***Review Article***

**CORRELATION** **BETWEEN** **GENDER INEQUALITY, DISABILITY AND POVERTY AS A BARRIER TO EQUALITY IN AFRICA: A REVIEW OF SELECTED AFRICAN COUNTRIES**

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| **Abstract:** Women who are impoverished, disabled and not enjoying equality like their male counterparts in Africa and the world. In South Africa alone at least 8.9 per cent of women are living with disability compared 6.4 percent of men (Basson, 2021:347). This study evaluates the existence of a correlation between gender inequality, disability and poverty. It uses four randomly selected countries including South Africa, Kenya, Ghana, and Tanzania. The researcher employed qualitative methodology to analyse data. Young and old women living with disabilities experiences inequality, disability and poverty in a different way compared to their peers without disability as a result, their path to equality is longer. The author argues that there is greater correlation between the variables gender inequality, disability and poverty and they contribute in the sustainance of inequality in Africa. |
| **Key words:** Gender, disability, poverty, barriers, equality, inequality, correlation, women |

**1.INTRODUCTION**

Impoverished women who have disabilities make up some of the most isolated and overlooked people in the world (Humphrey, 2016). In this study, the researcher conducted a literature review to evaluate the existence of correlations between gender, disability, and poverty with a particular focus to the African continent. To achieve the above, the researcher further presents cross-sectional country to country evaluation of the existence of correlations between *gender, disability, and poverty* in four African countries*.* The researcher initially presents the state of *gender, disability, and poverty in each country with strict focus on the* prevalent conditions and at the end giving recommendations on what needs to be done.

**2. METHODOLOGY**

The researcher conducted a desktop review of literature on the topic conducted between January and March 2024. The key words underpinning the desktop study were *(i) gender, (ii) disability, (iii) poverty, (iv) and inequality.* A cross-sectional view of state of gender, disability, and poverty in selected African states was conducted and the observation from each country enriched the study. The study looked at four countries in Africa including (*i) South Africa, (ii) Kenya, (iii) Tanzania, (iv) and Ghana*, these randomly represent the Southern, Eastern and Western regions of the continent thus giving a well spread outlook of the African continent.

The researcher also present country to country cross sectional comparison between the selected countries using the following thematic areas (*i) Legislative Frameworks(ii) Social Security (iii) Education (iv) Transport (v) Poverty (vi) And Employment* to compare the sampled countries. The statistical data is sources from different country reports but some of the country’s statistics were reportedly understated. A greater progress has been achieved in the regulatory environment and adoption of regulatory frameworks to empower women in general and persons with disabilities in particular. However, there is a lot that need to be done to alleviate women living with disabilities and poverty from the triple strand of inequality, poverty and exclusion.

**3. BACKGROUND**

Poverty among people with disabilities is perpetuated by their lack of access to education, health care and employment opportunities (Venter et al.2002:1). Venter (2022) conducted research on *enhanced accessibility for people with disabilities living in urban areas* and key amongst the issues found in relation to barriers from a female participant was that men had misinterpreted their requests for help and thought that they had received unwanted advances. This stereotype demonstrate the linkage between exclusion/isolation and traditional gender stereotypes.

Furthermore, exclusion is according (Beales and Gelber,2021:6) to worsened *by (i) age, (ii) gender, (iii)poverty, (iv) ethnicity, (v)sexual orientation, (vi) and location*, the above demonstrates the interlinkages between gender, disability and poverty as barrier to equality as raised in the title of the study. This assertion is affirmed by author when arguing that the six barriers raised above denies women from different countries to and women with disabilities in particular to benefit from (*i) social protection, (ii)health, (iii) education, (iv) employment, (v) transportation, (vi) community space and (vii) political representation.*

The state of poverty and limited opportunity also poses a barrier for women in education. Sakar (2023:1) observed that the quantum of students with disabilities (SwDs) enrolled in higher education, in particular, is quite low. Therefore, implicitly meaning that the number of women with disabilities is low. This according to the worsened by the financial implications imposed by the disability. To this end, poverty and marginalisation are compounded when gender, age and disability intersect, contributing to extreme vulnerability (Beales and Gelber,2021:4).

Globally, women in general are more likely than men to become disabled because of poorer working conditions, poor access to quality healthcare, and gender-based violence (Ziegler,2014:9). This is affirmed by the female disability prevalence rate of 19.2% while it is 12% for males. The social norms and culture is the biggest pushback against equality. As a result, the UNDP (2023:3) suggest that without tackling biased gender social norms, we will not achieve gender equality. Whereas the three concepts have clearly conceptualised, there is limited effort to find the correlation between these variables.

The World Health Organisation (WHO, 20211:10) argues that disability may accelerate the risk of poverty, and poverty in return may accelerate the risk of disability. The question remains what is the effect of gender on both disability and poverty? The World Health Organisation (WHO) (2011) further note that people with disabilities are globally experiencing *(i) poor health outcomes, (ii) Lower education attainment, (iii)lower economic participation, (iv) and higher poverty levels* when compared with non-disabled persons.

**4. PURPOSE**

This study seeks evaluate the correlation between gender inequality, disability and poverty as a barrier to equality in Africa.

**5. DEFINITION OF KEY CONCEPS**

**Disability:** Sakar (2023:1) in his exploration of Challenges of women with disabilities in accessing higher education defines disability as an incapacity to engage in activities that are viewed as *“normal”* in their everyday culture of humanity. Whereas the World Health Organisation (WHO,2011:3) charecterised disability as (*i) complex, (ii) dynamic, (iii) multidimensional, (iv) and contested.* WHO (2011) further asserts that everyone will temporarily or permanently be impaired at a certain stage of life.

From the above it can be deduced that disability is continuously evolving, and it possess a variety of characteristics. The above observation is affirmed by Ziegler (2014:8) who see disability as an *“evolving concept”.* The United Nation’s (UN) Convention on the Rights of Persons with Disabilities herein referred to as the CRDP characterises people with disabilities as those with long term physical, mental, intellectual or sensory impairments which inhibits the groups or individual’s equal participation in life where the rest of the society is able to do so.

**Gender:** A Closer look of the analogy presented by Ziegler (2014:7), Pryzgoda and Chrisler (2000) suggest that gender goes beyond the biological features of male and female and expands to *(i) behavioural, (ii) social, (ii) and psychosocial elements* of both men and women (Socialised behavioural patterns). The socialised behavioural patterns found synergy with what the United Nations Development Programme (UNDP,2023:4) identify as the problem of Biased gender social norm Biased gender social norms that are seen to be a limiting factor or inhibiting factor standing opposite to gender equality. Both gender and gender inequality are according to Ziegler (2014:5) bearing a significant influence on the lives of people with disabilities with gender inequality most affecting their livelihoods.

**Poverty:** According to Graham, Moodley, Ismail, Munsaka, Ross and Schneider (2014:14) poverty has been understood in various ways over the past decades. Whilst there are many angles from which poverty is defined or conceptualised, the common definition of what an impoverished person or community is given by Raywat (2019:19) as the inability to access the necessities of life (House/food/shelter) resulted in the main by unaffordability or lack of financial resources.

In addition, Raywat further breaks down poverty as absolute poverty *(the ability to have minimal requirement to afford what is deemed as the basic standards for living)* Whereas relative poverty is viewed by the author as living below the accepted standards of particular community.

This implies that some members of the society are deemed impoverished as they are living below the standards accepted in their society thus their poverty is relative whilst absolute poverty means complete inability to afford basic necessities *(food, shelter, health, education etc.)*

Figure 1. below illustrates the disability and poverty cycle



**Figure 1 Disability Poverty Cycle adopted from Venter et al., 2018)**

**6. REVIEW OF LITERATURE**

Pryzgoda and Chrisler (2000) conducted a study entitled *“Definitions of gender and sex: The subtleties of meaning”* sought to quantitatively determine the aspects of the usage the words gender and sex. The author found that the mentality of aligning sexual meanings to the definition of gender will remain for a while until social behavioural meanings of gender are internalised by the people.

Kabeer (2003) looks at gender inequality, poverty eradication and the millennium development goals: promoting women’s capabilities and participation. The author argues for gender analysis in all economic and social development trajectory. This seen as the ideal response to the pervasive nature of gender inequality. Kabeer (2003) acknowledges that gender inequality result the increased disadvantage to women and girls unlike it does to men.

(Beales and Gelber,2021:14) conducted focussed studies in Kenya, Mali and Ghana and found that women with disabilities could not access some of the services they were entitled to, including health due to the following reasons: *(i) information about the services they were entitled to was not made available to them*, *(ii) and that the facilities where they should receive the assistance of help were not disability friendly*. This means that such facilities did not share entitlement information, nor did they create an enabling environment for people with disabilities to access the facilities.

In addition, Beales and Gelber (2021) found that (*i) age, (ii) gender, (iii)poverty, (iv) ethnicity, (v) sexual orientation (vi) and location,* are the factors inhibiting factors which make women with disabilities fail to access social protection, health, education, employment, transportation, community space and political representation. This once again exposes the intersection between disability, gender and poverty as social standards are barriers to rights and opportunities for other women.

Graham et al. (2014:6) conceptualised research entitled Poverty and disability in South Africa as a response to a need to interpret the complex relationship between poverty and disability and to understand what policy and programmatic interventions might work to break the cycle of poverty and disability. Graham et al. (2014) therefore conclude that disability intersects with a range of socio-economic variables, including (*i) age, (ii) race, (iii) and gender.* These variables are according to the author resulting in particular negative outcomes including *(i) reduced levels of income, (ii) lack of labour market participation, (iii) and poor or inadequate health care*.

Failure to access the aforementioned variables compounds the poverty situation of the persons living with disabilities and women with disabilities in particular. Naam (2015) conducted an explorative study seeking to understand the relationship between disability, gender and employment in the Northern part of Ghana.

The above-mentioned study established the existence of a relationship between *disability, gender and employment* and confirms that women with disability are the less employed compared to the other vulnerable groups. This contributes into condemning women to poverty and economic exclusion when compared to other women.

The views raised by Graham et al. above correlate with the observation made by Venter et al. (2018:9), Beales and Giebler (2021:4) about the contribution of living with disabilities to the increased exposure to poverty. However, Graham et al. also identifies a gap where he notes that society is still grappling to understand the nature of the complex relationship between poverty and disability. The authors further observe that society have insufficient data to support theories of the relationship, particularly from developing contexts. The above becomes more complex where you add gender inequality.

Humphrey (2016) master’s research paper entitled: *the intersectionality of poverty, disability, and gender as a framework to understand violence against women with disabilities: A case study of South Africa.* This study explores how poverty, disability, and gender intersect to impact the way that violence affects women with disabilities using a South Africa-based case study. The researcher argues that support programmes for women must have a multidimensional intervention. It is insufficient for narrow interventions whose objectives address one dimension whilst a stronger intersect on issues of women including poverty, disability, and gender.

The UN Women (2018:7) and European Disability Forum (2023:8) observes that women and girls with disabilities are largely targeted different forms of psychological torture including *(i)Bullying, (ii)abusive control, (iii) harassment, (iv) gaslighting, (vi) isolation, (vii) negligence, (viii) and verbal attacks (ix) harmful health practices, (x) harmful sexual practices.* It can thus be deducted from the above assertion the disability of women and girls result in them being more vulnerable and exposed to ill treatment that is less endured by other women and girls.

Dziwornu (2023) presents an overview of the plight of the people living with disabilities in Ghana. The article sough to raise awareness and inspire action toward a more inclusive and equitable society. The author observes that a belief exist that disability is equivalent to incapacity. Whereas disability is simple having different abilities that other members of the population.

The United Nations Development Programme (UNDP,2023) publication entitled *“Breaking down gender biases Shifting social norms towards gender equality”* the UNDP suggest that gender equality without tackling biased gender social norms shall not be easily achieved. Therefore, greater work needs to be done in reorientation of the societal way of doing things if fundamental for the desired change.

Basson’s (2021) study entitled *Relative poverty in female disability grant recipients in South Africa*. The article discusses the link between gender, disability and poverty to illustrate the socio-economic position of female disability grant recipients in comparison to male disability grant recipients. The author argues that Poverty and disability are inextricably linked, in that poverty contributes to the likelihood of occurrence of disability, and disability increases the likelihood of poverty interchangeably.

**7. CROSS SECTIONAL EVALUATION OF SELECTED COUNTRIES IN AFRICA**

Whilst considerable progress for women has been achieved in many basic capabilities, such as the right to vote and equal participation in education, progress has been tenuous in enhanced capabilities UNDP (2024:4). Yet the author acknowledges that women remain underrepresented in leadership positions.

Gibney, Clarke, Kubeng, and Munro (2021:6) also indicate that people with disabilities are still significantly underrepresented at the leadership position in the workplace both public service and business. This case is worsened by the lack of data accounting for women with disability occupying public office (UN Women). As a result, women and girls with disabilities are largely uncounted and invisible in national statistics in many countries in Africa (Beales and Gelber,2021:15). The are various defining features of disability employed globally (Venter et al.,2018:1). This makes it difficult to draw accurate disability statistics. In order to do a significant cross-sectional evaluation and comparison. The following elements as reflected on Table: 1 of this article were employed *(i) Legislative frameworks, (ii) Social Security, (iii) education, (iv) Transport, (v) poverty (vi) and employment.*

**7.1 SOUTH AFRICA**

South Africa is charecterised by Kidd, Wappling, Bailey-Athias, and Tran (2018:4) as one of the world’s most unequal countries. As a result, a larger proportion of the country’s population is according to Kidd et al living at lower incomes levels i.e. *an estimated 50% of the people live on less than thirty-two rands which is equivalent to 2.5 US Dollars per day. whereas 65% of the people in RSA live on less than sixty-four rands which is equivalent to 5.0 US Dollars per day* (Kidd, et al.,2018). Like elsewhere the inequalities between men and are still perpetrated in RSA. Gender inequality is according to Kabeer (2003) the most pervasive form of inequality in society.

However, Kidd, et al.,2018) also appreciates South Africa’s high investment on social security within the African continent. To this end, the country and has implemented programmes and adopted policies to ensure the inclusion of persons with disabilities within the country’s social security. South Africa has also adopted measures to increase women representation to above 40% from 2009 (Thwala,2023:116).

However, it is observed that poverty and disability occupies the centre in the South African inequality challenge. Hence Venter, Savill, Rickert, Bogopane, Venkatesh, Camba, Mulikita, Khaula, Stone, and Maunder (2002:1) observes that disability is both a cause and consequence of poverty whilst Kabeer (2003) suggest gender inequality is also a common feature in socio-economic differentiation.

The South African social security framework provides the following grants *(i) Child Support Grant, (ii) the Foster Care Grant, (iii) Disability Grant, (iv) Care Dependency, (v) and Grant-in-Aid.* The government also picked up that there were illegitimate beneficiaries thus recipients of the Disability Grant have declined by 31% since 2006(Kidd et al.,2018:5) due to removal of non-compliant beneficiaries. From the above it can be deduced that there are elements of the society not living with any form of disability who benefitted from the grants meant to alleviate the living condition of the people with disability. This can be attributed to the fact that the agency responsible for social grants distribution in RSA does not have sufficient capacity to monitor or evaluate the medical assessment within its organisational design (Kidd et al, 2018). and focus only on the administrative side of the process.

Whilst South Africa has adopted strict screening measures for disability grant application, it is observed by Kidd et al. (2018) that the screening process is less favourable for disabled and poor women as the country is affected by shortage of medical practitioners in the public sector. Even where available, there is high risk that they don’t possess sufficient experience to do quality assessment. As a result, the process of medical screening is expanded by the shortage of medical practitioners in the public sector as doctors have to screen more people. Whereas those disability grants applicants who can afford private doctors are easily screened.

It can therefore be deducted from the above that people living with disabilities in South Africa faces possible exclusion from the disability grant or may take longer to complete medical screening for the grant because they cannot afford private medical care. Furthermore, Basson (2021:350) observes that Women with disabilities in South Africa are less likely to have completed grade 12 than men with disabilities. As a result, women living with disability are condemned into poverty by the exclusionary environment in education (*Less skilled/educated, more exposed to poverty, and less economically active compared to their male counterparts).*

In relation to transportation, Venter et al. (2018) reports that the South African public transport facilities are by structural design less favourable for people living with disabilities, this is made worse by the attitude of the operators. Makuyana (2023:1886) found that the public transport *(taxis/kombis etc.)* in South Africa were unable to nurture positive quality experiences to the users living with disabilities nor did they find it reliable. It can thus be deduced from the above that inadequate access to public transport and education affects the penetration of labour market by the people living with disabilities.

Figure 2. below reflects on Labour force participation of severely disabled and non-disabled people poverty quintile (net of all social grants)



**Figure 2. Labour force participation of severely disabled and non-disabled people poverty quintile (Source: Kidd et al.,2018:4)**

The diagram above affirms that people with less limitations (*disabilities are more active in the labour force)* have greater probability of being employed or performing work in South Africa compared to those living with severe limitations/disabilities). Therefore, people with severe limitations (disabilities) will be more exposed to unemployment and poverty due to their limitations.

Women with disability in RSA and other persons living with disability has since 27 April 1994 cumulatively been entitled to a variety of state funded social security benefits including *(i) disability grant (ii) free basic electricity and water (iii) free access to state health facilities (iv) free basic and Higher education (for those who qualify) (v)low-cost housing (vi) Temporarily relief of Distress/R350s etc.* However, there too many exclusionary factors that still needs to be eradicated to ensure that all deserving beneficiaries access this benefit.

**7.2 KENYA**

According to the Republic of Kenya (2019:10), the Government of Kenya has since independence put in place programmatic, policy, legislative and administrative measures towards realization of gender equality and women’s empowerment including supportive institutional frameworks. The country’s Constitution is the supreme law that guarantees equality in the country. However, the problem lies with accuracy of statistics.

At least 523 883 women *(excluding Albinism)* were recorded as living a form of disability in the census 2019 (Republic of Kenya,2024:4), these figures were thus equal to 2.5% of Kenyan population. Beales and Gelber (2021:15) cautions about the reliability of disability data collected by means of censuses in Kenya and other countries because of the observed almost certain underestimated prevalence.

The above view indicates that the figures reported by the Kenya 2019 census may be understated. In relation to post school education opportunities, Kenya has adopted policies that stipulates that there should be no form of discrimination which are also supported by article 27(4) of the constitution 2010 (Republic of Kenya,2019:8).The Republic of Kenya (2024) further reports that women with disabilities in the country are still confronted by multifaceted challenges including *(i) Gender based violence, (ii) Harmful practices (sexual and otherwise), (iii) Access to facilities,(iv)level of education, (v)socio economic status (including living conditions),* etc.

Worth noting are the progressive efforts reduce inequality in Kenya recorded by the World Bank Group (2018: iii) that the Gini Index in Kenya fell from 0.45 in 2005/6 to 0.39 in in 2015/16. The author also reports that poverty in Kenya declined from 46.8 percent in 2005/06 to 36.1 percent in 2015/16. Whilst Kenya is a shining example in general reduction of inequality and poverty the state of impoverished women living with disability remain a concern because there are deliberate efforts or interventions targeting women living with disability.

In relation to international treaties and protocols, the country Kenya has ratified seven of the nine main global human rights instruments including *(i) International Covenant on Civil and Political Rights (“ICCPR”), (ii) the International Covenant on Economic, Social and Cultural Rights (“ICESCR”), (iii) the International Convention on the Elimination of All Forms of Racial Discrimination (ICERD), (iv) the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), (v) the Convention against Torture and Other Cruel Inhuman or Degrading Treatment or Punishment (CAT), (vi) and the Convention on the Rights of the Child (CRC) (Republic of Kenya,2019:11).*

Kenya has also implemented Social Security Programmes including *(i) Cash transfer programmes (assisting household food security, schooling and access to primary health care), (ii) National Social Security Fund (Lumpsum Fund for Informal and Formal Workers on retirement, (iii) and the National health Insurance Fund (subsidising orphans, vulnerable children, persons with severe disabilities and the aged)* (iv) and the Hunger safety net programme (Partnership for African Social and Governance Research,2017:1).

The above is an indication of the state’s commitment to equality between the people and elimination of all forms of discrimination. However, a lot more needs to be done to ensure that compliance with above treaties is realised in Kenya. About 10 percent of children living with disabilities aged between six and seventeen years were reported to have never attended school in Kenya (Kabare,2018:10). Ultimately, the UN Women (2024:8) concludes that the Kenyan government must do more to ensure the inclusion of women and girls with disabilities including removal of the barriers. Despite the progressive measures implemented by Kenya, Beales, and Gelber, (2021) notes that lack of access to information and infrastructural limitations affects or limit access to grants and health services for young girls and women with disabilities.

**7.3 GHANA**

About 7.8% (2,098,138) of the Ghana population 5 years and older (comprising 8.8% females and 6.7% males) is recorded to have disability (Akaateba, Adumpo, and Yakubu,2023:2).Rights for all citizens including women, children and people with disabilities are according to Republic of Ghana (2022:4) well entrenched in Constitution of Ghana,1992.The view by Republic of Ghana (2022) are also raised by the Republic of Ghana (2020:i).These fundamental statutes has resulted in the country adopting key frameworks which guarantees equality of all citizens including (*i) Universal free basic education, (ii) Domestic Violence Act and Regulations, (iii) Person with disability Act 715 of 2006,(iv)Livelihood Against Poverty Programme* etc.

The contribution of the provision of universal free basic education in Ghana can be linked to the observed balance between boys and girls who complete school in Ghana (Republic of Ghana,2010). However, the Republic of Ghana,2020:8) raises a concern about education for people with visual impairments is made due to the difficulty resulted by the *(i) shortage of materials or aids for students (ii) and lack of instructional materials for teachers with visual impairments*.

It is noted by (Ganle and Ofori, 2023:20) that several educational environments in Ghana, including schools and universities, were found inaccessible, thus creating a barrier to education for some people with disabilities The problem of accessibility of educational facilities is a representation of the access difficulties experience in other sectors like health and transport.

In relation disability statistics, Ghana recorded 737 743.00 people with disabilities in 2010 of which 52.5% were women (Republic of Ghana,2010:1; Beales, S. and Gelber, G. 2021:29). However, the authors of the situation report note these statistics might be understated just like it was observed in Kenya. The Ghana Statistical Service (2021) indicate that at least 2,4 million (8%) of the country’s population is constituted by people living with disabilities

Just Like South Africa Ghana implements a variety of social security measures including (i)Social assistance, (ii)Social insurance, (iii) Social equity (iv) Social protection strategy, (v) and the Ghana poverty reduction strategy (Gbedemah, Jones, and Pereznieto, (2010:2). In addition, Beales, S. and Gelber, G. 2021:21) identifies Livelihoods Empowerment Against Poverty (LEAP), Labour Intensive Public Works (LIPW), and the National Health Insurance Authority (NHIA) as some of the social protection programmes set aside to provide for people living with disabilities. Yet both authors still observe limitations in accessing the support and that forms of discrimination of women across the board were still persistent in the country.

Despite the existence of the different legal frameworks to support women with disabilities are according to the Republic of Ghana (2020,7) still ineffective because of the stigmatisation and attitude to women and people living with disabilities. Therefore, there is a need to drastically change the attitudes and shift mindset of the society in Ghana to give more effect to the equality frameworks.

**7.4 TANZANIA**

Tanzania became a signatory to the Convention on the Rights of People with Disabilities in 2009 (Carraro,2024:11). Furthermore, the United Nations (2025: viii) notes that Tanzania has made significant progress in pursuit of gender equality through adopting a number of policies (Disabled Persons (Employment Act of 1982, People with Disabilities Act,2010).

However, Carraro (2024) had since observed that there was inadequate support for people living with disabilities in Tanzania. Carraro (2024) also identifies the country’s constitution and the Disability Act as the country significance statutes that recognises and regulate rights and privileges for people living with disabilities. Yet the World Bank (2024:13) suggest that Tanzania has to do more in implementation of the disability and equality frameworks. There are 3-6 million people living with disability in Tanzania (United Nations,2025:13) Tanzania’s social security is the Productive Social Safety Net (Carraro,2024:11). However, Carraro records that only 1.5% of the Tanzania’s social security resources were actually spent on 1.2 million households (and low). Access to education amongst people with disabilities remains a challenge in Tanzania.

As a result, the World Bank Group (204) observes that 50% of the Women living with disabilities in Tanzania have not acquired any form of formal education. In Tanzania, poverty is also relatively concentrated among vulnerable populations, including women and the disabled (United Nations,2025:13). Therefore, Tanzania is not unique with the rest of the world as there is a greater intersection between gender, disability and poverty in the country (World Bank Group,2024:14). Table 1. below presents a country-to-country cross sectional table on correlations between gender inequality, disability and poverty as a barrier to equality in Africa

**8. THE CORRELATION BETWEEN DISABILITY, GENDER INEQUALITY AND POVERTY**

Having looked at the four countries, it is clear that greater correlation exists between Disability, gender inequality and poverty. The European Institute for Gender Equality, (EIGE,2018:3) notes that the challenges and inequalities that persons with disabilities face affect all aspects of their life and they vary depending on their gender. This is according to the European Institute for Gender Equality the evident in both health education and employment where the female persons with disabilities endure limited opportunities compared to their male counterpart.

Poverty on its own can result in disability and advance gender inequality. Whereas disability can on its own result in increased poverty experiences. The World Health Organisation (2011) that disability may increase the risk of poverty and that poverty and malnutrition may lead to disability in malnourished children. This is also affirmed by Kabare (2018:6) who argues that the absence of support and care for persons living with disability result in a poor quality of life and increase the impairments.

Calderon, Sanchez, and Perez (2020:21) notes that being a woman, poor and living with a form of disability leads life difficulties due to multiple exclusion that women living with disabilities are bound to experience. According to Humphrey (2016) Impoverished women who are also living with disability endure high levels of exclusion resulting in them being isolated from the rest of the society. The primary challenge is their disability which excludes them from social platforms where non-disabled women participate.

Secondarily, women living with disabilities are generally excluded by their male counterparts because they are women. Thirdly, Impoverished women living disability suffer economic and social forms of exclusion because of their exposure to poverty.

A well-structured social security is fundamental to giving impoverished women living with disability a competitive advantage almost equal to their male counterparts. However, most of social security measures given are seemingly oblivious of the additional needs for impoverished women living with disability e.g. (*i) The Menstrual health issues (ii) General reproductive health challenges.*

However, Basson (2021) acknowledges that social security is in other cases found as the only source of income for a woman with a disability who is unable to work (either because of her disability or because there are no viable employment opportunities available). Social security provides means for women living with disability to escape the poverty line and live a life similar to their male counterparts.

Participation in electoral office and decision-making bodies for women living with disabilities remain a challenge. A perception was observed in Ghana by that election of women living with disabilities was not suitable (Beales, S. and Gelber, G. 2021:22). This compounds the general problem of women participation in electoral office because the proportion remain incomplete as it is excluding young and old women living with disabilities

Beside the infrastructural and economical barriers to impoverished women living with disability, there is a problem of attitudes, beliefs, perceptions, fears, values and non-conformity (Duri and Luke, 2022:) classified as psychosocial barriers because it is premised on the psychological orientation of society thus imposing particular social attitudes to person living with disabilities. Often, they are seen as sick and require healing or as cursed because a particular generational ill inherited.

Table 1. below presents a cross-sectional comparison of South Africa, Kenya, Ghana and Tanzania using the following aspects: *(i) Legislative Frameworks, (ii) Social Security, (iii) Education, (iv)Transport, (v) Poverty, (vi) and Employment*

**8.1 TABLE 1. COUNTRY TO COUNTRY CROSS SECTIONAL TABLE ON CORRELATIONS BETWEEN GENDER INEQUALITY, DISABILITY AND POVERTY AS A BARRIER TO EQUALITY IN AFRICA:**

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| --- | --- | --- | --- | --- | --- | --- |
| **COUNTRY** | **LEGISLATIVE FRAMEWORKS** | **SOCIAL SECURITY** | **EDUCATION** | **TRANSPORT** | **POVERTY** | **EMPLOYMENT** |
| **SOUTH AFRICA** | (i) The Constitution (Chapter 2 Bill of Rights and Section 9(ii)Commission for Gender Equality Act (Act 39 of 1996)(iii) Promotion of Equality and Prevention of Unfair Discrimination Act (Act 4 of 2000)(iv) Employment Equity Act (Act 55 of 1998)(v) Criminal Law (Sexual Offences and Related Matters) Amendment Act (Act 32 of 2007)(vi) Commission for Gender Equality Act 39 of 1996 | The country Have a high investment on social security.Provides the following: (*i) Child Support Grant, (ii) the Foster Care Grant, (iii) Disability Grant, (iv) Care Dependency, (v) and Grant-in-Aid.*free basic electricity and water (vi) free access to state health facilities (vii) free basic and Higher education (for those who qualify) (viii)low-cost housing (ix) Temporarily relief of Distress/R350s | **South African Schools Act (SASA):** Provides for Equal Access to Education and support for learners with Special Needs but the accessibility for person living with disability is still a challenge. South Africa Provides Free Basic Education for All. The Country has a National Student Financial Aid, but it does not have set aside for Women and Persons with Disabilities.The number women with disability without Matric is High in RSA (Basson,2021) | Public transport facilities are by structural design less favourable for people living with disabilities. Public transport not equipped with lifts and Ablution facilities. There is no Public Transport designated for Persons with disabilities | Women with disabilities are according to Basson (2021:4) experiencing high level compared to their male counterparts and women without any form of disability56% of women were unemployed in South Africa in 1999(Kehler,2001:42). At the backdrop of this is that women constitute the higher percentage of the population.Whilst StatsSA (2022) reports that only 47.0 women are economically active. | Thereis no level of employment at which more women with disabilities areemployed than men with disabilities in South Africa (Basson, 2021:351)In 2019, about 42.5 percent of the 1.1 less skilled person with disabilities were women in South Africa (Basson,2023:223)Women with disability not well represented in Employment |
| **COUNTRY** | **LEGISLATIVE FRAMEWORKS** | **SOCIAL SECURITY** | **EDUCATION** | **TRANSPORT** | **POVERTY** | **EMPLOYMENT** |
| **KENYA** | (i) The Constitution Article 27 54 and Article (ii)National Gender and Equality Commission Act of 2011 (iii)Employment Act of 2007 (iv) Matrimonial Property Act (v)Protection Against Domestic Violence Act of 2016(vi) Sexual Offences Act of 2006 (vii) Prohibition of Female Genital Mutilation Act of 2011. (viii) National Disabilities Act of 2003Kenya has ratified seven of the nine main global human rights instruments including (i) International Covenant on Civil and Political Rights (“ICCPR”), (ii) the International Covenant on Economic, Social and Cultural Rights (“ICESCR”), (iii) the International Convention on the Elimination of All Forms of Racial Discrimination (ICERD), (iv) the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), (v) the Convention against Torture and Other Cruel Inhuman or Degrading Treatment or Punishment (CAT), (vi) and the Convention on the Rights of the Child (CRC) (Republic of Kenya,2019:11). | **(i)** Cash Transfer Programme (PwSD-CT) for persons with severe disabilities(ii) The OPCT targeting 65–69-year Olds **(**iii) the CT-OVC targeting orphans and vulnerable children(iv) and the HSNP support to poor households, Inua Jami Senior Citizens Scheme for 70s and above (Karabe, 2018:25) (v)Partnership for African Social and Governance Research,2017:3) (vi) Uwezo Fund | (i) Abolished school fees for public primary and secondary education in the year 2000 and applied free tuition policy (World Bank Group.2018:128). As a result, the gender gaps in school enrolment were bridged. (ii) The country has set a target to achieve Universal health provision by 2022 and uses tax funding to subsidize the National health Insurance Fund (Kabia, Mbau, Muraya, Morgan, Molyneux and Barasa (2018:2)(iii) | (i) Transport and Mobility is affected by the double cost for caregivers (Kabia et al., 2018:5). In addition, the means of Transport are not favourable for people living with disability | (i) Kabia et al. (2018:5) found that impoverished women living with disabilities in Kenya sacrificed accessing free health care because they are responsible for maintaining their dependants | (i) The UN Women (2024:24) observed that 64.5 percent of Women in Kenya are unemployed. |

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| **COUNTRY** | **LEGISLATIVE FRAMEWORKS** | **SOCIAL SECURITY** | **EDUCATION** | **TRANSPORT** | **POVERTY** | **EMPLOYMENT** |
| **GHANA** | (i) Constitution,1992, (ii) Persons with Disability Act 2006 (Act 715), (iii) Labour Act 2003 (Act 651), (iv)and the Domestic Violence Act 2007 (Act 732). | (i)Social assistance, (ii)Social insurance, (iii) Social equity (iv) Social protection strategy, (v) and the Ghana poverty reduction strategy (Gbedemah, Jones, and Pereznieto, (2010:2)(vi) Livelihoods Empowerment Against Poverty (LEAP), (vii)Labour Intensive Public Works (LIPW), and the National Health Insurance Authority (NHIA) Beales, S. and Gelber, G. 2021:21)persons with disabilities are lumped together with other vulnerable populations (Naami et Al.,2023:255) | Challenges in education include limited teacher training on inclusive education, inaccessible infrastructure, lack of assistive technology and accessible learning materials, inadequate funding and resources, under-representation of women with disabilities in the digital space, and a lack of institutional policies and programmes (Ganle and Ofori, 2023:6). The author also observes Limited teacher training on disability inclusion and insufficient resources as key implementation of inclusive education | Like in other countries, Akaateba et Al. (2023:3) observed that public transport facilities like buses and most stations were not accessible to people with disabilities in the intercity transport of Ghana. | The majority of persons with disabilities, typically women, live in poverty;given that some are unemployed and those who are employed worked mostly in marginal,seasonal and menial jobs (Naami,2015:1)  | Unemployment rates were higher for women with disabilities 16 (59.3%) than for men with disabilities 11 (40.7%) (Naam, 2015:4)  |
| **COUNTRY** | **LEGISLATIVE FRAMEWORKS** | **SOCIAL SECURITY** | **EDUCATION** | **TRANSPORT** | **POVERTY** | **EMPLOYMENT** |
| **TANZANIA** | (i) Constitution, (ii) Disabled Persons (Employment Act of 1982, (iii) and the People with Disabilities Act,2010). (iii)National Development Women and Gender Policy(iv)National Plan of Action to End Violence Against Women and Children adopted in 2016 | (i) Women, Youth and People with Disabilities Fund,(ii) Official Development Assistance (ODA) Programme(iii) Productive Social Safety Net System (PSSN)(iv) | (i)Rising access to Education between 2001 and 2012(United Nations, 2025).(ii)Inclusive Education Policy Introduced in 2019(World Bank group,2024:43) All centres of learning must be accessible, but the access challenges are still prevalent like lack of specialists’ educators and convenient learning materials, Visual and hearing aid | Like in the other countries, the Challenge of Accessible Transport is visible in Tanzania like in other countries and impoverished women disabilities remain at the receiving end. | Reduction of Poverty rate from 36.6% in 1991 to 26.4 % of the population (United Nations,2025).People with disability are still facing poverty compared to the counterparts (Carraro,2024:1) for instance women productivity in Agriculture is lower than their male counterparts | Rapid economic growth since 2000Agriculture remain the largest source of employment in Tanzania at 65%. Employment amongst People Living with disabilities increased to 63% (United Nations, 2025). However, the employment of person living with disabilities in the public service is low at1% (World Bank group,2024) The problem of rising income equality still persist. |

**8.2 OBSERVATIONS**

Across the four countries compared, there are clear intents to create a favourable environment people living with disabilities to thrive. South Africa, Kenya, Ghana and Tanzania are signatories to internation disability protocols including the Convention of Persons with Disabilities. The table above also indicate the existence of regulations and institutions that seeks to support persons with disabilities. However, access remain a challenge especially for impoverished young girls and women living with disabilities.

However, the programmes are not considerate of the unique challenge imposed to impoverished, women living with disability as they are equally responsible for feeding their families and caregiving for their children. The support programmes are also not giving special attention to the reproductive and menstrual health that comes with female gender. Poverty and geographical location, infrastructure barriers are also limitation to social security benefits to impoverished women living with disabilities.

 Figure 3. below illustrates the Disability/Chronic Poverty Cycle



**Figure 3. Illustrates the Disability/Chronic Poverty Cycle. Source: Humphrey,2016)**

Figure 3. above illustrates the experience of women living disabilities imposed by poverty and disability. The challenges includes *(i) poor health, (ii) low self-esteem, (iii) limited social engagement (Thus denied information), (iv) political exclusion, (v) with further exclusion and impairment becoming the ultimate consequence*. Once placed in such enclave the gender inequality even amongst the persons living with disabilities with impoverished women living disabilities being placed at the adverse consequences more than the rest. This is also affirmed by Naami (2015:2) who argued that Disability and gender interact to create multiple disadvantages for women with disabilities compared with men with disabilities

**9. RECCOMMENDATIONS FOR CHANGE**

**9.1 Institutional changes are fundamental**

The World Health Organisation (2011:5) suggest that beyond human change, a turnaround is required at institutional level. Creation of favourable environment for women living with disability to thrive equally amongst the male peers and those not living with any form of disability is essential. This can be achieved through structured information session and adoption of enabling policies or regulation premised on strong advocacy and stringent monitoring and evaluation. Humphrey (2016) recommends that organisations should include participatory processes that listens and include the voices of women with disabilities. The author further recommends that women living disabilities should take up leadership roles and drive the direction of the organisation This should be extended to impoverished women living with disabilities.

**9.2 Improved disability data and statistics**

One of the challenges affecting people living with disability is reporting or information. As indicated by Beales and Gelber (2021:15) who cautioned about the reliability of disability data collected by means of censuses in Kenya and other countries. As a result, the European Institute for Gender Equality (2018:3) identified a need more detailed and comparable data to ensure the specific needs of women and men with disabilities are reflected in policymaking. This is further affected by families who hide members of the family living with disabilities in fear of stigmatisation by the society. Such person are not properly accounted for in both health, education plus social security benefits. The World Health Organisation (2011) argues that the goal of collecting data on people with disability is to ensure that policy makers adopt accurate and informed interventions based on accurate indicators.

**9.3 Integrated Approaches towards Women Issues**

The narrow approach to resolve the challenges affecting women is insufficient. Therefore, a comprehensive approach to *alleviate poverty, upskill women living disability, provide health care, create safer living conditions, increase access to facilities, and combat gender-based violence* on impoverished women living with disabilities is recommended. The multifaceted approach is advanced by Humprey (2016).

**9.4 Suitable Transport Facility**

Governments across the board should regulate the procurement of public transport facilities that are suitable for transportation of people living with disabilities. As a result, Akaateba et Al. (2023:) recommends buses for purposes of public transit that are barrier-free and also meet some minimum standards of disability friendliness including increasing door width, and installation of hydraulic lifts.

**9.5 Targeted Programme for Impoverished Women Living with Disabilities**

The absence of targeted programme focussing on impoverished women extends the difficult conditions that impoverished women living with disabilities find themselves. As already stated in Table 1 sub section 8.1 of this article, the main challenge is what Naami et Al. (2023) characterises as lumping the disability issues together with other vulnerable populations.

**10. CONCLUSION**

Poverty and disability are exclusionary by design (Humphrey,2016). Women with disabilities often suffer a double discrimination, both on the grounds of gender and of impairment (Venter et al.2018). The situation of women with disabilities is especially difficult. They are worse off than women without disabilities and also face more challenges than their male peers because of gender stereotypes that push women and men into traditional roles (European Institute for Gender Equality,2018:1).

The burden of bringing the desired change should not be carried by impoverished women living with disability alone, but by the broader society. A gap is prevalent when it comes to gender (Ziegler,2014:) within the community of people living with disabilities. The two concepts also intersect with poverty and result in adverse living conditions for women with disabilities in Africa and the world. The change of attitude and mindset is an important action that all members of the society should undertake.

This study has affirmed the correlation between gender inequality, disability and poverty. An integrated approach to address disability challenges, gender inequality and poverty (education, health, transport etc.) is recommended. By Highlighting these correlations and presenting some recommendations, this paper has highlighted the plight of impoverished women living with disabilities. It has thus created an understanding of the plight of impoverished women living with disabilities compared with their male counterparts without pushing their plight aside but pleaded for an inclusive society.

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