

Addis Ababa
University
(Since 1950)



Addis Ababa University
College of Development Studies
Center for Gender Studies

**THE INTERSECTIONALITY OF GENDER AND
DISABILITY: EXPERIENCES OF PROFESSIONAL
WOMEN WITH DISABILITIES IN ADDIS ABABA**

BY: YADESA ASFAW MELESSE
ADVISOR: MULUMEBET ZENEBE (PhD)

May 2022
Addis Ababa, Ethiopia

**THE INTERSECTIONALITY OF GENDER AND
DISABILITY: EXPERIENCES OF PROFESSIONAL
WOMEN WITH DISABILITIES IN ADDIS ABABA**

By

Yadesa Asfaw Melesse

**A Thesis Submitted to the College of Development Studies of Addis
Ababa University in Partial Fulfillment of the Requirements for the
Degree of Master of Arts in Gender Studies**

Addis Ababa University

Center for Gender Studies

**THE INTERSECTIONALITY OF GENDER AND
DISABILITY: EXPERIENCES OF PROFESSIONAL
WOMEN WITH DISABILITIES IN ADDIS ABABA**

Approved by the Board of Examiners

_____	_____	_____
Advisor	Signature	Date
_____	_____	_____
External Examiner	Signature	Date
_____	_____	_____
Internal Examiner	Signature	Date
_____	_____	_____
Chairperson, Graduate Committee	Signature	Date

ACKNOWLEDGEMENTS

I would like to express my deepest gratitude to Dr. Mulumebet Zenebe for her unreserved support in advising, commenting, and correcting the entire work. Her commitment and guidance were so immense. Her encouragement, prompt and thoughtful feedback had been instrumental to complete the study. I acknowledge the wholehearted support of the in-depth interview and FGD participants. I would like to extend a heartfelt gratitude to my wife Wubnesh Shiferaw who had been supporting at every stage of this study.

Yadesa Asfaw

May 2022

Table of Contents

ACKNOWLEDGEMENTS	iii
ACRONYMS	vii
ABSTRACT	vi
1. INTRODUCTION	vii
1.1. Background	1
1.2. Statements of the Problem.....	3
1.3. Research Objectives	5
1.4. Research Questions	6
1.5. Significance of the Study	6
1.6. Scope of the Study.....	7
1.7. Operational Definition of Terms	7
2. REVIEW OF RELATED LITERATURE	8
2.1. Concepts and Definitions	8
2.1.1. <i>Conceptualizing gender</i>	8
2.1.2. <i>Conceptualizing disability</i>	10
2.1.3. <i>The concept of intersectionality</i>	12
2.1.4. <i>The Intersectionality of gender and disability</i>	14
2.1.5. <i>Disability & gender as an interplay, not accumulation of disadvantages</i>	17
2.2. Major Areas of Discrimination against Women with Disabilities	18
2.2.1. <i>Participation and accessibility</i>	18
2.2.2. <i>Sexuality and violence</i>	19
2.2.3. <i>Workplace and employment</i>	20
2.2.4. <i>Health care</i>	21
2.2.5. <i>Education</i>	22
2.2.6. <i>Global policies and legal frameworks</i>	23
2.3. Gender and Disability: The Ethiopian Context	25
2.4. Disability and Legal Framework in Ethiopia	27
3. METHODOLOGY OF THE STUDY	29
3.1. Design of the Study	29
3.2. Data Sources and Sampling Techniques	29

3.3.	Data Collection Techniques	30
3.4.	Data Analysis	30
3.5.	Ethical Considerations.....	31
4.	DATA ANALYSIS, FINDINGS AND DISCUSSION	32
4.1.	Characteristics of Participants	32
4.2.	Perceptions of the Intersection of Gender and Disability.....	34
4.2.1.	<i>Attitudes and prejudices at the intersection of gender and disability</i>	34
4.2.2.	<i>The unique identity of ‘women with disabilities’</i>	38
4.2.3.	<i>Common disregard to diversity within the ‘women category’</i>	40
4.3.	Consequences of the Interplay between Gender and Disability.....	42
4.3.1.	<i>Accessibility of physical and social environment</i>	44
4.3.2.	<i>Sexuality and violence</i>	46
4.3.3.	<i>Participation and prejudice</i>	49
4.3.4.	<i>Family and domestic life</i>	52
4.3.5.	<i>Employment and the workplace</i>	54
4.3.6.	<i>Education</i>	60
4.3.7.	<i>Health</i>	62
4.4.	Perceived Attitudes of Coworkers and Supervisors	63
5.	SUMMARY, CONCLUSIONS AND RECOMMENDATIONS	66
5.1.	Summary	66
5.2.	Conclusions	69
5.3.	Recommendations	71
6.	REFERENCES.....	73
	ANNEX: INTERVIEW GUIDE.....	83

ABSTRACT

This study attempted to shade light on the diverse realities of inequalities for women with disabilities from intersectional perspectives. The objectives of the study were examining the lives of working women with disabilities and exploring how disability and gender intersect to shape their personal and professional life. This study employed a qualitative research design and relied on qualitative data from in-depth interviews and FGD. A phenomenological approach was used to analyze the intimate accounts of individuals' experiences. Purposive and snow-ball sampling techniques were used to identify working women with disabilities. A total of eight women with various types of disabilities interviewed and seven participants joined the DGD. Disabled women face discriminations unparalleled to their counterpart women without disabilities. Some of the personal and professional life of women with disabilities affected at the intersection of gender and disability are 1) their perceived beauty and attractiveness (deviation from socially constructed ideals of femininity); 2) traditional gender norms and roles (real and perceived incapacity of adequately discharging household responsibilities); 3) perceived limitations in forming and sustaining relationships, marriage, and childbirth; participation in community life; 4) vulnerability to sexual violence; and 5) access to employment, education and health services. The study revealed disabled persons themselves and families shoulder burdens associated to gender and disability due to negative perceptions and lack of institutionalized support mechanisms. Questions of women with disabilities are different from the general category of 'women' or 'disability'. But interventions attempt to address issues either under the 'women' or 'disability' categories. Disability prevents women from meeting criteria that women are judged on, making them unable to fulfill expectations. Women with disabilities are systematically excluded from active participation in social life of their community. Employers use recruitment processes to discriminate against disabled women. Women with disabilities are sexually abused more than other women. Their vulnerability is left unrecognized because people associate violence with 'sexual attractiveness'. Disabled women feel that the medical professionals discourage sexual relations, pregnancy and reported mistreatment. Disability interferes with a woman's symbolic gender role leading to difficulty accepting disabled women as a wife. Disabled women are expected to go extra miles and prove their competence in workplace. The study revealed challenges shaped disabled women's lives and inspired them to reach higher levels of education, work ethics, self-reliance, and resilience. The study suggested the implementation of awareness-raising initiatives to redress negative attitudes, gender norms, sexism, and disability bias. Programs on gender-based violence, education, health, and employment should pay attention to peculiarities at the intersection of gender and disability. Success stories of women with disabilities should be highlighted to inspire others and overcome negative stereotypes. Further studies are recommended to understand the way gender-based violence and other aspects of the interplay between gender and disability impacts men with disabilities.

Key words: Intersectionality, Gender, Disability.

ACRONYMS

CSOs	Civil Society Organizations
DPOs	Disabled Persons Organization
EU	European Union
EWDNA	Ethiopia Women with Disabilities National Association
FDRE	Federal Democratic Republic of Ethiopia
FGD	Focus Group Discussion
ICF	The International Classification of Functioning
IDP	In-depth Interview Participant
ILO	International Labor Organization
MOFA	Ministry of Foreign Affairs
MOLSA	Ministry of Labor and Social Affairs
MOWCY	Ministry of Women, Children and Youth Affairs
NGOs	Non-government Organization
PWDs	People with Disabilities
STIs	Sexually Transmitted Infections
STD	Sexually Transmitted Diseases
UN	United Nations
UNCRPD	United Nations Convention on the Rights of Persons with Disabilities
USAID	United States Agency for International Development
WHO	World Health Organization
UNFPA	United Nations Population Fund
SGBV	Sexual and Gender Based Violence

1. INTRODUCTION

1.1. Background

In their effort to delink issues of gender equality and women's oppression from the white middle-class women and address much broader concerns, women's right activists coined the concept of intersectional feminism. Apparently, there is a growing recognition that women's life is constructed by multiple, intersecting systems of oppression. The term intersectionality was first coined by civil rights activist Kimberlé Crenshaw (1989). The author defined it as "the interconnected nature of social categorization such as race, class, and gender as they apply to a given individual, regarded as creating overlapping and interdependent systems of discrimination or disadvantage."

Over recent years, the intersection of disability and gender has received increasing attention from international institutions, governments, NGOs, and activists, stressing the discrimination people with disabilities face on grounds of both gender and disability status (Morgon Banks & Polack, 2018; UNCRPD, 2008). Women with disabilities are subjected to discrimination of sexism and disability bias (Froschl et al., 1999), as a result, worse off than their able-bodied sisters (Abu-Habib, 1997). They often find themselves unemployed, underemployed or in low paying jobs (Driedger, 2001; Wondimagegnehu, 2002); and face serious problems of access to education and rehabilitation even in societies where such problems of access are significantly improved (Zewditu, 2007).

There is evidence across several indicators that women and girls with disabilities are more likely to face exclusion than people without disabilities or men and boys with disabilities. They tend to earn less than men with disabilities which has a predictable impact on disabled women's risk of poverty (Morgon Banks & Polack, 2018). They are often disadvantaged by so called 'discrimination' and stigma of 'weaknesses associated to both gender and disability (Boyer, 2015). Affecting personal and family decisions and perceptions of employers, these barriers often result in limited access to education and training, including leadership development and work-based learning opportunities such as internships, apprenticeships, and technical education programs.

Matonya (2016) argued that access to higher education is limited since the opportunities to obtain any formal education is restricted due to factors including negative attitudes of the parents and the community towards women with disabilities, lack of role models and poor teaching materials and inaccessible physical environment. The tendency of parents to keep girls in general and more girls with disabilities due to socio-cultural beliefs coupled with the high drop out for girls contributed to the gap observed in higher education participation (Katsui et al., 2014; Tefera, 2006). As noted by Boylan (1991), non-disabled person considers women with disability as asexual and disabled women have greater difficulties finding marriage partner than non-disabled women or disabled men. They are at a higher risk of violence, abuse, and bullying. Eighty-three percent of females and 32% of males with disabilities have experienced sexual assault and 37.3% of them have faced abuse in their lifetime compared to 20.6% of women without disabilities (Boyer, 2015).

The Global Disability Report estimates 15% of the Ethiopian population have some form of disability (WHO, 2011). The idea of intersectionality is also relevant for Ethiopian women with disabilities because the gender roles, in addition to discrimination based on their disability, results in their staying at home and taking care of household chores. As they are often restricted to the private sphere, very little is known about their experiences. They are also highly vulnerable to different kinds of abuse (Teferra, 2005). In Ethiopia, there are more boys than girls with disabilities in all grades reflecting the tendency for parents to keep more girls with disabilities at home (MoE, 2013). While such a general trend has been identified, the intersection of gender and disability has not attracted so much attention in existing literature (Katsui et al., 2014).

Finland's MoFA (2014) argued that persons with disabilities, and girls and women with disabilities are disproportionately excluded from development cooperation activities that target them. Even where gender and disability are integrated as essential parts of policies, disability-specific projects often fail to take gender equality into account. In Ethiopia, although there is legal framework for mainstreaming gender and disability in all the executive organs, gender is far better integrated in the federal, regional, and sub-regional structures of the various sectors, whereas disability is left to the labor and social affairs with smaller number of dedicated staff (Katsui et al., 2014). Although special correlation

of gender and disability is generally recognized, policies and programs in Ethiopia do not appear to adequately articulate the interlocking aspects of the issues. This study attempted to explore inequalities at the intersection of gender and disability. To that end, this paper examines the lived experiences of professional women with disabilities.

1.2. Statements of the Problem

A review of existing studies in Ethiopia shows much attention is paid to how disability affect the life of women with disabilities without a deliberate attempt to understand the combined effect of the interplay between the two social identities, i.e., gender and disability. The concept of intersectionality as it relates to gender and disability has not been directly and explicitly investigated by those studies conducted in Ethiopia. Moreover, most of the studies emphasize a single aspect of women's life such as employment or education or reproductive health etc. as opposed to understanding women's personal and professional life in its entirety. In relation to the target of the study, very few studies focused on the professional women with disabilities. Hence, the current study will close the gap in existing literature by exploring the intersectionality of gender and disability from professional women with disability

Women with disabilities have been neglected; and neither the study of gender nor disability has paid enough attention to the issues of women with disabilities. Issues of importance to them have been ignored by disability rights as well as women's movements (Traustadottir, 1990). Morris (1993) claimed that a major failure of feminism is that it fails to integrate disabled women into its politics, theory, research, and methodology. She argued that feminist theory would benefit from the inclusion of the concerns and experiences of disabled women, and that feminist theory and methodology have major contributions to make to the disability research. Feminists, and activists in the disability movement failed to make the links between gender and disability as two aspects of social identity which led to potential marginalization designed and run by able-bodied men (Abu-Habib, 1997).

Garland-Thomson (2015) argued disability studies is now flourishing in many disciplines including feminist studies, however, many of its practitioners do not recognize disability

studies as part of this larger undertaking that can be called ‘identity studies’. The author suggested that feminist theory can offer profound insights and perspectives that deepen disability studies. Integrating disability into feminist theory broadens our collective inquiries, questioning our assumptions and contributing to the concept of intersectionality.

Though international legal frameworks accept both gender and disability as human rights issues and each is subject to a UN convention, it does not directly treat the intersection of gender and disability (Ziegler, 2014). Despite its analytic power to incorporate analysis of diverse forms of power and inequality into the framework, disability remains missing from most contemporary intersectional studies in sociology (Naples et al., 2018). Review of existing studies confirms that past analysis that employed intersectionality highlighted linkages among gender, ethnicity class, race, sexuality, geography, culture, religion, and other constructs of social divisions and with a much lesser attention to how disability status of a person interplay with gender (Yuval-Davis, 2006).

Moreover, existing studies about the interrelationship between gender and disability focus on other categories of women than professional women (Moodley & Graham, 2015; Naples et al., 2019). Most of the studies examine girls and women’s access to essential social services (education, health, and employment), participation in the community, politics, and development initiatives and with a lesser attention to understanding the experiences of working women. There is a limited volume of research on the intersectionality of gender and disability (Morgon Banks & Polack, 2018). In Ethiopia, little research has been undertaken and little literature exists about women with disabilities (Zeditu, 2007). Studies showed a significant gender gap in outcomes for people with disabilities, however, the intersections between disability and gender are often overlooked (Moodley & Graham, 2015). Problems and issues relating to women and people with disabilities are being addressed separately and as mutually exclusive. No serious approach has yet been taken to tackle the dual form of discrimination to which women with disabilities are subjected (Council of Europe, 2003).

However, there is a growing interest to understand the forces shaping the lives of disabled women and how being female and having a disability interacts. Recognition of the need

for a specific institutional arrangements and interventions into achieving a better quality of life for women with disabilities is growing globally. Women's movements started to recognize disability as a possible component of female identity and disability advocates became aware of the different experiences of women and men with disabilities. Recent developments recognize the intersection of gender and disability (Egle et al., 2016).

This study examined the lives of working women with disabilities and explores the effects on their personal and professional lives. It adopts intersectionality as a conceptual framework to understand the reinforcing effect of gender and disability. As articulated by Crenshaw (1989), intersectionality highlights the “multidimensionality” of individuals' lived experiences and the systems of oppression shaping them. This study assessed how disability and gender intersect to shape the personal and professional lives of working women with disabilities. It provided personal accounts and research-based evidence about social, cultural, political, and economic situations of professional women with disabilities.

1.3. Research Objectives

The general objective of this study was to explore the intersectionality of gender and disability and how it determines professional women's life and career outcome. The following specific objectives guided the research process, methodology, analysis, and finding of this study:

- Explore the interaction of gender and disability based on lived experiences of professional women with disabilities.
- Capture the aspects of working women with disabilities' life influenced by the interplay of gender and disability.
- Identify physical, social, economic, and psychological outcomes for women with disabilities at the intersection of gender and disability.
- Examine women with disabilities' perception of how their counterpart non-disabled colleagues reacts and relates to them in professional settings and workspaces.

1.4. Research Questions

This study analyzed the reinforcing effects of gender and disability from professional women's and men's perspectives. The study also identified existing norms and practices of inequality caused by the interplay between gender and disability and its consequences on the life of working women with disabilities. It specifically attempted to answer the following research questions:

- How professional women with disability view and interpret their everyday experiences at the intersection of gender and disability?
- What aspects working women with disabilities' life and experience are influenced by the interplay of gender and disability? What are the physical, social, economic, and psychological outcomes?
- How professional women with disabilities perceive their non-disabled colleagues in their interactions and relationships?

1.5. Significance of the Study

Despite the long history of the concept of intersectionality in gender and women's studies, there are limited studies exploring the intersectionality of gender and disability. This study is significant in bringing the concept of intersectionality in the academic and practical discourses of gender studies in Ethiopia. Unlike most intersectionality studies that traditionally focus on the interrelationship between gender and race, class, economic status, and other variables/constructs, this study can take the discussion on intersectionality one step further by focusing on the interaction between gender and disability. As there exists a huge quantity of data on disability and gender in isolation, this study generates evidence of intersection to inform future studies.

Women with disabilities are one of the most vulnerable and marginalized groups. Hence, it is of paramount importance to have a better understanding of their life experience; and remove hurdles that remain in their way to equality and success. The predicament of disabled women demands attention through research that explores problems related to health, education, employment, family rights violence, marriage, and participation in

public life. This is important to disclose the extent of their difficulties to relevant parties like policy and decision makers (Ortoleva, 2010). This study brings to the attention of practitioners, and policy makers to investigate multiple sources of oppressions, including disability, in understanding and addressing gender inequality issues in Ethiopia. This study is important to shed light on the underlying causes of inequalities and the consequences of the interaction between gender and disability status on the life and career of professional women to bring ideas for activism and advocacy. This study assessed lived experience of professional women with disabilities and pave ways for understanding and application of feminist concept of intersectionality.

1.6. Scope of the Study

Intersectionality is a broad concept that brings together multiple constructs of social division such as race, class etc. and how they collectively contribute to gender inequality. However, this study delimits itself to the assessment of the outcome of the interaction between gender and disability on personal and professional life of working women with disability in Addis Ababa. The finding of this study was based on lived experiences of selected women and cannot be representative of Ethiopian women with disability and the different types of disabilities. The participants were senior level professionals, including leaders, with disability in public, private and CSO sectors and did not represent the entire working women with disabilities.

1.7. Operational Definition of Terms

Intersectionality – an interplay of gender and disability leading to an overlapping and interdependent systems of discrimination or disadvantage

Disability: a physical, mental, or sensory impairment that limits a person’s functioning in a particular way as he/she interacts with the environment.

Professional women/men – women/men with disabilities with at least five years of experience or currently assumed leadership positions in public, private sector or CSOs.

2. REVIEW OF RELATED LITERATURE

This chapter is organized in such a way that important concepts relevant and foundational to this particular study, such as gender, disability and intersectionality, are defined and explained. What naturally follows is the review of how gender and disability interact and affect the personal experiences and professional life of women with disabilities. Moreover, this section explored potential areas of discriminations caused by the interplay of gender and disability and its consequences on the social, political, economic, cultural, and religious life of disabled women. Some of these areas of inequality at the intersection of gender and disability include accessibility, sexuality and violence, prejudice and participation, family life, access to health and education and employment. Moreover, a thorough review of studies in Ethiopia focusing on gender, disability and its intersection were conducted and presented. Finally, policies and legal frameworks related to gender and disability are reviewed.

2.1. Concepts and Definitions

2.1.1. *Conceptualizing gender*

Social categories such as gender, disability, and race are conceptualized in several different ways in society. The perceived positive qualities or its limitations are attributed to either ‘nature’ or ‘nurture’. Gender is seen as having two positions at once originating from nature and shaped by the environment (Verloo, 2006). It is a consequence of social practices and a socially constructed set of interpretations, norms, symbols, behaviors, and identities (Egle et al., 2016). According to Zimmerman & West (1987), gender is something we do rather than something we have or born with – something we perform (Butler, 1990). This means that gender is constructed in the society and individuals live up to those expectation.

According to UN Women (2013), gender is a social attribute and opportunities associated with being male or female, and the relationships between women and men and girls and boys. People learn these dominant attributes, opportunities, and relationships through socialization processes. Gender governs the expectation, restriction, and value system we

establish for a woman or a man in a society. In many societies, there are differences between women and men in responsibilities assigned, activities undertaken, access to and control over resources, as well as decision-making opportunities (OXFAM, 2017; UN Women, 2013; USAID, 2012).

In addition to culture and religion, one of the factors that played a principal role for the deferring perception and interpretation is the way manhood and womanhood is commonly portrayed in the contemporary media. The media has an overemphasized obsession with a female body as a result femininity is represented not as a social, structural, or psychological quality but mostly as an attribute of a body (Gill, 2007b). According to Gill (2007a), reporting on women's bodies constitutes one of the largest parts of all content covered by media. The overpublicized sexualizing of contemporary culture, and normalization of pornographic images in the mainstream media significantly contributed to the perception of female body as a criterion of femininity.

Rotundo (1993) argued that correlations are made between femininity and possession of a 'sexy body', instead of such attributes as affection, care, or motherhood, which were predominant characterizations of womanhood in the past. A sexual body is reduced as a female source of power, but, at the same time it is understood as something that must be subjected to external control, care, and discipline, as well as change, to meet the ever-growing demand for rigid and limited standards of female attractiveness (Egle et al., 2016).

The way academic literature and media represent women recently has been changing. In lieu of being portrayed as passive objects designed to please the male's eye, especially young women are presented as active, independent, and having a sexual power (Ringrose, 2013); and a gradual transition from objectification of women to subjectification; and underscored self-control, self-monitoring, and self-discipline (Gill, 2007a).

Furthermore, the way we define manhood or womanhood is largely determined by the traditional gender role assigned to men and women in a society. The world is divided into a male and a female world. There is a predominant view that the interior of the home is the woman's territory while the wider world is assumed to be the natural province of the man.

It was women's role to look after the home and perform tasks essential to the basic survival of those close to her; the man's role is to look for paid employment and earn a living to support the family and organize society (Council of Europe, 2000). A man supplies the family with money and the women with direct labor. He is the head of the household, and she is the wife and mother who attended to the different needs of her family members.

The barriers girls and women face in education and paid employment derive from the difference in gender roles and traditional norms. This pressure causes working women to struggle to handle not just work but also home and the family. Factors associated with gender roles also prevent women from climbing the ladder to greater responsibility in business and politics (UN, 2013). The secondary status ascribed to women's role reinforces several preconceived ideas, i.e., that they are not entitled to sexuality, that their worth is greater when they are young and beautiful, and that their dignity requires less vigorous or less urgent defense (Council of Europe, 2003).

Patriarchy is another element to determine what it takes to be a man or a woman. The traditional gender norms that men are superior to women, that men are the decision makers, the ones endowed with might and reason, the ones in sole command of families' and nations' destinies (Council of Europe, 2000). Obtaining independence in all spheres of life comes with a huge price for women. It is to a woman's cost that she leaves home to go and work and take part in society. Once she is back home, she is faced with hours of socially unrecognized and unpaid work.

2.1.2. Conceptualizing disability

Disability can be conceptualized in a variety of ways and from different perspectives. There is no universal legal definition of disability, and its interpretation varies. As it is for gender, the naturally occurring aspects of the human condition and the socially constructed norms apply to the assessment of disability. It is mostly viewed in terms of a person's condition and body function, i.e., deviation from norm and others conceptualize it as a social state emphasizing the people's rights to services and promotion of laws to end discrimination (Ziegler, 2014; WHO, 2011).

The conceptualization of disability evolved to be more comprehensive in definition and operability (Handicap, 2014). Provided that the concept is changing and evolving, the UNCRPD (2008) refrains from offering an exclusive definition. In its preamble, paragraph (e) recognizes the fact that “disability is an evolving concept” and disability results from the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others. However, the CRPD legally anchors a social model of disability, recognizing the interaction between individuals with long-term impairments and barriers in their environment (Hughes et al., 2012). The Council of Europe (2000) defines disability as any restriction or lack, resulting from an impairment, of ability to perform an activity in the manner of or within the range considered normal. The International Classification of Functioning (ICF) also adopted by WHO in 2001, defined disability as an umbrella term for impairments, activity limitations or participation restrictions. The ICF considers the social aspects of disability and provides a mechanism to document the impact of the social and physical environment on a person’s functioning.

Several models attempted to explain disability. The biomedical model dominated the 20th century with a focus on the body, pathology, and defectiveness of the anatomy. This model, also called social welfare perspective, conceptualizes disability solely as a medical issue, which can only be dealt with health care and rehabilitative services (Humphrey, 2016; WHO, 2011). In this model, disability was perceived as a bodily defect, which affects the personal tragedy of an individual. The aim is thus to ‘fix’ or ‘cure’ the disability to allow one to integrate into society. Society, relatives, and professionals could provide only sympathy, treatment, and support.

The social model views disability as a social construct and in the context of a human rights issue and notes that disability only becomes a barrier with a negative response of society (Davaki & EU, 2013; Humphrey, 2016). This means that it is not the impairment that makes a person disabled, but society’s response to impairment which does not allow a person’s full participation in society. In this model disability is defined as a complex system of social restrictions imposed on people with impairments by a discriminatory society (Egle et al., 2016). Disability, therefore, is a concept distinct from any medical condition, rather a social

issue, and it varies across culture through time. For instance, being short-sighted would be considered an impairment, but would not lead to exclusion if there was access to glasses and an eye doctor. In some societies, this same impairment could lead to social exclusion, which then transforms impairment into a disability.

In this view, addressing disability goes beyond ‘fixing’ impairment, and extends to creating an enabling environment in which the person can participate and thrive. In this view it is society which disables physically impaired people. Disability is something imposed on top of our impairments by the way we are unnecessarily isolated and excluded from full participation in society (UPIAS, 1976). This approach opposes the bio-medical model and maintains disability is a social construct, created by the physical, social and other barriers, evident in a world adapted solely for persons without disabilities (Finkelstein, 1993; Hughes & Paterson, 1997; Oliver, 1993; Stone, 1984). Removal of these obstacles rather than elimination of medical defects would allow more successful functioning of individuals with disabilities in society.

In the bio-medical or individual model of disability, which is highly prevalent in society, the impaired person is seen either as a problem or as the cause of a problem. Such an approach to disability leads to absolute discrimination and contravention of human rights. On the contrary, the social model of disability is a holistic approach developed by activists who had disabilities themselves, and it explains the restrictions experienced by persons with disabilities, because of social-structural, attitudinal, and environmental barriers (Pierson & Thomas, 2002).

2.1.3. The concept of intersectionality

Intersectionality is regarded as both a concept and an approach to policy and programming. Homogenous attitudes towards women and men hinder a precise understanding of the differences in experience arising from aspects of a person’s identity such as race, social class, age, sexual orientation, ethnicity, health status and other diversity facets (Harris, 1991; Lorde, 1984; Nussbaum, 2000; Yuval-Davis, 1989). According to Brown and Moloney (2019), intersectionality underlines numerous points of difference through which

those who occupy multiple disadvantaged positions are socially penalized. Egle et al (2016) argues it is essential to abandon a restrictive binary logic or opposites-based analysis, e.g., female vs. male experience. It is important to evaluate the interplay between various aspects of a person's identity.

Intersectionality originated from the critical race studies to explain the interconnection between gender and race (Nash, 2008). Crenshaw's (1989) was an influential legal expert who introduced the intersectional analysis for understanding status-based inequality (Collins, 1991). She used the term 'intersectionality' when writing about obstacles faced by black women in employment. Highlighting disadvantages linked to hiring, income, working conditions, promotion, and distribution of work, Crenshaw's original analysis provides clear and compelling evidence that black women's workplace experiences are undermined by the dual effects of race and gender in ways that are qualitatively different from the effects of race or gender alone. She argued aspects of various statuses interact with one another. In her time, the category 'women' was mainly identified with being 'white' and a 'black' identity was associated only with men, i.e., in legal terms black women became invisible and suffered from marginalization. She discussed the specific vulnerability of women who find themselves at the intersection of 'race' and 'gender'. When investigating situations with an intersection of two or more bases of vulnerability, the focus should not be put on only one of them in isolation. For example, when developing women's programs, the racial background of women and related needs may be overlooked. As an alternative, Crenshaw (1989) proposed analysis of an interplay of various grounds for inequality, which shows how the different components of the intersection transform their content or change the understanding and perception of the different aspects of identity.

The concept has been evolving and the post-modern and post-colonial feminisms have challenged the assumptions about the very category of 'woman' and pointed to the multiple divisions and hierarchies between 'women' based on social categories such as race/ethnicity, class, nationality, age, sexuality, dis/ability and religion (Mohanty, 1988; Papart, 1995). Over the past decades, the intersectionality framework has been expanded to include a myriad social characteristic (Bose, 2012; Collins, 1998; Dillaway and Broman, 2001; Duffy, 2005; Jyrkinen and McKie, 2012; Turner, 1999). Pervasive in these

examinations is evidence that habitual practices and structural constraints within the workplace continue to impede women's progress and profoundly undermine women's well-being (Burgard and Lin, 2013; Duffy, 2005; Lennon, 1994; Rosenfield, 1989).

2.1.4. The Intersectionality of gender and disability

The interplay of gender and disability create layers of discrimination for women. They are two discriminatory components reinforcing each other and creating negative synergy (Egle et al., 2016). The intersectionality of the two can create an extreme form of marginalization and social exclusion. The way in which disability is experienced is profoundly affected and determined by gender (Abu-Habib, 1997). Abu-Habib explains that disability should be understood as actually reinforcing inequalities between men and women (Ibid). People with disabilities face both disabling barriers and barriers to scarce resources. Generally, access to resources is highly gendered and the life experiences of women with disabilities require specific attention (Humphrey, 2016). Gender increases barriers that people with disabilities encounter and these barriers greatly impact the experience of disabled persons and create unique issues and conditions.

Generally, both women and people with disabilities are judged as weak, dependent, or incapable by others in their society (Humphrey, 2016; Ziegler, 2014). These studies are conclusive with their findings that women with disabilities are more likely to be discriminated against than other women, furthermore, being female, they are automatically more vulnerable than men with disabilities. As a result, women with disabilities may find it challenging to prove their capabilities because of being both a female and a person with disability. According to Garland and Fiduccia (1999), women and girls with disabilities face discrimination and thus live at the corner of disability and womanhood.

Although the situation of women with disabilities varies considerably depending on the nature and severity of the individual disability, women with disabilities tend to have poorer health outcomes, lower education achievements, less economic participation, and higher rates of poverty than women without disabilities or men with disabilities (WHO, 2013). The World Report on Disability (2011) states that a growing body of empirical evidence

from across the world indicates that people with disabilities and their families are more likely to experience economic and social disadvantage than those without disability. The World Bank (2008) estimates that 82 percent of all persons with disabilities worldwide live below the poverty line. Studies confirm that there is strong evidence to support the theorized disability-poverty cycle and a positive relationship between disability and economic poverty (Lena & Sarah, 2014).

Other studies pointed to the reciprocal influence of the two identities such that disability may increase the risk of poverty, and poverty may increase the risk of disability (Wellesley Center for women, 2008). On the other hand, wealth and status can help overcome activity limitations and participation restrictions (Lena and Sarah, 2014). Girls and women with disabilities are less likely to exercise their rights and largely remain invisible in daily life. They do have many issues in common with other marginalized groups and poor non-disabled women, for example, lack of acceptable collateral, low self-confidence, few resources for business, lack of experience and training, illiteracy, heavy family responsibilities, unmarried status, or discouragement from husbands (Singleton, 2002).

Gender-biased norms, such as the acceptance of disabled men being able to marry, but not disabled women, creates stigma within the home. Traditionally, women and men are seen and have seen themselves as necessarily fulfilling different roles in society generally, whether within the home and family or outside (Ziegler, 2014). Since domestic responsibilities fall to women, life will be hard for a woman with a disability.

The traditional role designation defines men as strong, the breadwinners, and economic contributors to the household. On the other hand, it is deemed fine for women to be weak, passive, and dependent and have a more symbolic role, representing the wealth and honor of the family through their health and beauty (Abu-Habib, 1997).

In a society that places a premium on female youth and beauty, it is not easy to be a woman with a disability. Being female, they experience deviation from the 'norm' traditionally associated with masculinity, at the same time their disability leads to deviation from the socially constructed ideals of femininity (Sumskiene et.al, 2016). This means that

disabilities have effects on health and beauty and lower their status and often devalue their families, both in wealth and social standing. In cultures with dowries, having a daughter with a disability can lower the bride price and dowries for other daughters in the family. This association augments cultural narratives of disability, thus women who have disabilities are perceived as asexual, unsuitable for maternity and pushed away from traditional female roles (Fine & Asch, 1988; McDonald et al., 2007; Morris, 1993). It is difficult to meet set criteria to adhere to the normative requirement of femininity, being defined to be pretty, lovely or to start a family and have children. The chance for women with disabilities to form emancipated sexual identity is hindered by the cultural norm of femininity being deeply sexualized, i.e., the glorification of young and thin, idealized bodies (Sumskiene et al., 2016).

Due to the social construction of both gender and disability, one may choose to rely on one identity more to improve their social standing. For men, choosing to identify more with their gender allows them to be perceived as dominant and powerful instead of powerless. For women, both identities for women are perceived as weak and inferior. Disabled women are not only more likely to internalize society's rejection, but they are more likely than disabled men to identify themselves as 'disabled'. The disabled male possesses a relatively positive self-image and is more likely to identify as 'male' rather than as 'disabled'. The disabled woman appears to be more likely to introject society's rejection and to identify as disabled (Begum, 1992)

While women experience disability differently than that of men, they are often overlooked and left out by women's organizations, feminist movements, and international community (Traustadottir, 1990). There is clearly a conflict between feminism's rhetoric of inclusion and failure to include disability (Abu-Habib, 1997). Stereotyping women and girls with disabilities as sick, childlike, helpless, victimized, dependent, incompetent, and asexual, greatly limiting their options and opportunities (Ziegler, 2014).

According to the WHO (2013), disability is more common among women than men. Global disability prevalence estimates differ considerably due to various reasons; but most documents agree on the fact that disability prevalence within the female population is

higher than within the male population (Ziegler, 2014). The percentage of women and girls with disabilities is higher than that of men and boys with disabilities (Ziegler, 2014; ILO, 2015; WHO, 2011). The World Report on Disability for example shows a female disability prevalence rate of 19.2 percent while it is 12 percent for men. Women are more likely than men to become disabled because of poorer working conditions, poor access to quality healthcare, and gender-based violence (ILO, 2015).

2.1.5. Disability & gender as an interplay, not accumulation of disadvantages

The continuing discrimination of women with disabilities is exacerbated by all the disadvantages resulting from their disability which, in turn vary in accordance with its nature and seriousness. However, the disadvantages experienced by women with disabilities is not an accumulation of disadvantage rather an interplay of the two identities. The problems of disability are significantly magnified when the disabled person is a woman, and women's disabilities are also used as justification for continued discrimination against them (Council of Europe, 2018).

Tolhursta et al. (2012) argued that it is not sufficient to view these categories as additive. A woman is not simply more disadvantaged' because she is also disabled. Rather gender intersects with these multiple social divisions to create specific positionalities in relation to power. These interactions have been the basis for theories of 'intersectionality'. Even in places where major achievements are registered in promoting human rights including for people with disabilities and equality between women and men, integration of women with disabilities is not substantial. Even in places where equality for women is accepted, the attitude adopted can be substantially different if the women or girls have a disability.

The multiple identities form qualitatively different expressions of femininity and result in diverse experiences. This integrated, mutually transformative impact is aptly defined by the Complexity Theory developed by Sylvia Walby. She notes that every system uses other surrounding systems, and consequently changes under their influence (Walby, 2007). It is therefore inaccurate to assume that a system is formed simply by a sum of the individual components (Sumskiene et al., 2016).

However, being aware of the cultural context as a part of the systems participating in complex interactions, it must be admitted that due to the inequalities within the dynamics of power on the institutional level, various identities and bases for vulnerability receive unequal attention, treatment, and state security (Verloo, 2006). According to Hancock (2007), this creates preconditions for the ‘oppression Olympics’, i.e., a competition in pursuit of the nomination of the most disadvantaged to achieve political attention, without the changing of existing systems or practices. In individual contexts this promotes revision of the components of an identity, aiming to emphasize one aspect and reduce the importance of the other aspects.

2.2. Major Areas of Discrimination against Women with Disabilities

There are specific areas in which severe forms of discrimination persist. This section describes major areas of discrimination against women with disabilities.

2.2.1. Participation and accessibility

Women with disabilities are considerably more disadvantaged with respect to participation in the life of society at all levels. Very often they have no means of making their voice heard and it is other people who speak on their behalf. Even when the subject under discussion is their situation as women with disabilities, others do the talking. Women with disabilities are unable to participate actively due to low self-esteem, fear, or shame, or confined and isolated, never leaving their homes (Council of Europe, 2003). Because many women with disabilities need the assistance of another person with everyday actions and mobility, any form of participation is contingent on assistance from another person.

Accessibility broadly includes freedom of movement; access to public spaces, products and services and access to information (Hawthorne et al., 1997). People and institutions fail to consider disability-related accessibility in developing programmes or building facilities. Physical, social, economic, and cultural accessibility are crucial components of meeting this need for women with disabilities (UNFPA, 2018). Women with disabilities face barriers to fully participating in diverse aspects of life, including lack of parental care, misunderstanding by society (Hosain et al., 2002), and lack of access to medical care

(Stein, 2010). The realities for many persons with disabilities are devastating. Only 5–15% of people who require assistive devices have access to them (Hughes et al., 2012).

2.2.2. Sexuality and violence

Women with disabilities are subject to prejudice, stereotypes, and ignorance, not only often from their families but also from society, which is unaware of the problem or how to deal with it. Many people assume that women with disabilities are unable to make their own decisions, not sexually active, or not sexually desirable, are asexual or hypersexual, cannot have intimate relationships, cannot become pregnant, or incapable of parenting. These types of misperceptions prevent service providers from identifying disabled women as having needs relating to sexuality (UNFPA, 2018). A man's right to sexuality is readily accepted but disabled women are often seen as sexless and asexual (Sumskiene et al., 2016).

The UNFPA (2018) estimates that persons with disabilities are up to three times more likely to be victims of physical and sexual abuse and rape. Studies from low and middle-income countries reveal the vulnerability of women and girls with disabilities to violence, abuse, and exploitation (Handicap International, 2012; Handicap International, 2015; WHO, 2014). Women with disabilities in Ethiopia are vulnerable to violence such as rape, attempted rape, insults, pushing, isolations and slapping (Nikodimos, 2016). According to Davaki & EU (2013), women with disabilities are at a high risk of physical, sexual, and emotional abuses. The dearth of information about abuse of women with disabilities also indicates the restriction imposed by the society (Plummer and Findley, 2012).

Lack of awareness, negative attitudes, economic dependency, and poverty are the causes of vulnerability for women with disabilities. Not only do women with disabilities experience violence more often, but also in more unique ways. The perpetrators of disability related abuse are care providers, neighbors, family members, partners, and the community members (Nikodimos, 2016). Disabled women are at higher risk of domestic violence, especially because perpetrators can be partners, family members, paid caretakers, or care agencies (Davaki & EU, 2013). Barriers to seeking help in the event of GBV include

increased dependence on the perpetrator, lack of information and difficulties in accessing relevant services, reactions by police or other professionals (Nixon, 2009).

The traditional belief that PWDs are asexual causes several challenges. It creates an absence of sex education and reproductive healthcare for people with disabilities. The dehumanization and common perception of disabled women as helpless cause perpetrators of sexual violence to believe that women with disabilities are easy targets because they will be physically unable to report violence or won't be trusted if they do so (Davaki & EU, 2013; Humphrey, 2016; UNFPA, 2018). The view of women with disabilities as asexual leads perpetrators to regard them as virgins.

Dealing with violence against women with disabilities from a legal point of view is challenging. International and national legislation, treaties, acts, and laws prohibit violence and abuses in general terms lacking specificity to consider the situation of disabled women (Davaki & EU, 2013). Moreover, proving violence is a daunting for disabled women.

2.2.3. Workplace and employment

Gender and disability create a women's labor market disadvantage. Women with disabilities are more likely to be unemployed; if employed, receive considerably lower wages than men with disabilities. The analysis of 51 countries shows employment rates of 52.8% for men with disability while 19.6% for women with disability, compared with 64.9% for non-disabled men, and 29.9% for non-disabled women (WHO, 2011). The concept of incapacity implies that some people are unable to work. However, a person's job prospects are not determined only by personal attributes but also by the institutional framework of employment (Davaki & EU, 2013).

After completing their education, inaccessible work environments and the lack of access to jobs are the major constraints for disabled women (Tefera & Vangen, 2016; Vick & Lightman, 2010). Securing employment is a difficult life experience for women with disabilities. They face many barriers to participation in the workforce (Lindsay, 2011; Noonan et al., 2004).

The experiences of working women with disabilities illustrate the significance of hierarchies within the workplace (Pettinicchio & Maroto, 2017). Disabled women are less likely to be hired than women without disabilities and men with or without disabilities (Lindstrom et al., 2011; Pawłowska-Cyprysiak, Konarska, and Żołnierczyk-Zreda, 2013). Moreover, those who find a job are more likely to be employed in part-time and low-skill jobs (Fesko et al., 1997; Lindstrom et al., 2011) and earn less than women without disabilities and men with and without disabilities (Doren et al., 2011).

Women with disabilities were paid 67.3 percent of what working men without disabilities were paid, and 82.5% of what their men with disabilities were paid (NWLC, 2014). Working women with disabilities are less likely to engage in self-directed or autonomous work than nondisabled women and men with and without disabilities (Brown et al., 2017), and they appear to experience a high degree of work-related stress (Moloney, 2018). These constraints may negatively impact their psychological well-being (Clumeck et al., 2009; Rosenfield, 1989). Stereotyping affects the daily life of employees with disabilities and leads to several unpleasant situations, e.g., unfair treatment regarding pay, promotion, inappropriate treatment, and adversarial workplace culture (Davaki & EU, 2013).

Article 27 of the UNCRPD (2006) acknowledges the right of persons with disabilities to work. Women and men with disabilities who can earn their livelihood will have more chances of breaking the cycle of poverty and disability (Ziegler, 2014). The participation of people with disabilities in the labor force is important for maximizing human resources: increasing the personal well-being and welfare and contributing to the national output. The social and economic costs of exclusion and the gains of disability inclusion on a general level and more specifically on the level of women with disabilities is at risk (Ziegler, 2014).

2.2.4. Health care

The intersection of gender and disability is highly relevant to health issues. In certain regions of the world, households spend less on women's health than on men's, given that women's social status is often inferior to that of men (Ziegler, 2014). Moreover, women with disabilities are among the poorest in the world. Although some progress has been

made in terms of policies expanding the recognition and enjoyment of women's rights to sexual and reproductive healthcare services, it remains a huge challenge for disabled women globally. According to the European Union (2013), reproductive rights are related to women's independence to decide whether to have children and under what circumstances including rights to education and information and liberty from pressure in exercising reproductive choices. These rights are often not granted to disabled women and practices such as forced sterilization and abortion are imposed upon them. There is also a disability and gender gap with regards to health insurance addressing additional costs associated with disability or higher per capita expenses among persons with disabilities. Once diseases are contracted, it is tougher for women to receive treatment, as they are not incorporated into sexual health programs (Humphrey, 2016). Disabled people are more frequent users of healthcare services, as some forms of impairment require regular medical attention. Women with disabilities are more vulnerable to receive services of lower quality. The World Report on Disability (2011) states that persons with disabilities have unequal access to health care services and identifies several risks for persons with disabilities.

The WHO (2011) identifies needs with respects to sexual and reproductive health. Women with disabilities are not only less likely to receive general information on sexual and reproductive health and are less likely to have access to family planning services, but should they become pregnant, they are also less likely than their non-disabled peers to have access to prenatal, labor and delivery and post-natal services. Article 25 of the UNCRPD (2008) stresses the right of persons with disabilities to get the highest standard of health care without discrimination. It demands that services for disabled persons be gender-sensitive and provide the same quality of free or affordable health care as those provided to the non-disabled. This means health care providers need to have appropriate equipment to facilitate examination of people with impairment (Human Rights Watch, 2012).

2.2.5. Education

The intersectionality of gender and disability can restrict access to education and perpetuate inequalities. The right to education is fundamental, as education is a necessary condition for participation in socio-economic and cultural activities. Education contributes to human

capital formation and is a key determinant of personal well-being and welfare. Access to mainstream education for girls and women with disabilities is crucial (Davaki & EU, 2013). A study conducted in Ethiopia indicated that disabled women who are educated and employed usually experience difficulties in reaching their current levels of education (Tefera & Vangen, 2016). Disabled children are least expected to enroll in school and if they do, there is no special provision for their needs, inaccessible transport, a scarcity of resources that cater to their needs, all serve to keep disabled children out to the margins and without information they need to participate equally (Tefera & Vangen, 2016; Yeo, 2001,). Sending children with disabilities to school and preparing them for participation in adult world seem unnecessary (Groce, 2004).

Article 24 of the CRPD recognizes education as one of the fundamental human rights. The CRPD emphasize the right to education for PWDs without discrimination. States shall provide inclusive education for PWDs so that they develop their personality, creativity, and physical and mental abilities to their fullest potential. It proposes three measures to ensure full inclusion of students with disabilities: 1) reasonable accommodations based on individual requirements; 2) support required in the general education system; and 3) effective individualized support measures. These measures include provision of assistive compensatory devices and communication devices (Yilikal & Aschalew, 2020).

Denying education means reducing the chances of earning livelihood and thus reinforce the cycle of poverty and disability. Along with the existing restrictions, cuts to public spending makes girls with disability particularly more vulnerable, as it may affect their benefits which enable them to have access to education (Moore et al., 2011).

2.2.6. Global policies and legal frameworks

Governments and the international community have brought various local and international laws and instruments at different times to address the complex challenges of PWDs. Nonetheless the paradigm of identity politics, where a group identity is based solely on one aspect of the identity, restricted the possibilities of addressing multiple identities. This approach creates the atmosphere of permanent competition among different social groups

that are forced to compete for limited resources, political influence and societal attention neglecting the need of individuals and groups with multiple identities (Sumskiene et al., 2016). The fear that women's issues will dominate over the disability problems, and that increased attention to persons with disabilities will undermine the existing gender equality instruments and politics, augments obstacles to eliminate discrimination experienced by those at the intersection of different identities (Sumskiene et al., 2014).

Although there are no such legal frameworks exclusively focusing on problems of women with disabilities, a growing number of local laws and international instruments acknowledge the peculiar needs of disabled women. The UN Convention on the Rights of Persons with Disabilities (CRPD) has special importance in its recognition and protection of PWDs rights. The UNCRPD (2008) recognizes the discrimination based on gender and disability and asserts that women and girls with disabilities are subject to multiple discrimination (UN Women, 2012). The preamble of the CRPD underscores women and girls with disabilities are at greater risk, both within and outside home, of violence, injury or abuse, neglect or negligent treatment, maltreatment, or exploitation. To overcome this, the CRPD advocates a twin-track approach 1) promoting gender equality and 2) the empowerment of women with disabilities.

Furthermore, in its two recent resolutions on Realizing the Millennium Development Goals for PWDs, the UN General Assembly called for the integration of a gender perspective in disability programs and interventions. The Beijing Platform for Action (1995) recognizes the fact that women with disabilities experience added barriers to achieving gender equality and calls for action to address and take into consideration this concern (UN Enable, 2010).

The World Programme of Action concerning Disabled Persons (1982) states that the consequences of deficiencies and impairments are particularly grave for women. The Standard Rules on the Equalization of Opportunities for PWDs recall the provisions in the Convention on the Elimination of all Forms of Discrimination against Women to ensure the rights of women with disabilities and includes references to women with disabilities.

2.3. Gender and Disability: The Ethiopian Context

Citing the national study conducted in 1995, Tefera (2005) stated that about 3% of the Ethiopian population were disabled and argued that the fact of children being born disabled in Ethiopia is usually attributed to Satan. Traditionally, Ethiopian society associates disability with sin, shame, and feelings of guilt, resulting in a rejection and ostracism of the children. Tefera (2005) argued that disabled children are discriminated against, and female disabled are doubly discriminated against. In their study of education of children with special needs in Ethiopia, Belay et al. (2015) asserted that female children are more overburdened than their male counterparts and being female coupled with disability might worsen the life of these children. This study claimed that girls with disabilities, particularly with hearing and speech impairments, remain in rural areas and help their families with domestic chores and farming activities. Men may not marry such girls, though they may be taken as mistresses in situations where wives fail to conceive (Jennings et al., 2011).

In his study, Tekle (2019) detailed the undesirable experiences of student with disabilities in higher education institutions including absence or inadequate support; teaching-learning and assessment practices that did not respond to the needs of students with disabilities; inaccessible physical environment; absence of disability related inclusive policy; and negative attitude of faculty, administrative staff, and students without disabilities. In her study, Tefera & Vangen (2016), documented the experiences of a group of educated high-achieving disabled women in Ethiopia. The study captured how disabled women are viewed by society and sheds light on the belief that their disability is the result of wrongdoing by their families. She argued that these beliefs and traditions have unintended consequences for disabled women such as dislocation from their places of birth and separation from family. This study also found that women with disabilities have a hard time finding jobs, accessing the technology they need to perform, and when employed, proving themselves to employers and coworkers.

Women with disabilities tend to be highly vulnerable to different kinds of abuse (Tefera, 2005). According to Belay et al. (2015), women with disabilities are victims of physical and sexual violence where the perpetrators are family members, neighbors, and strangers.

Yonas (2009) argued that women with disabilities go through several challenges associated with disabilities, are at risk of threats, suffer from STD, unwanted pregnancy, social discrimination, and marginalization; and violence against women with disabilities has deep structural roots whose definitive solution calls for ongoing effort from society. Women with disabilities are highly vulnerable to violence such as rape, attempted rape, unwanted touching, false accusations, insults, pushing, isolations, and slapping; and their wellbeing adversely (Nikodimos, 2016). According to Nikodimos (2016), the perpetrators are often caregivers, neighbors, family members, the government, partners, ex-partners, and the community. Moges (2016) examined the life and experience of women with disabilities who are members of EWDNA and were victims of violence and the finding of her study showed that women with disabilities have suffered a great deal from different acts of violence because of lack of awareness, negative attitudes, economic dependency, and vulnerability. Rape, beating, insulting, undermining, unsuitable physical environments, lack of employment and educational opportunities are among the dominant types of violence that affect women, psychologically, socially, and economically.

In its case study of Ethiopia and Kenya, Katsuietal., (2014) found that the participation of girls/women with disabilities in education, employment and their community participation in general is lower than that of boys/men with disabilities. Getaneh (ND) concluded that women with disabilities may not assume jobs either because of scarcity of jobs, negative attitudes of employers, lack of information about job availability and lack of guidance and counseling. Anshebo (2011) examined the existing legal framework intended to get "equal" employment opportunities for persons with disabilities at a national level. The study found that inaccessible physical environment, unfavorable attitude of workers, employment rules, lack of awareness about rights, lack of information about vacancies, gender-based discrimination were among the major problems faced by PWDS. Persons with disabilities do not equally and fully participate in the life of their society (Mindahun, 2016). They are denied equal opportunities in the areas of education and employment that have adverse psychological, social and economic effects in the lives of the disabled. Similarly, Feye (2002) asserted that women with visual impairment are discriminated against by hiring institutions mainly due to the disability factor and gender.

When gender and disability are combined, Ethiopian women with disabilities tend to experience multiple discrimination (Katsui et al., 2014). Nigussie (2016) argued that women with disability experiences marital, social, educational, and employment challenges due to their disability. A study by Wondimagegnehu (2002) confirmed the prevalence of unwelcoming social reactions that restricted their chances of benefiting from education, gainful employment, marriage, and family life. She further argued that women with disabilities are considered asexual, unable to discharge the home management and motherhood responsibilities. Women with disabilities face differential treatment from society unlike men with similar disabilities (Biruk, 2007).

A critical review of existing studies in Ethiopia clearly shows that much of the attention is paid to how disability affect the life of women with disabilities without a deliberate attempt to understand the combined effect of the interplay between the two social identities, i.e., gender and disability. The concept of intersectionality as it relates to gender and disability has not been directly and explicitly investigated by those studies conducted in Ethiopia. Moreover, most of the studies emphasize a single aspect of women's life such as employment or education or reproductive health etc. as opposed to understanding women's personal and professional life in its entirety. In relation to the target of the study, very few studies focused on the professional women with disabilities. Hence, the current study will close the gap in existing literature by exploring the intersectionality of gender and disability from professional women with disability.

2.4. Disability and Legal Framework in Ethiopia

Ethiopia women with disabilities navigate through several hardships early on with a lasting impact on their personal and professional life (Tefera & Vangen, 2016). The dominant attitude is such that disability is a consequence of wrongdoing or sin by their families (Getachew, 2011; Simkhada et al., 2013). This leads to prejudice against persons with disabilities making discrimination a common experience for a disabled woman.

However, there are limited discourses and recognitions of multiple discrimination against women with disabilities in Ethiopia. It is rare to hear among the CSOs and public sectors,

the mainstream and social medias, and general society the very fact that there is a persistent inequality on the bases of gender and disability status. It is a recent phenomenon for women's rights activists, CSOs and DPOs to discuss this unique identity and build coalitions to implement projects around issues of women with disability in Ethiopia. These are influenced by global trends and pressure from international laws and conventions that Ethiopia ratified. The growing awareness leads to the establishment of the Ethiopian Women with Disability National Association (EWDNA) which has been working to advocate equal rights and fight social discrimination against women and girls with disabilities. It focuses on issues affecting the lives of women and girls with disabilities in Ethiopia and works to build their capacity, skills, opportunities, and inclusion in society.

Article 41(3) of the Constitution of the Federal Democratic Republic of Ethiopia (1995) has stipulated equal access for everyone to the publicly funded social services. By virtue of this article, PWDs have constitutionally granted the right inclusion in the social service provisions. Moreover, Article 13 (2) of the Constitution stipulates that the fundamental rights and freedoms shall be interpreted in a manner conforming to the principles of the Universal Declaration of Human Rights, International Covenants on Human Rights and International Instruments adopted by Ethiopia. As a result, international human rights instruments including the CRPD are the law of the land. There are also subordinate laws such as the Higher Education Proclamation, the Education and Training Policy and the Building Proclamation that are designed to ensure the right to inclusion. Ethiopia has also ratified the Right to Employment of Persons with Disability Proclamation (No. 568/2008) that recognizes the multiple discrimination and exclusion that women with disability experience on the ground of their gender and disability.

The Federal Civil Servants Proclamation No. 515/2007 stipulated a provision for preference in the recruitment, promotion, and deployment of qualified candidates with disabilities. Even though Ethiopia has ratified the United Nation Convention on the Rights of PWDs (2006), the practical effort to create employment opportunities for PWDs is unsatisfactory (Nuri, 2018).

3. METHODOLOGY OF THE STUDY

3.1. Design of the Study

This study employed a qualitative research design. Phenomenological approach was utilized to illuminate the experiences of professional women with disabilities from their own perspectives. Reviews of existing literature were conducted to solicit information on the interplay of gender and disability to complement qualitative data generated through in-depth interviews and a focus-group discussion. In reviewing existing studies, special attention was paid to data and information tailored to the intersection of gender and disability rather than studies that discuss disability and gender as an isolated variable.

3.2. Data Sources and Sampling Techniques

Given the lack of national data that capture the intersectionality, this study relied primarily on qualitative data gathered from key informants through in-depth interview, review of literature and FGD. To ensure a professional mix, three groups of participants from three types of organizations were used as sources of data: 1) private sector, 2) public sector and 3) Civil Society Organizations (CSO). Representative number of professional women with disabilities were selected from each type of organization to take part in the study. FGD were conducted with a mixed group of men and women with disability to solicit more information to corroborate the data obtained via in-depth interviews.

Purposive sampling methods was used to select participants of the study. Moreover, snowball sampling techniques were employed to identify appropriate professional women with disability in Addis Ababa to participate in the study. A total of eight women with various types of disabilities participated in the study. The researcher reached out to Disabled Persons Organizations (DPOs) and disability focused CSOs to identify the first few participants. Then, snowball sampling was used to select the rest of disabled women with disabilities to participate in the study. The researcher selected participants based on seniority and leadership roles and type of disability.

3.3. Data Collection Techniques

The primary data collection technique was the use of in-depth interviews. The in-depth interviews were guided by an open-ended question that allows participants to discuss their experiences and perceptions openly. The interview had loosely defined boundaries to help focus on issues of intersectionality between gender and disability and keep participants within the scope and priorities of the study. This approach was consistent with the objectives of qualitative research methodology to allow participants to describe their experiences from their own perspective and in their own terms (Morrow, 2005).

Initially, the researcher contacted through phone call or email/text messages depending on their type of disability. After confirming their willingness to participate, participants were asked a place and time of their choice for the interview sessions. Out of the eight interviews, seven of them were conducted face-to-face and one held virtually using google meet platform. Six of the eight interviews were recorded after obtaining consent from the participants. The interview took one to two hours for each participant. The interviews were conducted in Amharic and translated into English during the transcription. The interviews were transcribed right after conclusion of the interview to capture encounters, reactions, and gestures. Interview data were complemented by a focus-group discussion involving seven (four female and three male) participants with disabilities. The FGD focused on exploring the experiences of professional men and women with disabilities and identifying if there were differences in their everyday experience. Besides, analysis of existing studies on intersectionality as a feminist concept and as applied to gender and disability were conducted.

3.4. Data Analysis

Data was analyzed using a phenomenological approach (Parker & Myrick, 2011; Starks & Trinidad, 2007) calling for the analysis of intimate accounts of individuals' embodied experience to gain meaning from each person's account. Attention was paid to every step from data collection to coding of data into concepts; to categorization of concepts into

increasingly comprehensive categories, or constructs; to descriptions of categories based on their properties and dimensions; and to the articulation of emerging issues.

The study captured the unique personal and professional experience of working women with disabilities. The data analysis was designed in a way to conceptualize intersectionality as it relates to gender and disability and how it intersects to shape everyday experiences of women with disabilities and the social institutions in which they live. The study identified recurring themes, language, opinions, and beliefs from fieldnotes, interviews and FGD transcripts. Thematic analysis of participants' accounts allowed broad conceptualization that reflects the lived experiences of women with disabilities. The study drew out key issues discussed and arranged findings according to emerging patterns. Direct quotes were often used to support claims, illustrate ideas, illuminate experience, and evoke emotions.

3.5. Ethical Considerations

As this study was dealing with extremely personal and at times sensitive issues, ethical values and standards were observed throughout the research process. The researcher obtained informed consent and ensured voluntary participation. Confidentiality was guaranteed given the sensitivity of the issues under discussion and considering participants' desire regarding the disclosure and publicity of the solicited data and information.

Participant's privacy was not compromised in any way and the researcher did his level best to avoid any potential negative consequences of their participation. Participants were not identified by their names and remain anonymous throughout the research process, report writing and dissemination. The interviewees and FGD participants were notified that the findings of the study may be published, and its practical policy implications would be disseminated as deemed necessary and without disclosure of their identity.

4. DATA ANALYSIS, FINDINGS AND DISCUSSION

This section presents the data gathered; findings obtained through in-depth interviews and a focus-group discussion (FGD) and discusses findings. It begins with basic characteristics of participants followed by data presentation and analysis based on recurring themes, opinions, and beliefs identified in the data collection and transcription process. Finally, it discusses findings with relevant studies and evidence. Direct quotations from participants were used frequently to provide invaluable perspectives, in participants' own words.

4.1. Characteristics of Participants

The data was generated using in-depth interviews from eight women with disabilities.

Table 1. Characteristics of Interview Participants

Participant	Sex	Age	Marital Status	Disability type	Employment Sector
ID P1.	Female	55	Unmarried	Blind	Public
ID P2.	Female	38	Unmarried	Physical	Public/Parastatals
ID P3.	Female	33	Married	Deaf	CSO
ID P4.	Female	41	Married	Blind	CSO
ID P5.	Female	31	Unmarried	Physical	Private + CSO
ID P6.	Female	45	Widowed	Physical	Public
ID P7.	Female	29	Married	Blind	Private
ID P8.	Female	33	Married	Deaf	Public

This research primarily relied on data solicited from eight women with disabilities. Participants were diverse in terms of the age structure, their social and professional experience, and the type of disabilities. The age structure ranges from 29 (the youngest) to 55 (the oldest). Most of the participants were married followed by unmarried and one widowed. In terms of disability type, three of the participants were blind, three persons

with physical disability and two persons with hearing impairment. Participants were drawn from different sectors in terms of their professional mix such as public, private and CSOs.

Four participants have predominantly public sector work experience; two of them have worked in the private sector and the other two in CSOs. As it can be deduced from the focus of the study i.e., disabled professional women, the entire participants were educated at least at the level of first-degree and were currently employed. All participants have leadership experience from mid-level to senior leadership hierarchies in their present organization or past employment.

Moreover, this study solicited additional data through an FGD. An FGD was held among seven participants. Participant’s characteristics are presented in the table below:

Table 2. Characteristics of Focus-Group Discussion (FGD) Participants

Participant	Sex	Age	Marital Status	Disability type	Employment Sector
FGD P1.	Female	35	Married	Deaf	Public
FGD P2.	Female	27	Unmarried	Physical	CSO
FGD P3.	Female	39	Married	Physical	Private
FGD P4.	Female	33	Married	Blind	Public
FGD P5.	Male	31	Unmarried	Physical	Public
FGD P6.	Male	45	Married	Physical	CSO
FGD P7.	Male	29	Married	Blind	Private

As it can be seen from Table 2, the FGD participants were a diverse group of individuals in terms of age, marital status, the type of disability and the sector of employment. The age ranges between 27 and 45 and deaf, blind and persons with physical disabilities were represented. Most of the participants were married and currently employed in public, private and CSOs.

4.2. Perceptions of the Intersection of Gender and Disability

The principal objective of this study was understanding how gender and disability interact as seen from professional women with disabilities perspectives. To this end, participants' view and interpretation of their experiences were explored and documented.

4.2.1. Attitudes and prejudices at the intersection of gender and disability

Participants argued that there are several departure points between a disabled and non-disabled women due to the predominant negative societal attitudes and prejudices. An in-depth interview participant described her experience of fellow citizens reaction towards her disability as follows:

As a woman with physical disability, I see a significant difference in how people react when I walk with my crutches and while driving. When I drive, I get a lot of attention from boys and more likely to be subjected to ለከፋ¹ – I see many people throwing sexual comments and body language that communicates sexual message like any other women. This is primarily because people do not see my disability in the car. But, when I walk, I see a completely different reaction – people sympathizing for my disability and no sexual abuse. While driving, I often say to myself – ‘አሁን ገና ለአቅጦ ለከፋ እና ስድብ ደረስኩ²’.

ID P2, September 22, 2021.

This lived experience of a disabled woman plainly shows the difference in the way people treat and interact with a woman with or without disabilities. This means that men hold a negative perception towards women with disabilities and denies them the chance to form the relationship they may have or accept with other women around them. This uncovers the society's underlying attitude and prejudice towards disability that often exacerbates when gender difference (being a man or a woman) is factored in. Generally, women and disability right activists consider the verbal and sexual harassments, unacceptable and is often on their agenda to fight against. However, disabled women are deprived of even those human interactions that are legally and morally presumed to be undesirable or unacceptable

¹ *Lekefa* – an Amharic word for sexual comment, verbal abuse, or sexual harassment.

² *Now, for the first time, I am capable to be sexually harassed!*

and some participants argued to the extent that ‘Lekefa’ may lead to a feeling that a woman with disabilities is a woman and is able to attract the attention of others. The experience perhaps creates the perception that she is at least one step ahead and achieved something that many women with disabilities could not attain in life.

The participants of the study attributed many of the challenges encountered by women with disability to the prevailing attitude and limited awareness around gender and disability. Generally, being a woman with a disability is perceived as weak and inferior. The same is true for a person’s disability status. Both identities are perceived as minorities. As a result, disability becomes a jeopardy for a woman who suffer from the negative effects of both disability and womanhood. Disability adds to and perpetuates the discrimination against women and negatively impacts their gender roles, multiplying perceived weakness and helplessness. Boyer (2015), Maya Dhungana (2006), Abu-Habib (1997), and Gerschick (2000) asserted that the dominant gender-norms and patriarchy instilled the feeling of shame, fear, passivity, and dependence among women and shame associated with disability worsens a woman’s status in a society. Participants agree that cultural norms of being a woman, or a girl is highly sexualized and appreciation for a certain bodily appearance caused the denial of women with disabilities the prospect for a positive sexual identity. One participant described how the prevalent sexism and disability bias within the society has a visible effect on perceived beauty of women with disabilities.

“.... to be a good woman you must be beautiful and attractive, be able to comply with the physical demands and desires of your husband or partners. Given the dominant stereotypes of how beauty is defined in our tradition, a disabled woman cannot meet this requirement in any way. And indeed, a disabled woman cannot be sexually attractive! So, what is left for her to at least survive as a woman? Nothing! A woman may succeed in life by making use of her natural quality (i.e., beauty), but this doesn't apply for women with disabilities.”

ID P5, September 22, 2021

The above quotation reveals that disability status is believed to lower the social standing of a disabled woman and deprive them of their only area of advantage of being a woman i.e., being beautiful, attractive, and physically fit. Humphrey (2016) asserted that disability prevents women from meeting any of the criteria that women are judged on; making a

disabled woman unable to fulfill their expected gender norms. Similarly, Sumskiene et al., (2016) argued that women with disabilities are unable to meet the set criteria more clearly defined as being pretty, lovely or starting a family and having children. That is, by being female, women with disabilities experience deviation from the positive gender norms associated with masculinity, but at the same time, their disability status causes deviation from the socially constructed ideals of femininity.

Some participants discussed religion and culture as intertwined to reinforce one another and contribute to what women with disabilities experience in their personal and professional life. One of the participants described the role of culture and religion in Ethiopia as follows:

When beliefs and attitudes are governed by religion or culture, it doesn't lend itself to open discourse. Then, you lose an argument even before you start discussion over a subject. A case usually closed with a verse in a Bible/Quran without robust debate over issues. However, verses from holy books are sometimes misinterpreted. Religion laid the strong foundation for all stereotypes and discrimination we experience in Ethiopia. Hence, both played a major role in sustaining the challenges of women and disability.

ID P1, September 15, 2021.

The argument above shades light on how culture and traditions, nurtured by religious practices, preserves the negative stereotypes and discriminations against women in general and disabled women specifically. For example, society conceptualizes disability as a curse that descends from one generation to the next along family lineage. Religion encourages accepting practices and beliefs as they have existed in the past and as stated by religious books and dogmas. The causes of disability are often perceived as a curse, a consequence of wrong-doing or evil deed by parents, ancestors, or the person her- himself or some other supernatural presence (Tefera, 2005). Similarly, it is believed that disability is the result of wrongdoing by their families and these beliefs have unintended consequences for disabled women (Tefera & Vangen, 2016). It is very difficult, if not impossible, to challenge existing practices and beliefs through logical and rational debates. As a result, negative beliefs and stereotypes against gender and disability persist.

With regards to the level of societal awareness, participants argued that understanding of disability and gender is worse in Ethiopia. A couple of participants had the chance to visit other countries in their professional capacity. They made a lot of references to and comparison of their experiences aboard with their personal and professional life as a person with disability in Ethiopia. A senior lawyer at a supreme court detailed the level of awareness in the following manner:

“...in Ethiopia, no matter how educated or enlightened a person is, he/she understands disability in terms of inability. People focus on your impairment rather than your capability as a person. As a result, persons with disabilities are generally perceived as incapable, weak and dependent and their functioning and contributions are restricted...”

ID P1, September 15, 2021.

In the developed world, as participants argued, governments shoulder the burden for creating an enabling environment for people with disabilities unlike less developed nations where it is more of the responsibility of society or the person with disability to deal with the challenges associated with disability and figure out the way out by themselves. As such, there are not well-established systems and institutional mechanisms to handle issues of persons with disability. In this regard, a study by Tefera & Vangen (2016) asserted that, in Ethiopia, positive and constructive awareness by parents of disabled children about issues and concerns of people with disability is very low.

The same is true with regards to the perception and meaning associated with gender. An interviewee (IDI P2) explained the fact of womanhood in Ethiopia is generally associated with incapacity, powerlessness, an identity that needs to be monitored and restricted, necessitating a system or established mechanisms to control feelings, behaviors, or actions, rather than being guided by free will or the principle of self-governance. It is believed that freedom is not something bestowed upon women and girls, naturally. Society accepted a need for setting up certain socially constructed boundaries, norms, and rules within which a person should live, behave, or act. Due to the negative perception for the two identities, perceived incapacity is magnified, leading to a unique discrimination that may not necessarily exist when either of the two act independently.

4.2.2. *The unique identity of ‘women with disabilities’*

With regards to the uniqueness of ‘women with disability’, the data from this study showed policies and practices discuss issues of gender and disability separately; and interventions to address the issues are designed without much regard to the peculiarities that may exist at the intersection of the two identities. This scenario was explained during the FGD using a real-life example:

“If you go to the Ministry of Women, Children and Youth (MOWCY)³ affairs with issues of women with disability, you are referred to Ministry of Labor and Social Affairs (MOLSA)⁴, if you go to MOLSA, you are referred back to MOWCY. No regard to the specific needs of women with disability in the policies and guidelines of both ministries. Issues of disabled women are lost somewhere in the middle”

The quote above illustrates that the agencies that are supposed to be inclusive and represent all types of women in the fight against discrimination, ended up neglecting women with disabilities because they do not fall into either of the two social categories i.e., womanhood or disabled person. Thus, the issue of women with disabilities has been lost or neglected. As a result, the Government of Ethiopia’s work on disability largely fails to consider women’s issues and its work on women’s issues excludes disability matters due to lack of clearly defined ownership of the subject matter. Traustadottir (1990) argued that while women experience their disability differently than that of men, they are often overlooked and left out by women’s organizations, movements, scholars, and the international community. Women with disabilities are left out of movements that seem inclusive and their voices have few spaces to be heard (Humphrey, 2016).

The example above indicates that issues of women with disabilities remains concealed behind each of its constituent parts, i.e., gender or disability and any measures taken appear to be based on the idea that the two aspects of the discrimination should be dealt with in isolation. However, women with disabilities are subjected to both gender discrimination and to discrimination between people with and without disabilities. This perception creates an overly restrictive category to be able to effectively deal with the real problem and

³ Now, the nomenclature of this ministry has changed into Ministry of Women and Social Affairs

⁴ Now, the nomenclature of this ministry has changed into Ministry of Labor and Skills.

practically does a damage to women with disabilities and to society (Council of Europe, 2003; Sumskiene et al., 2016). Instead of serving as trigger to design and implement physical and social interventions to ameliorate the difficulties of women with disability in their life, the twisted perception contributes to further discrimination that restricts the prospect of tapping into their potential for the good of the society and themselves.

The professional experience of women with disabilities participated in this study revealed that gender and disability together create another, independent and a unique identity, i.e., *women with disability*. Disabled women view their experience as unique and not consistent with women without disabilities or ‘men with disabilities and their exposures are quite different. As a result, there are specific vulnerabilities for women who find themselves at the intersection of ‘gender’ and ‘disability’. Consequently, they must deal with the realities of distorted perception of who they are and what they can achieve in life, not only from their non-disabled counterparts but also from their fellow men and women with disabilities.

FFD participants, both men and women alike, believed men with disabilities are not significantly and negatively impacted by the gender dimension. Despite repeated probing during the FGD, men with disabilities had a hard time discussing their unique experiences. Women with disabilities believe that disabled men’s life experiences are different from theirs. The following is an excerpt from a woman with disabilities:

“Men are often economically independent and are positively perceived by others (...in the family, community, and the workplace...) as compared to women with disabilities. As a result, men with disabilities offset the disadvantages and discriminations associated with disability. You don’t expect men with disabilities to engage in household chores due the traditional gender norms and hence there is no way to assess the impact of disability in effectively accomplishing those tasks unlike a woman with disabilities. In the workplace environment, in relative terms, it is OK to come and apply for a job or be hired for a man with disabilities than a woman with disabilities”

IDI P5, October 22, 2021

Participants compare their experiences with disabled men to illustrate the unique impact of the gender norms. Women with disabilities pinpointed that gender (manhood) placed disabled men at a more advantaged position which would potentially minimize the negative

repercussions caused by their state of disability. This demonstrates that the gender aspect of the intersection creates opportunities for men with disabilities in such a way that they are likely to be accepted and supported by the society and get the chance to go to school and work as compared to disabled women.

4.2.3. Common disregard to diversity within the ‘women category’

In explaining the lack of adequate attentions to diversity within a particular social category (e.g., the category of women), a senior human rights and disability rights advocate described an example of verbal abuse known as *‘lekefa’*, as follows:

“... I am not yet a woman and my priority now is to become a woman. I often hear verbal abuse such as ‘ለከፋ’ is an agenda for activism for the general category of women in Ethiopia, but not much for me as a disabled woman. Lekefa may mean something, i.e., it implies that I succeeded in going to a place where I can be exposed to it, and that I am valued. Many people may argue against this very idea of positive connotation of a subject matter that is inherently negative and generally considered as a gender-based violence. But that is a reality for a woman with disabilities.”

ID P2, September 22, 2021.

The above participant strongly argued there are issues that are generally considered as ‘all women’s’ problems without much regard to the difference among women. She argued *‘ለከፋ’* is perhaps an issue to deal with for a woman without disability; but may not be an urgent cause for a woman with disability to fight. The reasoning clearly indicates that the question of women without disability is to achieve ‘gender equality’ but the struggle for woman with disability is being treated like any other women first. This means that for disabled women to complain about *‘ለከፋ’*, first, they should get the chance to go out of home and walk on the street, get the opportunity to go to school, and get accessible roads to be able to walk through; and more importantly, people around them are in a position to see their beauty as a person/woman and should be able to go beyond sympathizing for their disability status. Women with disabilities are not at this stage yet; and hence some issues could be a legitimate concern for women in general but not necessarily issues of priority for women with disabilities to join the struggle.

Despite this experience of women with disabilities, women right activists and institutions, often put all women in the same bucket; and disability right advocates perceive all people with disabilities as similar (Garland-Thomson, 2015; Morris, 1993; Naples, et al., 2019; Abu-Habib, 1997; Yuval-Davis, 2006; Ziegler, 2014). However, the needs of women with disabilities are peculiar from the general category of women or persons with disabilities.

Another participant of the study explained the unique needs of women with disabilities in a similar way but explaining about one of common complaints of women in hiring process, i.e., the demand by employers and members of recruitment committee for sexual favor as a precondition to be considered in the selection process.

“....it does not make any sense to discuss discrimination in the hiring process against women with disabilities, e.g., demand for sexual favor in exchange for employment, while these women are not yet there; going out of home; apply for jobs and invited and appear for interviews. Being asked by an employer for a sexual offer may indicate that a woman with disability was able to move one step forward i.e., able to go out of home, see vacancy, able to get the permission from the guard of the company to pass through the gate to where the interview is being conducted and the building is accessible to reach out to the one asking for sexual favor. Hence, the issues of discrimination for disabled woman are different from the other women....”

ID P2, September 17, 2021.

The perspective above reveals the significant differences in the priorities and questions of women of different social categories. The vast majority of women with disabilities are restricted to the home; less likely to access education; and social and physical environments are inaccessible for them. These are the prerequisites to apply for a job and get through the recruitment process. In this scenario, discussion of sexual violence in job recruitment does not directly respond to the pressing and real-time need of women with disabilities. That is why participants argue that ‘request for sexual favor’ by employer during hiring process indicates that they achieved something women with disabilities are not able to attain in life.

Participants expressed their disappointment regarding the limited or lack of outreach activities by women’s and disability right activists and organizations to reach out and cater to the needs of disabled women restricted to the home environment as follows:

Most women's and disability rights activists and organizations sit in the office and wait for women with disabilities to come with their issues and concerns. You cannot find these women by sitting in the office because they are not there yet. We must go to where they are, i.e., home. However, none of the institutions and associations would like to exert an extra effort to go home, find them, provide the necessary support, and address their challenges.

Home is the natural territory for a disabled woman. They are restricted to home and their concerns are not made public. But the works of women's and disability rights organizations including the disabled person organizations (DPOs) concentrated on those who were able to escape the domestic sphere. These organizations largely fail to engage women with disabilities in their natural setting.

4.3. Consequences of the Interplay between Gender and Disability

Based on a review of relevant literature, the study identified seven potential areas of a disabled person's personal and professional life affected by the interactions of gender and disability and explored its consequences on those areas.

Given layers of bias i.e., disability and femininity, women with disabilities suffered from two-fold discrimination, marginalization, and social exclusion. The professional experiences of women with disabilities are undermined by the effects of both gender and disability in ways that are qualitatively different from the effects of each in isolation.

The workplace experiences of participants showed that disabled women are required to make an extra effort to secure employment, and once hired they suffer from a perception that employers offer the job for fear of God or societal guilt rather than their merit. The data from both male and female participants in the in-depth interview clearly shows that women with disabilities are severely disadvantaged in almost all realm of life as compared to men with disabilities or women without disabilities. In this regard, a participant detailed her observation as follows:

“Although their disability status significantly affects their professional and personal life, men with disabilities benefit from the traditional norms associated with masculinity e.g., the expectation that male should be in the public sphere. This minimizes the negative consequences accompanying their disability”

IDI P6, September 28, 2021

While disability increases once vulnerability, gender magnifies its consequences. This indicates that the discrimination against women with disabilities that happen at the intersection of gender and disability manifest itself in several areas which will be discussed in detail later in this section.

Despite all the challenges and vulnerabilities associated with their disabilities, participants of this study strongly believed that the struggles they went through to offset the negative consequences of their impairment served as an engine for every small or big achievements they attained in all walks of life. In describing her lived experience, one of the participants compared her childhood experience with her current attitude as an adult:

“As a child, I was so much obsessed with people’s reaction towards my disability status. I was preoccupied with questions such as: why do people see me as an alien creature? Why do they sympathize? What is wrong with me? However, as a very successful woman now, I do not really pay attention to people’s reaction because I started interpreting it as a support mechanism that they think they can offer or putting themselves in my shoes. I attribute my personal and professional success today to my ability to overcome people’s negative reaction related to disability”

IDI P1, September 25, 2021

Women with disability attributes their resilience, strength, and success, be it in education, career, and relationship, to the hardship they went through caused by their disability status. One of the interview participants asserted:

“...the hardships empowered me to overcome circumstances in life as compared to my non-disabled family and community members around me”

IDI P6, October 27, 2021

This shows that challenges shaped their lives and inspired them to reach highest level excellence in education; have good work ethics resulting from their efforts to prove themselves; become self-reliant; and develop self-confidence and positive self-concept.

The study identified seven areas of discriminations that stand out from the data; and explored its consequences on the social, political, economic, cultural, and religious life of disabled women. These potential areas of inequality at the intersection of gender and disability are accessibility, sexuality and violence, prejudice and participation, family life, health, education, and employment. These are explored in detail from professional women with disabilities perspectives.

4.3.1. Accessibility of physical and social environment

Most of the participants agreed that creating accessibility at places of service delivery or in the workplace is considered to be a charitable work or virtuous act of favoring persons with disabilities rather than a legal and moral responsibility. Moreover, ensuring accessibility in most cases is viewed as an expensive endeavor. One of the participants expressed her disappointment as follows:

“People think it is for fear of God that they are trying to meet accessibility requirements. They also believe it is expensive to create accessibility. But exclusion is more expensive than inclusion for a poor country like Ethiopia. Providing braille for a blind person is less expensive than denying them services. That tiny investment helps in making the person a leader of a nation or a productive citizen. We got those brilliant lawyers in Ethiopia due to the small investments we made in their education. Wheelchair for a person with physical disability may solve the world’s problems. By denying accessibility for 17% of the population, how can we bring meaningful social and economic development? If you are not making it accessible, you are producing many dependent members of a society.”

ID P5, September 22, 2021

According to Buckup (2009), the economic consequences of excluding people with disabilities from the world of work costs Vietnam, Thailand and China about 3, 4.6 and 4.2. percent of their GDP, respectively. In Africa, macroeconomic losses are between 3.1 percent of GDP in Malawi, or US\$ 99 million, and 7 percent of GDP in South Africa, or US\$ 17.8 billion. Finding readily available macroeconomic data, general labor market information and disability prevalence rates is much more difficult to find in Ethiopia (Buckup, 2009). Ensuring a disability perspective in all aspects of policy; effective implementation of existing disability laws and providing for equal opportunities are among

the factors that contribute to the reduction of poverty and to the social and economic inclusion of people with disabilities in Ethiopia (ILO, 2013).

One participant explained her encounter related to accessibility and the general prejudices and discrimination while she was trying to find a house for rental as follows:

“Landlords refuse to rent a house with a simple statement ... ‘It is not good for you.’ I visited many houses for rentals with brokers. When they see me, they ask ... is it for you? When I reply ‘yes’. Then, they decline. Accessibility was raised as a pretext, but the real reason is stereotyping and prejudice. They often tell me that I could fail down when the floor is wet. What makes me different? Everyone can fall if the floor is wet. Contrary to discharging their responsibility so things work for us, they choose to avoid us.

ID P6, October 29, 2021

The experience of participants of this study confirm that organizations and private individuals opt denying opportunities for people with disabilities than creating an enabling environment that increases their productivity and success in their personal and professional undertakings. Another participant described her experience as follows:

As an electrical engineer, I was recruited for a maintenance position. When they learned that I am physically disabled person, they concluded that I am not fit for the position, though I don't see any issue that holds me back, except their prejudice! They were impressed by my interview performance, and they didn't want to lose me either. They asked me if I would be able to do the job, I replied, ‘yes’. On the spot, one of the supervisors said they have other positions where I can fit well. They decided to assign me in a different position which doesn't require mobility without any consultation and consent from my side. But the position was less paid, and the burden of the job was extensive and routine.

ID P5, September 22, 2021

The recruitment processes are not favorable, as a result, jobs are not accessible for persons with disabilities. If by any chance someone gets through and is invited for an interview, another round of challenge emerges in his/her way to a successful employment. The experience above shows that employers follow their own deep-rooted prejudice in the decisions that affect the personal and professional life of a person with disability. Instead of creating an environment that fits into the needs of persons with disabilities, they attempt to ensure that the person is fit for the environment.

4.3.2. *Sexuality and violence*

This subsection discusses whether and how women with disabilities were uniquely affected by people's perception of their sexuality and subsequent act of violence. Participants characterized the general perception towards women with disability in Ethiopia as mostly asexual and to some extent as hyper-sexual. A participant's view below shows that a society's attitude, myth, social stigma and misinformation on sexuality contributes to the vulnerability of women with disability.

“Women with disabilities are at a higher risk of sexual violence, rape, abuse, and bullying and subsequently exposed to STIs. While we are deprived of our sexuality, we are often sexually abused, more frequently than even other women. We are vulnerable because perpetrators believe that we are weak and powerless to defend ourselves and not be able to hold them to account. On top of these, violence against women with disabilities is a challenging subject to deal with the existing legal system. Moreover, there is a dominant attitude that women with disabilities are regarded as virgin due to the prejudice that we are asexual contributes to their vulnerabilities.”

ID P8, October 26, 2021

The excerpts above indicates that the act of sexual violence being experienced by a disabled women contradicts society's predominant view and perception of their sexuality. If they are dubbed as asexual, not sexually active and not appealing for sex, the natural and automatic consequence would have been a lower probability of exposure to sexual violence of any form. However, the reality is the opposite. Paradoxically, women with disabilities are not seen as sexual being but at the same time are at a much higher risk of being sexually abused. Studies from low-income countries reveal the vulnerability of disabled to violence, abuse, and exploitation (Handicap International, 2012; 2015; WHO, 2014). A study on gender-based violence in Addis Ababa revealed that considerable number of women with disabilities had experience a physical violence (40.5%) and sexual violence (42%) at least once in their lifetime (Sebsbie, 2011). Women with disabilities are vulnerable to violence such as rape, attempted rape, insults, pushing, isolations and slapping (Nikodimos, 2016). One of the reasons for disregarding their issue is the society's belief that women with disabilities are considered as sexually unattractive.

“... Vulnerability left unrecognized because in most cases people wrongly associate sexual violence with sexual attractiveness in which case women with disabilities are assumed to be not attractive to be exposed to sexual violence. This leads to ‘victim blaming’. As a result, when women with disabilities complain about sexual violence, people do not take it seriously. Women do not report GBV and women with disability are more likely do not do so due to the prevailing attitude”

ID P2, September 22, 2021

Studies have indicated the dehumanization and common perception of disabled women as helpless causes perpetrators of violence to believe that women with disabilities are easy targets because they will be physically unable to report violence or won't be trusted if they do so (Biher, 2009; Davaki & EU, 2013; Moges, 2016; Humphrey, 2016; UNFPA, 2018).

The experience of women with disabilities clearly show that men consider their sexual demand as legitimate and sometimes as a sacrifice to help and it should be in her best interest. As a result, a rejection of sexual request is alleged as abnormal and often taken by surprise leading to anger, act of aggression or rape. A participants described this as follows:

“Many people believe people with disabilities are sub-humans. Someone came from my back and hugged me – I was supposed to smile, be ‘OK’ with it and react positively. How come I say ‘no’? If I dare to do so, it is weird. It is a righteous act for the offender. It is considered as if the perpetrator is helping the disabled women. At times, the offender may expect you to be grateful to their act of aggression. That is the attitude among many people in Ethiopia. Nobody thinks that I have my own stand, interest, and preferences. So I am less of a person, and less of women.”

ID P2, September 22, 2021

This indicates that there is a predominant attitude that a woman with disability cannot decline a sexual offer. If she does, it may have a harsh consequence including physical attack and abuse. It is unacceptable to say ‘No’ and no way a woman with disability declines the ‘attention’ and ‘opportunity’ offered to her. When women with disabilities are subjected to a sexual violence, it is considered for her benefit, and she must accept and enjoy it. Many perpetrators breach sexual rights of women with disabilities without even realizing that they are committing sexual violence.

Some participants argued that vulnerability may vary depending on the type and severity of disability, level of education, and place of residence. The following quote was an assertion from one of the participants for the study.

“...educated women with disabilities are less vulnerable as compared to the less or uneducated women. These victims are less likely to report incidences arising from limited knowledge and awareness of the legal system and reporting procedures. This situation increases the risk of vulnerability to sexual violence due to lower risks for perpetrators to be held accountable. In my professional capacity, I came across pregnant women with disability reporting their pregnancy from rape”.

ID P5, October 22, 2021

Barriers to seeking help in the event of GBV include increased dependence on the perpetrator, lack of information and difficulties in accessing relevant services, reactions by police or other professionals (Nixon, 2009). Women with disabilities are highly vulnerable and rarely seek help as victims of gender-based violence rarely due to lack of awareness, negative attitudes, economic dependency, poverty, gender, and disability (Moges, 2016; Nikodimos, 2016). Several participants argue that women with disability are most vulnerable because their disability status makes them easy target for gender based sexual violence. A deaf women explained her increased vulnerability with a very simple example:

As a born deaf, I cannot scream for help and have difficulty explaining to people about what happened. In my professional capacity, I know a deaf woman who was raped in her house. She struggled with the perpetrator after the incident as he tried to escape. She was holding him tight and not letting him go. She was dragged out of her compound and police officers arrived. The perpetrator told officers that she was crazy. The women were trying to communicate using sign language, but the officers did not understand. As a result, it was not easy to serve justice to the woman and hold the offender accountable.

ID P3, September 17, 2021

There is also a perception that women with disabilities are free from STIs, including HIV/AIDS, a situation described by participants as “*HIV/AIDS free zone*”. This belief encourages perpetrators to commit sexual violence against women with disabilities. Despite their vulnerability, disabled women are not represented on issues of Sexual and Gender-Based Violence (SGBV). A participant described this situation as follows:

“Discussion about GBV focuses on the general category of women, but women with disabilities have their own peculiarities in terms of vulnerability to SGBV because of power dynamics and predominant exclusions arising from disability. Moreover, the power dynamics between perpetrators and the victim significantly contributes to SGBV. Perpetrators are opportunists and victims are assumed to be powerless. However, discussion about the subject excludes issues of a disabled woman”

ID P2, September 22, 2021

Studies of sexual abuse in the past revealed that sexual violence has more to do with dominance and repressive use of power than sex per se. According to Longo and Gochenour (1981) offender drive for sex is more linked to issues of control and power than to sex. As a result, vulnerability is increased for marginalized segments of the population, including people with disabilities who are dependent and in need of affection. The more vulnerable and powerless people are, the more they are at risk of being sexually abused.

4.3.3. Participation and prejudice

The data from the in-depth interview shows that women with disabilities feel deeply hurt by members of their family and colleagues due to the social exclusion, discrimination, and prejudice which potentially leads to restricted participation and further exclusion. FGD participants described how discrimination starts at the very early ages as follows:

“Due to the traditional norms around disability and the consequences thereof, parent’s negative reaction to a disabled child often starts at childbirth. Parents and family members are likely to be unhappy about a child born with disabilities due to expected stigmatization from the community. Additionally, due to religious and cultural beliefs, parents associate disability with misfortune and curse caused by generational sin. This feeling is magnified when gender comes into picture. Girls with disabilities are forced to remain hidden from the public and unlikely to get the chances for integration, education, and employment”

Tefera & Vangen (2016) argued that Ethiopia women with disabilities navigate through several hardships early on with a lasting impact on their personal and professional life. The dominant societal attitude is such that their disability is a consequence of wrongdoing or sin by their families and ancestry (Getachew, 2011; Simkhada et al., 2013). This leads to prejudice against persons with disabilities that makes exclusion and discrimination a

common experience for a disabled woman. Maya Dhungana (2006) argued that from early on the qualities of shame, dependence on others, passivity and fear are instilled in disabled girls and women. Shame associated with disability deteriorates woman's status in all realms of life and contributes to a higher rate of discrimination. Being present together at the same time, the aspects of disability and gender hinder person's positive self-concept.

Due to the cultural stereotypes and religious belief, many people have a negative attitude about the behavior and personality of women with disabilities. One of the participants discussed the friendly and positive relationship with her coworkers resulting from their knowledge of who she is resulting from their daily interaction with her. However, the same people react differently to other disabled people because of their deep-rooted stereotypes.

“Even my best friends who have built a very good relationship with me often face difficulty feeling at ease with others with disabilities because of the underlying prejudice. They are my best friends because they gradually become familiar with me, but they can't do the same with other people with disabilities that they are not familiar with. In principle, if they are OK with me, they should be fine with other people like me. Women with disabilities are labeled as suspicious, not open to others, reserved, hostile, and lacking human feeling.”

ID P1, September 15, 2021

Often, these discrimination against women with disabilities goes unnoticed because the intention among community members to act in certain way appears positive.

“... I can actively and effectively participate in አድር (edir⁵) or other events. I can cook food, chop onions, stir a stew or do whatever other women can do in this social gathering. But due to the prevalent prejudice, my participation is enormously restricted. In the first place, they don't want you to be a member, secondly, hold a low expectation about your participation with their typical comment: “nobody feels sorry about your absence, why should you suffer?” Overtly, it appears that they care about your disability and don't want to bother you...but covertly and unintentionally prevent you from enjoying benefits of participation or contributing for the good of your community”.

⁵ Edir is a burial association in Ethiopia established based on the mutual agreement of community members to collaborate during adverse situation in any member of the family.

This attitude has a strong impact on the relationship and interaction of women with disabilities with others in their family, community, or workplace. Lived experience of those disabled women reveals how they are systematically excluded from participation in the social life of their community. The above excerpt shows that social empowerment and participation are highly restricted for women with disabilities. Society doesn't expect their participation in social events such as childbirth, grief, and wedding. Another participant describes her experience as follows:

When I show up to attend events, I am discouraged with a comment that appears positive but inherently damaging: “ውይ! አንቺም መጣሽ! ለምን ትቸገረዋለሽ?”⁶ In Ethiopia, a saying goes “ቀጠረ አታሳጣኝ”⁷. If you are not participating in other's events, you are likely to face neglect when you host events. The nonparticipation is not without cost; rather have a negative social consequence. Social life is reciprocity i.e., if they do not expect you during those vital events, by implication, it means they do not care visiting you when you are in similar situations.

ID P8, October 26, 2021

The society indirectly inculcates the idea that it is alright not to take part in the social life of the community for women with disabilities while it is not 'OK' for the non-disabled members of their community. There is a deep-rooted and systematic discrimination against women with disability in social and community lives. A woman with a physical disability described her experience as bridesmaid in the following manner:

My close friend requested me to be her bridesmaid. That was my first time. I refused right away, rationalizing that it was not possible for a disabled woman to be a bridesmaid. Later, I deliberated and decided to accept the offer. I remember the attendants' reaction to the fact that I am on the stage with the bride. Everyone looked at me. It was a huge surprise to see a bridesmaid with crutches. I ended up being at the center of attention instead of the bride. I felt bad for diverting people's attention away from the bride.

⁶ Oh! Are you also here! Why do you really suffer?

⁷ “God, please do leave me without someone to bury me!” This is a common prayer for a person and in Ethiopian culture a burial ceremony is a huge deal. If the turnout for a funeral is limited, it is a bad luck and the most unpleasant thing to happen to a dead person.

ID P2, September 22, 2021

People think women with disabilities are out of place or it is weird to attend social events such as wedding, funerals and festivity. Instead of recognizing the fact that a disabled person was able to make it, people emphasize a perceived suffering on the part of the person to be able to attend the event. A participants suggested how a woman with disabilities should respond to this kind attitude:

“... unless you push back, you will be pushed out of the social life.” A woman with a disability must grab opportunities to achieve empowerment. However, unless you are empowered, you will not be able to push back barriers and restrictions. If you are not given a role; or no expectation for you, it means that you are not worthy of the social life; and systematically excluded from active participation”.

ID P2, September 22, 2021

This shows that disabled women’s participation in social events is contingent upon her strength and how empowered she is to be able to overcome the systematic exclusions she encountered in her interaction with the community.

4.3.4. Family and domestic life

The data generated from the participants clearly revealed that family and domestic life create a major problem for disabled women due to the way Ethiopian society is organized. As a mother of two children, one of the participants explained the way a woman with disability is perceived by the people around her as follows:

“Although it is a global challenge, Ethiopian society suffers a lot by the clear division of roles that makes women’s life challenging. The problem will be multiplied if the women have some form of disability. Family, and domestic life are areas preserved for women that present a greater difficulty for disabled women. It is difficult for disabled women to do all that is traditionally regarded as women’s work when they do not have the necessary resources or obtain the help they need. Disability remains a barrier to effectively discharge the traditional role. As a result, parents and communities have trouble accepting a woman with disability as a wife because it is believed that she cannot fulfill the traditional role.”

ID P5, October 22, 2021

Disability very much interferes with a woman's symbolic gender role. To be able to fully participate as a member of a society one must fulfill gender roles by being 'appropriately' masculine or feminine (Gerschick, 2000). As a result, obtaining recognition of the right to parenthood is harder for women with disabilities. The traditional division of roles make motherhood a complicated experience and always present problems that are particular to women. Disability often worsens discrimination against women and negatively impacts their gender roles, furthering perceived weakness and helplessness (Humphrey, 2016). Paradoxically, the same women that are perceived as not fulfilling her traditional role relevant to family are used for domestic labor in her family home with the least recognition of their disability status and its value. That means, their disability status is valued and recognized only when it comes to marriage and parenthood.

Besides, data showed that women with disabilities are not expected to have relationships, form families, and have children and for them to be successful in this regard, they must get special favors from men. A participant explained her encounter as follows:

“Men consider forming relationship with women with disabilities as a favor or religious virtue that leads to eternal blessing. Someone I know approached me and asked for sexual affair even without hiding the fact that he was married. He explained his intent was to help; having sexual experience which he believed I was lacking. He was direct in saying that his act will fill the gap I have in this regard....”

ID P6, October 28, 2021.

The excerpt above clearly shows having a family of one's own are the hardest things for a woman with disability as compared to a non-disabled woman or a man with disability. The predominant perception is that nobody has the interest to have sexual affairs with a disabled woman that sometimes leads to the perception that women with disabilities are virgin.

It is also common for a disabled woman to find that men with whom they have relationships or to whom they get married are seen negatively by society.

“...Even if he enjoyed the relationships with me on a personal level, my boyfriend did not want our relationship to be public for fear of society’s negative reaction of being seen with a disabled woman. I know that almost all my friends with disabilities personally had the same experience. I had faced this several times in my relationships”

ID P5, October 22, 2021.

This shows that the non-disabled partners do not want to be seen in public with women with disabilities because people react negatively toward this type of relationship. Generally, society believes forming a family and giving birth are considered as impossible endeavors for women with disabilities. Women who have disabilities are perceived as helpless, asexual, unsuitable for maternity and pushed away from traditional female roles as wives, housewives, or mothers, in the predominant discourse (Fine & Asch, 1988; McDonald et al., 2007; Morris, 1993). One participant explained what her relationship looked like from the young age to adulthood:

“When someone asked whether he had a girlfriend, my boyfriend commonly answered: ‘yes but she is disabled’. A married man whom I know approached me and asked that for the sake of being righteous, he wishes to divorce his wife and marry me. Whenever we have disagreements between us and when he cannot convince me with logic, my current husband says: ‘how dare you be?’ My being with you is a virtuous act with no benefit for me but a fortune for you. You must be grateful.”

ID P7, October 25, 2021.

The life experience of the participants clearly indicated that women with disabilities have greater difficulty finding marriage partners than their counterparts non-disabled women or men with disabilities. Forming a relationship with a woman with disabilities is not considered as a reciprocal benefit between two partners. Rather, it is considered just as a divine act for a man to marry and set up a family with women with disabilities.

4.3.5. Employment and the workplace

Data from the participants clearly indicated that women with disabilities consider their disability as the underlying reason for not being considered in the job recruitment and

selection processes. A woman on a wheelchair articulated her employment experience as the worst and none of the challenges in the past was comparable to what she experienced after graduation:

“For the first time, I started feeling bad about my disability when I started applying for jobs and in the workplace. Before that, I did not think much about it. As a student, I never took those negative experiences personally and I had a very positive assessment of myself. I realized how much I was disadvantaged when it comes to employment and the workforce. It is so because, this is the time when you start an independent life – looking for jobs, renting houses – where a real discrimination begins. Without any explanation, employers decline to offer me a job after going through all the process including the job interview.”

ID P6, October 28, 2021

Employment and the workplace experience are described by women with disabilities as the most challenging. Professional experience of women with disabilities clearly demonstrates that securing a job is a daunting endeavor as compared to men with disabilities or women without disabilities. There is a widespread disadvantage associated with hiring and promotion practices, working conditions and the distribution of responsibility in the work setting (Brown & Moloney, 2019; Crenshaw, 1989; Nikodimos, 2016). Employers use recruitment exams and job interviews to discriminate against disabled women candidates. As captured in the excerpt below, even when the role of the position is about disability, employers are not interested in hiring a person with disabilities. An interviewee shared her experience as committee member of an interview panel:

“Despite the position’s focus on addressing disability issues, one of the members of the committee argued we should hire a non-disabled person with a good understanding of disability issues to ensure the work will be done properly. People with disabilities are considered as dependent and do not have the competence to be able to fully discharge their responsibility. Women are perceived as powerless and when disability is added they have less to contribute. Disability leads to a perception of more powerlessness that increases the need for more support.”

ID P8, October 26, 2021.

Employers more readily assume that a woman with a disability should be supported by others (Council of Europe, 2003). Due to low awareness of disability, employers assume disabled women cannot work. A deaf women detailed her experience as follows:

“...the first reaction of employers towards a deaf person is asking the question ‘how can we give you the position, if you are not hearing?’ Hence, an educated disabled woman should start off work as a volunteer and demonstrate their competence before being officially hired. It is common for a disabled women to receive job offers for positions not related to their educational background; or are forced to take non-professional positions.”

ID P3, September 17, 2021

Participants argued employers never attempt to go an extra mile to find ways to help so that a person with disability can be productive in their work. Instead of creating the enabling environment, they automatically rule out the possibility for a disabled person to work in an organization. The same interviewee above described her encounter as follows:

“I was fired from my position as a volunteer in a private company because I was unable to pick up the office phone as I could not hear the phone ringing”

ID P3, September 17, 2021

Data from the interview showed that supervisors feel hard to call upon and give orders to a person with disability even though there are no issues that hold them back to effectively perform the orders. This attitude is corroborated by a citation of a participant:

“... supervisors consider people with disabilities as fragile and as a result they reserve themselves to order them the same way as they do with other employees. The only way to change this attitude is demonstrating hard work and competence on job performance. This may demand to perform twice or thrice for non-disabled women or disabled men. Since employers first impression is that women with disabilities are incapable to do their job, it is important that they would be able to clear-out the doubt that their coworkers have about their performance”

ID P2, September 22, 2021

In describing her experience as a married blind woman, one of the participants pointed out that it took her several years to get back to her professional life.

“...Though not impossible, it is not an easy task for a disabled woman to be able to manage both the domestic and professional roles at the same time due to the limiting role of their disability status. It took me several years to get back to my professional life after my first childbirth because of the added childcare role”

ID P1, September 15, 2021

There is also evidence of deep-rooted prejudice against women with disabilities in terms of the nature of works that are allowed for them to take. Participants claimed that working women with disabilities are less likely to engage in self-directed and autonomous work compared to their counterpart nondisabled women and disabled men (Brown et al., 2017).

Social and physical accessibility remains a huge constraint for women with disabilities. Job advertisements, screening and selection processes are highly inaccessible. In this respect, both gender and disability status play their own detrimental role.

“Ethiopian airlines had a periodic announcement of vacancy for graduating class electrical engineers before they departed the university. They came to the university to recruit potential candidates. One staff member of Ethiopian airlines boldly told me: ‘don’t waste your time, Ethiopian airlines will not hire a disabled person’. As students of electrical engineering, we were repeatedly told that the Ethiopian airline was a potential employer and a dream job for us. The comment from the staff member of the Airlines was devastating and the most depressing experience ever in my life – it took many weeks and months to remove it from my head and it negatively impacted my career and life.”

ID P5, September 22, 2021.

Employers tell disabled candidates that they do not meet the hiring criteria due to impairment. The above excerpt is from a woman with physical disability who got extremely emotional in describing the incident forcing us to interrupt the interview for a while to get her calm and be able to narrate what she called as the worst lifetime experience.

Data from the interviews clearly revealed that people encourage a disabled person to use disability to create sympathy to get what they need in life. One of the participants explained her painful experience while she worked in a private company as:

“We had issues with the government on our bid submission. I knew we had a better chance to win the tender, but I was disappointed when the owner of the PLC asked me to go to the client government office and tell them that I am going to be fired unless my company wins the bid. He encouraged me to create a reaction of pity among the bid committee and the government officials so that the company was able to win the tender. I refused to do so, but the experience was painful, and it took me a while to recover from the mental and psychological impact of the incident. As a private sector, maximizing profit is at the center of our operation but there are proper ways of achieving this goal instead of manipulating people with completely unrelated issues i.e., disability. We could have the chance to win the bid through negotiation and explaining our facts and evidence. What matters should have been the issue at hand not my disability status”

ID P5, October 22, 2021

The same participant further explained:

“If this is happening in a big company and the capital of the nation where awareness is thought to be better, it is not difficult to imagine how complicated are the experience of women with disabilities in other places and small organizations”

The above experience clearly reflects that while it is possible to achieve a certain objective through other means, people revert to their disability status and create sympathy to achieve their end. This is a dominant attitude among non-disabled people. Moreover, the lived experience of women with disabilities also confirms that people with disabilities themselves have the tendency to exploit their fact of disability rather than claiming their rights from the legal and logical perspective. People with or without disabilities alike focus on creating of the reaction of pity towards a disabled person. Issues of disability are raised not because they are worth the attention, rather a charity perspective dominates the conversation. As a result, service providers and people with disabilities themselves emphasize pity reactions to address their need rather than considering it as their right.

Most of the participants raised a similar experience in the workplace that served as a trigger for them to join disabled persons organization and engage in advocacy for women with disabilities. However, there are also women with disabilities who have been emotionally hurt by similar experiences that have a lasting negative consequence on their life.

There are a complicated and systematic discrimination even within bilateral, multilateral and international organizations. Many of the participants have similar experiences and one of them detailed her experience as follows:

I went to one of the multilateral organizations in Addis Ababa for an internship opportunity. I went through several steps and got selected for the position. After completing all recruitment processes, I received an entry badge to start the internship. Finally, the office director at which I applied took me over to his supervisor to introduce me. At that point, I learned that I will not be going to get the opportunity, based on the reaction I saw from the supervisor. As we departed the office, I was told that I will get a call about when to start the work. I never got their call. A year later, I heard from someone working there that the supervisor argued that the organization did not want to take the risk of a disabled person working on electric power maintenance.

ID P5, September 22, 2021.

In this case, it was not about competence, rather a systematic discrimination. This is happening in big and international organizations where people do not normally expect that it could happen. This woman's disability was not severe, and looking at her experience, it is not difficult to imagine how daunting it could be for a woman with severe impairment. What is more, the same woman applied for a job in the same organization after a long period of time following the above incidence and this time, she was asked for sexual favor as a precondition to get the position.

This study has also explored if there are significant pay differences resulting from gender and disability. One of the participants described her experience of working for a private company (PLC) which indicates that employers pay at different rates for the same job.

"In one of the renowned private companies I worked in Addis Ababa, men are paid more than women. Unlike women, I realized that men were bold and outspoken in asking for benefits and incentives and challenging the organization. But we (women) don't complain and do accept whatever is offered by the employer. Besides, when we tried to be assertive in asking what we deserve, the response from the company was harsh. When men speak up, it is fine, but when we speak up, it is labeled as a misdemeanor. Moreover, men's jobs are highly valued and ours is undermined even if we do the same type of work. Some of the employees who I supervised were paid much higher than I did. I observed a complicated, systematic, and deep-rooted discrimination around pay in the private sector."

ID P5, September 22, 2021

In addition to the discrimination, women with disabilities face in getting job, they are discriminated in payment, promotion, transfer, and training. Despite the greater disadvantages and discrimination against women with disabilities, this study found that there is no major pay disparity based on gender and disability status. There are some indications of gender and disability pay gaps in private companies. These problems were found to be less serious compared to getting a job (Feye, 2002).

4.3.6. Education

Access to education for disabled women is restricted from early on, contents of education and the physical environment of the school are not accessible. One of the interviewees explained how access to education is not aligned to her needs.

“When you are a woman and have a disability, it is almost impossible to get the chance to go to school. People are not kind to women with disabilities, schools are not welcoming. It is not easy to make friends, which is an important component of social integration during childhood. The negative perception of boys towards girls along with disability makes schooling a challenging endeavor for girls. They are not allowed to go to school, and if they go, they drop out early”

ID P8, October 26/2021.

Education is one of the areas of widespread discriminations against women with disabilities. Disabled women are less likely to enroll in school and more likely to drop out of schools due to the traditional stereotypes and the physical and social inaccessibility of educational materials and services (Davaki & EU, 2013; Yeo, 2001). If they succeed to join higher education institutions, women with disabilities are restricted to a few fields of study (Yilikal & Aschalew, 2020). One participant described her experiences as a student:

“I was deaf at the age of 16 and it was challenging for myself and others around me to understand what it means to be a deaf person. For our teachers, we are all the same in terms of our needs and interests. One of my teachers came to the class and started dictating so that students could take notes of the lesson. He was disappointed by the fact that I was not writing, and he asked me to leave the classroom even without asking the reason. The student reacted and told him I was deaf. Immediately, he said ‘what are you doing here if you are deaf?’” Fortunately, I was able to demonstrate my competence in the subsequent days and the teacher was regretted and apologized for his behavior”

ID P1, September 15, 2021.

Another participant detailed how her deep interest to join Law School at AAU put her in jeopardy. She described her struggle as student as follows:

“At the time I joined AAU, no single female student with disabilities had ever enrolled at law school. This emanates from the generally held perception among the university community including fellow men with disabilities that pursuing a presumably difficult field of study such as Law was an impossible endeavor for someone who was deemed incapable on two fronts 1) impairment and 2) female. If Law School is really viable for a blind person, it may be for a blind male because they are tougher and have no other factors apart from their impairment to worry about as opposed to a blind woman who has to experience additional challenges. Consequently, everyone advised me not to enroll. I went to the extent of lying about my choice of department to avoid words of discouragement from others. While I chose Law as my number one priority, I told everyone that I selected sociology. Ultimately, I joined the Law School and successfully completed my study.”

ID P1, September 15,2021

This above excerpt implies that the decision of women with disabilities to join a certain field of study is taken as a miracle. Most of the women with disabilities turn to faith (praying a lot, going to churches, and God’s will) to overcome the emotional distress of the continued pressure from people around their personal and professional life. Teachers have limited awareness skills about addressing the differing needs of students in the classroom. In a university classroom, teachers never attempt to understand individual differences among their students. As a result, the teaching methods, approaches, and interaction are not aligned with the individual needs of students.

Poor performance in education is attributed to a student’s disability status even when there are no apparent restrictions caused by the impairment. Many of the participants argue no other factors can explain failure for disabled women except their gender and disability:

“The challenge continued after I enrolled in the Law School. For example, illness was defined differently for females with disabilities and the rest of the students. If I was sick, it was attributed to the worry and stress caused by the inability to withstand the difficulty of studying Law. However, if other students were sick, it is a typical illness that everyone experiences in life and has nothing to do with the subjects of study.”

ID P1, September 15, 2021.

The academic experience of women with disabilities demonstrates that a successful completion of their study immensely contributed to the interest and decision of other female students with disabilities to be able to join the traditionally male and non-disabled women dominated fields in universities. Participants argued that in most cases they demystified the misconception that female students with disabilities were not good for studying certain fields of study. Many of them served as a positive role model for their juniors. One of the participants attributed the fact that many blind students were able to enroll in Law schools at AAU and private colleges to her success.

4.3.7. Health

The lived experience of women with disabilities demonstrates the prevailing misunderstanding and negative perception. One of the participants explained it as:

“When you go to hospitals, the general perception is that your impairment must be cured, if that doesn’t happen, you are useless.”

ID P1, September 15, 2021.

The participant mentioned that the sexual and reproductive health (SRH) programs and service do not consider their needs.

“Even the most educated ‘professional’ service providers who are considered as knowledgeable, do not see our unique needs for SRH due to the predominant attitude that women with disabilities are asexual.”

ID P5, October 22, 2021.

This indicates that the medical professionals appear ill-informed and their attitudes towards women with disabilities are too often dominated by prejudice. This can be the reason for limited readiness to offer treatment to a woman with disabilities to enable her to be a mother. Antenatal and postnatal assistance is often inaccessible or inappropriate to the needs of women with disabilities (UNFPA, 2016).

The health needs and priorities of women with disabilities are usually ignored. In connection to this predominant attitude, participants described their experience in seeking SRH services in small and big health service providers:

“If you are pregnant and visit a hospital, they automatically conclude that you are raped and recommend abortion. Speaking in public even about confidential matters as if there are no personal things for women with disabilities. Other people have the right for confidentiality, but women with disabilities do not. ‘Why do you even do this while you have a disability?’ says nurses and doctors so called ‘professionals. Because sexuality (marriage, childbirth, sex etc.) are assumed to be restricted to some group, not others. They prescribe contraceptive even without consulting the need of women with disability”

Disabled women feel that the medical profession discourages them from having sexual relations, for example by making it difficult to obtain prescriptions for contraception; and they are also discouraged from becoming pregnant. They complain of being encouraged for sterilization and abortion without proper informed consent. Participants reported mistreatment, irresponsible, and unprofessional comments from health professionals which they described as damaging to their wellbeing as women with disabilities.

4.4. Perceived Attitudes of Coworkers and Supervisors

This study explores the perception of non-disabled colleagues toward professional women with disabilities from their own perspective. The data from in the interviews revealed that the competence of women with disabilities cannot be taken for granted, and it should be proved. The data from this study shows that women with disabilities expected to prove their capabilities to their coworkers and supervisors, because of being both female and a person with disability. This situation was described by one of the participants as:

“It is an inherent duty for me to go extra mile (exert extra effort and time) or work extra hard to perform at a higher standard than my coworkers without disabilities in order to overcome the negative attitudes from others at the workplace and prove that I am as capable as my coworkers with and without disabilities”

ID P6, October 28, 2021

Women with disabilities face a hard time proving themselves to coworkers and supervisors. To survive in employment and be valued, women with disabilities should demonstrate their capability. A study by Tefera & Vangen (2016) and the National Institute of Disability (ND) concluded that women with disabilities need to prove themselves with extra efforts and comply with expectation as a necessary condition to have a successful career which otherwise would fail. This requires hard work and relentless struggle to be able overcome the isolation that is a natural extension of an average or normal performance.

A participant described her experience as a director of a section in her organization. She articulated how her supervisors run into judgment and associate failure to her disability:

'It is not tolerable to be a mediocre employee when you are a woman with disabilities. As a result, I push harder to deliver work timely and my subordinates always complain about it. I always strive to discharge my responsibility so that supervisors will not get the chance to associate delay or poor quality to my disability – I exert extra effort to demonstrate I can deliver like anybody else. For instance, if another parallel director delivers a work very late (e.g., by two days), this delay is associated with nothing... it is just a delay. But, if I am late by just an hour, I am at the center of attention...as expected attributing inability to deliver to my disability, while it has nothing to do with that''

ID P7, October 25, 2021

This shows that it is acceptable to be weak as women but not allowed to be a mediocre employee when you are a disabled woman. Women with disabilities experience a negative perception not only from non-disabled men and women but also from men with disabilities. This employment experience is often frustrating for a disabled woman because coworkers and supervisors do not seem to acknowledge their work and, overtly or covertly, reminded them of the job's difficulty for a disabled person. This negatively impacts work performance and morale. Moreover, working women with disabilities are subjected to undue stress because of the preconceived bias towards disabled people not performing well and the tendency of employers to routinely link poor performance with a person's disability. A prosecutor in a supreme court who has positive regard about her competence described how colleagues react to her best performance and achievement:

“If you are capable and strong and able to challenge your subordinate, coworkers, or supervisors, they change the subject at hand to a totally different issue. They bring unrelated agenda to the scene so that I can be silenced. They tell me I have a low self-concept; perceive myself as if my colleagues disrespect me. This is an effort to propagate a prejudice that women with disabilities have self-doubt and feel disrespected by others.”

ID P1, September 15, 2021

It is difficult for people, coworkers, and supervisors alike, to accept a woman with a disability who is strong and challenges their colleagues. Multiple negative adjectives attached to them to dehumanize and silence capable women with disabilities.

There are some disparities in the view and experiences of women with disability with regards to coworkers’ perception of their disability status. Many of the participants argued that there is a negative attitude among the non-disabled colleagues towards a disabled person in the workplace based on their disability status. However, some participants disagreed with this idea and claimed colleagues do not seem to care about their disability and the relationship is fine. This difference might be attributed to the interpersonal skills of individual persons with disability. Most coworkers have a positive attitude towards women with visual impairment (Feye, 2002).

Moreover, some of the participants realized that some of their colleagues and supervisors believe disability is a curse and have ‘blaming the victim attitude’. An interviewee described her experience as senior woman with physical disability in private company as:

“The owner and manager of a big private company where I worked used to tell me to join his faith/religion so that I can be freed from my disability.”

ID P5, October 22, 2021

Usually, the general impression of non-disabled colleagues and supervisors towards a woman with disabilities appeared twisted and unpleasant. Women with disabilities must deal with the reality of distorted perception of who they are and what they can achieve, not only by the people without disability but also by their fellow disabled men and women.

5. SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1. Summary

Historically, neither the study of gender nor disability has paid enough attention to the issues of a disabled women. Besides, disability remained missing from most intersectional studies. In recent years, the intersection of disability and gender has received increasing attention. Disabled women face discrimination and exclusions unparalleled to their counterpart ‘women without disabilities’ or ‘men with disabilities’. This study attempted to shade light on the diverse realities of inequalities against women with disabilities from intersectional perspectives. The objectives of the study were examining the lives of working women with disabilities and exploring how disability and gender intersect to shape their personal and professional life. The study provided rich personal accounts of the social, political, and economic situations of women with disabilities.

This study employed a qualitative research design and heavily relied on qualitative data generated through in-depth interviews and an FGD. Purposive and snow-ball sampling techniques were used to identify appropriate working women with disability in Addis Ababa to participate in the study. A total of eight women with various types of disabilities were interviewed. A phenomenological approach was used to analyze the intimate accounts and individual experiences of women with disabilities.

The study found out that disability and gender awareness and support mechanisms are very limited in Ethiopia. The responsibility to shoulder the burden associated with disability is left to the person him/herself, the family, or the goodwill of society. There is a lack of institutionalized mechanisms to handle issues of women with disabilities. This creates a unique identity that exists at the intersection of ‘gender’ and ‘disability’ i.e., “women with disabilities”. Though the needs of women with disabilities are peculiar from the general category of women or persons with disabilities, women's rights activists and institutions attempted to address their issues either under the ‘women’ or ‘disability’ categories. This study found that some of the questions of disabled women are different from the umbrella categories of ‘women’ or ‘disability’. The study revealed that sectoral ministries push aside

issues of women with disabilities to one another. Due to lack of clearly defined ownership, the government's policies and actions on disability fail to properly consider women's issues and its work on women's issues excludes disability matters. As a result, issues of women with disabilities are often lost unaddressed. Moreover, due to the prevailing prejudices, women with disabilities are perceived as weak and inferior; and their two minority identities magnifies discrimination.

Disability affects the perceived beauty of women with disabilities. This decreases their social standing and likely deprives them of the only area of 'advantage' i.e., being beautiful, attractive, and physically fit. It prevents women from meeting the criteria that women are judged on, making them unable to fulfill their expected gender roles in the highly sexualized cultural norms.

This study explored the consequences of the interactions between gender and disability in the life of working women with disabilities. Given the layers of bias, disabled women with disabilities suffered from discrimination and social exclusion. They are required to make extra efforts to secure employment, and once hired suffer from employers' perception that jobs are offered as a moral responsibility rather than merit. The employment experience of disabled women clearly revealed that it is a daunting endeavor to secure a job and frustrating because coworkers and supervisors do not acknowledge their ability. Employers readily assume that women with disabilities should be supported by others. Thus, they should start off working as a volunteer and demonstrate their competence before being considered for formal employment. Moreover, women with disabilities are subjected to stress because of preconceived bias and the tendency of employers to routinely link poor performance with a person's disability. On top of this, it is not an easy task for them to be able to manage both the domestic and professional roles at the same time. Most women with disabilities could not get back to their professional life after childbirth.

While they are deprived of their sexuality, women with disabilities are sexually abused more than other women. Vulnerability is often linked to their perceived powerlessness. The study revealed discussions about violence focuses on the general category of women and excludes unique issues of disabled women. Due societal attitude, their vulnerability is left

unrecognized because people associate violence with 'sexual attractiveness' which many believe they do not qualify. Many perpetrators breach sexual rights of women with disabilities without even realizing that they are committing sexual violence. The experience of women with disabilities clearly demonstrated that those men consider their sexual demand as legitimate; a sacrifice to help a woman with disability and should be in her best interest. As a result, a rejection of sexual request by a disabled woman is alleged as abnormal and often leading to anger, act of aggression or rape.

Women with disabilities are systematically excluded from active participation in social life. Often, these discrimination goes unnoticed because the intention community members acting negatively is often taken as positive. It is alright for a woman with a disability not to take part in social life while it is entirely unacceptable for their non-disabled counterparts. Engagement in community lives is highly restricted for disabled women.

Due to cultural stereotypes and religious belief, people have a negative attitude about the personality of women with disabilities. Generally, they are characterized as suspicious, not open to others, reserved, hostile, and lacking human feeling. This attitude has a strong impact on their relationship with others in their family, community, or the workplace.

Disability interferes with woman's symbolic gender role. Hence, parents and communities have had a hard time accepting a woman with disability as a wife. Paradoxically, the same women with disabilities are used for domestic labor without much recognition of their disability status and its value. Although non-disabled partners enjoy their relationship with women with disabilities on a personal level, they do not want it to be public for fear of people's negative reaction.

Accessibility remains a huge constraint for women with disabilities. Ensuring accessibility is assumed to be an expensive endeavor and a charitable work resulting in employers opting to deny opportunities for people with disabilities. Some organizations are direct in telling candidates that they cannot meet the hiring criteria due to disability. On the other hand, people with disabilities have the tendency to exploit their disability instead of claiming their rights legally and logically. Poor performance in education is routinely attributed to

disability status even when there are no apparent correlations. With some exceptions of private companies, the study found no major pay disparity based on gender and disability, particularly in the public sector.

The health needs and priorities of women with disabilities are usually ignored. Reproductive health services do not consider the needs of disabled woman due to the predominant attitude that women with disabilities are asexual. Disabled women feel that the medical professionals discourage sexual relations and pregnancy and reported mistreatment and negative statements.

Women with disabilities are expected to go extra miles and prove their capabilities and competence to their coworkers and supervisors for them to build confidence. Hard work and outstanding performance are required to overcome the isolation that naturally follows average performance.

Women with disabilities attribute their personal and professional success to their ability to overcome people's negative perceptions. They attribute their resilience and success, be it in education, career, and relationship, to the hardship they went through. They argue the challenges shaped their lives and inspired them to reach higher levels of education; work ethics to prove themselves; become self-reliant and develop self-confidence.

5.2. Conclusions

The personal life and professional experiences of disabled women are undermined by the effects of the interplay between gender and disability causing unique discrimination that does not necessarily exist when either of the two act independently. Due to society's prejudices and negative perceptions for both identities, perceived incapacity of women with disabilities are magnified. Some of the personal and professional life of women with disabilities affected at the intersection of gender and disability are 1) their perceived beauty and attractiveness (deviation from socially constructed ideals of femininity); 2) traditional gender norms and roles (real and perceived incapacity of adequately and effectively discharging household responsibilities); 3) perceived limitations in forming and sustaining

relationships, marriage, and childbirth; participation in community life; 4) vulnerability to sexual violence; and 5) access to employment, education and health services.

Prevailing sexism and gender norms combined with disability bias have an evident effect on perceived beauty of women and girls with disabilities and lower their social standing. By being a woman, disabled women unable to benefit from the positive gender norms associated with masculinity and their disability causes deviation from socially constructed ideals of femininity. Though disabled women are subjected to both gender and disability-based discriminations, their issues are concealed behind each of its constituent parts. Their needs are peculiar and may not be consistent with the general category of women or persons with disabilities. A unique identity known as “*women with disabilities*” comes at the intersection of gender and disability.

The perceived lack of power attributed to their status as a disabled person and their gender combined with society’s negative attitudes, myths and stigma on their sexuality increases disabled women’s vulnerability to sexual violence. There are deep-rooted and systematic discriminations against women with disabilities in social life. The discrimination often goes unnoticed because the intention of community members acting in a negative way towards a disabled person appears positive. Disabled women’s participation in social events is contingent upon their strength and how empowered they are to be able to overcome the systematic exclusions. The traditional division of roles makes motherhood a complicated experience and presents problems that are particular to women. Disabled women are not expected to form relationships, family and have children. They find that men with whom they have relationships or get married to are seen negatively by society. Non-disabled partners do not want to be seen in public with disabled women.

Securing a job is a daunting endeavor for women with disabilities as compared to men with disabilities or women without disabilities. Employers use recruitment processes to discriminate against disabled women. Women with disabilities often start off working as volunteers and demonstrate their competence to be considered for formal employment. Poor performance in employment and education is attributed to disability status even when there are no apparent correlations and no restrictions caused by the impairment.

People encourage a disabled person to use disability to create sympathy to get what they need in life. People with disabilities themselves also have the tendency to exploit their disability instead of claiming their rights from the legal and logical perspective. The health needs of disabled women are ignored. Medical professionals discourage them from having sexual relations and become pregnant. It is common for disabled women to experience mistreatments and negative comments from health professionals.

Disabled women are expected to go extra miles and prove their competence in the workplace to their coworkers and supervisors. Their capabilities are not something that can be taken for granted, rather it must be proved in some way. Women with disabilities strive to offset the negative consequences of their impairment that contributes to their resilience, strength, and success. The hardship shaped their lives and inspired them to reach highest level excellence in education and work ethics.

5.3. Recommendations

Based on major findings of the study and subsequent conclusions, the researcher forwarded the following recommendations:

- Schools, community-based organizations (CBOs) and civil society (CSOs) and disabled persons organizations (DPOs), human rights advocates and relevant government ministries and agencies need to introduce and implement awareness-raising programs and initiatives that address societal negative attitudes and prejudices, sexism, gender norms and disability bias.
- “Women with disabilities” should be considered as a social identity. Hence, policy makers and practitioners need to understand their unique experiences at the intersection of gender and disability and should treat and attempt to address their issues separately.
- In addition to mainstreaming gender and disability as cross-cutting in development programs and projects, it is necessary to introduce initiatives that are specifically designed to address the needs of women with disabilities. Programs focusing on gender-based violence, education, health employment and social development should pay attention to peculiar challenges due to the intersectionality of gender and disability.

- Support systems and services for women experiencing violence should be accessible and adequate to respond to the specific needs of women with disabilities.
- Sectoral ministries, specifically the Ministry of Women and Social affairs (MOWSA), should design new strategies and ensure policies and legislations are implemented to curb barriers to education and employment of women with disabilities.
- Women and disability rights advocates and organizations need to highlight and feature success stories and achievements of women with disabilities to inspire others and overcome existing negative perceptions within society.
- It is critical to ensure representation and active engagement of women with disabilities and organizations representing them in political, social, and economic dialogue and the design and implementation of relevant policies, strategies, and legislations.
- Further studies might be needed to understand the way gender-based violence and other aspects of the interplay between gender and disability impacts men with disabilities.

6. REFERENCES

- Abu-Habib, L. (1997). *Gender and disability: Women's experiences in the Middle East*. OXFAM.
- Anshebo, A. (2011). Employment opportunities for persons with disabilities in Ethiopia- rights and facts [Unpublished master's thesis]. Addis Ababa University.
- Begum, N. (1992). Disabled women and the feminist agenda. *Feminist review*, 40 (1), 70-84.
- Biruk, M. (2007). The Psychosocial Adjustment Situation of Women with Disabilities in Case of Visually Impaired, Hearing Impaired and Motor Disordered Women in Addis Ababa [Unpublished master's thesis]. Addis Ababa University.
- Bose, C. E. (2012). Intersectionality and Global Gender Inequality. *Gender & Society*, 26 (1), 67–72. <https://doi.org/10.1177/0891243211426722>
- Boyer, C. (2015). Job Challenges of Women with Disabilities 25 Years After the A.D.A. Available at: <https://www.hofstra.edu/pdf/academics/colleges/hclas/cld/>
- Boylan, E. (1991). *Women and Disability: Women Development Series*. Books Ltd.
- Brown, R. L., & Moloney, M. E. (2019). Intersectionality, work, and well-being: The effects of gender and disability. *Gender & Society*, 33(1), 94-122. DOI: 10.1177/0891243218800636
- Brown, R. L., Moloney, M. E., & Ciciurkaite, G. (2017). People with physical disabilities, work, and well-being: The importance of autonomous and creative work. In *Factors in Studying Employment for Persons with Disability*. Emerald Publishing Limited.
- Buckup, S. (2009). ILO Employment Sector Working Paper No. 43," The price of exclusion: The economic consequences of excluding people with disabilities from the world of work. https://ecommons.cornell.edu/bitstream/handle/1813/76797/ILO_Jan_additions_2.pdf?sequence=1
- Burgard, S. A., & Lin, K. Y. (2013). Bad jobs, bad health? How work and working conditions contribute to health disparities. *American Behavioral Scientist*, 57 (8), 1105-1127.
- Butler, J. (1990). *Gender Trouble: Feminism and the Subversion of Identity*. Routledge.

- Collins, P. H. (1991). *Black Feminist Thought: Knowledge, Consciousness and the Politics of Empowerment*. Routledge.
- Collins, P. H. (1998). 'It's All in the Family: Intersections of Gender, Race, and Nation'. *Hypatia* 13(3): 62–82
- Council of Europe (2003). *Discrimination against women with disabilities*. Council of Europe Publishing: F-67075.
- Crenshaw, K. (1989). Demarginalizing the intersection of race and sex: A black feminist critique of antidiscrimination doctrine, feminist theory and antiracist politics. *U. Chi. Legal f.*, 139. <http://chicagounbound.uchicago.edu/uclf/vol1989/iss1/8>
- Davaki, K., & European Parliament (Brussels). (2013). *Discrimination Generated by the Intersection of Gender and Disability*. Study. European Parliament.
- De Silva de Alwis, R. (2008). *Disability Rights, Gender, and Development: A Resource Tool for Action*. Full Report. Wellesley Centers for Women.
- Dillaway, H., & Broman, C. (2001). Race, Class, and Gender Differences in Marital Satisfaction and Divisions of Household Labor Among Dual-Earner Couples: A Case for Intersectional Analysis. *Journal of Family Issues*, 22(3), 309–327. <https://doi.org/10.1177/019251301022003003>
- Doren, B., Gau, J. M., & Lindstrom, L. (2011). The role of gender in the long-term employment outcomes of young adults with disabilities. *Journal of Vocational Rehabilitation*, 34(1), 35-42.
- Driedger, D. (2001). *Disabled People in International Development*. <http://www.pcs.mb.ca/~ccd/disbook1.html>.
- Duffy, M. (2005). Reproducing labor inequalities: Challenges for feminists conceptualizing care at the intersections of gender, race, and class. *Gender & Society*, 19(1), 66-82.
- Fesko, S. L., Temelini, D., & Graham, A. (1997). *Unrealized Potential: Differing Employment Outcomes for Individuals with Mental Retardation and Other Disability Groups*. Institute for Community Inclusion, Boston.
- Feye, A. (2002). *Employment Opportunities and Situations at Work: The Case of Visually Impaired Women in Addis Ababa* [Unpublished master's thesis]. Addis Ababa University.
- Fine, M., & Asch, A. (1988). Disability beyond stigma: Social interaction, discrimination, and activism. *Journal of social issues*, 44(1), 3-21.

- Finkelstein, V. (1993). The commonality of disability. *Disabling barriers—Enabling environments*, 9-16.
- Froschl, M., Rubin, E., & Sprung, B. (1999). Connecting Gender and Disability. <http://www2.edc.org/WomensEquity/pdffiles/disabdig.pdf>
- Garland-Thomson, R. (2015). Integrating Disability, Transforming Feminist Theory. *NWSA Journal*, 14(3).
- Gerschick, T. J. (2000). Toward a theory of disability and gender. *Signs: Journal of women in culture and society*, 25(4), 1263-1268.
- Getachew, A. T. (2011). Attitudes of Ethiopian college students toward people with visible disabilities (Doctoral dissertation, The University of Iowa).
- Getaneh, K. (ND). Factors Affecting the Occupational Expectations of Women with Hearing Impairment: The Case of Addis Ababa University [Unpublished master's thesis]. Addis Ababa University.
- Gill, R. (2007). Postfeminist media culture: Elements of a sensibility. *European journal of cultural studies*, 10(2), 147-166.
- Groce, N. (2004). Adolescents and Youth with Disability: Issues and Challenges. *Asia Pacific Disability Rehabilitation Journal*, 15(2), 13-32.
- Handicap International Rwanda. (2012). An assessment of the factors of risk and vulnerability of women and men with disabilities to sexual and gender-based violence.
- Handicap International. (2015). Making it Work initiative on gender and disability inclusion: Advancing equity for women and girls with disabilities. Handicap International, Lyon.
- Hancock, A. M. (2007). Intersectionality as a normative and empirical paradigm. *Politics & Gender*, 3(2), 248-254.
- Harris, Angela P. 1990. "Race and essentialism in feminist legal theory." *Stanford Law Review* 42 (February), pp. 581–616.
- Hawthorne, S., Senge, J., & Coombs, N. (1997). The law and library access for patrons with disabilities. *Information Technology and Disabilities*, 4(1).
- Hosain, G. M., Atkinson, D., & Underwood, P. (2002). Impact of Disability on Quality of Life of Rural Disabled People in Bangladesh. *Journal of Health, Population and Nutrition*, 20(4), 297-305.

- Hughes, B., & Paterson, K. (1997). The social model of disability and the disappearing body: Towards a sociology of impairment. *Disability & society*, 12(3), 325-340.
- Hughes, K., Bellis, M. A., Jones, L., Wood, S., Bates, G., Eckley, L., ... & Officer, A. (2012). Prevalence and risk of violence against adults with disabilities: a systematic review and meta-analysis of observational studies. *The Lancet*, 379(9826), 1621-1629.
- Human Rights Watch. (2012). One Billion Forgotten: Protecting the human rights of persons with Disabilities [Brochure].
- Humphrey, M. (2016). The intersectionality of poverty, disability, and gender as a framework to understand violence against women with disabilities: A case study of South Africa. (Master's Paper, Clark University).
https://commons.clarku.edu/idce_masters_papers/36
- ILO (2013). Inclusion of People with Disabilities in Ethiopia [Fact Sheet].
https://www.ilo.org/wcmsp5/groups/public/@ed_emp/@ifp_skills/documents/publication/wcms_112299.pdf
- Jyrkinen, M., & McKie, L. (2012). Gender, age and ageism: experiences of women managers in Finland and Scotland. *Work, employment and society*, 26(1), 61-77.
- Katsui, H., Ranta, E., Yeshanew, S. A., Musila, G., Mustaniemi-Laakso, M., & Sarelin, A. (2014). Reducing Inequalities: A Human Rights-Based Approach in Finland's Development Cooperation with Special Focus on Gender and Disability: A Case Study on Ethiopia and Kenya. Available at SSRN 2460234.
- Lennon, M. C. (1994). Women, work, and well-being: The importance of work conditions. *Journal of Health and social Behavior*, 235-247.
- Lindsay, S. (2011). Employment status and work characteristics among adolescents with disabilities. *Disability and rehabilitation*, 33(10), 843-854.
- Lindstrom, L., Doren, B., & Miesch, J. (2011). Waging a living: Career development and long-term employment outcomes for young adults with disabilities. *Exceptional Children*, 77(4), 423-434.
- Longo, R. E., & Gochenour, C. (1981). Sexual assault of handicapped individuals. *Journal of Rehabilitation*, 47 (3), 24.
- Lorde, A. (1984). *Sister Outsider*. Berkely, CA: The Crossing Press.
- Maya Dhungana, B. (2006). The lives of disabled women in Nepal: vulnerability without support. *Disability & Society*, 21(2), 133-146.

- Mcdonald, K., Keys, C., & Balcazar, F. (2007). Disability, race/ethnicity, and gender: themes of cultural oppression, acts of individual resistance. *American Journal of Community Psychology*, 39, 1-2.
- Matonya, M. (2016). Accessibility and Participation in Tanzanian Higher Education from the Perspectives of Women with Disabilities (No. 568) [Doctoral dissertation, University of Jyväskylä].
- Mik-Meyer, N. (2015). Gender and disability: Feminizing male employees with visible impairments in Danish work organizations. *Gender, Work & Organization*, 22(6), 579-595.
- Ministry of Education of Ethiopia. (2013) Social Assessment of the General Education Quality Improvement Program PHASE 2.
- Moges H. (2015). Violence against Women with Disabilities: The Case of Women Members at the Ethiopian Women with Disabilities National Association (EWDNA) [Master's thesis, Addis Ababa University].
- Mohanty, C. (1988). Under Western eyes: Feminist scholarship and colonial discourses. *Feminist review*, 30(1), 61-88.
- Moodley, J., & Graham, L. (2015). The importance of intersectionality in disability and gender studies. *Agenda*, 29(2), 24–33.
- Moore, M. E., Konrad, A. M., Yang, Y., Ng, E. S., & Doherty, A. J. (2011). The vocational well-being of workers with childhood onset of disability: Life satisfaction and perceived workplace discrimination. *Journal of Vocational Behavior*, 79(3), 681-698.
- Morgon Banks, L., & Polack, S. (2014). The economic costs of exclusion and gains of inclusion of people with disabilities: Evidence from low- and middle-income countries. *CBM, International Centre for Evidence in Disability, London School of Hygiene & Tropical Medicine*.
- Morris, J. (1993). Feminism and disability. *Feminist Review*, 43(1), 57-70.
- Morrow, S. L. (2005). Quality and trustworthiness in qualitative research in counseling psychology. *Journal of counseling psychology*, 52(2), 250.
- Naples, N. A., Mauldin, L., & Dillaway, H. (2019). From the guest editors: Gender, Disability, and Intersectionality. *Gender & Society*, 33(1), 5–18
- Nash, J. C. (2008). Re-thinking intersectionality. *Feminist review*, 89(1), 1-15.

- National Women's Law Center. (2014). Unlocking opportunity for African American girls: A call to action for educational equity.
- Nigussie, E. (2016). Socio-Economic Challenges of Women with Disability: The Case of Women with Mobility disorder And Visual impairment In Hager Tibebe Maderaja Derijit in Addis Ababa [Unpublished master's thesis]. Addis Ababa University.
- Nikodimos, N. (2016). Gender Based Violence against Women with Disabilities in Addis Ababa: The Case of Ethiopian National Associations for the Blind and Ethiopian Women with Disabilities [Unpublished master's thesis]. Addis Ababa University.
- Nixon, J. (2009). Domestic violence and women with disabilities: locating the issue on the periphery of social movements. *Disability & Society*, 24(1), 77-89.
- Noonan, B. M., Gallor, S. M., Hensler-McGinnis, N. F., Fassinger, R. E., Wang, S., & Goodman, J. (2004). Challenge and Success: A Qualitative Study of the Career Development of Highly Achieving Women with Physical and Sensory Disabilities. *Journal of Counseling Psychology*, 51(1), 68-80.
- Nuri, A. (2018). Affirmative Action Practices in the Employment of Person with Disability: The case of Nifas silk Lafto Sub-city Public Service and Human Resource Bureau [Unpublished master's thesis]. Addis Ababa University.
- Nussbaum, M. (2000). *Women and Human Development: The Capabilities Approach*. Cambridge University Press. <https://doi.org/10.1017/CBO9780511841286>
- Oliver, M. (1993). Disability and dependency: A creation of industrial societies. In Swain J, Finkelstein, V. French, S., and Oliver, M. (ed.) *Disabling Barriers, Enabling Environments*, (pp. 49–60). Sage.
- Ortoleva, S. (2010). Women with Disabilities: The Forgotten Peace Builders. *Loyal Marymount University and Loyal Law School*, 33(1), 83-142.
- Parker, B., & Myrick, F. (2011). The grounded theory method: Deconstruction and reconstruction in a human patient simulation context. *International Journal of Qualitative Methods*, 10(1), 73-85.
- Parpart, J. L. (1995). Post-Modernism, Gender. *Power of development*, 253.
- Pawłowska-Cyprysiak, K., Konarska, M., & Żołnierczyk-Zreda, D. (2013). Self-perceived quality of life of people with physical disabilities and labour force participation. *International journal of occupational safety and ergonomics*, 19(2), 185-194.
- Pettinicchio, D., & Maroto, M. (2017). Employment outcomes among men and women with disabilities: How the intersection of gender and disability status shapes labor

market inequality. In Factors in Studying Employment for Persons with Disability. *Research in Social Science and Disability*, 10, 3-33. <https://doi.org/10.1108/S1479-354720170000010003>

- Pierson, J. and Martin, T. (2002). Collins Inter-linked Dictionary of Social Work. Glasgow: Harper Collins Publishers.
- Plummer, S. B., & Findley, P. A. (2012). Women with disabilities' experience with physical and sexual abuse: Review of the literature and implications for the field. *Trauma, violence, & abuse*, 13(1), 15-29.
- Ringrose, J. (2012). *Post feminist education?: Girls and the sexual politics of schooling*. Routledge.
- Rosenfield, S. (1989). The effects of women's employment: Personal control and sex differences in mental health. *Journal of Health and Social Behavior*, 77-91.
- Rotundo, A. (1993). American Manhood: Transformations in Masculinity from the Revolution to the Modern Era. Basic Books
- Sayce, L. (2011). Getting in, staying in and getting on: Disability employment support fit for the future (Vol. 8081). The Stationery Office.
- Sebsbie, N. (2011). Gender Based Violence and Adverse Reproductive Health Outcomes among Women with Disabilities in Selected Associations of People with Disabilities in Addis Ababa, Ethiopia [Unpublished master's thesis]. Addis Ababa University.
- Simkhada, P. P., Shyangdan, D., Teijlingen, E. R. V., Kadel, S., Stephen, J., & Gurung, T. (2013). Women's Knowledge of and Attitude towards Disability in Rural Nepal. *Disability and Rehabilitation*, 35(7), 606-613.
- Singleton, T. L. (2002). Gender and disability: a survey of InterAction member agencies: Findings and recommendations on inclusion of women and men with disabilities in international development programs. Mobility International USA.
- Starks, H., & Trinidad, S. (2007). Choose your method: A comparison of phenomenology, discourse analysis, and grounded theory. *Qualitative health research*, 17(10), 1372-1380.
- Stein, G. L., & Kerwin, J. (2010). Disability Perspectives on Health Care Planning and Decision-Making. *Journal of Palliative Medicine*, 13(9), 1059-1064.
- Stone, D. 1984. *The Disabled State*, Basingstoke: Macmillan.

- Sumskiene, E., Jankauskaite, M., & Grigaite, U. (2016). Intersection between a Social Gender and Disability: A Self-concept of Women with Disabilities in the Post-feminist Context. *Considering Disability Journal*, 1(3), 945.
- Teferra, T. (2005). Disability in Ethiopia: Issues, Insights and Implications. Addis Ababa University Printing Press.
- Teferra, T. (2006). Overview of the development of inclusive education in the last fifteen years in Ethiopia. In Savoranen, H., Matero, M. & Kokkola, H. (Ed.), *When All Means All: Experiences of Three African Countries with EFA and Children with Disabilities* (pp. 58 – 68). Helsinki: Ministry of Foreign Affairs of Finland, Development Policy Information Unit.
- Tefera, B., Admas, F., & Mulatie, M. (2015). Education of Children with Special Needs in Ethiopia: Analysis of the Rhetoric of Education for All and the Reality on the Ground. *The Ethiopian Journal of Education*, 35(1), 45-97.
- Tefera, B., & Van Engen, M. (2016). The disability paradox: Better opportunities versus the hardships of high-achieving disabled women of Ethiopia. *Canadian Journal of Disability Studies*, 5(1), 107-132.
- Tekle, A (2019). Educational Experience of Students with Disabilities in Higher Education Institutions in Ethiopia. [Unpublished doctoral dissertation]. Addis Ababa University.
- The Constitution of the Federal Democratic Republic of Ethiopia, (FDRE Const.). (1995). Federal Negarit Gazzeta, Proc. No. 1/1995, No. 1.
- Thomas, V., Kauli, J., & Rawstorne, P. (2017). Gender-based and sorcery-related violence in Papua New Guinea: An analysis of data collected from Oxfam partners 2013-2016.
- Tolhurst, R., Leach, B., Price, J., Robinson, J., Ettore, E., Scott-Samuel, A., ... & Theobald, S. (2012). Intersectionality and gender mainstreaming in international health: Using a feminist participatory action research process to analyse voices and debates from the global South and North. *Social Science & Medicine*, 74(11), 1825-1832. www.elsevier.com/locate/socscimed
- Traustadottir, R. (1990). Obstacles to equality: The double discrimination of women with disabilities overview article. *Center on Human Policy*, 1-23.
- Turner, J. C. (1999). Current issues in research on social identity and self-categorization theories. In Ellemers, N., Spears, R., & Doosje, B. (Eds.) *Social identity: Context, commitment, content*. Oxford, U.K.: Blackwell.

- United Nations Convention on the Rights of Persons with Disabilities, December 13, 2006, <https://www.ohchr.org/en/hrbodies/crpd/pages/conventionrightspersonswithdisabilities.aspx>
- UNFPA, W. (2018). Women and young persons with disabilities. Guidelines for providing rights-based and gender-responsive services to address gender-based violence and sexual and reproductive health and rights. United Nations Population Fund.
- UN Women. (2013). Women and girls with disabilities. Virtual Learning Center to End Violence Against Women.
- Verloo, M. (2006). Multiple Inequalities, Intersectionality and the European Union. *European Journal of Women's Studies*, 13(3), 211–228. <https://doi.org/10.1177/1350506806065753>
- Vick, A., & Lightman, E. (2010). Barriers to employment among women with complex episodic disabilities. *Journal of Disability Policy Studies*, 21(2), 70-80.
- Walby, S. (2007). Complexity theory, systems theory, and multiple intersecting social inequalities. *Philosophy of the social sciences*, 37(4), 449-470.
- Wondmagegnehu, E. (2002). Attitudes of the Sighted on the Education, Employment and Marriage of the Visually Impaired in Addis Ababa [Unpublished master's thesis]. Addis Ababa University.
- World Health Organization. (2011). World report on disability 2011. World Health Organization.
- World Health Organisation. (2013). Disability and health [Fact sheet]. <https://www.who.int/news-room/fact-sheets/detail/disability-and-health>
- Yeo, R. (2001). Chronic Poverty and Disability. *Action on Disability and Development*, 4, 3-34.
- Yonas, B. (2009). Problems associated with violence against women with disabilities-analytical study: The case of members of Ethiopian with disabilities National Association in Addis Ababa [Unpublished master's thesis]. Addis Ababa University.
- Yuval-Davis, N. (2006). Intersectionality and Feminist Politics. *European Journal of Women's Studies*. Vol. 13(3), 193-209.
- Zewditu, G. (2007). Educational and job opportunities for female individuals with hearing impairment in Addis Ababa [Unpublished master's thesis]. Addis Ababa University.

Ziegler, S. (2014). Gender and Disability.

Zimmerman, D. H., & West, C. (1987). Doing gender. *Gender and Society*, 1(2), 125 - 151.

ANNEX: INTERVIEW GUIDE

**Center for Gender Studies
College of Development Studies
Addis Ababa University**

A. Activity Sequencing

1. Identify and locate appropriate sites to conduct the data collection a head of time and do the necessary arrangements.
2. Building rapport with research participants
 - a. Introduce the researcher/data collector
 - b. Discuss a few personal and professional background of the researcher
 - c. Know about participant – allow participants to introduce themselves
3. Informed Consent
 - a. Introduce the purpose of the research and the data collection
 - b. Ask whether the participant agree to participate in the study
 - c. Get the informed consent from participant
4. Conduct the data collection

B. Metrix for Research Questions and Interview Questions

No.	Interview Questions	Areas of Probing
Research Question # 1 How professional disabled women view and interpret their everyday experiences in terms of the predominant attitudes and peculiarities at the intersection of gender and disability		
1.	How could you describe your typical day (daily routine) as it relates to your personal life and work	<ul style="list-style-type: none"> • What are unique personal and professional experiences (that you may believe other people may not come across). • Which experiences are in common with any other person in your surrounding? • Which experiences do you consider the most pleasant? • Which experiences do you consider the most disappointing?
2.	How do you describe your personal and professional experiences as a person with disabilities	<ul style="list-style-type: none"> • Do you think you share the same views and priorities, regardless of your gender? How? • Explain your unique identifiers as a person with disabilities. • Do you think your experiences differ from the experiences of a women without disabilities? If yes, in what ways? • Do you think your experiences differ from the experiences of a men with disabilities? In what ways?

		<ul style="list-style-type: none"> • In your view, what are those unique life and work-related positive or negative experiences that you wouldn't encounter, if you were a man with disabilities? • What are the predominant attitudes and perceptions about you as a person with disabilities in your family, community, and everyday life and experience? • What are the unique experience men with disabilities? • How men with disabilities are affected different by the interplay of gender and disability.
<ul style="list-style-type: none"> • Research Question # 2: What aspects working women with disabilities' life are influenced by the interplay of gender and disability? What are the physical, social, economic, and psychological outcomes? 		
1.	What are the roles of traditional gender roles, patriarchy, and disability bias in contributing how women with disabilities treated in a society?	<ul style="list-style-type: none"> • Are there differentiations in gender roles between women based on their disability status? • To what extent gender norms impact differently everyday life and experience of women disabilities • What are the unique effects of patriarchy on the life and experience women with disabilities? • Does disability bias affect the life and experience women with disabilities in unique ways as compared to non-disabled women or men with disabilities.
2.	What aspects of your life influenced by disability and gender?	<ul style="list-style-type: none"> • What types of inequalities you observe as a result the interplay of gender and disability? • What aspects of your personal life (family, social life, access to social services etc.) affected by the fact of your disability and gender • What aspects of your professional life (training, employment, workplace treatment and relationships with others) affected by the fact of your disability and gender • What are the vulnerabilities when gender and disability combined? • Are there positive outcomes linked to the intersection of disability and gender for women with disabilities?
3.	What are work-related, inequalities caused by the interaction of gender and disability?	<p>In terms of:</p> <ul style="list-style-type: none"> • Reasonable accommodation of personal and work-related needs. • Pay and incentive • Career development • Appropriateness of facilities and environment in the workplace • Vulnerability to violence in the workplace
4.	In your opinion, what are the physical challenges at the	<p>In terms of</p> <ul style="list-style-type: none"> • Institutional barriers • Legal and policy challenges • Accessibility of social services

	intersection of gender and disability?	<ul style="list-style-type: none"> • Participation and engagement in your own affairs
5.	In your opinion, what are the social challenges and discriminations associated with gender and disability?	<p>In terms of:</p> <ul style="list-style-type: none"> • Education and training, • Health services • Participation and engagement in your social events and community life, social representation, and integration • Sexuality and violence • Motherhood, family, and domestic life.
6.	In your opinion, what are the economic challenges and discriminations associated with gender and disability?	<p>In terms of:</p> <ul style="list-style-type: none"> • Employment and the workforce • Economic independence
<p>Research Question # 3: How professional women with disabilities perceive their non-disabled colleagues in their interactions and relationships?</p>		
1.	Generally, how do you describe the perception of your non-disabled counterparts?	<p>In terms of:</p> <ul style="list-style-type: none"> • Independence, participation, and social integration • Work-related ability/capacity • Leadership competence and decision making
2.	How are you perceived by your employers, supervisors, and senior leadership in your organization?	<p>In terms of:</p> <ul style="list-style-type: none"> • Work-related ability/capacity • Social skills and qualities – relating and interacting with others • Leadership competence and decision making • Benefiting from your experience, abilities, and talents.
3.	How do you describe the perception of your subordinate in relation to your gender and disability status?	<p>In terms of:</p> <ul style="list-style-type: none"> • Beliefs and attitudes • Work-related ability/capacity • Social skills and qualities – relating and interacting with others • Leadership competence and decision making

Declaration

I, the undersigned, declare that this study entitled “The Intersectionality of Gender and Disability: The Experience of Professional Women with Disabilities in Addis Ababa”, is my original work. It has never been presented in any university. All the resources and materials have been duly acknowledged.

Yadesa Asfaw

Signature _____

June 2022