Module 7 Respect for Law-focusing on Eliminating Stigma and Discrimination Summary

**i. Introduction to Module 7**

Disabled people often remain invisible in mainstream laws and policies. A contributing factor to this invisibility is stigma and discrimination which pushes them to corners both at home and society. Relatively little empirical material exists on research on the effects of discrimination and stigma that is endemic worldwide in the lives of disabled people. Secondly, there is a general lack of data disaggregated from disability perspective. In addition, research concerning the issues faced by disabled people is still in its early stages, leaving the group as invisible citizens in mainstream policy.

Stigmatization leads disabled people to face explicit, implicit, deep and systemic or institutional discrimination. This leads to exclusion from developmental programs that have the intention of bettering quality of life and future. **“Inequalities not only lead to their exclusion and discrimination but combined with the general absence of social protection measures, almost unavoidably lead disabled people (and their families) to situations of poverty and extreme poverty, which can even result in risk to their lives”**. This results in vicious perpetuation of exclusion and lack of access to fundamental developmental services, causing greater risk of exclusion and reinforcing the cycle of poverty.

The media is a powerful tool used to communicate, create and raise awareness to a reach a wide audience at a given time. Disability issues and rights can therefore be very well communicated using the media to promote accurate images and voices of disabled people. In the past, media has presented disabled people negatively as objects of pity, yet they can just be portrayed as people with different needs. The media can be used to bring to the limelight how policies, plans and programmes should have an inclusive approach to disabled people as part of development. This will ensure that rights of disabled people are protected and implemented.

Currently, there are approximately 1.3 billion disabled people in the world. In developing countries, evidence shows that disabled people are disproportionately represented among the world’s poor and tend to be poorer than their non-disabled counterparts. They are excluded economically and socially which is against their human rights and presents a major development challenge. The rich diversity of our societies inclusive of all its members, disabled people can help fundamental human rights and contribute to development for all.

Discrimination is rarely obvious, either because it forms part of the fabric of our institutions or because it is rooted in misconception and fear. This is amply demonstrated in the fact that despite the central, transformative promise of “Leave No One Behind” of the UN's 2030 Agenda for Sustainable Development and its Sustainable Development Goals (SDGs), the inclusion of disabled people as a priority group for all humanitarian interventions and development policies and programs remains, largely, a work in progress. Six years into the SDGs, little has been achieved in terms of the inclusion of disabled people as they still face particularly high rates of poverty (SDG1) and hunger (SDG2). In addition and related, they experience high levels of unemployment or work in precarious, part time jobs making it almost impossible to earn a decent income (SDG8). The Covid19 pandemic glaringly brought to the fore the complete neglect of disabled people during the humanitarian responses being planned for the entire world.

# **ii. The language the CDPF uses**

**Disabled people:** Why we still choose to call ourselves ‘disabled people’. In the Commonwealth Disabled People’s Forum (CDPF) we call ourselves ‘**disabled people’** because of the development of the **‘social model of disability’.** In the C19th and C20th, a disabled person’s medical condition was thought to be the root cause of their exclusion from society, an approach now referred to as the **‘medical or individual model’** of disability. We use the **‘social model of disability’,** where the barriers of environment, attitude and organisation are what disable people with impairments and lead to prejudice and discrimination.So to call ourselves ‘persons with disabilities’ is to accept that we are objects and powerless.We also view ourselves as united by a common oppression so are proud to identify as ‘**disabled people’** rather than **‘people with disabilities. When we are talking about the UN Convention on the Rights of Persons with Disabilities** we will use **‘people or persons with disabilities’.**

# **iii. What is Stigma?**

The meaning and connotation of the word stigma has varied considerably over the centuries. Today, the term refers to a personal attribute which marks a person as different from “normal people,” that is “abnormal” with all its negative connotations, namely, exclusion from “normal” society. Some studies have supported the idea that illnesses are stigmatized because of the limitations they entail and the negative social attitudes they generate.

Stigma is basically a word for discrimination. Stigma has been described as a sign of disgrace that is perceived to set a person or group of people apart from others. Stigma can affect many groups, including people with mental health problems and the elderly. Perhaps unsurprisingly, people with intellectual disabilities experience plenty of this kind of discrimination. This includes **hate crimes**, fewer **employment opportunities** compared to people without intellectual disabilities, fewer opportunities to participate in **community-based activities** and a decreased ability to access **appropriate healthcare**.

**Why does Stigma persist and what can be done about it[[1]](#footnote-0)**

Tackling the stigma and discrimination experienced by disabled people is a crucial development and human rights issue. Discrimination, on the basis of disability refers to any form of treatment that restricts disabled people’s access to our rights. The discrimination disabled people experience is often compounded by discrimination based on other identities such as gender, age, ethnicity, religion, sexuality or migrant status. Disabled people also experience stigmatising attitudes. These can be widespread in society and can result in and underpin exclusion, exploitation, abuse and violence. People who are stigmatised are made to feel ashamed and stigma is often one of the driving factors behind discrimination against disabled people. The families and carers of disabled people can be stigmatised or discriminated against by association. Tackling disability discrimination and the stigma that often accompanies it, will mean challenging laws and established practices to ensure the equal rights of disabled people in society are upheld and our full participation in political and public life is promoted. It will also mean working at all levels, from ministry to village, to transform the stigmatising attitudes of people that can lead to exclusion and the denial of rights.

**Causes of Stigma** Attitudes to disability are not consistent within countries or across regions, and beliefs about disability can vary within communities and even families. They can differ depending on, for example, when and how an impairment was acquired and can interact with other attitudes and beliefs. However, there are common factors that shape both stigma and discrimination, including a lack of understanding of disability and its causes. This contributes to a wide range of negative assumptions and discriminatory beliefs. Stigma and discrimination exist at all levels of society. Within families, in some cases, parents may view disabled children as less valuable and so may not support their development or abandon them. Communities can shun disabled people, leading them to become ‘invisible’ in society. Discrimination can also affect the way some disabled people perceive themselves, resulting in low self-esteem and self-worth, and exacerbating the exclusion, violence, exploitation and abuse we experience.

**Discrimination** **can affect all areas of life** Discriminatory legislation and policies exacerbate the exclusion of disabled people from decision-making processes and other areas of life. Discrimination and stigma affect individuals in diverse ways depending on their impairment, gender, socio-economic and cultural background, and other characteristic and contexts. Due to discriminatory factors such as malnutrition and child marriage – as well as a higher life expectancy – the prevalence of disability among women is nearly 50% higher than that among men. Disabled girls are less likely to access education. The employment rate of disabled women is more than 30% lower than that for disabled men. Disabled women face a risk of intimate partner violence between two and four times greater than that for non-disabled women. Inaccessible public health information and discrimination from health workers affects the access to essential services for disabled women and girls. The discriminatory context in which disabled women and girls find themselves can result in families being over-protective and so further restricting their rights. Older disabled people often experience discrimination based upon both their impairment and age as in the Covid-19 pandemic.. Older women may be denied access to property and land, owing to the triple discriminatory burden of gender, age and disability.

**Poverty, environmental degradation and violence** experienced by indigenous peoples result in higher rates of disability in these communities, as well as the denial of access to services and justice. People with Albinism are often targeted, as a result of deep-rooted discriminatory beliefs, such as that their body parts can bring good fortune. This is particularly common around certain events, such as elections. People with psycho-social disabilities experience high levels of discrimination and particularly high rates of violence. This is one reason why only 15-25% of people with psycho-social impairments seek support in low and middle-income countries. Societal stigma can result in people with psycho-social disabilities being segregated, tied up in their homes and institutionalised with no right to appeal and at high risk of experiencing violence. People with intellectual disabilities also face specific discrimination around informed consent and involuntary treatment, as the discriminatory context extends to their being denied autonomy and legal capacity.

# **iv. Drivers of Stigma**

* Misconceptions about the causes of Disability: Cultural and Religious Beliefs
* Misconceptions about the nature of Disability/Impairment
* Media
* Discriminatory Legislations

Across the world disabled people face attitudinal barriers including prejudice, stereotypes, and low expectations.[[2]](#footnote-1) These negative attitudes and inaccurate beliefs about disability can result in stigma (an attribute possessed by a person or group that is regarded as undesirable or discrediting)[[3]](#footnote-2). Stigma arises when elements of labelling, stereotyping (negative evaluation of a label), and prejudice (endorsement of the negative stereotypes) combine to lead to status loss and discrimination for the stigmatised individual or group, and occur in situations where they are disempowered. Stigma elicits negative responses such as pity, anxiety, avoidance, hostility, and even hatred and disgust.

## **A) Misconceptions about the causes of Disability: Cultural and Religious Beliefs**

A literature review looking at journal articles examining cultural beliefs and attitudes about disability in East Africa found that traditional beliefs about the causes of disability/impairment continued to be prevalent. Traditional animism included beliefs that impairments are punishments for ‘bad deeds’ or the result of witchcraft exercised by other people. Christian fatalism beliefs revolved around notions that disability results as an act of God’s will[[4]](#footnote-3). Other beliefs include:

*a) Actions of parents (mainly mothers)*: Research indicates that beliefs about the causes of disability in Cameroon, Ethiopia, Senegal, Uganda and Zambia include that it is due to the sin or promiscuity of the mother[[5]](#footnote-4) .

*b) Ancestors*: Research in Cameroon, Ethiopia, Senegal, Uganda and Zambia indicates that beliefs about the causes of disability include that it is an ancestral curse[[6]](#footnote-5) [[7]](#footnote-6) [[8]](#footnote-7).

c) *Supernatural – demons/spirits*: Research indicates that beliefs about the causes of disability in Cameroon, Ethiopia, Senegal, Uganda and Zambia include that it is due to demonic possession and that disabled people are not really human[[9]](#footnote-8).

*d) Witchcraft*: Many Kenyans believe that an impairment results from witchcraft spells placed either upon the family or the disabled person[[10]](#footnote-9).

*e) God – punishment/fate*: In Nigeria false beliefs about the causes of disability include that it is a curse from God (DSPD, 2016, p. 5). In Nepal, some parents believe that the disability of their child is due to fate and God’s will [[11]](#footnote-10).

## **B) Misconceptions about the nature of Disability/Impairment**

* + *Disabled people are unable to contribute* - Stigma of disabled people can also occur because of the expectation that disabled people are less able to contribute to the good of the family and the community, and the assumption that they are a burden . In West Africa for example, disabled children were not believed to be capable of living independent lives and were expected to require constant help from non-disabled people [[12]](#footnote-11). As a result, they are not only seen as a - ‘financial and resource liability internally, but also by the larger community, resulting in the shaming of the family with a disabled member’.
  + *Disabled people cannot have normal relationships/are sexually inactive* **-** A study in Bangladesh, India, and Nepal, found that families arranged marriages for daughters with disabilities with whoever accepted them because of the low expectations they had for them [[13]](#footnote-12). A study in Tanzania of people with Albinism found that that their partners, if they had one, had problems and even divorced them because of it [[14]](#footnote-13)(p. 5).
  + *Disabled People are contagious or bring bad luck -*Communities may shun disabled people and their families because they believe they will spread their ‘ill fortune’ to others either intentionally or unintentionally disabled people are sometime avoided by pregnant women out of fear that their unborn child will be contaminated.
  + *Disabled People are unable to contribute -* Stigma occurs because of the expectation that disabled people are less able to contribute to the good of the family and the community, and the assumption that they are a burden. In West Africa for example, disabled children are not only seen as a - ‘financial and resource liability internally, but also by the larger community, resulting in the shaming of the family with a disabled member’.
  + *Disabled people cannot have normal relationships/are sexually inactive* **-** A study in Bangladesh, India, and Nepal, found that families arranged marriages for disabled daughters with whoever accepted them because of the low expectations they had for them [[15]](#footnote-14). A study in Tanzania of people with Albinism found that that their partners, if they had one, had problems and even divorced them because of it. Disabled women can also struggle to access sexual and reproductive health services due to cultural beliefs that they are not sexually active, despite being more likely to be a victim of sexual abuse than their non-disabled peers[[16]](#footnote-15). In countries where there is a common folk belief that sex with a virgin can cure HIV, the incorrect assumption that disabled people are sexually inactive, puts them at risk of such rapes.
  + *Misconception: disabled people will not be able to report sexual abuse -* Girls with disabilities, especially those with intellectual, communication, or visual impairments, are especially vulnerable as a result of assumptions that they will not be able to tell others about what happened to them and denounce the perpetrators.
  + *Misconception: disabled people are witches -*Disabled People, especially children with autism and people with mental illness are particular targets of witchcraft accusations, due to their low social status but also because of others’ interest in acquiring their property, money or land.

## **C) Media and Disability**

The media is a powerful tool used to communicate, create and raise awareness to reach a wide audience at a given time. Disability issues and rights can therefore be very well communicated using the media to promote accurate images and voices of disabled people. In the past and currently media has presented disabled people negatively as objects of pity, yet they can just be portrayed as people with different needs. The media can be used to bring to the limelight how policies, plans and programmes should have an inclusive approach to disabled people as part of development. This will ensure that rights of disabled people are protected and implemented. DPOs have to organise with media companies, media professionals-presenters, actors, directors editors, script writers, producers, advertisers and government departments to not only challenge negative portrayals and explain why these are both offensive and disempowering to disabled people and their families, but also challenge the absence of disabled people from being there in front of and behind the camera/microphone.

**1) The Role of Media** The media can deeply influence public opinion and establish societal norms. Disabled people are covered in the media, film and TV entertainment. The back cover of this document gives some examples of characters who are disabled and characters played by disabled actors in most instances negatively stereotyped and not appropriately represented. Most of the time disabled people are still depicted as objects of pity, charity or lone outsiders.

The media can therefore be a vital instrument in raising awareness, countering stigma and misinformation. It is a channel that can change societal misconceptions and present disabled people as individuals, part of human diversity, thus contribute to an effective and successful inclusion of disabled people in all spheres of life. UNCRPD requires states to raise awareness and combat stereotypes related to disabled people, by encouraging all media to portray disabled people in a manner consistent with respect for human rights. UNCRPD works as a tool to enhance the work of the media in promoting the rights of disabled people, as well as promoting their access to education, employment, health and other areas of development on an equal basis with others.

**2) Stereotypes** For thousands of years, in every culture and society, physical and mental differences have been ascribed special meaning. This was usually negative and often persists in social stigma, negative attitudes and stereotypes. Stereotypes are negative and untrue perceptions, generally associated with disabled people. These negative and untrue perceptions often precondition how people treat, associate and respond to us. Such deep-rooted beliefs, ignorance, fear, negative and untrue perceptions, influence the low expectations of disabled people and their families about their abilities, limiting their skills, independence and achievements.

Limitations imposed on disabled people are violations of their basic human rights. However, these rights are often violated due to lack of information. There are many cultural and literary manifestations of stereotypes which are being reinforced in myths, legend or literature. Even modern films, comics and television programmes draw upon and reinforce these negative stereotypes. It is disheartening to think that these stereotypes, beliefs, mentality, attitudes and perception continue to be perpetuated, in spite of the fact that the UN Convention on the Rights of Persons with Disabilities (UNCRPD), has now been in effect for almost twelve years and over one hundred and eighty countries have ratified it thus far (182/194). The Convention’s lack of implementation is a factor and urgent action is needed. The Commonwealth Disabled Peoples’ Forum (CDPF) is seeking to erase and eliminate such stereotypes and has come up with a Policy Paper which we hope the Heads of Government of the Commonwealth will become a partner to bring about the desired change. To illustrate the gravity of the situation, we reference some of these dehumanizing terms and provide what the disability community wishes the preferred terminology and description to be.

**Myth/ Fact**

**Myth**: Disabled People are incapable and helpless, passive and dependent. **Fact**: Disabled People can and want to contribute actively and participate in their community and society. We are capable and independent individuals who can contribute towards changes in all spheres of life when barriers are modified and reasonable accommodations and supports are provided.

**Myth**: Disability is contagious. **Fact:** Disability/impairment cannot be transferred from one person to another but is a long-term loss of physical or mental function or impairment. Our disability is the attitudinal, environmental and organisational barriers we face. The barriers can be changed. Our impairments are much harder or impossible to change.

**Myth**: All disabled people are sick people.  **Fact**: Someone can acquire an impairment, as a result of a medical condition but not all disability is associated with illness. While some impairments are progressive in their impact on the person, for most it is just a loss of function that can be accommodated e.g. Braille, Sign Language, Universal Design, Easy Read or Pictograms.

**Myth**: Disabled People brought bad luck because we had been cursed or had a spell placed upon us. **Fact**: Disability is not a result of someone’s parents or themselves having done something wrong. It arises from a long-term loss of physical or mental function.

**Myth:** Disabled People can only succeed in the field of Music and Craft-Making. **Fact**: Disabled People can be successful in all fields of endeavour, with the right support and accommodations.

**Myth:** Disabled People cannot make or take decisions and someone must always act on our behalf. **Fact:** Disabled People can be actively involved in decision-making processes, including those directly concerning us. We must have agency with the right assistance and communication systems.

**Myth:** Disabled People cannot be educated in the general education system and should only be educated in institutions built specifically for us. **Fact:** Disabled People should not be segregated and should access an inclusive, quality primary, secondary and tertiary education on an equal basis with others.

## **D) Discriminatory Policies and Legislations**

In his study of disability discrimination in Britain, Colin Barnes[[17]](#footnote-16) looked at the nature of institutional discrimination. He stated that the phenomenon is evident when the policies and activities of all types of modern organisation result in inequality between disabled people and non-disabled people. It is, he stated, “embedded in the excessive paternalism of contemporary welfare systems and is apparent when they are systematically ignoring or meeting inadequately the needs of disabled people”. It is also evident when these agencies regularly interfere in the lives of disabled people as a means of social control, in ways and/or to an extent not experienced by non-disabled people. Institutional discrimination incorporates the extreme forms of prejudice and intolerance usually associated with individual or direct discrimination, as well as those more covert and unconscious attitudes that contribute to and maintain indirect and/or passive discriminatory practices.

Barnes and Oliver[[18]](#footnote-17) stated that discrimination will only end with the existence of both a strong anti-discrimination policy based on the social model of disability, and a well-funded disabled people’s movement to enforce it. They also argue for a meaningful freedom of information act to ensure that medical records and other information cannot be used to legitimate prejudice and ignorance. They state that what is needed is a comprehensive legislative programme, which will establish a suitable framework for the enforcement of policies that will ensure the integration of disabled people into the mainstream economic and social life of the community, and also provide public confirmation that discrimination against disabled people, for whatever reason, is no longer acceptable. In other words, we need legislation that emphasises civil rights rather than individual needs, and focuses on the shortcomings of the disabling society in which we live, and not on individual impairment. Barnes and Oliver propose that civil rights cannot be achieved by legislation alone, but rather require decisive political action, which itself is dependent on the presence of an adequately funded national network of organisations controlled and run by disabled people. It is these organisations that can place the issue of institutional discrimination onto the political agenda, and that are best suited to ensure the eventual eradication of disability discrimination.

**Terminology[[19]](#footnote-18)** Both words and images used to describe a person or situation can have a positive or negative effect. Avoid categorizing a person based on their impairment. Refer to the person and not the impairment.

The following guidelines are suggested:

|  |  |
| --- | --- |
| **AVOID PHRASES LIKE** | **USE PHRASES LIKE** |
| Afflicted by multiple sclerosis, cerebral palsy, etc | Person who has multiple sclerosis, person with cerebral palsy |
| Spastic, Spazzie, Spaz | Disabled Person. Person with Cerebral Palsy |
| Attack, spells, fits | Seizure |
| Birth defects, deformity | Person born with an impairment. Person with a disability from birth |
| The blind, the visually impaired | Person who is blind or Blind People. Person with a visual impairment |
| Confined to a wheelchair,  Wheelchair-bound | Person who uses a wheelchair  A wheelchair user |
| Crazy, insane, mad, demented, psychotic, lunatic, schizophrenic, deviant | Person with a mental health condition /disability. Person who has schizophrenia, etc |
| Cripple/crippled | Person with a physical disability. Person with a mobility impairment, Person who walks with crutches. |
| Deaf-mute, deaf and dumb | Deaf People. Person who is deaf person. Person who is hearing impaired or deafened |
| Differently-abled/ Physically Challenged | Disabled Person |
| (The) Disabled | Disabled Person |
| Dwarf, midget | Person of short stature |
| Handicapped | Disabled Person/People |
| Handicapped seating, parking, washrooms | Accessible seating, parking, washrooms |
| Invalid | Disabled Person |
| Mentally retarded, idiot, imbecile, slow, feeble minded, moron | Person with an intellectual disability Persons with learning disabilities or learning difficulty |
| Mongoloid, mongolism | Person with Down’s Syndrome |
| Normal | Person without a disability. Non-disabled person |
| Spastic | Person who has muscle spasms |
| Suffers from, stricken with, afflicted | Disabled Person |

**vii. Conclusion**

Stigmatization for disabled people and their families is a very real and very debilitating issue and causes particular hurt and limitation for those living in Africa/Asia with disability. The main cause of stigmatization in LMIC is a lack of education about disability and the needs of disabled people and lack of exposure to the capabilities and belief in potential for disabled people and especially for disabled children. The unknown creates fear in society and exclusion for disabled people, prohibiting them from obtaining decent education and later from having access to jobs and financial support. Since the Convention for the Rights of Disabled Persons (CRPD) in 2006 societal education has been supplemented by implementation of development programs as a means of inclusion to mitigate the stigmas and provide fulfilment of all human rights and opportunities for persons with disabilities. Even though many countries have ratified the CRPD, there is still a long way to go. Those who are working for inclusion are primarily specialized organizations and NGOs. Issues faced by disabled people need to be mainstreamed for true change to occur. This has come in the form of the Sustainable Development Goals, which not only fully acknowledge the marginalization of persons with disabilities but focus on inclusive goals.

All in decision-making positions in private and public organisations need to receive disability equality training delivered by disabled equality trainers and then develop plans to remove barriers in their organisations and promote disability equality.

However, as we have seen the most effective way of bringing about change and to challenge stigma and discrimination against disabled people is the self-organisation and self-advocacy by disabled people and their organisations Disabled People’s Organisations (DPOs). These need to be run and controlled by disabled people and democratically reach consensus about what is to be done. DPOs welcome funding and support from NGOs and Governments provided they respect the principle of ‘Nothing About Us Without Us’.

Passing Anti-Discrimination Laws in line with the UNCRPD is only the first stage on the road to disability equality. These need codes and directives for their implementation across all areas of society. Awareness needs to be raised and disabled people and their families need to know their rights and how to enforce them. It should not be left to disabled people to do this. If laws are passed then the governments, civil service and Human Rights Institutes need to monitor what is going on and there needs to be sufficient funding to do this.

There must be a legal right to challenge disability discrimination and judgements must be thoroughly enforced by the state and judiciary. Only in this way can we hope to achieve the Sustainable Development Goals with Nobody Left Behind.

1. Global Disability Summit | Dignity and respect for all DFID 2018 <https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/726179/DFIDHandouts_Dignity_Respect_V6.pdf> [↑](#footnote-ref-0)
2. Division for Social Policy and Development (DSPD). (2016). (DSPD. p. 3). *Toolkit on Disability for Africa – Culture, Beliefs and Disability*. UN. http://www.un.org/esa/socdev/documents/disability/Toolkit/Cultures-Beliefs-Disability.pdf [↑](#footnote-ref-1)
3. ibid p. 6 [↑](#footnote-ref-2)
4. Stone-MacDonald, A., & Butera, G. (2014). Cultural Beliefs and Attitudes about Disability in East Africa. *Review of Disability Studies*, 8:1, 1-19. http://www.rdsjournal.org/index.php/journal/article/viewFile/110/367 p.5 [↑](#footnote-ref-3)
5. Ibid p.5. [↑](#footnote-ref-4)
6. Mostert, M.P. (2016). Stigma as a barrier to the implementation of the Convention on the Rights of Persons with Disabilities in Africa. *African Disability Rights Yearbook*, 2-24. p9. [http://www.adry.up.ac.za/images/adry/volume4\_2016/adry\_2016\_4\_chapter1.pdf](http://www.adry.up.ac.za/images/adry/volume4_2016/adry_2016_4_chapter1.pdf%20%20)  [↑](#footnote-ref-5)
7. Aley, R. (2016). *An Assessment of the Social, Cultural and Institutional Factors that Contribute to the Sexual Abuse of Persons with Disabilities in East Africa*. Advantage Africa. p.15 <https://www.advantageafrica.org/file/advantage-africa-full-research-report-sexual-abuse-of-persons-with-disabilities-pdf> [↑](#footnote-ref-6)
8. Groce, N., & McGeown, J. (2013). *Witchcraft, Wealth and Disability: Reinterpretation of a folk belief in contemporary urban Africa* (Working Paper Series: No. 30). Leonard Cheshire Disability and Inclusive Development Centre, UCL. p.4 [https://www.ucl.ac.uk/iehc/research/epidemiology- public-health/research/leonard-cheshire-research/research/publications/documents/working- papers/wp-30.pdf](https://www.ucl.ac.uk/iehc/research/epidemiology-%20public-health/research/leonard-cheshire-research/research/publications/documents/working-%20papers/wp-30.pdf) [↑](#footnote-ref-7)
9. Ibid 4,5,6,7,8 [↑](#footnote-ref-8)
10. McConkey, R., Kahonde, C., & McKenzie, J. (2016). Tackling Stigma in Developing Countries: The Key Role of Families. In K. Scior & S. Werner (eds.)*. Intellectual Disability and Stigma: Stepping Out from the Margins*. Palgrave Macmillan. [↑](#footnote-ref-9)
11. Inguanzo, I. (2017). *The situation of indigenous children with disabilities*. Policy Department, Directorate-General for External Policies, European Union p.31.

    <https://www.europarl.europa.eu/RegData/etudes/STUD/2017/603837/EXPO_STU(2017)603837_EN.pdf> [↑](#footnote-ref-10)
12. Parnes, P., Hashemi, G., Njelesani, D., Njelesani, J., Richard, D., Cameron, C., & Keachie, H. (2013). *Outside the Circle - A research initiative by Plan International into the rights of children with disabilities to education and protection in West Africa*. p24 Plan International. [https://planinternational.org/publications/outside-circle#download-options](https://planinternational.org/publications/outside-circle" \l "download-options) [↑](#footnote-ref-11)
13. Ando, M. (2017). *The right to sexual and reproductive health rights of girls with disabilities: Response by the Asian-Pacific Resource and Research Centre for Women (ARROW)*. ARROW. [http://www.ohchr.org/Documents/Issues/Disability/ReproductiveHealthRights/NGOS/Asian- PacificResourceandResearchCentreforWomen.docx](http://www.ohchr.org/Documents/Issues/Disability/ReproductiveHealthRights/NGOS/Asian-%20PacificResourceandResearchCentreforWomen.docx) [↑](#footnote-ref-12)
14. Franklin, A., Lund, P., Bradbury-Jones, C., & Taylor, J. (2018). Children with albinism in African regions: their rights to ‘being’ and ‘doing’. *BMC International Health and Human Rights*, 18:2, 1-8.p 5 <http://doi.org/10.1186/s12914-018-0144-8> [↑](#footnote-ref-13)
15. [↑](#footnote-ref-14)
16. Rugoho, T., & Maphosa, F. (2017). Challenges faced by women with disabilities in accessing sexual and reproductive health in Zimbabwe: The case of Chitungwiza town.p1-2 *African Journal of Disability*, 6, a252. https://doi.org/10.4102/ajod.v6i0.252 [↑](#footnote-ref-15)
17. *Disabled People in Britain and Discrimination: A Case for Anti-Discrimination Legislation* (London: C. Hurst & Co; Calgary, Alberta: University of Calgary Press in Association with the British Council of Organisations of Disabled People, 1991), as discussed in Colin Barnes, *Institutional Discrimination Against Disabled People and the Campaign for Anti-discrimination Legislation*, 12 Critical Soc. Pol’y. 34 (1992). <https://disability-studies.leeds.ac.uk/library/author/barnes.colin/> [↑](#footnote-ref-16)
18. Barnes*Institutional Discrimination Against Disabled People*, *id*. at 3. [↑](#footnote-ref-17)
19. UK Disability History Month 2016 Broadsheet <https://ukdhm.org/2016-broadsheet/> [↑](#footnote-ref-18)