis of The Legal and Institutional Frameworks for The Realisation of The Rights of Persons with Disabilities in Zimbabwe." In *African Disability Rights Yearbook*

- Volume 1 2013, edited by C. Ngwenya, I. Grobbelaar-duPlessis, H. Combrinck, and S. D. Kamga, 73–96. Pretoria: Pretoria University Law Press.
- Marongwe, N., and R. Mate. 2007. *Children and Disability, Their Households' Livelihoods Experiences in Accessing Key Services*. Rome: FAO.
- Marriott, A., and K. Gooding. 2007. "Social Assistance and Disability in Developing Countries." Accessed May 20, 2015. [http://www.undppovertycentre.org/publications/cct/Social\\_Assistance\\_Disability\\_Gooding\\_Marriott.pdf](http://www.undppovertycentre.org/publications/cct/Social_Assistance_Disability_Gooding_Marriott.pdf).
- Meekosha, H., and R. Shuttleworth. 2009. "What's So 'Critical' About Critical Disability Studies?" *Australian Journal of Human Rights* 15 (1): 47–75. doi:10.1080/1323238X.2009.11910861.
- Mont, D. 2014. "Employment Policy Approaches and Multi-Sectoral Implementation in Low and Middle-Income Countries." In *Disability and Equality at Work*, edited by J. Heymann, M. A. Stein, and G. Moreno, 300–331. New York: Oxford University Press.
- Ndinda, C., and T. P. Ndhlovu. 2018. "Gender, Poverty and Inequality: Exploration from A Transformative Perspective." *Journal of International Women's Studies* 19 (5): 1–12. <http://vc.bridgew.edu/jiws/vol19/iss5/1>.
- Ngwenya, C. 2006. "Deconstructing the Definition of 'Disability' Under the Employment Equity Act: Social Deconstruction." *South African Journal on Human Rights* 22: 613–646. doi:10.1080/19962126.2006.11864904.
- Owens, J. 2015. "Exploring the Critiques of The Social Model of Disability: The Transformative Possibility of Arendt's Notion of Power." *Sociology of Health & Illness* 37 (30): 385–403. doi:10.1111/1467-9566.12199.
- Parekh, P. N. 2008. "Gender, Disability and The Postcolonial Nexus." In *Wagadu. Volume 4. Intersecting Gender and Disability. Perspectives in Rethinking Postcolonial Identities*, edited by P. Parekh, 173–195. New York: Xlibris.
- Parliament of Zimbabwe. 2012. *Disabled Persons Act*. Harare: Parliament of Zimbabwe.
- Parliament of Zimbabwe. 2013. *Constitution of Zimbabwe Amendment (No. 20) Act of 2013*. Harare: Fidelity Printers and Refiners.
- Presidential Land Review Committee. 2003. "Report of The Presidential Land Review Committee on The Implementation of The Fast Track Land Reform Programme, 2000–2002. The Utete Report." Accessed March 3, 2017. [https://sarpn.org/documents/d0000622/P600-Utete\\_PLRC\\_00-02.pdf](https://sarpn.org/documents/d0000622/P600-Utete_PLRC_00-02.pdf).
- Rohleder, P., L. Swartz, A. H. Eide, and H. MacGregor. 2009. "HIV/AIDS and Persons with Disabilities." In *HIV/AIDS in South Africa 25 Years On: Psychosocial Perspectives*, edited by P. Rohleder, L. Swartz, S. C. Kalichman, and L. C. Simbay, 289–304. New York: Springer.
- Rugoho, T., and F. Maphosa. 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 (1): 1–8. doi:10.4102/ajod.v6i0.252.
- Rugoho, T., and F. Maphosa. 2016. "Gender-Based Violence Amongst Women with Disabilities: A Case Study of Mwenzi District, Zimbabwe." *Gender Questions* 3 (1): 97–113. doi:10.25159/2412-8457/822.
- Sherry, M. 2008. "Post)Colonising Disability." In *Wagadu. Volume 4. Intersecting Gender and Disability. Perspectives in Rethinking Postcolonial Identities*, edited by P. Parekh, 21–35. New York: Xlibris.
- Smith, F., E. Jolley, and E. Schmidt. 2012. "Disability and Disasters: The Importance of An Inclusive Approach to Vulnerability and Social Capital." Accessed February 23, 2016. <https://www.worldwewant2015.org/node/287097>.
- Soldatic, K. 2013. "The Transnational Sphere of Justice: Disability Praxis and The Politics of Impairment." *Disability & Society* 28 (6): 744–755. doi:10.1080/09687599.2013.802218.
- Thornton, D. B., and M. H. Kohlman. 2014. "Intersectionality: A Transformative Paradigm in The Feminist Theory and Social Justice." In *Handbook of Feminist Research: Theory and Praxis*, edited by S. N. Hesse-Biber, 154–175. Thousand Oaks: SAGE.
- Touko, A., C. P. Mboua, P. M. Tohumtain, and A. B. Perrot. 2010. "Sexual Vulnerability and HIV Seroprevalence Among the Deaf and Hearing Impaired in Cameroon." *Journal of The International AIDS Society* 13 (5): 1–5. doi:10.1186/1758-2652-135.

- United Nations. n.d. "Convention on the Rights of Persons with Disabilities (CRPD)." Accessed May 1, 2018. <https://www.un.org/development/desa/disabilities/conventionon-the-rights-of-persons-with-disabilities/preamble.html>.
- United Nations Children's Fund (UNICEF). 2014. "Zimbabwe Multiple Indicator Cluster Survey (MICS) Report 2014." Accessed June 10, 2015. [https://www.unicef.org/zimbabwe/Zim\\_MICS5\\_Final\\_Report\\_FINAL.pdf](https://www.unicef.org/zimbabwe/Zim_MICS5_Final_Report_FINAL.pdf).
- United Nations Economic and Social Commission for Asia and the Pacific (UNESCAP). 2003. "Promoting Full Participation of Women with Disabilities in The Process of Elaboration on An International Convention to Promote and Protect the Rights and Dignity of Persons with Disabilities." Accessed June 23, 2015. [www.wvda.org.au/unescapwwd1.doc](http://www.wvda.org.au/unescapwwd1.doc).
- United Nations Office of Disaster Risk Reduction. 2014. "Living with Disability and Disasters: UNISDR 2013 Survey on Living with Disabilities and Disasters – Key Findings." Accessed January 23, 2014. [http://www.unisdr.org/2014/iddr/documents/2013DisabilitySurveyReport\\_030714.pdf](http://www.unisdr.org/2014/iddr/documents/2013DisabilitySurveyReport_030714.pdf).
- Vehmas, S., and N. Watson. 2014. "Moral Wrongs, Disadvantages, And Disability: A Critique of Critical Disability Studies." *Disability & Society* 29 (4): 638–650. doi:10.1080/09687599.2013.831751.
- Waddell, M. A. 2012. *Contextual Factors Around the Sexual Abuse of People with Disabilities in East Africa. Knowledge Based Upon a Descriptive Literature Review of Applied Research*. Buckinghamshire: Advantage Africa.
- Wilbur, J., H. Jones, L. Gosling, N. Groce, and E. Challenger. 2013. "Undoing Inequality: Inclusive Water, Sanitation and Hygiene Programmes That Deliver for All in Uganda and Zambia." Accessed January 4, 2018. <http://wedclboro.ac.uk/resources/conference/36/Wilbur-1803.pf>.
- Wiman, R., E. Helander, and J. Westland. 2002. *Meeting the Needs of People with Disabilities: New Approaches in The Health Sector*. Washington: World Bank.
- Women and Land Lobby Group. 2000. "Women's Land Rights in Southern Africa." In *Proceedings of a Regional Conference Hosted by The Women and Land Lobby Group and The Friedrich-Ebert-Stiftung*, Harare: Sheraton Hotel, 2000.
- Women Watch. 2012. "Women with Disabilities Fact Sheet." Accessed May 12, 2015. <http://www.un.org/womenwatch/enable/WWD-FactSheet.pdf>.
- World Health Organization and World Bank. 2011. *World Report on Disability*. Geneva: WHO.