

**THE ASSESSMENT OF POLICY REGULATING THE WELFARE OF
WOMEN LIVING WITH DISABILITY: THE CASE STUDY OF
NKANDLA LOCAL MUNICIPALITY.**



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**A dissertation submitted in partial fulfilment of the requirements for the
degree of Master of Social Science in Public Policy**

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DECLARATION

I hereby declare that this dissertation is my own original work and has not been submitted before to any institution for assessment purposes. Further, I have acknowledged all sources used and have cited these in the reference section.

Signature

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01/04/2021

DEDICATION

To my late mother, Dana Thuleleni Mgoza, and all women living with various forms of disability.

ACKNOWLEDGEMENT

I thank all who in one way or another contributed to the completion of this thesis. First, I give thanks to God for the protection and ability to do work.

My special and heartily thanks to my supervisor, Dr. Mabuyi Gumede who encouraged and directed me. Her support and guidance brought this work to completion. It is with her supervision that this work came into existence. I doubt I would have come this far without her guidance. For any faults, I take full responsibility.

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I would also like to thank my family, particularly my siblings (Londeka, Busani and Ayanda) who encouraged me and prayed for me throughout the time of my research. This thesis is heartily dedicated to my late mother who passed on without celebrating with me this milestone. Dana Thuleleni Mgoza, this is for you in heaven, angels must be rejoicing with you.

Furthermore, I am thankful to the community of Nkandla Local Municipality.

May the Almighty God richly bless all of you.

ABSTRACT

People living with disabilities, particularly women, find themselves mainly ignored and neglected when it comes to policy inclusion and gender mainstreaming in public and private sectors and society in general. Through the efforts made by the national government of South Africa to advance the rights of women living with a disability, there has been a gap in the implementation of these policies at the local level. Hence, the challenges of women living with disabilities are more noticeable in rural areas than in urban areas. In rural areas, women living with disabilities deal with limited resources and services and attitudinal and environmental factors. These challenges limit their participation and inclusion in matters determining the welfare of their lives. In most rural areas of developing regions, women living with disabilities have a greater extent of limited agility, access to health, employment, formal education, awareness, and access to information about their rights. In developing regions, many communities discriminate, dehumanize, ridicule, and exclude women living with disabilities, due to pervasive societal practices and norms which perceive people living with disability negatively. Being a woman with a disability from a low-income family often fuels hate and various forms of discrimination towards that person. This qualitative study assesses policies guiding or regulating the welfare of rural women living with disabilities to enjoy their fundamental rights and freedom. This study is delimited to studying the women living with disabilities in Nkandla Local Municipality. Utilizing a qualitative research design, data were collected through semi-structured interviews with state actors, special needs teachers, NPOs, and ordinary citizens of the Nkandla Local Municipality in disability welfare and policy assessment. Augmented by extensive literature and policy reviews, the research findings reveal that the majority of women living with a disability are not aware of their rights. The research is guided by the Feminist Disability Theory, policy implementation, and Stakeholder Theory. The interpretations of disability by the Feminist Disability Theory are beyond the impaired body parts of a person. Instead, it views disability as a broader attitudinal and environmental barrier that hinders women's functioning with impaired body parts. It is followed by policy implementation, which is immensely contextual. It determines upon economic, social, political, attitudinal, and organizational factors that impact how poorly and how good a program or policy has been implemented. Lastly, the theory that serves as the foundation of this study is the stakeholder theory that encourages effective, efficient, ethical, and practical ways to handle an organization in a multifaceted and explosive environment. The Stakeholder Theory responds to a need that emerges from PWD and their families and non-disabled people who have to interact with disabled individuals with special needs daily. Additionally, the study recommends that there should be a demonstration of political will by the government and must increase budgets for institutions that implement disability issues. The resourcing of these institutions allows them to execute their mandate effectively and ensures the progressive realization of women with disabilities rights. These efforts should include creating a vibrant disability fund to ensure reliable disbursements of grants to people with disabilities, including women with disabilities in rural areas.

Keywords: Women with disabilities, People with Disabilities, Feminist Disability Theory, Policy implementation, Nkandla Local Municipality, Gender-based violence.

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LIST OF ACRONYMS

BBEE	Broad-Based Economic Empowerment
CBO	Community-Based Organization
CEDAW	Convention on the Elimination of Discrimination against Women
CET	Community Education and Training
CSIR	Council for Scientific and Industrial Research
DHET	Department of Higher and Training
DoE	Department of Education
DoH	Department of Health
DPLG	Department of Provincial and Local Government
DPSA	Disabled People South Africa
DSD	Department of Social Development
GBV	Gender-Based Violence
HIV	Human Immunodeficiency Virus
AIDS	Acquired Immunodeficiency Syndrome
ICCPR	International Covenant on Civil and Political Rights
ICESCR	International Covenant on Economic, Social and Cultural Rights
IDP	Integrated Development Plan
ILO	International Labor Organization
INDS	Integrated National Disability Strategy
KZN	KwaZulu-Natal
MDGs	Millennium Development Goals
NDP	National Development Plan
NDRP	Disabilities, National Disability Rights Policy
NDRP	National Disability Rights Policy
NGOs	Non-Governmental Organizations
NGP	National Gender Policy
OHCHR	Office of the High Commissioner for Human Rights
PWD	People with Disabilities
RDP	Reconstruction and Development Project
RSA	Republic of South Africa
SASSA	South African Security Service Agency
SDGs	Sustainable Development Goals
SET	Sector Education and Training
Stats SA	Statistics South Africa
TVET	Technical and Vocational Education and Training
UDHR	Universal Declaration of Human Rights
UN ESCAP	United Nations Economic and Social Commission for Asia and Pacific
UN	United Nations
UNAIDS	United Nations Programme on HIV and AIDS
UNCRPD	United Nations Convention on the Rights of Persons with Disabilities
UNDP	United Nations Development Programme
UNICEF	United Nations International Children's Emergency Fund
WB	World Bank
WHO	World Health Organization
WWD	Women with Disabilities
WGWD	Women and Girls with Disabilities

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CHAPTER ONE:

INTRODUCTION AND BACKGROUND OF THE STUDY

1.1 INTRODUCTION

Disability does not need to be an obstacle to success. People with Disabilities (PWD) have a right to direct and live their lives to the fullest and participate fully in their own development (NDP, 2015). As much as these people are supposed to be enjoying the same rights that abled persons enjoy, they remain discriminated against, marginalized, without basic needs, and are consequently living in dire poverty and regularly at the mercy of charity (NDP, 2015). Advancing the welfare of PWD, mainly rural women, is of great importance since this group of people falls into the category of the poorest in the world. The World Health Organization (2011) indicated that about one billion people live with various forms of disability, constituting about 15% of the total world's population. Out of those people, two-thirds are women and girls (Nguyen and Mitchel, 2014). It is indicated that 82% of PWD are poor and live in developing countries (United Nations, 2006; World Bank and WHO, 2011). Regardless of the extent of the issue, the scientific and awareness information on the challenges of disability is lacking (WHO, 2011). Graham et al. (2010) argue that there is still a lack of empirical research concerning disability. They further elaborate that there is less international literature to compare information on disability, distribution, and incidence trends. Few documents such as *Disability Rights, Gender, and Development; Integrating Women and Girls with Disabilities into Mainstream Vocational Training; Discrimination Against Women with Disabilities; and the Disabled People in Rural South Africa Talk About Sexuality* have provided a collection and exploration of how various countries have established responses and policies to address PWD's needs.

The WHO (2011) enfolded and covered a far-reaching range of areas and issues of instrument and policy that have emphasized much debate and concern over the years and have got their way into the United Nations Convention on the Rights of People with Disabilities (UNCRPD) of 2006. The report emphasized the gaps and absence of empirical research in the issues of disability across the world. Nonetheless, the report also illustrated specific attention to the scarcity of disability-related research originating from middle and low-income countries. The suggested recommendations are the call for more disability-oriented research to support evidence-based disability programs and policies (WHO, 2011).

South Africa has policies, legislations, and programs that aim to combat the challenges faced by PWD. All these policies and programs feed to the Integrated National Disability Strategy (INDS) (NDP, 2015). For example, under the Employment Equity Act of 1998, PWD are targeted for equity for

employment purposes (RSA, 1998), and they are the chosen groups to benefit from the Broad-Based Economic Empowerment Act (BBEE) (RSA, 2003). The policies intended to encourage the inclusion of PWD in economic activities. Nevertheless, in identifying that majority of PWD are unable to access the labor market, under the Social Assistance Act of 2004, the instrument was developed in the form of a disability grant for people above the age of 18. In that same Act, the care dependency grant was also developed for children's caregivers younger than the age of 18 and in need of permanent care. These government interventions are intended to provide a basic income for children's caregivers and disabled people who are unable to access the labor market due to the child's disability or their disability.

These features indicate a growing commitment from the South African government at the policy level to ensuring that PWD are catered for. Graham et al. (2010) suggest that through disabled people's lobby groups, the majority of these policy-level wins have been achieved, which many of those policies were involved in the struggle against apartheid and were able to influence policy earlier on in the transition to democracy. The National Development Plan (NDP) vision 2030 of South Africa also lays down the concerns and issues of disability on national development agendas (National Planning Commission, 2011). Regardless of these comprehensive policies, the conditions of PWD are still considered to be far worse than those of people without disability. It has also been asserted that among the poor and unemployed, PWD are still unreasonably represented (Statistics South Africa, 2016), and according to Wilson and Solipsky (2010:53) "there is evidence that learners with a disability rarely benefit from mainstream education, and many are not able to access special education schools." These indications suggest that while South Africa has excellent policies that provide and accommodate PWD, but the lack of implementation is failing people that they were formulated to protect, particularly PWD.

The challenges of Women with Disabilities (WWD) are more noticeable in rural areas than in urban areas (Dziva, 2018). In rural areas, WWD deals with limited resources and services and attitudinal and environmental factors (Maart et al., 2007). These challenges limit their participation and inclusion in matters that directly impact their lives (Dziva, 2018). In most rural areas, WWD has, to a greater extent, limited agility, access to health, employment, formal education, awareness and information of their rights, and various mechanisms to improve their welfare (Maart et al., 2007). In urban areas, this is unlikely to happen where agility across the terrain, roads, and easy access to public offices and services are advantageous to WWD (Maart et al., 2007). The majority of WWD in urban areas make a living through begging and vending in public places and on the streets, which is not prevalent in rural areas (Dziva, 2018). The struggles of WWD are confirmed in UNICEF (2003), where it is stated

that without access to resources, opportunities, and knowledge, this category of the population remains primarily excluded from societal development.

According to Palmer (2011), the relationship between disability and gender is not well established in the subject's literature. There is still a lack of theories to support the relationship between the two, especially in women's welfare (Palmer, 2011). Recently, disability and gender-based violence are the main problems facing society, mainly in the developing region, particularly in rural areas. There has been less literature focusing on these regions (Maart et al., 2007; Loeb et al., 2008; Van Rooy et al., 2012). Additionally, it has been indicated that poverty, lack of awareness, cultural beliefs, discrimination, and lack of access to healthcare facilities are the leading cause of these rural societal problems (WHO, 2011). Barrett et al. (2009) indicate a clear link between disability and vulnerability to gender-based violence. According to WHO (2011), combined results of numerous statistical studies of 21 557 people who have a disability, sampled from 21 studies across the world, indicated that individuals living with a disability were 1,5 times likely to suffer sexual violence, physical abuse, and intimate partner violence compared to the people who do not have a disability. Astbury and Walji (2013) confirm this where they state that those people living with physical disabilities are vulnerable and are likely to suffer from Gender-Based Violence (GBV), together with those who have a mental disability.

According to Stats SA (2011), several policies have been adopted to guide the inclusion of disabled individuals in South Africa's mainstream society. The country has developed remarkable policies in the post-apartheid era such as the White Paper on Disability on an Integrated National Disability Strategy (INDS), (1997); Employment Equity Act (EEA), (1998); Social Assistance Amendment Act (2008); and White Paper on Special Needs Education, intending to empower PWD and address social inequalities. The study's primary aim is to assess the existing policies regulating the welfare of women living with numerous forms of disability in the rural areas of Nkandla Local Municipality, which is located in the province of KwaZulu-Natal. This study is anchored on the feminist disability theory, stakeholder theory, and implementation theory.

The interpretations of disability by the feminist disability theory are beyond the impaired body parts of a person, but rather it views disability in a broader attitudinal and environmental barrier that hinders the functioning of people with impaired body parts. Garland-Thomson (2005) asserts that this theory holds that gendered disability differs from one culture and social context to the next. The policy implementation is immensely contextual as it determines beyond economic, social, political, attitudinal, and organizational factors that impact how poorly and how good a program or policy has been implemented (Stewart et al., 2008). Therefore, the feminist disability theory aids the study in

analyzing how cultural norms and social construction impact the social and political rights of WWD, and the policy implementation theory supports this study by examining how social, political, and organizational structures impact disability policies and their implementation in Nkandla Local Municipality. The last theory that serves as the foundation of this study is the stakeholder theory that encourages efficient, effective, ethical, and practical ways to handle an organization in a compound and tempestuous environment (Freeman, 2007).

1.2 DESCRIPTION OF THE RESEARCH PROBLEM

The researcher's observation is that rural WWD face multifaceted forms of discrimination and marginalization, and opportunities have not been created for them to live sustainable and meaningful lives. This observation is confirmed by the WHO (2011), which stated that PWD has a shorter life expectancy across the world, which is a direct result of poorer health, low education levels, limited to non-economic participation, and higher rates of poverty. Out of all groups of PWD, rural WWD face widespread forms of marginalization and discrimination coming from the mainstream society and from the disability community itself (Dziva, 2018). Neille and Penn (2015) claim that rural WGWD face violence, discrimination, maltreatment, exploitation, limited employment opportunities, and inadequate access to productive resources such as capital and land. This is because people in this category experience barriers to accessing services that able people take for granted, which amongst others include access to employment, health, transport, education, and access to information. These challenges are worsened in less privileged communities, where rural WWD are worsened by twofold barriers arising from disability and gender (WHO, 2011).

Generally, women are poorer, more vulnerable, and more disadvantaged than men (Klasen, Lechtenfeld, and Povel, 2015). In South Africa, they are also exposed regularly to GBV, with disability and poverty increasing this risk. PWD are also at a higher risk of getting infected with HIV/AIDS since they are susceptible to sexual abuse (Wazakili, Mpofu, and Devlieger, 2009), and women with HIV/AIDS are more vulnerable and exposed to a variety of related disability health conditions (Hanass-Hancock et al., 2013). The UNCRPD (2014) highlights the rights of PWD, which amongst others include protection from all forms of violence, including GBV, and ensuring access to justice for PWD who are victims of sexual abuse and rape.

Walji, (2009) proposed that WWD experience different forms of sexual, physical, and reproductive health challenges due to the higher rate of violence against them than against women without disabilities. According to Asbury (2009), disabled women who have suffered from GBV also stand a higher risk of being discriminated against, stigmatized, and experience other violations of their rights,

including sexual health and reproductive rights. The greatest challenge faced by most WWD is that they lack information on programs aimed at empowering them and thus have limited access to services and resources, resulting in an increased risk of violence and ill-health. The highlighted challenges are not the only ones that WWD are faced with. Walji (2009) elaborates on these challenges and argues that WWD also face attitudinal barriers to community-level awareness-raising initiatives, physical barriers to services, and communication barriers with service providers, causing them to experience difficulties and exclusion, and in the process, silencing their voices.

The researcher's observation is that WWD faces varied forms of marginalization and discrimination in every society. Yet, there is a lack of empirical research on this group of people's challenges and their experiences in developing nations such as South Africa. Emmett (2006) indicates that in South Africa, very little has been written about disability and gender. Available literature (Choruma, 2007; Mugumbate, 2016) proves that the real difficulties facing people living are ignored in the literature, but its focus has been only on the single factor, that of gender violence. The experiences of rural WWD remain a field that neither Gender nor Policy Studies have explored. Instead, such studies have focused on people with disabilities in general rather than on rural WWD. Grech (2009) states that the fields of development and disability remain overlooked in research and policymaking. Saldana (2011) and the WHO (2011) called for the qualitative narrative research genre to inform policy. Therefore, this study aims to incorporate disability and gender to provide a feminist perspective of rural WWD from the human rights context. It assesses the policies regulating the welfare of women living with disabilities in Nkandla Local Municipality, intending to uncover the barriers to development and recommend strategies to assist them in becoming active agents in their own development.

1.3 RESEARCH OBJECTIVES

Statistics South Africa (2016) revealed that disability prevalence in the country keeps increasing instead of decreasing. Therefore, the purpose of this study is to investigate the awareness, knowledge, and understanding of the rights of WWD and who are the victims of GBV in the rural community of Nkandla Local Municipality. The objectives of this study are as follows:

- To investigate the challenges experienced by WWD in their daily life.
- To explore the extent to which WWD are actively involved in the conceptualization, development, and implementation of economic and development policies.
- To explore barriers hindering the empowerment of WWD. To assess currently available policies governing the welfare of WWD.

- To investigate programs and initiatives, Nkandla Local Municipality has in place to create awareness of the available help amongst the WWD.
- To recommend strategies the Nkandla Local Municipality could apply to encourage WWD to play an active role in their own economic empowerment and emancipation.

1.4 RESEARCH QUESTIONS

To achieve the objectives highlighted above, the following key questions will be asked:

- What are the challenges faced by WWD in their day-to-day lives in Nkandla Local Municipality?
- What are the barriers hindering the empowerment of WWD?
- To what extent to which are PWD actively involved in the conceptualization, development, and implementation of economic and development policies?
- Are disability policies addressing disability challenges adequately?
- How is the Nkandla local Municipality removing the barriers to empowerment encountered by WWD in their day-to-day lives?
- What strategies are in place to ensure equitable social rights are accorded to, and full participation is encouraged, including those living with disabilities?

The problems to be investigated are based around disability and GBV as experienced by WWD globally, in the African continent, rural areas of KZN, and lastly to the Nkandla Local Municipality.

The broader issues to be examined in the study are:

- To evaluate the impact of rural barriers on the economic and social development of women living with disabilities in the Nkandla Local Municipality.
- To assess the local government's role in aiding PWD to overcome social and economic challenges in the Nkandla Local Municipality.
- To determine the extent to which the PWD experience GBV in some rural areas as compared to the urban areas.

1.5 THE SCOPE OF THE STUDY

In establishing this study's scope, the research was guided by the social model of disability as explicated in Chapter 2. The inquiry was conducted in Nkandla Local Municipality, in KwaZulu-Natal Province, which according to Statistics South Africa (2016), is the second-largest province of 9 provinces in terms of population size. Of the country's 58,8 million people, KZN has 11,3 million people, which is 19,9% of the total population, and out of the country's population, 7,7% of people live with a disability. KZN has 8,7% of people with disabilities.

Stats SA (2011) indicated that Nkandla Local Municipality had 22 463 households, 93% of the population residing in tribal areas, and only 7% living in urban areas. In the municipality, only 54,6% of the population owns houses, 32% of the population reside in informal settlements, and 67% reside in traditional areas. Further findings indicated that 55% of the Nkandla Local Municipality households are female-headed, and 1% are child-headed households. The Integrated Development Plan (IDP) (2017) indicates that Nkandla Local Municipality is the poorest local municipality in the entire King Cetshwayo District with the trading of livestock and subsistence agriculture as the main dominating economic activities and the IDP (2019:14) indicates that 74.5% of people rely solely on Government social grants for survival. The District consists of predominantly rural poor people. One of the Nkandla community's challenges is inadequate access to infrastructure such as health care facilities (IDP, 2017).

The Nkandla Local Municipality is home to Vuleka School, the school for the deaf introduced by the Dutch Reformed Church in KwaZulu-Natal, formerly known as Natal on the 12th of June 1961 (Wehrmeter, 2013). The school was established for deaf and blind Zulu children. Wehrmeter (2013) further indicate that in 1962 the initial learners registered were blind, and in 1965, the deaf joined, hence the name Vuleka, which means 'Open Up' and was signifying the opportunity presented by the school to the children living with blindness and deafness to open up to opportunities that other able children were exposed to. Most people in Nkandla are based in rural areas, and they speak IsiZulu and English and have deep-rooted cultural and religious beliefs that view impairment differently. In most rural areas, disability is considered to be a curse or punishment by angry ancestral spirits for sins committed by either the person living with a disability or their families (Choruma, 2007). When a baby is born with a disability in rural areas of Nkandla, the mother is often blamed for cursing the family.

The Nkandla Local Municipality is located in King Cetshwayo District in the KwaZulu-Natal Province, and it is a Category B municipality. It is one of the five municipalities that make up the

District (IDP, 2019/20). The municipality is in the western area of the King Cetshwayo District (DC28). According to the IDP (2019/20:09) “Nkandla Town is classified as a Rural Service Centre (RSC) and a Provincial Rural Administrative Centre (PRAC), is the only formalized urban area located within Nkandla situated approximately 50 kilometers south-west of Melmoth and 65 kilometers from Eshowe.” It is indicated that there is inaccessibility to significant corridors of economic growth in the region (IDP,2019/20).

1.6 THEORETICAL FRAMEWORK

The research is informed by the feminist disability theory, as advocated by Garland-Thomson (2002) and Hall (2011), policy implementation, and the stakeholder theory. The interpretations of disability by the Feminist Disability Theory are beyond the impaired body parts of a person, but rather it views disability in a broader attitudinal and environmental barrier that incapacitates people’s functioning with impaired body parts. According to this theory, disability involves a socially constructed narrative of a person’s impaired body (Garland-Thomson, 2002). This theory holds that gendered disability differs from one culture and social context to the next (Garland-Thomson, 2005). It is followed by policy implementation. The policy implementation is immensely contextual as it determines upon economic, social, political, attitudinal, and organizational factors that impact how poorly and how good a program or policy has been implemented (Stewart et al., 2008). It also differs substantially over time, across policies, and from one state to another (Gilens, 2009). Therefore, the feminist disability theory aids the study in analyzing how cultural norms and social construction impact the social and political rights of WWD. The policy implementation theory supports this study by examining how social, political, and organizational structures impact disability policies and their implementation in Nkandla Local Municipality.

The last theory that serves as the foundation of this study is the Stakeholder Theory which encourages effective, efficient, ethical, and practical ways to handle an organization in a multifaceted and tempestuous environment (Freeman, 2007). WWD are living in a dangerous environment with so many challenges, which calls for different stakeholders (government bodies, government departments, policymakers, NGOs, private sector, and the community) to come together and work effectively towards ensuring the welfare of WWD, which includes creating a safe and non-discriminating working environment, non-discriminating community and accessibility to basic needs.

1.7 THE RATIONALE OF THE STUDY

The rationale for choosing this topic is based on the researcher’s background. The researcher was raised by a woman who had a disability in a small rural area known as Pholela in Nkandla Local

Municipality. That particular woman was a victim of GBV in the hands of her husband. However, GBV was not the only challenge she suffered. She faced other various challenges in her daily life, such as traveling long distances to access health care facilities and traveling long distances to access her disability grant pay point. Some of the other challenges she faced were the lack of awareness and understanding of her social, political, cultural, and economic rights and the unavailability of support groups in the area. She also suffered from discrimination in the community's hands due to her living with a disability. Knowing that she was not the only victim in the area sparked the researcher's interest in exploring and accessing policies regulating women's welfare with disabilities within Nkandla Local Municipality's jurisdictions. Therefore, this study seeks to document the feminist and nuanced gendered narratives of rural women and girls living with various forms of disabilities regarding their difficulties in fulfilling their rights as rural people. Such understanding is essential in directing policymakers to the real challenges affecting WWD in remote rural areas.

1.8 SIGNIFICANCE OF THE STUDY

Numerous research has been conducted in South Africa on disability and gender. However, limited research has been conducted on the policies regulating the welfare of rural WWD, particularly in rural areas. A research report by Graham et al. (2014) on poverty and disability titled "*Poverty and Disability in South Africa*" and Goldbatt (2009) study on gender, rights, and disabilities in South Africa titled "*Gender, Rights and the Disability Grant in South Africa*" provide a snapshot of the prevalence, causes, and impact of poverty on PWD and the impact of disability in the country's economy. Available literature (Lang and Charowa, 2007) focus on the rights of PWD and recognizes disability as inevitably linked to alleviating poverty as an extension of citizenship and human rights. However, in-depth studies are scarce into the rights of PWD, let alone the lived experiences of WWD in the rural communities in South Africa. In low and middle-income countries of the developing countries, poverty has been a significant cause of disability amongst people, neo-colonialism, colonization processes, and wars of independence, poverty, globalization, and emerging diseases (Meekosha, 2011; Hall, 2011). Quinn and Degener (2002) have challenged researchers to document the lived human rights realities of WWD in remote areas and involve them in devising innovative solutions and strategies to improve their situation.

This study goes beyond disability, in general, to discuss disability, GBV, gender in general, and vulnerability to human rights violations that come with poverty and societal variables in rural South Africa. Accordingly, this dissertation attempts to fill the gap between disability and gender, disability studies, and policy studies. It is an attempt to add perspectives on disability from the perspective of marginalized members of society. In exploring these issues, the study sought to lay the underpinning

for understanding lived human rights experiences of rural South African women living with various forms of disability.

1.9 METHODOLOGY

This study adopts a qualitative approach to research as it explores the government's initiatives at the national, provincial, and community levels to integrate WWD into socio-economic development. This informed an examination of how WWD articulate the meaning of living with a disability and their perceptions of available opportunities at individual, household, and community levels to advance their active involvement in economic activities as well as understanding their rights. To accomplish this purpose, qualitative research was employed. Utilizing a research design, data were collected through semi-structured interviews with state actors, special needs teachers, NPOs, and ordinary citizens of the Nkandla Local Municipality in disability welfare and policy assessment.

1.10 ETHICAL CONSIDERATION

A consent letter was presented to the study participants outlining the intent of the research. This was done to inform the participants and gain their confidence in the process of data collection. It was done to promote transparency in the study. Anonymity and confidentiality were adhered to, and the raw data (records) collected from the participants are kept at the School of Social Science at the University of KwaZulu-Natal.

1.11 LIMITATION OF THE STUDY

The study is a small-scale study focusing exclusively on the rural areas of the Nkandla Local Municipality. A more extensive study would probably have produced a piece of more meaningful information. However, the struggle to secure appointments with participants for data collection posed a challenge due to the limitations posed by the COVID-19 pandemic, which called for the researcher to email the interview guide to participants and wait long before the responses are sent back after numerous messages and phone calls. The other limitation is the unavailability of municipality officials to participate in the study. Geographically, this research was restricted to Nkandla Local Municipality, and the findings from this study were not generalized to all the rural areas in KZN nor South Africa.

1.12 ORGANIZATION OF THE DISSERTATION

This dissertation is made up of six chapters as follows:

Chapter one: Introduction and background to the study

The chapter is introductory to the study. It presents and outlines the background of the study, research objectives and questions, scope of the study, theoretical framework, the rationale of the study, the significance of the study, methodology, ethical consideration, limitation of the study, and the chapter layout.

Chapter two: Literature review

In this chapter, the study looks at the previous studies related to the problem statement that has been conducted to identify the gap in the existing body of knowledge. The literature was viewed under the following themes: the disability historical overview, the historical context of disability in South Africa, poverty and disability, disability and education, disability and gender-based violence, disability in Vietnam, disability in Cambodia, disability in Africa, refugees with disabilities, disability in South Africa, South African policy and legislation frameworks, and social model of disability.

Chapter three: Theoretical framework

In this chapter, which is the theoretical framework, the study outlines theories that are being used to analyze the problem statement. Those theories include the feminist disability theory, policy implementation, and social model of disability. The feminist disability theory aids the study in analysing how cultural norms and social construction impact the social and political rights of WWD and the policy implementation theory supports this study by analysing how social, political, and organizational structures impact disability policies and their implementation in Nkandla Local Municipality. The last theory that serves as the foundation of this study is the stakeholder theory which promotes practical, effective, efficient, and ethical ways in solving disability issues in the area.

Chapter four: Research methodology

This chapter is a research methodology detail the techniques and methods used to collect, process, and analyze collected data.

Chapter five: Research results and Results Analysis

Chapter five presents the research results as well as the discussions of the findings in line with the literature review, theoretical framework, and the policies of the country regulating the lives of WWD in South Africa.

Chapter six: Conclusions and Recommendations

In the last chapter, the summary, conclusion is presented and recommendations for further research are made.

CHAPTER TWO: LITERATURE REVIEW

2.1 INTRODUCTION

In this chapter, the researcher reviews related studies to uncover the knowledge gap concerning the intersection of gender, disability, and vulnerability in rural areas. Precisely, this review focused on identifying and revealing research debates and gaps concerning the disability concept and feminist disability thinking, gender and vulnerability, GBV, and challenges of rural Women and Girls with Disabilities (WGWD) in marginal areas of the developing region. The review intends to uncover current arguments and research gaps in the opportunities for WWD to advance their rights at all levels of society. Concerning the challenges faced by people with disabilities in society, this study focused mainly on PWD's access to basic needs, including information, education, health, inputs protection against abuse and violence, and challenges in adjusting these rights.

2.2 HISTORICAL OVERVIEW OF DISABILITY

The WHO (2011) argues that disability is a multifaceted, contested, dynamic, and multidimensional term. It has been confirmed by (Wasserman et al., 2011), who also alludes that the definition of disability is highly contentious for several reasons. It is indicated that only in the past century that the term disability has been used to refer to a distinct class of people (Wasserman et al., 2011). Historically, disability has been used either as a synonym for inability or as a reference to legally imposed limitations on rights and powers (Meyers et al., 2002). Indeed, as late as 2006, the Oxford English Dictionary recognized only these two senses of the term (Boorse, 2010). Thus, it is hard to settle questions about the meaning of disability by appealing to institutions since intuitions may be confused by the interplay between older, ordinary-language definitions and newer, specialized ones (Gonzales et al., 2006).

Many different characteristics are considered disabilities. Paraplegia, deafness, blindness, diabetes, autism, epilepsy, depression, and HIV have all been classified as disabilities (Gebrekidan, 2012). The term covers such diverse conditions as the congenital absence or adventitious loss of a limb as a sensory function; progressive neurological conditions like multiple sclerosis; chronic diseases like arteriosclerosis, the inability or limited ability to perform such cognitive functions as remembering faces or calculating sums; and psychiatric disorders like schizophrenia and bipolar disorder (Beaudry, 2016).

According to Fillingham (2013), disability is not a new term and has not only arisen due to the increased number of people who are affected by it, however, but disability can also be traced back to

the times of Aristotle in the year 355 BC and Dziva (2018) illustrates that disability was used as the basis of marginalization and discrimination. Hladek (2009:01) argues that according to Aristotle in 355BC "those who are born deaf become senseless and incapable of reason" (Bernicchia-Freeman, 2018:64), and Maruzani and Mapuranga (2016) cited Martin Luther (1463-1546), who stated that he saw a devil in a disabled child, and that child deserved to be killed. When connecting these two statements, it can be concluded through time immemorial. Disability has always been perceived as an unfortunate circumstance since any person who was found impaired was perceived as a useless human being who was incapable of reasoning, someone who did not deserve to enjoy the same quality of life as enjoyed by the abled in the society. Due to the lack of a clear understanding of disability in society during ancient times, a person living with a disability was perceived as someone unworthy of dignity and life in a society, which was the main cause of suffering and pain amongst the people who were living with a form of disability.

According to Jørgensen (2006), the fight for PWD justice was realized in 1940 when the Human Rights values were introduced to protect human beings from inhuman slaughters that violated their dignity. Jørgensen (2006) further illustrates that in 1948, the Universal Declaration of Human Rights was adopted by the United Nations General Assembly. This Universal Declaration of Human Rights was based on acknowledging the unchallengeable, equal rights, and intrinsic dignity of all people as the foundation of peace, justice, and freedom in the world (Ackerly, 2008). Studies that were conducted in the years following the introduction of the said declaration, that is, from the late 19th centuries to 21st centuries, such as (Bedini, 2000; Brittain, 2004; Paetzold, 2008; Paetzold et al., 2008; Zuiderwijk and Janssen, 2014; Załuska et al., 2020) indicated how society negatively viewed PWD, and during this time, the society which includes community leaders and policymakers perceived disability as a medical condition that needed health specialist support services. These studies interrogated the perceptions that saw impaired body parts of PWD, to which they proposed medical treatment since, according to them, disability was an issue that needed to be solved.

In 1981, the United Nations introduced the Declaration on the Elimination of Violence against Women (CEDAW), which was aimed at prohibiting all sorts of gender-based discernment and instructed all countries to amend their social and cultural patterns of behavior to remove all prejudice, social stereotypes, and gender inequalities (Goldscheid, 2013). In 1984, The United Nations Convention against Torture and other Cruel, Inhuman, or Degrading Treatment or Punishment (CATCID) was hosted and recognized the rights of PWD and labeling any form of maltreatment and discrimination on such persons as a violation of human rights (UN, 2011). It can be argued that the development of these remarkable instruments paved a brighter way to the realization of the rights of PWD that is even celebrated today. The journey has been a difficult one. However, the liberation fight

is not an easy one. The United Nations treaties such as the International Covenant on Economic, Cultural and Social Rights, and the International Convention on Civil and Political Rights were the ones who motivated the fight for the rights of PWD. Ever since the human rights and freedom of PWD were advanced, the movement to protect this category of people has also increased and emerged (Mégret, 2008).

The shift of archetype of disability from the medical to a social model made a significant impact in redefining the concept of disability as one of the human rights issues under International Law. The United Nations adoption of the rights of children and the acknowledgment of the rights of PWD in 1989 was influenced by the introduction of the social model of disability in the 1980s, which then led to the establishment of significant reforms such as the American with Disabilities Act (ADA) of 1990 (Mégret, 2008:494). In 1993, the UN adopted the Standard Rules on the Equalization of Opportunities for Persons with Disabilities. The document declared that all countries should acknowledge the principle of equal educational opportunities from primary, secondary, and tertiary for young and old PWD in integrated settings (Nyangweso, 2018)

The marginalization and discrimination against PWD by society have continued to be a challenge in experiencing social justice and equality over the years. This is confirmed in Hall (2011). It is stated that in the developing regions, societies viewed PWD as an object of charity and medical attention that must not be allowed nor consulted to take part in issues shaping their lives. Dziva (2018:17) states that "people with disability continue to be side-lined in national and community policy-making circles that deliberate on their welfare and rights without the presence of their own representation". By looking at the above assertions, even in the 21st-century, PWD are ignored when it comes to public participation. Most policies and programs concerning their lives are developed without their consultation. Although there might be so many challenges facing PWD, according to the Disability KaR Knowledge Research (2014), in South Africa, there are some remarkable and influential policies and legislations promoting and protecting the rights of PWD, for example, the White Paper on Disability on an Integrated National Disability Strategy (INDS), National Rehabilitation Policy, KwaZulu-Natal Housing Policy for the Aged and Disabled, Disability Framework for Local Government, Strategic Policy Framework on Disability for the Post-School Education and Training System, and Policy on Disability.

2.3 SOUTH AFRICAN CONTEXT OF DISABILITY

In South Africa, the majority of PWD have been denied accessibility to fundamental economic, political, and social rights and therefore have been excluded from mainstream society. PWD's segregation is caused by various factors, such as the economic and political inequalities of the

apartheid system and a weak and discriminatory legislative framework that has authorized and strengthened barriers that exclude them. The following section outlines and discusses the historical context of disability in the South African context.

2.3.1 South African Context During Apartheid

During the apartheid era, PWD experienced severe challenges since the society they lived in was unequal and deeply divided (SARCH, 2019). The divisions and inequalities experienced by the people emanated from an economic, social, and political system that was designed in a way that denied access to fundamental rights and ensuring that much of the population, which included PWD, were exposed to poverty, with limited opportunities to share in the wealth of the country (SAHRC, 2019). According to Chalklen and Howell (2003:25), "this meant that black and white PWD's life experiences under apartheid were very different and reflected the general inequalities between the black and white people in South Africa." Most of the PWD in South Africa were denied access to housing, information, education, transport, and community life. They were kept away from exercising and enjoying fundamental social, economic, political, development, and cultural rights, and disparities of the apartheid system fortified these injustices. The apartheid laws supported the increasing social isolation and disadvantages of the category of people investigated in this study. Stereotypes, prejudices, and attitudes that force PWD to be dependent on others and always needing care continue to perpetuate injustices.

Van Der Byl (2014) states that in response to all the things that PWD were denied access to, they started marshalling and establishing themselves from the mid-1980s onwards in line with mounting anti-apartheid activism, thereby associating themselves with the broader emancipation movements. Van Der Byl (2014) further alludes that during those years, the organization known as the Disabled People South Africa (DPSA) was established by activists with disabilities to introduce change and create awareness of the rights of PWD. The strategy that the DPSA adopted was that of building organizations locally to make a platform for PWD to improve and empower themselves. The Disability Rights Charter of 1992 was very influential in creating the minor PWD demands in preparation for the transition of democratic South Africa (Van Der Byl, 2014).

Alcock et al. (2006:10) allude that "the new democratic government inherited a society that understood disability to be a personal tragedy that required a health and welfare response to fix the person and situation." The government initiatives that were designed before 1994 to address the needs of PWD were constructed base on a common disability value framework, expanding on isolated apartheid policies and establishing supplementary violations of human rights and dignity. Nkeli (2008:09) indicates that "children with disabilities, the majority being white, were found in segregated

special schools, and the majority (72,6%) of adults with disabilities remained unemployed or were found in sheltered employment with no opportunities for career choices." Hence, the first democratic South African government inherited a legacy of inequality; therefore, it became essential for the new government dispensation to create awareness around disability and prioritize the welfare of PWD.

2.3.2 Post-Apartheid South African Context of Disability

Chappell & Rule (2013:36) indicates that in 1994 when the post-apartheid government took over the power reigns, "there were few available official statistics on disability to update the new democratic government on what constituted a disability, where people with disabilities across races groups were located and what their socio-economic status was." The first time that the disability prevalence was measured in South Africa was in 1996, but it demonstrates that disability differs across races but that it is problematic to measure (Van Der Byl, 2014). Moreover, it indicates the reality that disability is a social construction, perceived through PWD's lived experiences with racial prejudice in the South African context, and measurement is highly dependent on the question posed (Chappell & Rule, 2013).

However, the drafting of the country's constitution in 1996 moved South Africa to a better position regarding disability awareness and the welfare of PWD. The recognition and equality of PWD in society are embedded in section 9 of the Republic of South African Constitution (RSA Constitution, 1996). Based on the Constitution, the Office on the Status of Disabled Person (OSDP) developed the White Paper on the Integrated National Disability Strategy (INDS) where it stated that "a society for all, where the needs of all citizens constitute the basis for planning and policy, and the general systems and institutions of society are accessible to all" (Van Der Byl, 2014:12). The INDS is informed by the Disability Rights Charter and the United Nations Standard Rules for the Equalisation of Opportunities for Persons with Disabilities (UN, 2011). In South Africa, the INDS played a starring role in developing a critical standard for all future policies and legislation of disability, thus further bringing into line the development and legislations of national and international standards. The process held for public hearings in the development of the INDS provided PWD across the geographical extent of the country the opportunity to voice out their concerns and needs (Van Der Byl, 2014). According to Ka Toni and Kathard (2011:24), "this, in essence, demonstrated the beginnings of inclusive and representative policy design and also the commitment of the government to self-representation for persons with disabilities."

The White Paper on the Integrated National Disability Strategy played a remarkable role in South Africa when changing disability's understanding as a health/ medical and welfare issue. The social and medical model has been officially documented to demonstrate this shift to a rights-based approach

rooted in the social model and adopted in the INDS (Van Der Byl, 2014). "With a focus on removing barriers faced by PWD in all facets of their lives, the INDS brought to the fore the roles and responsibilities of other key government departments, as well as civil society organizations, in building a more inclusive society for this category of people" (Ka Toni and Kathard, 2011:26). The strategic temporal order of the development and documentation of the INDS early within the transformation agenda of the country resulted in the formulation of appropriate policies and laws that were developed and revised to fit a comprehensive transformation agenda, including disability as a right-based issue (Ka Toni and Kathard, 2011). It can be ascertained within the legislative context that unfolded with the Skills Development Act (Act 97 of 1998), Employment Equity Act (Act 55 of 1998). Therefore, the Promotion of Equality and Prevention of Discrimination Act (Act 4 of 2000) constituting fairness that promotes a legal framework encouraging the rights of PWD (Ka Toni and Kathard, 2011).

In the context of the redesign and revision of the country's policies, South Africa was moved to a new era by developing numerous white papers that served to inform legislation reform. This phase also focuses on developing strategies, policy guides, and programs to guarantee implementation (Van Der Byl, 2014). However, disability understanding at the policy level began to shift beyond welfare and health understanding. However, there is still a need to address the remaining consequences of apartheid within the education sector, health sector, transport sector, social development, employment, and communication sectors. These sectors are the fundamental areas of service delivery for PWD. Nkeli (2008) argues that "the racial differences regarding access to these essential services are presented very well. However, moving on an agenda of transformation meant that key public service departments had to deal with reparation by endorsing the principle of enhancing equity in access across all sectors."

Between 1994 and 2004, policies, legislation, programs, and interventions were developed to change the environment to promote equity over the short-term to long-term goals and create a conducive space ensuring easy access to government services by PWD (Dube, 2005). PWD's rights to dignity, equality, and non-discrimination are entrenched in the South African Constitution (Act 108 of 1996). It also recognizes the South African Sign Language as Deaf South African first language. The Promotion of Equality and Prevention of Unfair Discrimination Act (Act 4 of 2000) provides effect to section 9, read with item 23(1) of Schedule 6 to the Constitution of South Africa, 1996, to prevent the partial discrimination and harassment; to encourage equality, remove unfair discrimination, to prevent and prohibit hate speech. Amongst the policies that were formulated to create an empowering environment for PWD are:

- White Paper on Disability on an Integrated National Disability Strategy (INDS), (1997)
- Employment Equity Act (EEA), (1998)
- Social Assistance Amendment Act (2008)
- White Paper on Special Needs Education
- Skills Development Act (1998)
- Code of Good Practice for the Employment of Persons with Disabilities (2002)
- The Sexual Offences Act (2007)
- Employment of Persons with Disabilities (2002)
- National Rehabilitation Policy (2000)
- Mental Health Care Act (2002)

Chappel and Rule (2013) argue that the foundation of the principle of dignity, advocacy, and self-representation of PWD in South Africa was laid before 1994 by the DPSA. The democratic government recognized the right of self-representation; the DPSA played a significant role in change for disabled people across racial groups (Chappel and Rule, 2013). The Status of Disabled Persons (OSDP) office took a position in the presidency, intending to influence the agenda of transformation (Ka Toni and Kathard, 2011). Mainstreaming of disability all over the public sector was the OSDP's main aim and the mainstream in civil society. According to Van Der Byl (2014), "without this influence by the DPSA, the Reconstruction and Development Programme – as the visionary and strategic intent of the liberation movement would not have effectively included people's hopes and aspirations with a disability." Additionally, for disability to be included in the Constitution of the Republic of South Africa, Section 9, it is due to these efforts. It has made a remarkable impact in the lives of those living with various forms of disability.

2.3.3 Disability Prevalence in South Africa

South Africa is a participant in the Centre for the Rights and Development of Persons with Disabilities (CRDPD) and its Optical Protocol, which obligates the government to eliminate all possible barriers by investing expertise and sufficient funds in unlocking the potential of all PWD (DSD, 2016). According to Statistics South Africa (Stats SA, 2016, "the South Africa National Development Plan (NDP) Vision 2030 outlines the roadmap towards disability strategies and interventions aimed at improving the lives of persons with disabilities." Additionally, the NDP is a long-term strategic approach to the Development Agenda's government of 2015, which indicates the importance and relevance of disability data management and statistics for monitoring and advocacy purposes.

McKenzie (2013) argues that much attention has been given to sexuality in conjunction with the HIV epidemic in the South African context. WWD have lately been encompassed in the apprehension, and the current studies (McKenzie, 2013; Rohleder et al., 2009) suggest that this category of women are at a high risk of being infected with HIV infection than the general population and assert that such a risk is attributed to the experience of high levels of social exclusion because of social stigmatization and poverty. Lund (2006) states that WWD are severely disadvantaged due to a range of reasons. Firstly, he argues that they are more vulnerable, poorer, and more disadvantaged than men in nature. He further indicates that they are more exposed to GBV in South Africa, and what increases the risk is poverty, which is more prevalent in rural areas (Lund, 2006). WWD also stand a high risk of being infected with HIV/AIDS because they are vulnerable to sexual abuse (Groce et al., 2013). Moreover, women in general, including those living with various forms of disability, have important roles and responsibilities in society, which is to care for the elderly, the sick, children, and those that are severely disabled, which hinder them from accessing services, markets, and other beneficial economic opportunities and which also cut down their leisure time (Turmusani, 2018)

The Office of the Deputy Presidency, South Africa, indicated a lack of information or studies about the prevalence and nature of disability in South Africa (Eide, 2012). However, Rohleder et al. (2012) indicated that in Southern Africa, there are a lot of PWD. In South Africa, there is limited literature on gender and disability (Emmett, 2006). In 1996 census data, it was indicated that out of the total population, 6,7% had disabilities, while the national survey of 1998 reported a decline with a 5,9% of the people who had disabilities. In contrast, the census of 2001 recorded a 5% national prevalence. However, Van Staden (2011) alluded that it cannot be agreed to an exact percentage of disability incidence in South Africa since there has been inconsistency when it comes to results in other studies and census. Recently the increase in disability has been noticed nationally. According to the Stats SA (2016), "the national disability prevalence increased slightly from 7,5% in Census 2011 to 7,7% in community survey 2016, with Free State and Northern Cape provinces having the highest prevalence of persons with disability with 11% followed by the North West and KwaZulu-Natal with 8,7% and 8,6% respectively." The Stats SA (2016) further indicated that females are amongst those experiencing a high percentage of disability. They were recorded at 8,9% compared to the male counterparts who stood at 6,5% in South Africa.

Eide et al. (2011) stated that WWD in South Africa does not have access to health information and health care services. Maart and Jelsma (2014) indicated that in South Africa, WWD has difficulty accessing home care services and medical rehabilitation, not necessarily health services. It shows that WWD in rural areas goes through so much in their daily lives. A case study that was presented by Braathen et al. (2013) of someone who suffered from psychosocial impairment in a rural area and

shows how she was struggling to access health care. In South Africa, there are so many inequalities regarding health facilities and access to health services for WWD. There is a need for health care policies that will reduce barriers to accessing health facilities and be disability-friendly.

2.3.4 Prevalence of Gender-Based Violence in South Africa

The intimate femicide-suicide was also noted as prevalent in South Africa. A Cross-Sectional Study conducted in 1999 found that there were intimate femicide perpetrators of about 1349, in a week of killing their partners, 19% of them committed suicide (Mathews et al., 2004). The study found that the rate of homicide murderers of women was six times more than the global average and found that half of all women were killed by intimate partners (Mathews et al., 2004). It shows that the country is facing a severe challenge that will require broad interventions. Recently, the country has also recorded a huge number of femicide cases, for example, the case of Karabo Mokoena, who was killed by his partner as reported in various media newspapers such as (BBC, 2018; News24, 2018; Timeslive, 2018), the case of Tsegofaso Pule and Altecia Kortjie who are also believed that their partners killed them. According to O'Sullivan et al. (2006), gender inequality in South Africa is the leading cause of GBV. Men's control over women is perceived as a "mark of masculinity" (Dunkle et al., 2004). Media and cultural norms promote the view that men should take control and be in power in public institutions and homes. Childhood exposure to violence is also associated with causing male perpetration of violence to women (Jewkes et al., 2009).

The relationship between high-risk sexual behaviors and poverty has also been noted in the country (Kaufman and Stavrou, 2004). It has been indicated that WWD are at risk of finding themselves where their sexuality becomes the economic source of income (Kvam and Braathen, 2008). Moreover, WWD can be more vulnerable to sexual predators due to the lack of resources to cater to their care when they are left at home in the community which is perpetuated by the lack of education about sexual health and reproductive services serving as a barrier in South Africa for PWD (Hnass-Hancock, 2009). Therefore, women need to be educated so that they will be able to take of themselves without having to use their sexuality as a source of income. It can also help them to be independent and be resistant to sexual abuse.

2.3.5 South African Policy and Legislation Frameworks

Vital strides have been taken by the South African government to combat challenges faced by the PWD since the advent of democracy. In the twenty-six-year period from 1994 to 2020, initiatives to redress past inequalities included the passing of various pieces of legislation, policies, interventions, and programs to prioritize the needs of those living with numerous forms of disability. These were formulated as a response to discriminatory and other practices given the new democratic dispensation.

According to the Department of Social Development (DSD) (2015:27), "In redressing disability in particular, legislation frameworks were specifically formulated to address equity goals over the medium to long term and also for addressing immediate goals in increasing the number of persons with disabilities access to government services." A part of this study aims to assess if these pieces of legislation and policies have realized their primary goal of making life bearable for those living with a disability. The sections to follow are unpacking some of the policies that have been formulated in South Africa to ensure access to people living with disabilities to basic needs.

2.3.5.1 KwaZulu-Natal Housing Policy for the Aged and Disabled

The right to shelter in the form of adequate housing is acknowledged as part of the international human rights instruments. "Article 11 of the International Covenant on Economic, Social and Cultural Rights (ICESCR) initiates protections for the right of every person to a dignified level of living and the right to housing" (Memela and Muranda, 2018). According to the KZN Human Settlement Charter (2015), a low priority has been shown to the aged and those PWD by the service providers and policymakers. It has been realized that their special housing needs are not appropriately provided for in society.

The policy framework indicates that the absence of available approved guidelines or policy documents to guide and facilitate the process of ensuring the empowerment and involvement of disabled people, particularly in housing programs, has been a serious concern (KZN Human Settlement Charter, 2015). However, the Special Rapporteur on Adequate Housing (2008) states that "although the government has made various commitments to prioritize the needs of vulnerable people in housing delivery, vulnerable persons and those with special needs, including women, people living with HIV/ AIDS, the elderly, children, PWD and poor people still face many obstacles in accessing housing." Concerning housing, the aged's rights and those of PWD need to be addressed and be protected since they belong to the most vulnerable group in society. Therefore, the policy intention is to provide an instrument that will protect and ensure the inclusion and empowerment of PWD and the aged through full housing process participation (KZN Human Settlement Charter, 2015).

The United Nations Committee specifically highlighted concerns "that austerity majors have hindered the advancement of accessibility and the reduction in social protection schemes related to housing, household income, and budget for independent living" (UNCRPD, 2017). The United Nations reviews human rights processes and mechanisms and has called attention to housing and independent living for PWD (ICESCR, 2016).

Social Housing Act 16 of 2008 suggests that low and middle-income households must be given priority when it comes to social housing development. It compels the social housing institutions and

government to guarantee that their corresponding housing programs are receptive to local housing needs and that exceptional priority must be given to the needs of people with disabilities, children, women, child-headed households, and the elderly. The objectives of this policy are:

- To actively encourage a framework for the collaboration amongst the key stakeholders in the housing industry concerning the inclusion and participation of the disabled and aged.
- To actively promote the establishment of empowerment programs and skills training for sustainability and enhance the quality of PWD's lives and aged people.
- To safeguard that PWD gets special treatment in the attainment processes to close the economic gap that exists in societies.

The Constitution informs the policy of South Africa (1996). Section 20 of the South African Constitution state that "everyone has the right to have access to adequate housing," also, the "state must take reasonable legislative and other measures, within its available resources, to achieve the progressive realization of this right" (RSA Constitution, 1996). However, as much as it has been embedded on paper, many people live far below the expectations. The majority of the people are still living in informal settlements as the country's population increases. Ngwenya (2016) indicates that as Mamelodi and Diepkloof's population continues to increase, these areas are now overwhelmed by the informal settlements. It then raises a concern because these housing policies should aim to solve average families' housing issues at first.

2.3.5.2 Disability Framework for Local Government

This framework was established for implementation by all municipalities supported by COGTA nationally and provincial COGTAs and other government agencies involved with governance and issues of disability. According to the Department of Provincial and Local Government DPLG (2009), "the framework is aligned with a range of development initiatives and programs of the different line functions in local government." Policies, legislation, and the Back to Basic Approach are among the pillars guiding this framework. It applies to the local government sphere, mainly provincial government departments, municipalities, traditional leadership, and civil society organizations working within local government (DPLG, 2009).

One of this framework's main objectives is to safeguard that local government and municipalities accept and acknowledge their significant role in implementing all programs, policies, and projects related to PWD. Specifically, as it relates to the needs of PWD and care-givers or their families, streaky with disability-specific indicators (DPLG, 2009), it is factual that it is factual when it comes

to the development level all municipalities are the same in terms of their ability to provide services. Hence, disability mainstreaming remains a challenge for some, whereas other people make firm progress (NDP, 2013).

According to a baseline study undertaken in 2007 on disability mainstreaming in local government, the findings reveal that a record number of policy documents in the local government give no or little attention to disability concerns. It is confirmed by the Department of Provincial and Local Government (2007) where it stated that in occasional cases where disability is mentioned, it is articulated in general terms and as part of the extensive classification of selected groups or the poor. As the researcher was going through the Nkandla Local Municipality IDP, he found that very little is included in the document regarding addressing or having a plan to address disability issues. It shows that the municipality is adamant about including PWD in its plans. These findings substantiate those of the Public Service Commission reports published from 2004 to 2007 that showed that there were so many issues facing the public service in developing disability equity.

The baseline study emphasized the urgent need for the development of a local government policy framework on disability. According to SALGA (2012), this proposition's general fundamental principle is aligned with the South African Constitution, the National Disability Plan, the UN Convention on the Rights of Persons with Disabilities, and the recent draft National Disability Rights Policy (NDRP). These reinforce the protection and promotion of the rights of PWD in all aspects of life. Its purpose is to encourage parity by removing all forms of discrimination and creating equal opportunities (SALGA, 2012). Therefore, it is essential to have a policy framework of disability that speaks directly to meeting disabled people's needs.

Thus, the framework intends to create an empowering environment for provincial departments, municipalities, and other role players in the local government spheres to discourse disability challenges. It attempts, among others, to provide direction on the application of the National Disability Policy and other legislative and policies that try to encourage the freedoms and rights of disabled people in the local government context. It also suggests implementation mechanisms and structures coordinate disability issues and monitoring thereof (SALGA, 2012).

Furthermore, this Disability Framework promotes the mainstreaming of disability into local government programs (SALGA, 2012). Therefore, issues of disability should be made an essential fragment in the conceptualization of local government projects, planning, and implementation in line with the broad objectives of the Back to Basics approach to local government service delivery. In the implementation and application of this framework, it should always be tolerated in mind that in some

cases, special and additional interventions might be essential to address the needs of groups of most vulnerable people.

2.3.5.3 White Paper on the Rights of Persons with Disability

The policy is motivated and influenced by the South African Constitution, as well as by various international instruments, "including the Convention on the Rights of Person with Disabilities and its Optional Protocol, the Vienna Declaration and Programme of Action, the Copenhagen Declaration and Programme of Action, and ultimately, the Sustainable Development Goals which reiterate the human rights of persons with disabilities" (DSD, 2015). According to the policy document, the White Paper played a pivotal role in enhancing the PWD's lives. "It builds on the progressive policies and programs that our government has and continues to implement over the past number of years to make more positive and meaningful changes for persons with disabilities and their families" (White Paper, 2015). The policy follows the South African National Development Plan precisely in putting first the actions that necessitate more than one government, department, or entity to work as a collective to eliminate barriers faced by people with disabilities in various government sectors.

The White Paper is a call to action for the civil society, private sector, and government to ensure the inclusion of PWD in socio-economic activities. The policy calls for different stakeholders to collaborate and work together to develop effective instruments, legislation, and policies to address disability challenges outlined in Chapter 3 in the Stakeholder Theory. Additionally, the policy is intended to fast-track redress and transformation concerning integration, full equality, and PWD inclusion. Its vision was to encourage a free and just society inclusive of all PWD as equal citizens, which means all policies and legislation must directly impact the lives of people with disabilities in all sectors of government and every social-economic sector (White Paper, 2015).

2.3.5.4 Strategic Policy Framework on Disability for the Post-School Education and Training System of 2016

The Department of Higher Education and Training (DHET, 2016) recognizes the rights of PWD to participate fully in matters of the country and equally enjoy opportunities. Central pillars of the National Transformation Agenda of South Africa have noticed that the change in disability has not kept pace with other regions (NDP, 2013). The policy aims to fast-track disability initiatives in the higher education sector. According to the DHET (2016), "this framework seeks to operationalize the objectives of existing legislative and policy documents and builds on the numerous programs that national and provincial departments initiate, agencies, institutions and by non-governmental organizations (NGOs) and community-based organizations (CBOs)."

Minister of DHET Dr. BE Nzimande, in 2014, indicated that "despite international and national conventions, legislation, policies and guidelines, the management of disability in post-school education remain fragmented and separate to that of existing transformation and diversity programs at the institutional level." There are various avenues for institutions to address disability barriers and issues. Based on their particular programs, resources are allocated within each institution. The extent of commitment to PWD differs considerably between institutions, as did the resources allocated to resolving issues of disability. It is precisely the case across all institutions, such as tertiary institutions (DHET, 2016).

The DHET (2016) indicates that the majority of Technical and Vocational Education and Training (TVET) colleges are not capacitated even and adequately their policies that aim to provide for staff and students with disabilities. It is further asserted that Community Education and Training (CET) colleges that are newly established are even more behind. Therefore, more attention must be directed towards these colleges to advance and ensure their capacity to serve and accommodate staff and students with disabilities. Moreover, the skills development space in the sector also does not effectively address inclusion for PWD. There is less or no attention is given to policy documents such as the National Skills Development Strategy (NSDS) III and Sector Education and Training Authorities (SETAs), which provide less or no attention to achieving targets of disability (DHET, 2016).

Hence, the policy is essential to guide the development and improvement of access to and success at PSET institutions and PWD programs. The policy framework capacitates and creates an empowering and enabling environment across all the higher education systems. It also includes, but is not limited to, setting standards and norms for the inclusion of staff and students with disabilities in all aspects of the college, university, and skills development life, including social life, academic studies, sports, culture, and accommodation (DHET, 2016). The framework intends to create inclusive PSET institutions in the construction of an empowering atmosphere for PWD and provide DHET with a monitoring and assessment tool to guarantee that in every institution of PSET, there is a mainstreaming of disability compliance. This policy framework also seeks to achieve the objectives of the White Paper on the Rights of Persons with Disabilities in the institutions of PSET and guarantee the mainstreaming of persons with disabilities in the PSET system (DHET, 2016). Through this policy framework, the DHET is making an empowering setting for the mainstreaming and inclusion of disabled people in the PSET system to guarantee that policies and guidelines related to disability are implemented and monitored.

2.3.5.5 Policy on Disability

The focus of Policy on Disability is on delivering integrated development of social services, such as welfare, community, and security development to PWD. The DSD (2009) indicates that the policy does not duplicate or replace the INDS or any other existing program and policy imperatives relating to PWD. Instead, it builds on such programs and policies emphasizing the delivery of developmental social services only (DSD, 2009). As specified, several role players from different society sectors are involved in the social services development delivery. Therefore, this policy refers to other role players' roles and responsibilities concerning the social services provision. Different role players' core functions are not ignored or negated by such references based on their mandates (DSD, 2009). Specifically, the responsibility for delivering appropriate health care to PWD remains with the Department of Health (DSD, 2009). Still, from a developmental social services approach, the DSD and the DOH should work in close partnership to deliver identified services.

According to the DSD (2009), for the policy to address disability in social services provision, it adopts the social model of disability. It indicated that the adoption took place because of consultative processes consisting of all role players in the sector of disability as a whole. The policy is aligned. It draws on to the INDS, continental and international-wide instruments that emphasize addressing the issue of disability within a social model framework, such as the United Nations Standard Rules on the Equalisation of Opportunities for People with Disabilities, World Programme of Action Concerning Disabled Persons, Disability Rights Charter of South Africa, the United Nations Convention on the Rights of Persons with Disabilities and the African Decade for People with Disabilities and the policy objectives and ideologies of the South African White Paper on Social Welfare (DSD, 2009).

Regardless of the fantastic progressive work the government has made in transforming the machinery, developing empowering legislation, and placing structures in space to be responsive and representative to the developmental needs of the PWD. Restraining environments and barriers are still exposing a large number of PWD. They continue to side-line and eliminate them from mainstream society and its economic and social activities. The DSD (2009) argues that "although the government has adopted the social model approach, the department's delivery of social services to PWD remains focused on the provision of grants." The primary developmental social services categories of prevention and promotion, protection, rehabilitation, mental and addiction, and continuing care and the levels of involvements are early intervention, prevention, reconstruction, and after-care and statutory interventions remain insignificant (DSD, 2009).

The policy indicates that "the result has included a lack of effective protection programs that are based on and responsive to the needs of the PWD, a lack of focus on children and women with disabilities and inadequate support to NGOs providing services to people with disabilities, by the Department" (DSD, 2009).

Poverty is also one of the enduring challenges that disabled people face in their daily existence in South Africa. It is a fact known by everyone that various economic, social, political, and economic issues interact and create marginalization, underdevelopment, and the absence of service delivery and inadequate access to PWD resources. The restraining environment and socio-economic barriers are the ones causing disadvantages and systematic deprivation that disabled people experience ranging from public transport and barrier-free modes of communication and building accessibility. The Department of Social Development (2009) indicates that the link between poverty and high occurrences of disability cannot be overlooked. With social exclusion and unemployment, poverty contributes as one of the critical issues that perpetuate exclusion and cumulative disadvantages that disabled people experience (DSD, 2009).

Furthermore, isolation, social stigma, and prejudice, inadequate infrastructure, lack of access to education, transport, communication, resources, inaccessibility to resources and support networks for an independent daily existence, and technical aids are the key challenges that continue to marginalize disabled people from mainstream society. In contrast, they are the ones that allow them independence and encourage their responsibility, self-sufficiency, and dignity. Women, children, and older people are the selected categories that are mainly exposed to abuse, discrimination, and encounter barriers from participating in society. These groups of people require special attention. According to the DSD (2009), "the consequences of deficiencies and disablement are severe for women and children, who are subjected to social, cultural and economic disadvantages that impede women the access to health care, education, vocational training, and employment." Moreover, disabled women are not only discriminated against as PWD, but they also encounter marginalization and oppression as women in a patriarchal society. Therefore, the department with its stakeholders has to come on board and address these challenges, particularly in rural areas where they more prevalent.

The impairments' presence results in isolation and rejection for many children, which are part of normal development. It causes more vulnerability to abuse and violence for them (WHO, 2011). The WHO (2011) further indicates that diseases like measles, poverty, drug abuse, and alcohol or injuries sustained due to political and social violence cause most of their disabilities. WGD are more regularly exposed to countless forms of violence, mainly sexual violence, and they are more exposed to HIV and AIDS spread, given the high risk of sexual violence. To ensure that WGD and girls are

given exceptional support, accessible services, inclusive programs should remain the only way of guaranteeing respect for, empowerment, and protection of the rights of WGWD. The most vulnerable people to HIV and AIDS and disability are the children living in informal settlements or those in rural areas due to no or poor facilities for early diagnosis, support, and detection are inadequate (DSD, 2009).

People with numerous forms of disabilities, intellectual disabilities, congenital disabilities, invisible disabilities, and other various disabilities are special groups who need special attention. However, regular services do not, too often, adequately address their social needs (DSD, 2009). The absence of understanding the needs of such people with severe disabilities frequently leads to wrong conclusions and exclusion on how their rights should be promoted and how their needs should be addressed appropriately. The policy on disability offers guidelines and strategies on how DSD can combat the challenges mentioned above and bring social services to PWD by applying the social model approach to disability and addressing the inequalities that resulted from the legacy that was left behind by the apartheid era. The policy on disability is intended to inform and guide disability mainstreaming in developing and implementing all strategies, integrated service delivery programs, and DSD policies. The DSD (2009) concludes by stating that "this can only be done if there is a proper understanding of the concerns, challenges, and needs of PWD that will inform the nature and content of the integrated service delivery system, which the department will develop and implement."

2.3.5.6 National Rehabilitation Policy of 2000

In South Africa, the right to health for disabled people is reinforced by both the country's constitution and its approval of the UNCRPD. Nevertheless, thus far, the planning and provision of health services have tended to overlook rehabilitation as a constituent of primary health care. Cherry (2014) asserts that "evidence suggests that people with disabilities and their families experience greater health risks, but systematically worse access to care than their non-disabled peers, especially concerning South Africa's quadruple burden of disease." Those access challenges consist of transport, cost and environmental challenges, severe system limitations, absence of knowledge for health care workers and the absence of skills in working with PWD, program design, and the prevalent lack of rehabilitation planning and resourcing (Cherry, 2014).

The government of South Africa has devoted itself to bringing closer health services to the people by implementing the Primary Health Care (PHC) approach in which services of rehabilitation should be reorganized and reinforced to advance services accessible for people who did not have them previously (Department of Health, 2000). Opportunities equalization for PWD cannot be accomplished without action-oriented programs designed and implemented with the participation of

those PWD. Service providers must consider external issues such as societal attitudes and environmental barriers because the possibility of such problems may harm the triumph of rehabilitation processes. The Rehabilitation Policy states that the fewer restrictions there are, the more influential the rehabilitation process is prospective to happen (DOH, 2000).

There should be propositions that will inform the National Rehabilitation Policy of empowerment, development, and the social integration of PWD. "The recognition of these principles and their enshrinement in policy and service provision will contribute to the opportunities available to persons with disabilities to reach their optimum potential as productive members of society" (DOH, 2000). The rehabilitation policy is a daring declaration on the DOH part to indicate a complete break with the past, as past, characterized by inequity and inequality. Moreover, it attempts to create a conducive atmosphere for eminence services of rehabilitation and eloquent the policy of services accessible for all in South Africa and PWD and those living with chronic illnesses (DOH, 2000).

According to the DoH (2000), "the goal of this policy is to improve accessibility to all rehabilitation services to facilitate the realization of every citizen's constitutional right to have access to health care services." The policy must also work as a way up to realize the equalization of opportunities and to improve human rights for disabled people, thus addressing issues of desperate socio-economic circumstances and poverty. According to WHO (2011), disabled people are among the poorest in society, and frequently they are side-lined to the edges of society. Therefore, someone's ability to pay for services should not be a precondition for him or her to access services. The objectives of this policy are:

- To enhance the rehabilitation services accessibility for people suffering from conditions that can result in disability and those PWD.
- To promote the development and implementation of monitoring and evaluation strategies for rehabilitation programs.
- To guarantee the full inclusion and participation of PWD in the planning, implementing, and monitoring rehabilitation programs.
- To promote rehabilitation research initiatives and in other related areas.

According to the DOH (2000), there should be collaboration and cooperation in the country among different sectors and departments involved in disability. It is imperative to understand the difference between sectors and departments since the two are frequently confused, resulting in the exclusion of vital role players in the sector of disability. These two different concepts' classifications make it clear

that a department is a smaller structure than a sector. It is important to create a system that will enable teamwork amongst all the role players in disability.

2.4 POVERTY AND DISABILITY

The INDS recognizes the vital link between disability and poverty. People are more vulnerable to disability if there is poverty, and disability deepens and reinforces poverty (NDRP, 2015). The issue is also acknowledged by the National Development Plan (IDP 2030) that poverty and disability operate in a chain of events. Poverty regularly leads to disability and disability, which frequently results in poverty (NDRP, 2015). Although there was the slightest poverty decline from 2006 to 2011 in South Africa, however, in 2015, there was a noted increase (Stats SA, 2016). It is indicated that in 2015, over half of the population were poor, with an increase from 53.2% in 2011 to 55.5% in 2015 (Graham et al., 2010).

According to Graham et al. (2010), among other critical challenges for the government to address, the cycle of disability and poverty is one of them within the people of South Africa. The link between poverty and disability has been presented relatively over the past years (Graham et al., 2010). Various local and international studies (Banks, Kuper, and Polack, 2017; Groce et al., 2011; Pandey, 2012; Loeb et al., 2008; Lustig and Strauser, 2007) have indicated that poor nutrition, poor health care services, and the general absence of information and basic services in rural areas have caused poor people on rural areas to be more at risk of impairment. People from rural areas are the most neglected groups compared to their counterparts who reside in urban areas, for example, in rural areas, the norm is that many people share one community health center with some of them traveling long distances to access it, and only to find that the service offered is very poor. Correspondingly, Grech (2015) asserts that impairment and disability are a significant cause of depriving people of employment and financial benefits, and it ultimately fuels and pushes them deep into poverty.

The World Bank (2011:08) indicated that 10 percent of the total population are disabled and constitute 20 percent of poor people worldwide. According to the World Bank study of 2015 that was conducted in Uganda found that 38% of PWD were more likely to be poor, and the study conducted in Serbia-Montenegro by Poverty Reduction Strategy Paper reported that 70% of PWD were poor (NDRP, 2015). Barnes and Mercer (2010) argue that deeply rooted structural disparities and social processes are the ones that marginalized disabled people from opportunities such as transport, food, housing, education, employment, social relationships, and family life. They further argue that what pushes PWD more into poverty is the cost of disability, which includes treatment and paying for care-givers in the form of people that look after them (Barnes and Mercer, 2010). The researcher's observation is

that the lack of income amongst PWD affects their self-esteem, increases their powerlessness levels, and makes them victims of injustice.

The United Nations recognizes disability as a human rights and global development issue. It is known as a development issue because of its link to poverty (WHO, 2011). According to the WHO (2011:10), "disability may increase the risk of poverty, and poverty may increase the risk of disability." This claim is supported by Mondal & Mete (2012), who alluded that poverty causes disability. It is also possible that in countries like India, with the second-highest population globally, and with 260 million estimated people living under the poverty line, the majority suffers from a disability since poverty causes disability (Pandey, 2012). Mizunoya and Mitra (2013) also support the hypothesis by saying that poor people are more likely to be disabled. Poverty and disability are primarily two things that cannot be separated. Poverty is a crucial dominant factor that leads to disability, while disability drives people straight to poverty (Graham et al., 2010). Therefore, there is more possibility that women born below the poverty line and live in rural areas will have a disability due to inaccessibility to basic sanitation and clean water, inaccessibility to good healthcare, risky living, malnutrition, and poor working conditions.

Moreover, suppose a person has a disability. In that case, they stand a better chance of not having benefited from formal education, which can lead to higher chances of being unemployed (Lang and Upah, 2008). The World Report on Disability (2011:11) argues that "disability is increasingly understood as a human right issue. Disability is also an important development issue with an increasing body of evidence showing that PWD is exposed to the worst socio-economic conditions and poverty than persons without disabilities." Living with a disability is a human rights issue because people with disabilities do not receive equal social opportunities as people without disabilities. It is a development issue because compared to abled people, PWD does not have equal access to employment, health care, and education opportunities.

Due to the inflated cost and demands, PWD is more likely to be poorer than abled persons, even though they might earn similar incomes (Cullinan et al., 2010). Looking at South Africa's case, to those who rely on a social grant, it may have a positive impact on such an issue. Arguably, PWD has so many more personal needs than abled people. Their needs range from personal care and health care needs to social needs. However, those who receive social grants can sometimes take care of some of the needs mentioned above without having to beg. They can also send themselves to health care facilities without being someone's expense. Nevertheless, the social grant is not enough. It cannot fully cover monthly costs due to the high cost of taking care of someone with a disability, particularly in rural areas.

Families with a disabled person are at a high risk of experiencing financial and material hardships, including poor housing, inadequate access to health care services, food insecurity, lack of sanitation, and absence of access to clean water (Van Brakel, 2006). According to Emerson et al. (2006), poverty may increase the risk of disability. The study conducted in 56 developing countries found that people living under the poverty line were experiencing poor health care that the better off (Emerson et al., 2006). In support of Emerson, the WHO (2008) and Rouh et al. (2008) state that poor health conditions associated with a disability may be caused by poverty, including malnutrition and low birth weight, poor living conditions, and unsafe work and injuries. However, the wide recognition of the interconnectedness between poverty and disability means to raise development, and poverty reduction has not always been adequately included in disability (Braitthwaite and Mont, 2009:08).

In 2004, the World Bank reported that poverty in disabled people is prevalent due to the lack of equality in opportunities (UN, 2011). Nassboum (2005) proposes that when an individual with a disability, his/ her capabilities may be limited in many ways, for example, by living in poverty, by being a woman in a culture that denies women equal opportunities. Being a woman in a community that shows discrimination against those people who are disabled and by being in a liberal society that oppresses minority ethnic groups might create more challenges (Baynton, 2013). According to the WHO (2011) indicated, out of the world's total population, 1 billion people, 15% of them suffer from a form of disability. This prevalence majority live in developing countries where they live without optimal medical, technical, or social support that could better their living conditions since people living with disabilities belong to society's most impoverished parts. They are mostly marginalized (WHO, 2011).

2.5 DISABILITY AND EDUCATION

The capabilities perspective viewed education as an asset that opens functioning as a critical mechanism seen as an opportunity (Robeyns, 2016). The capability approach suggests that capabilities and functioning are the best metrics for most interpersonal evaluations (Nussbaum, 2011). Particularly, there should be the conceptualization of those interpersonal evaluations in terms of people's functioning, their actual doings and beings, and their capabilities, which are the genuine opportunities they have to realize these functionings. Together, these doings and beings are held to create what makes life worthwhile (Robeyns, 2016). Idris (2012) argues that education has a more significant contribution to individuals' ability to assist themselves and change and influence the world. Therefore, providing education to PWD might be the biggest weapon to fight the challenges they face in their everyday life. Emmett (2006) alludes that those who suffer late-onset impairments are more likely to find employment than those who suffered early onset impairment, irrespective of their type

of impairment. The statement raises an important issue, which means in every society, relevant stakeholders have to pay more attention to those who suffer a disability at the early stages of their lives, so they will be able to start, adapt and continue with their education without any disturbances. He further argues that "one possible contributing factor is education, because schools, whether special or mainstream, often do not make sufficient provision for the special education needs of children with disabilities" (Emmett, 2006:230).

There is enough evidence which reveals that in the developing region, PWD continues to find it difficult to access education, whether those of special need mechanisms or those of mainstream mechanisms (WHO, 2011). The USAID (2019:07) indicates that "the overall literacy rate for persons with disabilities is 3 percent and UNESCO estimates that on the 3 percent presented by USAID, only 1 percent is for women and girls with disabilities." According to the United Nations Secretary-General (2014), "less than 5 percent of children and young persons with disabilities have access to education and training, and girls and young women face significant barriers to participating in social life and development". The 2003 stats in Zimbabwe indicated that there were less than 1% of the 78 481 students in teacher's colleges, universities, and technical colleges (Chataika, 2010). Although in South Africa, there have been policies that aim to address the issue of PWD accessing education through supporting mainstream schools and special needs schools to integrate children with special needs. However, there has been a failure in implementing those policies. The focus on eight Johannesburg poorest wards found that only 34% of non-disabled had completed their matric, and there were only 20% of PWD who have completed matric (Graham et al., 2013:6). He further indicates that many children living with a disability enter primary school, but few margins move to high schools (Graham et al., 2013).

According to Groce et al. (2011), the lack of education in any community is a significant cause of poverty amongst PWD and further elaborates that poverty can contribute to a lack of education. People living with various forms of disability, in most cases, require assistive and supportive devices for daily activities (Mitra, Posarac, and Vick, 2011). If those needs are unmet, this may affect their participation in education and other things. In the South African context, Ladbrook (2009:53) argues that "the situation is a particular problem and that children with disabilities who are integrated into mainstream school are often prevented from obtaining quality education because of large classes and inadequately trained teachers." In rural areas, PWD does not benefit the same way as people with no disabilities from education investments (Groce et al., 2011). There is lower access to education amongst disabled people (Loeb et al., 2008). Equality when it comes to economic status was assumed between PWD and those who are without a disability. However, the positive impact of disability is shown. Still, there is a lack of evidence in contributing to and impacting education (Loeb et al., 2008).

2.6 DISABILITY AND GENDER-BASED VIOLENCE

According to the World Report on Disability, WHO (2011), there are one billion people in the world who live with disabilities, which are about 15% of the total world's population. Out of those people, two-thirds are women and girls (Nguyen and Mitchell, 2014). The statement is also supported by Hosseinpoor et al. (2012) where they state that disability prevalence is higher on adult women than men across all age groups. Since the disability prevalence is higher among women and girls, the 2013 USAID case study indicates that various studies showed a clear link between vulnerability to GBV and disability (Barrett et al., 2009). The study conducted by WHO (2011) indicates that PWD stands a high risk of being affected by or experience sexual, physical, or intimate partner violence than people with no disabilities, which is estimated as 1,5 times more likely. Hughes et al. (2012) argue that those with mental illness or intellectual disabilities are particularly vulnerable. It is indicated by Mohapatra and Mohanty (2004) that in Orissa, India, the study that was conducted with WWD showed that "experiences of violence are ubiquitous, and according to this study, 100 percent of women living with disabilities that were interviewed had experienced violence in their homes". A report of Pacific Island demonstrated that women living with a disability are more likely to suffer from all forms of violence compared to women without disabilities at homes, in institutions, and their communities (UNDP, 2009).

PWD are routinely being harassed sexually, physically, and verbally. These people are also subjected to oppressive behavior that causes fear, pity, horror, distrust, anxiety while seeming to be patronizing and overprotective at the same time (Nyangweso, 2018). PWD frequently suffer from sexual abuse and violence in public and private institutions, in their places of stay, and sometimes in the hands of their friends, family members, and caretakers (Nyangweso, 2018). It has been indicated that PWD are four times more at risk of suffering from rape, robbery, and physical assault compared to those without a disability (Nyangweso, 2018). Violence and discrimination associated with disability include killing people with mental illness, trafficking, raping of women with mental illness, killing of people with albinism, and employment of children with disabilities for alms-begging (Nyangweso, 2018:09).

GBV is prevalent in persons living with a disability. According to Nyangweso (2018), WWD face even more challenges in public and private spaces. Gender inequality is not only what they experience, but they are also more likely to suffer from gender-based violence such as exploitation, neglect, sexual abuse, and maltreatment. The center for women's policy studies indicates that WWD are abused and raped at a rate twice that of women without disabilities (The Roeher Institute, 2004). In addition to suffering, these people face so many barriers to realizing their fundamental human rights.

Hughes et al. (2012) indicate that approximately five hundred thousand adults die as a result of interpersonal violence every year, and millions more suffer non-fatal violence, resulting in health and socio-occupational consequences. Due to various factors, PWD are more likely to be at an increased risk of interpersonal violence. Amongst those factors are exclusion from employment and education, reduced emotional and physical defenses, the need for daily living personal assistance, societal stigma, barriers of reporting violence, and discrimination (Norman et al., 2010). According to USAID (2011), other causes of GBV amongst WWD are the interactions with medical settings and institutions and care-givers coming into their homes. WWD are significantly more likely to suffer abuse from their health care workers, personal care assistants, strangers, and other family members than women with no disabilities. USAID (2014) indicates that there is a reciprocal relationship between disability and violence.

2.7 DISABILITY IN AFRICA

The World Report on Disability (2011) indicated that about 80% of PWD reside in developing countries, with 20% of those living in the poorest countries. In Africa, for example, almost 40% of the population, nearly 80 million people, live with some form of disability, and out of those people, about 50% are young people who are school children (WHO, 2011). The report further indicated that millions of those African people with disability live in Swedish International Development Cooperation Agency (SIDA) partner countries in sub-Saharan Africa, which include countries like Kenya, Rwanda, South Africa, Tanzania, Zambia, Democratic Republic of Congo, Zimbabwe, Ethiopia, Mali, Somalia, Mozambique, South Sudan, Liberia, Sudan, and Uganda (SIDA, 2015).

Africa is a vast continent with various cultures, and religious values, both of which are influenced by local and foreign beliefs, which offer a variety for disability perceptions. Some people's perceptions lead to mysterious paradoxes. Among African countries, in some other communities, it is believed that sex-linked factors cause disability. Some believe that it is caused by witchcraft, ancestors, God, or supernatural forces; however, PWD is considered special or even sacred (Etieyibo, 2016).

In Africa, PWD faces various challenges, such as lack of access to education and information, public amenities, access to a public gathering, and public transport. A study that Koszela conducted (2013) in Zimbabwe indicates that due to the lack of investment by the Zimbabwean government in rural areas, most of the children living with a disability do not go to school and further argued that there are few special schools by the government for children with disabilities. Koszela (2013:56) elaborates on the challenges faced by PWD in Harare where he stated that "hundreds of people living with disabilities beg for alms, most of them are dressed in dirty clothes and makeshift wheelchairs or are

on crutches, with some dragging themselves on their hands and knees with a few lucky ones being cared for in special homes like the *Jairos Jiri* center."

In countries such as Nigeria, the community has negative perceptions of children living with disabilities rooted in beliefs. Disability is seen as a God curse for disobedience to commandments of God, and it is viewed as a punishment for breaking the laws of nature, such as killing someone or stealing, it is seen as a misfortune as in the case of wizards, witches, and of incest (Eskay et al., 2012). It is also indicated that in Ghana, the Ashanti community rejected deviant children. For example, infants would be killed if they were born with six fingers (Nyangweso 2018). According to Etherington (2014:51), "several retarded children were categorized as animal-like and would be abandoned to the riverbanks or near the sea, so they could return to what was believed to be their kind." In March 2014, BBC News reported that over 220 traditional and witchdoctors in Tanzania were arrested due to the murdering of people with albinism. Albinism which is described as "a group of inherited disorders (usually an autosomal recessive inherited condition), results in little or no production of the pigment melanin in the body" (Herbst, 2015:01). The BBC News further stated that some of those healers did not have a license to be recognized as traditional healers and stated that the murders occurring to the people with albinism are much prevalent in Africa and result from traditional beliefs and perceptions they bring magic or wealth to someone.

2.8 REFUGEES WITH DISABILITIES

According to the Women's Refugee Committee (2015), refugees living with disabilities are the most vulnerable group in society, and this is confirmed by Costa (2012), who stated that The United Nations High Commissioner for Refugees in 2006 indicated that refugees with disabilities are marginalized and socially excluded, often too overlooked, often too invisible, and are among the most isolated group of all displaced populations. The data for disability in refugees were reported to be as low as 1.65% (Tenabe et al., 2015), and these low statistics may be due to so many reasons, for example, the failure of refugees with a disability to access and be in contact with humanitarian support, where they can be counted (WRC, 2015). The low reporting of disability statistics for refugees is a serious concern since this might pose a threat to developing policies concerning disability challenges and tackling issues facing PWD in refugee camps generally. Stats SA (2016) indicates that statistics are essential because they help compile a concerned group's numerical profile. "This, in turn, informs decision-making at all levels both in government and the private sector" (Stats SA, 2006).

Various studies (Bucyensengye, 2012, UNHCR 2011) have indicated that PWD is more vulnerable to GBV than the general population. This notion is confirmed in WRC (2014), where it is stated that in countries like Rwanda, sexual and GBV is considered one of the main issues facing refugees,

mostly WWD. This group of people is more vulnerable than those without a disability due to isolation, family separation, poor living conditions, and the lack of community protection (UNHCR, 2011). The WHO (2016) estimated that the most target of violence is children with disabilities, with an estimation of 4 times more than those with no disabilities and ten times more for refugees with disabilities. Those women and girls with hearing and intellectual disabilities are being considered to be more likely at risk of suffering from sexual and GBV both in non-humanitarian and humanitarian contexts (Tenabe et al., 2015). According to Kvam and Braathen (2008), "they are less likely to have close friends or social support to help them to disclose incidents of sexual and gender-based violence, and they are more open to exploitation than their peers with no disabilities." Since they are less likely to report this abuse, it increases the chances of being targeted by perpetrators. Collier et al. (2006) indicated that the estimation is that there is between 25% and 99% of sexual violence against people with intellectual impairment.

It is suggested by evidence globally that people with a communication disability are considered the main targets of perpetrators since they are unlikely to disclose their experiences to others (Mitchell et al., 2009). Therefore, these people are more vulnerable to long-term, multiform abuse. Studies (Sullivan and Knutson, 2000, Wylie et al., 2013) indicate that approximately 49% of the PWD in sub-Saharan Africa seek community-based services with communication difficulties. A study in the USA for the center-based research showed that 78% of children with a hearing disability and 65% of children with language and speech difficulties had been exploited sexually for almost three years (Ching et al., 2013). A Canadian study indicated that 75% of non-verbal respondents requested support for overcoming ongoing or past abuse (Collier et al., 2006), which further proves that people, especially WGWD, are vulnerable and are victims of GBV at some stage of their lives and others continuously.

2.9 THE SOCIAL MODEL OF DISABILITY

The social model of disability contrasts with the destructive medical model and views disability as normal for any population (Al Ju'beh, 2015). The approach believes that disability is a social construct used to marginalize people with impaired body parts, just like the feminist disability theory asserts. The stereotype towards impaired people is another issue that marginalizes them in society (Al Ju'beh, 2015). The restraining variables include environmental barriers, gender norms, services, persistent attitudinal and cultural assumptions, including laws and policies, and structures that encourage the marginalization of PWD (Woodburn, 2013)

According to various scholars (Shakespeare, 2006; Williams and Heslop, 2005; Keil, Miller, and Cobb, 2006; Read et al., 2008; Kaufman and Hung, 2009; Oliver, 2013), indicate that the social model

of disability has had a major impact and in shaping public policy and policies at large, the social model has been significant in disability issues and the education of disabled students in the many countries around Africa, Europe, and on the wider global stage including the United States of America (Anastasiou and Kauffman, 2013).

The social model of disability distinguishes between disability and impairment. The concept of disability and impairment is portrayed in terms of social constructivism (Anastasiou and Kauffman, 2011). "Impairment is the functional limitation within the individual caused by physical, mental, or sensory impairment. In comparison, disability is the loss or limitation of opportunities to take part in a normal life of the community on an equal level with others due to physical and social barriers" (Bunge, 2006:2). Anastasiou and Kauffman (2013) argue that physically impaired people are being discriminated against by society since they are excluded and isolated from full participation in society's activities.

The CRPD's definitions are in-line with the social model of disability. The CRPD conceptualizes disability based on those impaired' ability to facilitate access to critical needs in society, including health, education, employment, and their welcome participation in issues shaping their lives. The social model of disability calls for eliminating all policy and legal inconsistencies, religious, cultural, and environmental barriers for PWD (McClain-Nhlapo, 2010). Getting rid of these hindrances can ease the lives of PWD, and they can fully enjoy their rights with fewer challenges having to deal with. Through the adoption of the social model of disability, there have been changes in how disability is perceived. Bampi et al. (2010:61) indicate that "disability is no longer a tragic problem that separately affects some poorer individuals, for whom the only appropriate social answer is medical treatment (Medical model) but is addressed as a situation of collective discrimination and social oppression, for which the only appropriate answer is political action."

Changing the perspective of disability did not mean that theoreticians of the social model of disability did not recognize the significance of biomedical advances to improve or treat the bodily well-being of PWD. As an alternative, new techniques of treatment resulting from biomedical advances were welcome. Nevertheless, in the social model judgment, no difference is made between disability and illness because it is considered that the requirement for a society to adjust to human diversity does not rest on how long this bodily condition will last, nor whether the person is disabled or ill (Vehmas, and Watson, 2014). The social model of disability's adoption involves the understanding that public policies and disability-oriented research cannot solely concentrate on people's physical aspects to identify the disability. Furthermore, by differentiating between lesion and disability, the social model of disability opens the room to demonstrate that, regardless of the range of lesion, there is a factor

connecting different communities with disabilities around a single political project, which is the exclusion experience (Anastasiou and Kauffman, 2013).

In the South African context, according to the DSD (2016), the social model has been encapsulated in several government legislation and policies, this making application and the implementation of the approach mandatory. One of the policies that were developed and adopted the social model is the DSD's Policy on Disability, which addresses disability in the provision of social services. The department further argues that the policy's development involved all disability role players in the sector, and it happened through a consultative process, including those PWD (DSD, 2016).

2.10 CONCLUSION

This chapter reviewed studies related to the challenges facing PWD in advancing their rights, mainly intending to focus on the rights of rural WWD. It was done to understand contemporary and historical arguments concerning the advancement of the rights of rural WWD in the developing areas and particularly the study area.

The review followed various themes related to the objectives of the study. Some of the sections of the study include the disability's historical overview, the historical context of disability in South Africa, poverty and disability, disability and education, disability and gender-based violence, disability in Vietnam, disability in Cambodia, disability in Africa, the challenges experienced by the refugees living with disabilities in a foreign country, disability in South Africa, South African policy and legislation frameworks, and social model of disability. The chapter reviewed the literature concerning the societal challenges of rural WGWD in developing regions. The review discovered limited intentionality-based studies meant to document the advancement of women and girls' lived experiences and disability rights living with various forms of disabilities in rural areas of the developing regions.

CHAPTER THREE:

THEORETICAL FRAMEWORK

3.1 INTRODUCTION

This chapter outlines the theoretical framework which anchors this study. The theories used in the study support and shape the objectives of this study. Firstly, this chapter will look closely at the feminist disability theory; secondly, the chapter will look at the importance of the implementation phase in the policy process in line with Brynard's 5C Protocol regarding a successful implementation process. Lastly, it uses the stakeholder theory to understand the involvement of different stakeholders in the conceptualization and development of disability policies.

3.2 FEMINIST DISABILITY THEORY

The focus of many feminist scholars has been on developed countries when it comes to interrogating WWD from a theoretical perspective (Meekosha, 2011). According to Cobley (2011), in developing countries, discussing disability is extraneous to researchers of the region. Dziva (2018:38) asserts that "lack of research in feminist disability theory may be caused by that the field of disability has long been considered as a health issue, without being integrated effectively, either into development or gender studies." From the assertion of the above scholars, it is clear that applying theories to this study is not going to be an easy one, especially since the study will be assessing the issue of disability in a rural area of a developing country in particular.

According to Garland-Thomson (2002:04), "a feminist disability theory fosters a complex understanding of the cultural history of the body." The feminist disability theory examines the topic of disability beyond the understanding of many, such as illness, beauty, health, aging, reproductive technologies, access issues, health, eugenics, and prosthetics (Garland-Thomson, 2002). The theory of feminist disability addresses those concerns of broad feminist subjects such as politics, sexuality, the privilege of normalcy, the medicalization of the body, social construction of identity, the status of the lived body, and commitment of integration (Garland-Thomson, 2002). Disability is more like a gender issue since, as a concept, it embraces aspects of culture such as cultural practices, the shared experiences of human embodiment, and historical communities. As indicated by Garland-Thomson (2002), the feminist disability theory understands gender and disability beyond but as socially constructed. People tend to have negative perceptions of PWD as if there is something wrong with them or some duties they cannot perform. Everyone needs to understand that their disabilities are not inabilities. Therefore, to overcome and remove the barriers facing WWD and enhance their welfare, the perceptions around disability need to change to a broader context. This study seeks to document the feminist and nuanced gendered narratives of rural women and girls living with various forms of

disabilities regarding the difficulties they encounter in fulfilling their rights as rural people. Such understanding is essential in directing policy-makers to the real challenges affecting WWD in remote rural areas.

The Feminist Disability theory looks at the issues of disability beyond the gender and impaired body of a woman. It is indicated in Hall (2011:12), where he argues that “just as disability studies show how disability is irreducible to bodily impairment, Feminist theory shows how gender is irreducible to biological sex.” Erevelales and Minear (2010:127) discuss “how individuals located perilously at the interstice of race, class, gender, and disability are constituted as non-citizens and nobodies by the very social institutions (legal, education and rehabilitation) that are designed to protect, nurture and empower them.” In rural areas, such as Nkandla, many communities discriminate, dehumanize, ridicule, and exclude PWD, particularly women, due to pervasive societal practices and norms that perceive PWD negatively. Being a woman with a disability from a low-income family often fuels hate and various forms of discrimination against such a person. According to Dziva (2018), the development, gender fields, and feminist studies are being challenged to uncover the range in which rural WWD are being hindered from enjoying their human rights by societal norms. However, Hall (2011) indicates that the Feminist Disability theory is predominantly used in the developed region. It is believed that mainly black WWD are segregated in the auspices of race and body impairments. Although in the Nkandla community, race discrimination is not prevalent in WWD or anyone in general, as the society is predominantly black, however, for this study, the theory of Feminist Disability is of paramount importance in revealing the intersectionality and interplay of discrimination in rural Nkandla towards women in general and WWD in particular.

According to Carole et al. (2020:23), the Feminist Disability theory presents a “universalizing view of disability that replaces an often persisting minoritizing view over women with disabilities.” Such a view shows disability as that of enduring and formative importance in the people’s lives across the range. Indeed, a mind shift from viewing WWD as pity and as people who are forever in need of peoples’ sympathy has been needed. The theory of disability comes with that presentation, which gives everyone a better understanding. People’s knowledge can only be advanced if they learn to understand the functions of disability as a cultural and category identity concept and to know how it is to be a human being, the relationships made with others, and personification experience. The Feminist Disability theory studies constituency is something for everyone but not only for WWD, and Hall (2011) argues that anyone can have a disability at any time, which means that no one is immune from being affected by disability.

The radical assessment of the Feminist Disability theory pivots on a comprehensive disability understanding as a prevalent cultural classification that labels those forms of physical impairments (Garland-Thomson, 2002). At the same time, this system can provoke critical political discussions aimed at assessing how the damage caused by stigmatization towards disability can be minimized or eradicated. Hall (2011:14) alludes that “the principle underpinning the Feminist Disability theory is that, like femaleness, disability is not a natural state of bodily inadequacy, inferiority, access, or a stroke of bad luck but it is a culturally fabricated narrative of the body, similar to what is understood as the fictions of race and gender.” The disability or ability system creates subjects by marking and differentiating bodies. While this contrast of bodies is conceptual rather than natural, it breaches into the construction of culture, legitimating an unequal circulation of resources, power, and status in an unfair architectural and social environment. In essence, Garland -Thomson (2005) suggests four aspects of disability: first, it is a system of disciplining and interpreting bodily disparities. Second, it is a set of practices that produce both the environment and the non-disabled. Third, it is a relationship between the environment of bodies and bodies. Lastly, it is a system of unfolding the intrinsic instability of the self-embodied.

A Feminist Disability theory changes the natural or common assumption and understanding that there is something wrong with someone who has a disability. Hall (2011:14) argues that “it mobilizes feminisms highly developed and complex critique of gender, class, race, ethnicity, and sexuality as exclusionary and oppressive systems rather than as the natural and appropriate order of things.” To do this, the theory of feminist disability interrogates numerous and essential premises of the critical theory. The two theories share two objectives. The first one is to reveal clear and understated gender inequalities. The second one is to eradicate or reduce those inequalities. Both feminist and critical theories focus on economic and social inequalities, and both have an agenda of encouraging a system of change in issues of disability and gender (Kerner, 2017).

According to Kaldor (2013), societies are characterized by the fundamentals, and people are divided by some ideologies among them. The body has been politicized all over history as a site of alteration. It is confirmed by Wandell (2006) where he states that “the body and our knowledge of it are large, though not wholly, socially constructed.” The perception of the culture of how the body should be treated, look, and be experienced contribute considerably to what is believed to be a perfect body. It also has a considerable impact on someone’s self-esteem, and many people have lost their confidence through that perception. Wandell (2006) alludes that the ideal body is typically far away from authentic human bodies. The writings of Garland-Thomson from 1997 to 2005 have revealed how women’s bodies, more especially the bodies of women with disabilities, are commonly devalued. According to Hall (2011:14), “disabled bodies and feminine are both considered inferior and opposed

to societal norms. Historically, both female and disabled bodies have been positioned in opposition to the norm, a male abled-body and have been ignored in the development of civil rights and medical discourses”. In most societies, PWD, rural WWD, in particular, represents negative and less valuable people.

The theory of Feminist Disability has developed a framework to analyze, critique, and describe material practices and social systems that brand certain types of bodily disparities. Feminist disability theory appeared from a connection between social models of disability and material feminist standpoint. Fundamental feminist disability theory is a basic mold shared by both disability and feminist frameworks (Garland-Thompson, 2005). WHO (2010) indicates that “both frameworks hold that the body is invested with social meanings developed through discursive and ideological practices.” According to Garland-Thomson (2005), the nature of these social meanings is political. Feminist disability theory, precisely, assumes that the human body does not lead to maltreatment but relatively dominant social practices advantage of non-disabled men and marginalized disabled women. Lastly, both try to find to make positive identities for the people who have been marginalized. Feminist disability theory try to find to identify the evolving and interconnected characters that arise from disability and femaleness (Heiss, 2011). Garland-Thomson (2002) provided four overlapping domains in 2002 that can be discovered through the theory of feminist disability: identity, the body, representation, and activism.

According to Garland-Thomson (2002:09), “western representation has frame females as weak creatures and people with disabilities as monsters.” These representations eventually describe impaired bodies not only as unrestrainable or inadequate nevertheless at the same time as expendable and redundant. Moreover, it can never be concluded that this representation only occurs in western countries because they are also much prevalent even in African countries and mostly in rural areas. The feminist disability theory lightens the portrayal of disabled women and the cultural practices that rise to these representations (Garland-Thomson, 2002). The second domain emphasizes the identities and politics that arise from the materiality of the body. The disability integration into feminist theorizing contributes to existing critiques of cultural practices to change the body’s appearance through consumerism and medicalization. The third domain of the feminist disability theory identifies the various interconnected women’s identities and identities associated with ability or disability. According to Heiss (2011:34), “researchers can explore how the performance of gendered identities shapes and informs social beliefs and expectations related to disability.” The last domain of feminist disability theory enlarges activism on behalf of the marginalized. It is indicated that “activism can range from protests to alternative forms of representation to academic efforts that bring disability as

a human experience out of the closet and into the normative public eyes” (Garland-Thomson, 2002:25). Below, the study details these domains.

3.2.1 Representation

In Western beliefs, representation has long consolidated disability and femaleness, understanding both as a malfunctioning departure from a treasured standard. Looking back in times of Aristotle, women were defined as mutilated males. Aristotle viewed women as people who have improper form and monstrosities (Heather, 2012). As Nancy Tuana (1993) term as “misbegotten men,” women, therefore in Western history, became the primary mutants, projected as what we can recently call congenitally distorted as a result of genetic disability (Hall, 2011). Recently, feminist theorists such as Bell Hooks, Susan Faludi, Dale Spender, and Patricia Hill Collins argue that to be a female in a sexist society is a disabling condition. A stereotyping study of 2001 showed that disabled people, homemakers, blind people, the elderly, and the so-called mentally disabled people were all referred to as correspondingly incompetent. The study suggested that strongly normatively, womanlike positions such as housewives are associated with undesirable attitudes about disabled people (Rohmer, 2018).

According to Hall (2011), the disability concept is often used to describe the form and functioning of women’s bodies as nonstandard, and it can encompass the critiques of feminism. The exploitation and mistreatment of the South African woman Sara (Saarjie) Baartman are examples of the statement mentioned above, the women of African descent being displayed as a mutant in Europe in the nineteenth century (Mothoagae, 2016). Baartman is identified as the Hottentot Venus (Wright, 2015). Hall (2011) indicates that her treatment has characterized the most horrifying form of gendered and racial humiliation. Hall (2011:22) argues that “what goes unremarked in studies of her display, however, are ways that the language and assumptions of the ability/disability system were implemented to pathologize and exercise Baartman.” Her being displayed invoke disability by presenting as abnormalities or deformities the appearances that manifested her as gendered and raced. Even though Baartman was had no impairments, her portrayal of the Western eye was framed by principles of disability discourse. Hall (2011:24) asserts that “using disability as a category of analysis allows us to see that what was the normative embodiment in her native context became abnormal in the Western mind.”

Moreover, the race, gender, and ability systems entwine in representing suppressed people as unredeemed by the mind, pure body, or spirit — the verdict of embodiments perceived as either a lack of access. For example, women are regarded as castrated. They are considered to have overreactive hormones or agitated. Hall (2011:24) indicates that “women have been cast as alternately having

insatiable appetites in some areas and as pathologically self-denying in other times.” Similarly, PWD have limb deficiencies or extra chromosomes. The disability differences are cast as hypertrophy or degeneration. Additionally, Disabled people are labeled as having hypoplasia, meaning underdevelopment or aplasia, formation failure (Hall, 2011). These concepts force the reference and variation of an unseen norm from which bodies of women and PWD are imagined departing.

Hall (2011) asserts that black people, women, and PWD are regarded as incompetent, vulnerable, and incomplete bodies. Race and femininity are disability’s performances. PWD and women are being portrayed as weak, dependent, helpless, incapable, and vulnerable bodies. Women, black people, and PWD are always ready occasions to exaggerate kind rescuers, whether eminent doctors, strong males, or abolitionists (Garland-Thomson, 2002). Hall (2011:26) indicates that “the monster’s historical figure, too, invokes disability, often to serve racism and sexism. Although the term has expanded to encompass all forms of social and corporeal aberration, the monster originally described people with congenital impairments.” Moreover, considerable existing feminist work theorizes excess and hybridity statistics such as cyborgs, grotesques, and monsters to recommend their transgressive likely for feminist politics (Richter, 2016).

Such representations towards disabled people ultimately portray impaired bodies not only as unrestrained or inadequate but at the same time as expendable and redundant (Garland-Thomson, 2002). Bodies selected and marked by such systems are targeted for exclusion by changing cross-cultural and historical practices. Disabled people, women, black people, and gays and lesbians are variously the matters of hate crimes, assisted suicide, infanticide, domestic violence, selective abortion, genocide, forced conversion, racial profiling, coercive rehabilitation, and neglect. The representation system legitimizes all of these discriminatory practices by collective cultural stories that form the underwrite exclusionary attitudes, material world, inform human relations and shape our understanding of who we are (Grland-Thomson, 2002). Understanding how the functions of disability in line with representation systems elucidate how all systems mutually constitute and intersect one another. If the representation and the way we perceive certain things can be changed, we can all feel safe and equal in every world’s society. In particular, WWD can also get to enjoy their rights of dignity and equality in every society.

3.2.2 The Body

The investigation of the body is the second domain of the theory of feminist disability. It investigates its lived experience, politics, materiality, and its relation to identity and subjectivity (Garland-Thomson, 2002). According to Hall (2011), it is vital to critique the culture of the theory of feminist disability to confront the issues of representation. Nevertheless, we must not concentrate entirely on

the broad realm. The feminist disability theory is different from other critical theories because it examines an extensive range of material practices, including the lived body. Garland-Thomson (2002) indicates that the disabled and women are cultural signifiers for their actual body and have been subjected uncompromisingly to what calls discipline (Garland-Thomson, 2002). Feminist disability theory provides a principally incisive examination of how a woman's body has been medicalized in the modern world. Hall (2011) argues that both PWD and women have been seen as medical abnormal, as the typical sick ones and sickness is gendered feminine. This illness gendering has involved distinct significances in diagnosis and epidemiology to therapeutics and prophylaxis (Hall, 2011).

Conceivably the most insightful critique of the feminist disability theory is disclosing the intersections between the medicalization of disabled bodies and the politics of appearance. Hall (2011) indicates that in Western cultures, the norms of appearance have a long history. The anthropometric compound figures see ideal female and male bodies made by Dudley Sargent in 1893. As many critics of feminists have shown out that the beauty system's instructed standard body of a female has become a goal to be accomplished through consumerism and self-regulating (Sultana, 2010). Feminist disability theory advocates that the norms of health and appearance frequently have similar disciplinary goals. For instance, braces of the body that were developed in the 1930s, apparently to correct scoliosis, discipline the body to confirm the commands of both the ability and the gender systems by imposing a standardized female form comparable to that of the nineteenth-century corset, which, ironically, were often prevalent to WWD's bodies (Garland-Thomson, 2002).

According to Davis (2013:340), "the feminist disability theory calls into question the separation of reconstructive and cosmetic surgery, recognizing their essentially normalizing function as aesthetic surgery." Cosmetic surgery, driven by market demand and gender ideology, now imposes women's bodies and standards of the feminine body towards the normative, the bodily embodiment of culture's collective, normative characteristics and unmarked (Garland-Thomson, 1997:11). PWD's cure ideology concentrates on altering bodies seen as dysfunctional and abnormal rather than on economic, environmental, and exclusionary attitudinal barriers. Society's emphasis on medical treatment for disability reduces the cultural tolerance for human vulnerability and variation by pinpointing disability in bodies that are perceived to imperfect rather than social systems that need to be fixed (Hall, 2011). Feminist disability studies would draw on a significant distinction between elimination and prevention. Preventing injury, illness, or suffering is a human social objective. While eliminating the variety of devalued and unacceptable bodily functions and forms the dominant order calls disability is, and on the other way, a eugenic undertaking (Hall, 2011). The progressive socio-medical project of disability elimination too frequently is passed as a program to remove disabled people

through such activities as enforced sterilization, so-called selective abortion, mercy killings and physician-assisted suicide, institutionalization, and segregation policies (Garland-Thomson, 2002).

3.2.3 Identity

Identity is the third domain of feminist disability theory. This domain gives disability analysis from an identity perspective. Feminist theory has productively and rigorously critiqued women's identity category, on which the entire feminist enterprise seemed to rest. Feminism progressively identifies that no woman is ever a woman, that she is acclaimed by multiple cultural identities, and occupies various subject positions (Sultana, 2010). This women's complication forced feminist theory to turn from a completely female or male focus to look more wholly at the oppressive, essentials, exclusionary, and binary parts of the women's category itself. "Disability is one such identity vector that disrupts the unity of the classification of women and challenges the primacy of gender as a monolithic category" (Garland-Thomson, 2002:17).

WWD are way excluded and a marked, although quite a diverse group within the greater women's social class. The comparative privileges of normative femininity are frequently deprived of WWD as overly dependent, unfit to reproduce, asexual, unattractive, as generally removed from the feminine beauty and natural womanhood sphere (Garland-Thomson, 2002). WWD must regularly struggle to have their rights and sexuality to conceive children recognized (UNWCW, 2008). Disability, therefore, both weakens and strengthens the scripts of cultural femininity. Garland-Thomson (2002:18) indicates that "growing older is a form of impairment that excludes older women from the limited power selected females who are young and meet the criteria for attracting men." The psychophysical female dominant disabilities that overstate normative gendered roles are agoraphobia, anorexia, and depression (Hall, 2011:30).

The subject aspect construction that disability confirms is that identity is constantly changing. We imagine our ethnic, gender, and racial identities as tied to comparatively secure body traits (Hall, 2011). Sexuality and disability, nevertheless, appear more fluid, while sexual variability is seen as elective, where disability is rarely considered a choice. Disability is a category of identity that anybody can suffer from at any time, and at some point, we all will join it if we grow older enough. In essence, disability discloses the critical dynamism of identity (Hall, 2011). Therefore, disability weakens the valued beliefs of a culture that the body is the constant identity anchor. Furthermore, it undermines our imaginations of steady, lasting identities in ways that may brighten the fluidity of all identities (Garland-Thomson, 2002).

The body with a disability is a body whose transformation or difference has provided it out of concurring with its environments. According to Garland-Thomson, (2002:19), "a theory of feminist

disability pressured us to ask the kinds of knowledge that might be produced through having a body marked by its particularity, a body that materializes at the ends of the curve of human variation.” Our shared cultural understanding emphatically refutes the knowledge of mortality, contingency, and vulnerability. Disability contends otherwise, diminishing such phallic thought. Hall (2011) asserts that perhaps disability is the crucial feature of being human. The body is active regularly interacts with the environment and history. As more we get older, we evolve into being disabled. To live, we all need assistance and care. “An equality model of feminist disability theory occasionally prizes individualistic autonomy as the key to women’s liberation” (Garland-Thomson, 2002:19). A feminist disability theory, nevertheless, advocates that we are much better at learning to independently and collectively accommodate physical evolutions and limits than trying to remove or deny them (Hall, 2011).

Passing as a person with no disability obscures queer and ethnic studies analysis of how this is attempting but physically disillusioning access to privilege functions. Disabled people commonly proclaim that they do not consider themselves as PWD. While they are repeatedly rejecting the exact meaning of the concept disabled, their words serve to disentangle them from the identity group of PWD. Our culture propositions profound discouragements and few rewards to classifying as disabled. According to Hall (2011:35), “the trouble with such statements is that they leave intact, without challenge the oppressive stereotypes that permit, among other things, the unexamined use of disability terms such as crippled, lame, dumb, idiot and moron as verbal gestures of derision.” The denial to claim disability identity is because of ways to talk or understand disability that is not oppressive (Garland-Thomson, 2002).

3.3 POLICY IMPLEMENTATION

The demand for public servants to adopt evidence-based approach implementation practices in numerous areas of policy is increasing. It has contributed to the growing focus on policy implementation research-based dynamics (Aarons et al., 2011). In the policy cycle, policy implementation remains a legitimate and critical challenge. Mthethwa (2012) argues that non-execution of policy may mean there has been misuse of time, expertise, and resources spent in policy formulating and damaging leaders’ reputation. Policy implementation failure is elucidated as a weak institutional capacity or a lack of political will (Mthethwa, 2012). It is understood that policy implementation is the policy decision translation into action (Nilsen et al., 2013). Nevertheless, it has been indicated that there had been extra focus on policy analysis and creation rather than implementation (Winter, 2012).

Many world policies, including South Africa, have failed to accomplish their deliberate mandates and objectives (Yanguas and Bukenya, 2016). Such as Black Economic Empowerment (BEE) that aims to empower more black people to manage and own businesses. However, as Mail & Guardian (2018) indicated, there has been a decrease of black own businesses in 2015 to 2018 from 33.5% to 27.8% in South Africa. The changes in political regimes and policies have not made any impact on solving the problem either. Third-world countries' policy failure has contributed to the ongoing reign in inadequate social services and poverty. Many countries are striving unsuccessfully to move in their stages of development with success. Winter (2012) argues that policies to enhance people's welfare are frequently a failure or improperly implemented. Adequate knowledge about policy implementation is needed in the practical world (Blanco-Mancilla, 2011). As it has been indicated by various scholars as outlined in chapter two of the study that South Africa has so many significant policies, however, lack proper implementation. The challenges might be the lack of sound knowledge about policy implementation from the government officials and those entrusted to execute policies, particularly disability policies.

The policy implementation is mainly contextual as it determines upon economic, social, political, attitudinal, and organizational factors that impact how poorly and how good a program or policy has been implemented (Stewart et al., 2008). It also differs substantially over time, across policies, and from one state to another (Zivin et al., 2014). For example, in a democratic country like South Africa, numerous stakeholders often examine the implementation of any policy. Sometimes policy has to serve the interest of a particular political party and its people or serve the means of those who have economic power. In contrast, in an autocratic country, it is elementary to implement any policy as there are fewer stakeholders or forces involved in policy formulation and implementation.

According to Khan and Khandaker (2016), it has been indicated that there are constraints linked with policy implementation. O'brien and Li (2017) specified that numerous policies are not executed or implemented according to their design. Policy intervention and political interference may simply be a cause of policies to be poorly managed. Khan and Khandaker (2016:542) argue that "sometimes personnel are not available, or facilities are inadequate; sometimes frontline implementers are unable to carry out the intervention due to a lack of motivation or expertise." The structure of policy design may also be poor, or the original design may not adequately be conveyed to the staff. Furthermore, the envisioned policy participants may not exist in adequate numbers or may be found to be uncooperative or not be precisely identified (Khan and Khandaker, 2016).

A handful of scholars have confirmed that appropriate implementation of any policy can be compromised due to the lack of enough resources (Brinkerhof and Gosby, 2002; Lipsky, 2010).

Absence of knowledgeable staff, undesirable deposition of implementers (Rice and Haywood, 2011); absence of technical and professional resources (Knight, 2018.); absence of deligation of flexibility and authority (Fox, Bayat, and Ferreira, 2006); absence of sufficient independence (Wali, 2010); inter-organizational conflict and complexity (Wu, Zhao, and Zuo, 2017.); impact of social, political and economic conditions (Cheng, 2019); absence of know-how specified technicity, absence of administrative capabilities, in the pervasiveness of self-centered goals of public servants and absence of administrative willingness (Vechachart, and Sulisworo, 2017); and lastly the growing demand for services; unclear, equivocal or contradictory of goal expectations; complications in the achievements of goals and clients involuntary (Lipsky, 2010). Nevertheless, Fox et al. (2006) state that policy implementation is connected with the realities of a dynamic and specific environment and plays a significant role in the practical consequences of nature and services provided.

Imamura (2015) asserts that there are three generations of policy implementation. There is a top-down, bottom-up, and hybrid approach. The policy implementation theoretical standpoint is to understand how government organizations, groups, and people interact in delivering policies with their external environment (Conteh, 2011). The above discussion underly the importance of policy implementation in public policy. Nevertheless, Ehrenberg and Smith (2016) indicated that the weakness of the theory is that, regularly, in countless times, organizations fail to execute public policy appropriately. Moreover, one can argue that this is why effectual policy implementation is very imperative in any organization.

The following section will discuss policy implementation approaches, namely, the top-down approach and the bottom-up approach. The importance and significance of these approaches to this study are that the top-down approach is a straightforward system of control and command that concerns the people from the institution to the project (Koontz and Newig, 2014). In contrast, the bottom-up approach starts their implementation formation strategy with the service deliveries and target groups because it is found that target groups are the actual policy implementers (Koontz and Newig, 2014). The two approaches to be discussed will help comprehend the policy implementation in the Nkandla Local municipality as the study area and make suggestions for improvement.

3.3.1 Top-Down Approach

According to Hupe et al. (2014), “top-down approaches to implementation are a derivative of the model of classical or stagiest policy process.” The fundamental assumption in many top-down perspectives is that policy-makers deliver definite policy commands, and hence implementation is merely the carrying out of basic policy design. Additionally, policy-makers lawfully have the right to control the process of implementation by providing implementing agencies with administrative

procedures and necessary resources. Therefore, Hupe et al. (2014) further indicate that top-down research's critical attribute is based on a rational model approach where policy implementation follows a linear process. It is of paramount importance to understand the policy implementation method applied by the role players during the development of disability policies in Nkandla Local Municipality to determine whether there was a use of a top-down approach or any other policy implementation approach.

The top-down approach of implementation puts the critical prominence on decision-makers capability to produce clear objectives of public policy and control the stage of policy implementation (Pülzl and Treib, 2017). "Top-down approach takes a prescriptive format that interprets public policy as an input and public policy implementation as output factors" (Hill and Hupe, 2009:60). Thus, the top-down approach suggests that appropriate administrative procedures must be entrenched to guarantee that policies are possibly implemented. Government institutions must have clear responsibilities, relevant resources, hierarchical control, and an established implementation system to oversee the implementers' actions (Pulzl and Treib, 2010:91). If there is an application of the approach in establishing disability policies in Nkandla Local Municipality, it would have meant that no groups or structures involvement except the main stakeholders, and It might be the cause for many discrepancies of much improper policy implementation.

A vital analysis with the top-down model is the proposition that policy-makers hold the capacity to eloquent policy goals that are clearly defined and will always behave rationally. Consequently, the policy implementation failures are consequently blamed on policy overseers for not carrying out the policy properly. The rational model of implementation is criticized by Matland (1995:147) for assuming that there is a concurrent between target groups, implementing officials, and policy-makers on the achievement of policy goals, which is seldom the case (Stel, 2020). The top-down approach also disregards the policy debates' influence that happened before implementation. Suntharasaj (2013) suggests that the policy's language is not defined continuously clearly, and those objectives of the policy are from time to time purposefully unclear to accommodate several interests that are involved in the process of policymaking. The insinuation is that the meaning of policy may be concealed and may be open to different interpretations by various policy actors.

According to Hupe et al. (2014), top-down approaches fail to consider the actions and influence of other stakeholders of policy implementation, choosing instead to accentuate legislation to the policymaking context exclusion. The limitation with the top-down implementation models is the narrow assumption that it is virtuously an institutional and administrative responsibility (Saari et al., 2015). The contextual and other factors that influence the policy implementation process are ignored

in the approach. Fokane (2013:43) indicates that “these critiques on top-down theories demonstrate that policy implementation is not simply a bureaucratic matter that can be determined by a linear relationship between policy-maker’s goals and implementation.” It can be argued that the approach intentions are unjust. Before a policy has to be implemented, policy debates are essential. After the implementation, a policy has to be monitored, appropriately evaluated, and the stakeholders have to be taken into account if there are any failures. In the case of disability, the approach is not suitable for disability policies because the involvement of the disabled is vital in any of the policies concerning them.

3.3.2 Bottom-up Approach

The bottom-up approach was established in response to the rational model that top-down scholars presented. According to Brynard and de Coning (2006), bottom-up theorists contend that policy implementation must not be seen merely from a moderate standpoint. Hill and Hupe (2009:61) claim that the bottom-up approach proposes that policy implementation should involve identifying actor-networks from all agencies working together in public policy implementation. In the bottom-up approach of implementation, implementers have a considerable amount of disposition, making implementation extremely political and, therefore, decisive extent shape the public policies at the implementation levels (Pulzl and Treib, 2010:94). It indicates that in this approach, the apolitical hierarchical guidance is not well-thought-out, as the key actors who negotiate implementation are implementers in the process of public policy implementation.

Lipsky (2010) argues that in the bottom-up approach, the key actors in the implementation process are street-level bureaucrats due to the unrestricted powers given to them by the position they occupy. Lipsky (2010:03) initially used the term “street-level bureaucrat” to describe public service workers responsible for providing services of the welfare-types such as healthcare, education, policing, and so on. “The phrase has since been appropriated by policy scholars to more generally refer to all categories of civil servants who are public service workers who interact directly with citizens in the course of their jobs, and who have substantial discretion in the execution of their work” (Lipsky, 2010:04). Concerning this study, in the development and implantation of any disability policies in Nkandla Local municipality, they should consider involving different stakeholders, particularly and most importantly the people with disabilities, their interest groups, and NPOs as part of the groups involved in the development and implementation of the disability policies.

The bottom-up perspective offers a more unusual distinction approach from which to understanding policy implementation. However, the bottom-up approach has been criticized by scholars such as Hogwood and Gunn (1993) for it to take an opposite position in electing representatives and

unacknowledging the legal authority for those who exercise disposition over the implementation, which are political actors (Pollitt, and Bouckaert, 2011). The following section discusses the 5-C protocol of policy implementation, which will help us identify significant variables that can impact the association between the implementation of policy as part of the process of policy and the environment or context where policy implementation will take place.

3.3.3 The 5-C Protocol of Policy Implementation

In some municipalities in South Africa, the existing policy gap is caused mainly by unachievable and unrealistic policies and the absence of proper 5-C protocols application in those policies (Brynard, 2005). The failure might be partly caused by the fact that most public institutions appoint incompetent managers with an absence of managerial expertise (Molobela, 2019). Particularly in local municipalities such as Nkandla Local Municipality, there is a lack of Case study approach researchers (Nachum et al., 2017). Municipalities should be exposed when it comes to their weaknesses, and that should be used in turn as a strategy to implement policies. Municipalities should acknowledge their failures, by that particularly they might know where they did not do well. It could assist the provincial government in offering any training that should be done.

The failure to link municipal objectives and principles with that of the provincial and national governments remains another challenge in some other municipalities. It might be the cause of failures, and it hinders the process of implementation. Amongst government officials, the lack of communication has contributed to poor coordination, which has weakened the employees' commitment. Communities get frustrated when they do not receive their basic needs, leading to everlasting service delivery protests across the country (Molobela, 2019:213). The issue with disadvantaged municipalities like Nkandla Local Municipality is that most people do not know their political and constitutional rights, especially PWD, women in particular. That might cause most of those municipalities to take a stand when it comes to service delivery because they experience less service delivery protest than advantaged municipalities such as those in urban areas. The other challenges are that the media tend to give a blind eye to them for their failures. Those little service delivery protests have no or less media coverage to the public, which leads to sabotaging the people from getting what they want from the municipality. Below discusses the 5-C protocol of policy implementation—these variables of paramount importance in understanding policy implementation application complexities.

3.3.3.1 Content

Every one of the five variables is influenced by and linked to each other. The policy content itself is what it sets out goals, for instance, how it directly relates to the problem (i.e., casual theory) and how

it aims to resolve the perceived issue (i.e., methods) (Brynard and de Coning, 2006). The policy's content is imperative because it is a government's intent statement (Marsh and McConnell, 2010). "There is a widespread implicit realization that the content of policy is important not only in the means it employs to achieve its ends but also in its determination of the ends themselves and in how it chooses the specific means to reach those ends" (Brynard and de Coning, 2006:197). A policy can either be redistributive, regulatory, or distributive. Moreover, redistributive policies aim to transform the distributions of wealth or power of some groups of individuals at others' expense. For example, here in South Africa, Land Reform and Reconstruction and Development Programme aim to address the socio-economic problems to black people brought by the apartheid regime (Brynard and de Coning, 2006:197).

Regulatory policies stipulate the conduct rules with penalties for compliance failure. For instance, the Criminal Law (Sexual Offences and Related Matters) Amendment Act is legislation about regulating and protecting the vulnerable groups in the country. "Distributive policies create public goods for the general welfare and are non-zero-sum in character" (Brynard, 2005:198). For example, policies like Disability, White Paper on the Rights of Persons with Disabilities, National Disability Rights Policy (NDRP), and integrated National Disability Strategy (INDS) aim to combat the challenges facing PWD and creating welfare for them.

However, in South Africa, there are still growing concerns that some municipalities are still facing challenges when it comes to policy implementation. It has to be taken into consideration. Those with capabilities and expertise to understand and identify the policy content like experienced scholars should assist municipalities in the implementation process, and those municipalities should open rooms for them. Crous (2013) indicates that "Service delivery can be best provided if the policy content is critically understood as a process of interaction between the setting of goals and actions geared to achieving them." If municipalities stick to their annual plans every year, they can experience fewer or no service delivery protests. Municipalities like Nkandla Local Municipality can draft the best Integrated Development Plan to understand the policy content better. Policy content can be affected by the principles and objectives. According to Molobela (2019), it is clear that it would be difficult to improve service delivery at the local level without clear objectives and principles. Consequently, municipalities should strive for better environmental objectives and principles. All these objectives and principles must be linked to provincial and national strategies and policies (Rakate, 2006).

3.3.3.2 Context

Like the other four variables, the emphasis here is on the organizational context, which will inevitably be shaped by the more prominent social context, economic context, political context, and legal realities of the system. Brynard and de Coning (2006:198) indicate that “the implementing organization must be a unit of the government bureaucracy.” To bring appropriate changes to policy implementation, any municipality, including Nkandla Local Municipality, without a doubt should acknowledge the outer context whenever developing and implementing disability policies. The awareness of the external, internal context could help reinforce how certain municipalities can respond to particular disability issues or address them in policy implementation and formulation.

According to Brynard (2005), subsequently, there are three vital variables to be considered in policy implementation. The personnel and organizational structure, which refers to establishing structure and the qualifications of that particular person who should implement the policy. These are imperative because an imbalance in administrative organization and someone unqualified may reduce the implementation capacity. Secondly, this variable’s administrative leadership includes the target group leadership, which refers to the nature and style of the leadership (Brynard, 2005). There are so numerous forms of government and political systems that may impact policy implementation.

Moreover, the development level and several economic, cultural, and social systems also affect policy implementation. In many cases, you find that a particular policy cannot be adequately implemented due to a lack of infrastructure or belief in specific cultural practices in some communities. “The social, political, and economic contexts influence the policies developed and how those policies are put into practice” (Zuiderwijk and Janssen, 2014).

The institution’s capacity and implementation refer to the strength and care taken to shape the process of implementation and the organization’s overall capacity to meet policy implementation objectives. The context of bureaucracy favorable to policy implementation more frequently grows out of human interactions than hierarchical regulation. Abbas and Asghar (2010:10) indicate that “the nature of the institutional context is how policy travels through the system, who is responsible for what function, which department must do what, these features are often structured as standard operating procedures.” It contemplates policy implementation boundaries. In which policy implementation occurs, there is a need for a favorable environment for bureaucracy. Frequently, the most significant environment grows out of human interaction rather than hierarchical regulation (Brynard and de Coning, 2006). Further, it is indicated that “the implementation context refers in part to the broader political, economic, social, and legal realities of the system, context also refers to the institutional corridor

including people and all departments through which policy implementation should pass” (Brynard and de Coning, 2006:198). Policy implementation can be affected by all of these factors.

There is a need for disability policies to be institutionalized to improve disability service delivery and address disability challenges. The institutionalizing of policy aids with the policy being placed in the anticipated direction. Nkandla Local Municipality should consider this. In the local municipalities, everyone should be conscious of which policy should guide them. The need for active leadership is required to provide the necessary direction in the process of policy implementation.

3.3.3.3 Commitment

Brynard and de Coning (2006:128) assert that “commitment is essential at all levels where the policy passes.” Both commitment and willingness are two related concepts and the actors’ ability to implement a given policy. This element is imperative to policy implementation. For example, if that particular person responsible for executing the policy is unable or unwilling to do so, little or nothing will happen. Therefore, resulting in policy not being successfully or effectively implemented. With commitment from the policy actors, good policies with all the required features to effective policy implementation without a doubt can be put in place. However, if various actors are either unable or unwilling to implement in the process, the said interference will continue to be ineffective.

The commitment to policy implementation from those entrusted with executing changes desired of them is much of importance. Successful implementation requires a significant commitment at all levels of the process. Brynard and de Coning (2006) assert that both top-down and bottom-up researchers recognize commitment as an essential component in the policy implementation process. “Policy should be made at the top and executed by agents in compliance with policy objectives” (Barret, 2004:255). Commitment is viewed by top-down researchers as shaped by the content of the policy and its capacity requirements. In contrast, bottom-up researchers view it as widely influenced by clients and coalition, and institutional context while still recognizing the influence of capacity and content (Angel and Shreiner, 2012; Pulzl and Treib, 2010; Hupe et al., 2014; Lipsky 2010). There are four variables influencing commitment, and they further indicate that anyone interested in fixing the implementation process should be aware of these linkages (Brynard and de Coning, 2006).

Stephen (2010:03) argues that “the government may have all the required resources, they can be established fitting the cost and benefit analysis, and it may have the best structure format, but if those responsible for executing it are not willing to do so, little will happen, and government transformation might not be valued.” No one can force commitment into government officials. In the context of this study, officials are required to be motivated and be aware of what could be accomplished with

appropriate commitment. It requires someone who understands the challenges facing people with disabilities, the barriers hindering them from realizing their dreams and rights. In all processes of policy, there is a need for commitment. Molobela (2019) indicates that those involved in the process should have a sense of belonging and ownership to a specific institution. Their level of commitment could be improved. Their strategies and ideas for enhancing the delivery of services should not be suppressed. Particularly in the local government, the level of commitment among government officials in all spheres should be of a high standard since it is closer to its people.

3.3.3.4 Capacity

The public sector's capacity is apparent as the cultural, functional, and structural capacity to implement policy objectives (Brynard and de Coning, 2006:199). For instance, the ability to provide public goods and services aimed at enhancing the quality of life of citizens, particularly those with disabilities, such as inclusive quality education for people with disabilities, access to adequate healthcare, and providing assistive devices to PWD where the government promised to deliver effectively as planned over time is of paramount importance. If the objective is to advance scarce non-tangible or tangible resources in the traditional government's function, the following changes are needed to attain successful policy implementation (Brynard and de Coning, 2006). The following requirements must be active: honest, strong, and committed administrative and political leadership and direction. "The optimally and availability coordinated and creative use of resources" (Brynard and de Coning, 2006:202).

The implementer's administrative capacity to perform the changes anticipated them is fundamental for implementation. It is indicated that capacity is the cultural, functional, and structural ability to implement government policy objectives (Brynard and de Coning, 2006). They further argue that municipalities should acknowledge their capacity limitations and do not need to perform all functions (Brynard and de Coning, 2006). There are various available mechanisms for service delivery that can help produce services for them on their behalf. In this thesis, it is found that government officials, government departments, and NPOs are the service delivery mechanism of the choice of the welfare of WWD.

It is an actual scientific fact that many municipalities such as Nkandla Local Municipality frequently experience resource limitations. The majority of municipalities, particularly local municipalities in South Africa, find themselves with insufficient resources such as funding, change of management issues, and qualified staff scarcities (Mawela et al., 2017:150). Training for government employees is needed regularly (Hamid et al., 2018). There should be consistency in training and investing in employees in the public sector to deliver service delivery successfully, and policies will be

implemented successfully. Administrative capacity is vital to the policy application and its implementation to satisfy the community's needs effectively. Moreover, those in charge of policy implementation should be considerate of Additional support from other role players, including the provincial government.

3.3.3.5 Clients and Coalitions

According to Molobela (2019:06), “Clients and Coalitions are well-defined as those who are required to adopt new patterns of interaction by the policy.” They are the people or groups within organizations who are most affected by the policy. For this study, the clients and coalitions are people with disabilities, particularly women with disabilities. To meet the policy demands, these people must change. Numerous factors must be considered when distinguishing between clients affected by policy implementation and those who can use their social power or position to influence implementation (Brynard and de Coning, 2006:203). Although PWD might have minimum social power and influence in the implementation of policies affecting them, their importance cannot be denied in policy development and implementation.

Clients and Coalitions are needed to support the process of implementation. Brynard and de Coning (2006) indicate that these can include opinion leaders, interest groups, and other actors who assist with implementation. When doing implementation research, critical clients and coalitions must be considered. However, certain policy actors do and should have the capacity to influence the policy of implementation. Brynard and de Coning (2006) suggest that one should consciously consider who the key policy actors are caring about the process of implementation.

The local council should not be denied the opportunity if they are willing to play a crucial role in improving the welfare of communities, especially WWD, by both the national and provincial governments. In the provincial government, administrators should appreciate and understand any effort made to enhance the lives of PWD, women in particular. Moreover, Brynard (2005:661) highlights that “coalitions create a pleasant working environment and advance service delivery success.” Some municipalities such as Nkandla Local Municipality and their clients need to breach the gap with a valuable tool to engage the relevant role players. Engagement strategies comprise, among others, local government communication forums, community engagement, and district communication forums as a communication coordination point (Molobela, 2019). However, there must be an existing application of engagement strategies. There should be no bias in any process of policy implementation, and various stakeholders should be included before any initiative occurs.

3.4 STAKEHOLDER THEORY

Freeman et al. (2010:46) define stakeholder theory as “any group or individual who can affect or is affected by the achievement of the organization’s objectives.” The stakeholder theory is a concept advocated in management and practice as focusing on everyone who may be affected and affect the given outcome (Freeman et al., 2010). The concept of stakeholder, in general, is an organization’s redefinition. Typically, the stakeholder’s concept is about how the organization should be conceptualized and what it should be. The organization’s purpose should be to manage the needs, perspectives, and interests of stakeholders, and that organization itself should be seen as a grouping of stakeholders (Freeman, 2006). The theory’s application is of paramount importance in the study. It helps to understand how different stakeholders from the public sector to the private sector can address challenges affecting PWD, women with disabilities in particular.

The theory interrogates how stakeholders and managers in any given organization behave and how they view their roles and actions (Diouf and Boiral, 2017). Fontaine et al. (2006) state that stakeholder theory’s theory deals with how administrators should act if they want to work for their interests. It is indicated in some literature that their interest is considered as the organization’s interests, which is frequently to maximize profit or to maximize shareholder value (Freeman et al., 2010; Freeman et al., 2004; Laplume et al., 2008; Gibson, 2000). If stakeholders are treated in line with the stakeholder concept by managers, the organization will be more successful in the long run.

In terms of reporting social responsibility, the stakeholder theory offers a valuable assessment framework (Wang, 2017). The theory encourages a practical, effective, ethical, and efficient method of managing an organization in a multifaceted and tempestuous environment (Freeman, 2010). WWD are living in a dangerous environment with so many challenges; as the statement indicates, different stakeholders (government bodies, government departments, policy-makers, NGOs, private sector, and the community) need to come together and work effectively to ensure their welfare which includes creating a safe and non-discriminating working environment, non-discriminating community and accessibility to basic needs. “The purpose of the proposition of the stakeholder theory is twofold, to reinvent techniques in management practices for groups and myriad of groups based on the new business environment circumstances and conundrums (the social-capitalist agenda, mixed economy) and the unprecedented environment turbulence at times” (Freeman and McVea, 2001:27). Miles (2017) demonstrates that stakeholder theory proposes management that emphasizes establishing, sustaining, and aligning stakeholder relationships that better prepare practitioners to create value and avoid moral failure.

3.4.1 Who are Stakeholders

To differentiate between different kinds of stakeholders, there must be a consideration of groups of people who have classifiable relationships with the organization (Freeman et al., 2010). Mainardes et al. (2011:437) argue that “there is a clear relationship between the definition of what stakeholders and identification of who are the stakeholders.” The key groups of stakeholders are local communities, customers, employees, distributors, suppliers, and shareholders (Freeman, 2010). Moreover, Mainardes et al. (2011) further consider other groups and individuals to be stakeholders, and those are past generations (founders of the organization), future generations, the media, business partners, the public in general, competitors, academics, NGOs, government, trade unions, regulators and policy-makers. However, for the study, only government bodies, PWD, NGOs, and the public, in general, are the stakeholders taken to considerations.

3.4.2 Stakeholder theory’s claim

As indicated by Freeman (2010:08), “stakeholder theory argues parties involved, including governmental bodies, political groups, trade associations, trade unions, communities, financiers, suppliers, employees, and customers.” For the purpose and relevance of the study, government bodies are the main stakeholders, as they are responsible for formulating and implementing policies that create and impact the welfare and conducive environment for PWD, especially women. The communities they live in are also the other stakeholders considered and non-profit organizations (NPOs) because they have a massive impact on creating PWD welfare. They encompass the environment they live in. The theory is important as it looks at how these various stakeholders can come together and create a better place for WWD. In this way, the aims and objectives of the study are to distribute the argument on disability and diversity management, promote ethical values to build an inclusive and participatory economy and society where everyone can play a significant role, and facilitate this process by disability and diversity and management.

A more prosperous society is an inclusive one of profit, goods, and services, particularly in terms of positive human relations, diversity, and creating welfare for disabled individuals. The eradication of social disintegration and societal norms towards PWD favors positive economic and social relations by introducing a virtuous circle that increases people’s welfare, particularly those with disabilities, especially WWD. It requires the cooperation of every stakeholder to realize the attributes mentioned above. Moreover, different stakeholders, including NPOs, government bodies, and society, need to work together and create welfare and a conducive environment for PWD. According to Migliaccio (2017:15), “the stakeholder theory responds to a need that emerges not only from PWD and their families but also from non-disabled people who have to interact with disabled individuals with special

needs daily.” Above all, government bodies, companies, and public organizations need to address the issue of disabled people being starved of services and mostly ignored by society, poverty, segregation, and having to live in isolation, bearing in mind the increasing number of disabled people and the new needs that must be met. However, with this approach’s development, not all stakeholders have similar sensitivities, and not all of them are equally ready to develop an inclusive society either (Migliaccio, 2017).

Therefore, scientific research’s vital role is to increase people’s sensitivity to a topic that is apparently in the few’s interests. It is one of the main objectives of the study. Migliaccio (2017:21) argues that “the hope for the development of such theories is to foster collaborative spaces that are currently relegated to a few rare voluntary initiatives or philanthropic organizations that are not sufficiently supported by a reference framework of values.” The inputs that reduce the abilities or PWD can only be recognized if the reduced productivity is by some means compensated by economies related to the employment or acquisition of the factor itself. Therefore, there may be a space for unfairness against PWD in terms of their participation in social and economic processes as long as their disabilities affect an organization’s productivity. The assessment regarding the welfare of PWD women, particularly, should be articulated within a comprehensive analytical framework that considers the effects throughout both the business system and the broader social and economic and the context in which there is an employment of resources. Local governments should progressively engage in interactive policymaking activities to allow non-governmental stakeholders to voice their concerns and opinions in decision-making (Govender and Reddy, 2011) and coordinate their activities in inter-organizational delivery of services (Thomas, Poister, and Ertas, 2010). The involvement of stakeholders by public agencies and governments has been referred to as collaborative governance (Bingham, 2011), public participation (Brownill and Parker, 2010), collective decision making (Kapucu and Garayev, 2011).

There are different interests and unequal power amongst stakeholders. According to Hutahaean (2016), stakeholders with little power but high interest need to be managed. When you move, it will be the basis of capability and strength of lobbying. Role players who have low interests and high power should be upheld so satisfied that they need to be policy supporters.” Understanding the importance and influence of legitimate stakeholders should be kept by every risk group that needs special attention” (Migliaccio, 2017:21). It should be taken into considerations and be noted as to who the policy will be unfavorably affected? Is there anyone within stakeholders who is a vulnerable member of the community? Are there any disadvantaged groups that are very difficult to involve due to physical or geographical challenges or do not have a voice or are not visible? Will any susceptible individuals require special assistance or attention during the process of stakeholder engagement?

Since there are various stakeholders involved in any decision-making, then amongst stakeholders, they must have the relationship principles. By indicating that those principles of these relationships are transparency from the provincial and local governments. They should provide relevant material information in a way that is easily accessible and understood by the masses. There must be accountability. Municipalities must be appropriately managed, scalable, and in line with the organization's internal interests of stakeholders, for the government whom the provincial or municipality works for. Government officials must be responsible. The disability departments within the municipalities must be accountable for any consequence caused by the failure of its policy regarding PWD. They must take responsibility for factors hindering the welfare of disabled people, especially women.

Furthermore, the internal organization's responsibility must not conflict with external responsibilities. Lastly, there must be independence. By saying that, it means there must be no conflict of interest. Government agencies should be managed professionally without any influence and conflict of interest, or pressure from any political party.

3.5 CONCLUSION

The chapter has presented the theoretical framework underpinning the study. The presentation has been in terms of the three most critical relevant theories: the feminist disability theory, policy implementation, and the stakeholder theory. Firstly, the study looked at disability and gender through the lenses of feminist disability theory, which understands the issue of gender and disability beyond but as socially constructed. Secondly, implementation theory has received special attention, as have the different scholars' different contributions in terms of implementation research and its related themes. Lastly, the stakeholder theory which indicates that local governments should progressively engage in interactive policymaking activities to allow non-governmental stakeholders to voice out their concerns and opinion in the process of decision making and to coordinates their activities in the inter-organizational delivery of services.

CHAPTER FOUR:

RESEARCH METHODOLOGY

4.1 INTRODUCTION

The research methodology is the way through which researchers demonstrate how they went all to conduct their research. It reveals the pathway in which the investigator formulates the problem and objectives and presents the outcomes from the data attained during the study period. This research design and methodology chapter also demonstrate the research result and how it has been obtained to meet the study's objectives. This chapter hereafter presents methods that were applied throughout the research process. It comprises the research methodology of the study, from the research strategy to the result distribution. For emphasis, in this chapter, the researcher discusses the research problem, research objectives, research questions, research design, research methodology, the study area, data sources such as primary data, population consideration, and sample size determination, method of data analysis such as qualitative data analysis, ethical consideration, and results from dissemination. In achieving the objectives of the study, a qualitative research method is employed in general.

4.2 RESEARCH METHODOLOGY

Walliman and Walliman (2011:07) define research as “an activity that involves finding out, in a more or less systematic way, things you did not know.” In contrast, the methodology can be defined as “the philosophical framework within which the research is conducted or the foundation upon which the research is based” (Antwi et al., 2015:217). Research Methodology is referred to as the study of the research process. The quantitative framework typically involves problem identification, hypothesis formulation, data collection to test the hypothesis, and hypothesis testing through statistical procedures (Thyer, 2010: 27). Moreover, as defined by van Den Heever (2011:23), “Research methodology is the specific procedures or techniques used to identify, select, process, and analyze information about a topic.” Allan and Randy (2005) assert that it should be made possible to replicate the research methodology that other scholars of the same discipline used.

The research methodology chapter of research describes research designs, research methods, and research approaches in detail, indicating those used throughout the study, justifying the choice by describing each design and approach's advantages and disadvantages, justifying their practical applicability to the research. In addressing the key research objectives, this research adopted a qualitative method and primary data gathering source. For this research report, the following chapter outlines the techniques used that contribute to the overall study success.

4.3 RESEARCH DESIGN

A research design aims to provide a proper framework for a study (Creswell and Creswell, 2017). A significant decision in the process of research design is the choice to be made concerning the research approach since it determines how the relevance of the information for a study will be attained; nevertheless, the process of the research design involves numerous interconnected decisions such as the needed type of data, the timescale and the location of the study (Creswell and Creswell, 2017).

The qualitative method was employed in this study. The first part of the study consisted of semi-structured interviews to assess the welfare of women living with a disability, particularly in the Nkandla Local Municipality. Hereafter, this study employed a descriptive research design to agree on the policies regulating the welfare of women living with a disability, particularly in the Nkandla Local Municipality. According to Saunders et al. (2009) and Miller (2013), descriptive research portrays an exact profile of persons, situations, or events. “This design differs from the researcher’s profile of described relevant aspects of the phenomena of interest from an individual, organizational, and industry-oriented perspective” (Sileyew, 2019:07). Therefore, this research design enabled the researcher to gather data from a wide range of respondents on the challenges hindering the welfare of WWD in the Nkandla Local Municipality.

4.3.2 Qualitative Research Method

A qualitative research method is defined as a situated activity that discovers the observer in the world (Kothari, 2017). Aspers and Corte (2019:143) define qualitative research as “a form of systematic empirical inquiry into meaning.” It involves a naturalistic, interpretive approach to the world; for instance, it also comprises research that uses documentary, communicative and observational methods in normal settings (Punch, 2013). According to Rahman (2020:103), “qualitative researchers study phenomena in their natural settings, attempting to make sense of, or interpreting phenomena in terms of the meanings people bring to them.” The approach is concerned with the subjective assessment of attitudes, opinions, and behavior (Smith, 2012). Generally, the techniques and depth interviews are used (Smith, 2012). Qualitative research in the social world is thought to be complex and multi-dimensional. “It continues to represent a broad and pervasive set of challenges to more fixed ways of perceiving and understanding that world, it faces challenges too, however, to assemble and maintain its reputation” (Tracy, 2013:147).

Qualitative research emphasizes the qualities, meanings, and processes of entities that are not measured or examined experimentally (Marshall and Rossman, 2014). The qualitative research purpose is to afford an investigator with the viewpoint of target audience members through engagement in a situation or culture and direct interaction with people under study (Weinreich, 2009).

It suggests that in the qualitative research approach, the researcher becomes an instrument in the process of data collection, and results may vary significantly depending on who undertakes the study (Creswell and Creswell, 2017). The qualitative research's objectives are to increase understanding of the condition of humans and encourage better self-understanding. In contrast with quantitative research, whose objective is to collect evidence about human behavior that leads to the extension and verification of theories, qualitative research accentuates better understandings of human experience and behavior (Creswell and Creswell, 2017).

Kothari (2017:49) argues that “qualitative research is concerned with qualitative phenomena relating to or involving quality or kind.” For example, when someone is concerned about examining the reason for human behavior, such as why people do certain things or think in specific ways, someone relatively frequently talks of motivation research as a significant type of qualitative research (Kothari, 2017). Qualitative research intends to discover underlying desires and motives through the use of in-depth interviews. The challenge facing qualitative research is to understand the fundamental reason for the study (Rose et al., 2014). Qualitative research can provide compound documented descriptions of how the issue under investigation took place and why people experience an assumed research issue (Marshall and Rossman, 2014). It also helps give out information about the human side of a challenge that is frequently opposing emotions, beliefs, relationships, opinions, and behaviors of people (Kothari, 2017).

According to Bernard (2005:08), “the qualitative research method uses the following methods: participant observations, in-depth interviews, and focus groups.” These methods are primarily intended for the collection of a definite type of data. For example, participant observation is appropriate for collecting data on logically occurring behaviors in their normal settings. In contrast, in-depth interviews are best for collecting data on people's perspectives, experiences, and histories, mostly when sensitive matters are being interrogated. Lastly, focus groups are useful in collecting data on the groups' cultural norms and producing extensive overviews of the topic of interest to the cultural groups or smaller groups.

Therefore, the study employed a qualitative method because it seeks to find out the in-depth opinions and the experiences of the study population. A qualitative approach enabled the researcher to explore behaviors, attitudes, and experiences by conducting in-depth interviews. Moreover, it helps the researcher understand the research problem from the local population's viewpoint.

4.3.1 Case Study

According to Ngulube et al. (2019:04), “a case study is a research approach that is used to generate an in-depth, multi-faceted understanding of a complex issue in its real-life context. It is an established research design that is used extensively in a wide variety of disciplines, particularly in social science.” Yin (2014:23) defines the case study research method as an “empirical inquiry that investigates a contemporary phenomenon within its real-life context, when the boundaries between phenomena and context are not evident, and in which multiple sources of evidence are used.” The case study approach allows a researcher to examine the data within a particular context carefully. Mostly, a case study approach picks out a small geographical area or a minimal number of persons as the subjects of study. In the true essence, case studies investigate and explore modern real-life phenomena through a comprehensive contextual analysis of a fractional number of conditions or events and their relationships (Creswell and Creswell, 2017).

A case study approach is most frequently described as qualitative inquiry (Creswell, 2014). Qualitative paradigms are extensive and can incorporate descriptive, exploratory, interpretive, or explanatory interpretive aims. Instances include historical research, ethnography, phenomenology, and grounded theory (Denzin & Lincoln, 2011). Each methodology is exclusive in approach depending on the epistemological and ontological stance; nevertheless, “all stem from the motivation to discover, seek to understand and establish the meaning of experiences from the perspective of those involved” (Merriam, 2009). For this purpose, qualitative researchers can use an extensive scope of interpretive practices and methods in the study, while they typically include interviews, observations, and analysis of participants’ words (Denzin & Lincoln, 2011).

In the study’s constitution, a case study has to be defined within an object or analytic framework to be able to debate it (Thomas, 2011:512). The investigator must identify the field of research: which is the class or subclass of events within which several cases or a single case are instances to be studied (George and Bennett, 2005:69). The study’s subject is thus an instance of some phenomena, and the phenomena comprise the analytical frame, that is, the object. A case study is not about selecting appropriate samples and defining populations. However, it is about determining the case to be investigated (Creswell and Creswell, 2017).

The case study approach’s importance is that it is good at clarifying a problematic examination (Yin 2011:78). It is indicated that “a researcher using a case study design can apply different methods and rely on different sources to investigate a research problem” (Yin 2014:79). Furthermore, design can add strength or extend the experience to what is known already through previous research (Yin 2014:80). As a result, this type of research design has been adopted for the issue under study, to assess

the policies regulating the welfare WWD, particularly in Nkandla Local Municipality and also examine the modern real-life conditions and provide the basis for the implementation of principles and theories and the extension of methodologies.

4.3.3 Research Paradigm

Firstly, before discussing the study's paradigmatic expectations, it is of paramount importance to start with an argument of paradigms with a definition of the concept paradigm, followed by its components and its various perspectives. Paradigm is defined as a worldview. It is an elementary set of assumptions or beliefs that guide a researcher's inquiry (Yvonne Feilzer, 2010). It indicates that every researcher approach research with the overabundance of interlocking and sometimes contradicting philosophical standpoints and assumptions (Yvonne Feilzer, 2010). "Research design process begins with philosophical assumptions that the researcher makes when deciding to undertake a study" (Creswell, 2007:15). Scholars carry their set of paradigms, beliefs, or views of the world to the research study, informing how the researcher will undertake the study (Creswell, 2007). Further, "in defining one's paradigmatic perspective as a researcher, the interplay between ontological and epistemological assumptions, meta-theoretical underpinnings, the research questions, and research methodology become prominent" (Mason, 2002:59) Research paradigms are more concerned with describing underlying philosophical views of groups of people in the context of philosophy about the place where they live and the research they conduct (Scotland, 2012).

The ontological beliefs of a researcher are about the reality of nature, which is examined through the answers of the researcher to problems such as if the reality is constantly changing and whether it is multiple or unitary or stable and fixed; the natural science orders existence; the essence of the universe, as well as social occurrence; if reality can be constructed by persons involved in the research situation and if the reality is lawful or orderly (Killam, 2013). The researcher's epistemological beliefs are about whether there is any possibility for someone to know the connection between what is being researched and the researcher.

According to Antwi and Hamza (2015), ontology is the deepest and broadest level, and the following is the epistemology that may be deduced from ontology and the second level. The concern of ontology is with the different ways of achieving knowledge, which is reflected as methodology. There are specific methods consists of each methodological choice, and within these methods, we find numerous alternatives for data gathering and analysis (Antwi and Hamza, 2015). The research is concerned about what we think the universe is or how we think the social world is constructed, which is ontology, and how we believe we can know this shapes the world. The research also is concern about how we look at the universe, which is epistemology (Killam, 2013). What we can see is shaped by the methods

we use. Moreover, research is all about being astonished at the world around us and the majors we take to comprehend this world. The concern of the research is about understanding the world and that such comprehension is informed by how we view the world, what we interpret understanding to be, and what we see as the purpose of understanding (Ormston et al., 2014).

For this study, it is appropriate to use a qualitative approach. Based on this research approach, a single paradigm was used: social constructivism, also known as the interpretive paradigm, which uses qualitative research methods and inductive logic (Arghode, 2012). According to Ormston et al. (2014:02), “social constructivism emphasizes the importance of culture and context in understanding what occurs in society and constructing knowledge based on this understanding.” Social constructivism is based on specific assumptions about learning, knowledge, and reality. Therefore, the study was motivated by the constructivism paradigm (Killam, 2013). It was looking to gather different information from those who are in the position of policy development, policy implementation, and monitoring and evaluation, and those who are in the position of promoting the welfare of WWD in the Nkandla Local Municipality, and those views were interpreted differently, and they had different outcomes. Constructivism believes that there is no single reality or truth, and therefore reality needs to be interpreted (Scotland, 2012). Thus, the study was more likely to use qualitative methods to get those multiple realities.

The reason for choosing social constructivism is because social constructivists, scholars search for an understanding of the environment in which they work and live. From that standpoint, they develop particular meanings of their experiences and meanings focused on specific things or objects. The researcher intends to create a sense of meaning others have about the world (Yvonne Feilzer, 2010). The study’s social constructivist perspective was incorporated by the interviews collected to gather data from the study participants in responding to qualitative questions. The participatory paradigm supports the constructivist perspective, which suggests that there must be an action plan for reform that could improve the participants’ institutions in which they work and live, the lives of the participants, or even the researcher’s lives at the end of the social constructivist plan (Antwi and Hamza, 2015).

4.3.4 Primary data

Primary data is known as the data obtained from first-hand observation. These are the most credible, accurate, and objective results. Data that have not been published yet and have not been changed or modified by human beings makes their validity more significant than secondary data (Kabir, 2010:204). “Primary data is collected specifically to address the problem in question and is conducted by the decision-maker, a marketing firm, a university, or an extension researcher” (Kabir, 2010:204).

Contrasting from secondary data, primary data cannot be found elsewhere. Primary data may only be collected through in-depth interviews, focus groups, surveys, or experiments such as tests (Curtis, 2008).

Kabir (2016) indicates that “research can be conducted without secondary data, but research-based only on secondary data is less reliable and may have favoritisms because human beings have already manipulated secondary data.” The reason is that the source is old, and they contain incomplete information and can be biased and misleading. Primary data sources are limited, and sometimes it is because of either the lack of cooperation or scarcity of population.

According to Kabir (2016), the following are some sources of the primary data sources.

- Experiments: it requires a natural or artificial setting to execute an analytical study for data collection. Experiments are far more helpful for nutrition, psychosomatic studies, and medicine. In experiments, the investigator must maintain control over the effect of any insignificant component on the outcomes.
- Survey: this is the utmost frequently used method in psychology, marketing, social sciences, and management to some level. The research can conduct surveys in different methods.
- Questionnaire: it is the utmost regularly used technique in surveys. Questionnaires are open-ended or closed-ended questions where the participants give responses from what they know. A researcher can conduct questionnaires via mail, telephone, an institution, or live in a public area, through fax or electronic mail.
- Interview: it is a conversation done with participants face-to-face. The interview’s main issue arises when the participants hide information deliberately; otherwise, it is an in-depth source of information. In the process of interviews, the interviewer can also observe the expression, body language, and other reactions to the questions posed to the interviewee. He or she can not only record the statements spoken by the interviewee. It allows the interviewer to conclude easily.
- Observations: it can be done without notifying the person that he/she is being observed or can be done by informing the person that he/she is being observed. Observations can sometimes be carried out in an insincerely created atmosphere and also in normal surroundings.

For the study, primary data and secondary was employed, and it was attained from the source of information. Preliminary data were the most trusted, accurate, and provided a more assurance standard

of decision-making with the reliable examination directly intact with the interviews. Moreover, the secondary was collected through electronic sources, various book, and policy papers

4.4 Study Population

A study population usually is an extensive collection of objects or individuals that the primary attention of a scientific query (Creswell and Creswell, 2017). Researches are done for the benefit of the population. However, as a result of the large population size, researchers frequently cannot test every person in the population because it is time-consuming and too expensive. That is the cause of why researchers depend on sample techniques (Denscombe, 2014). According to Castillo (2009:55), “a study population is known as a well-defined collection of individuals or objects known to have similar characteristics.” Within a specific population, all objects or individuals generally have traits, common, or binding characteristics (Castillo, 2009). However, for this study, there are chosen individuals within a Nkandla Local Municipality population who helped the researcher achieve study objectives and are deemed to have knowledge or experiences about the study.

The population may be small enough for some studies to permit all of them in the study (Denscombe, 2014). Nonetheless, a study may necessitate a considerable populace that cannot all be studied. That part of the populace that is studied is known as a sample of the population (Rose et al., 2014). Thus, this analysis sample is a small number of individuals selected through a particular procedure from an accessible population. The components that make up this sample are examined (Rose et al., 2014). Therefore, for this study, the study population comes from Nkandla Local Municipality. The study population consists of the Nkandla Department of Social Development social workers, special needs teachers, Non-Profit Organizations, and community members.

4.4.1 Study Area

The focus of this study was based in Nkandla Local Municipality. The data collection was conducted from 10 August 2020 to 23 September 2020 from Social Workers, Non-Profit Organizations, and Community members of KwaZulu-Natal, Nkandla.

4.4.2 Sampling Approach

This study employed non-probability sampling techniques. Vehovar et al. (2016) indicate that in a non-probability sampling technique, every particular individual stands a chance of being selected and that the numerical principle does not randomly determine respondents' selection. Denscombe (2014) argues that, unlike probability sampling, non-probability sampling is not the outcome of a random selection process. Subjects in the sense of non-probability sampling are typically chosen based on their availability or based on the researcher's personal opinion. Based on Denscombe's (2014)

assertion, the study selected people based on their understanding, experience, and knowledge in the issues related to the welfare of women with disabilities in Nkandla Local Municipality.

Purposive sampling was used to select participants in the non-probability sampling techniques. In purposive sampling, the primary consideration is the researcher's judgment as to who can deliver the best and reliable information to achieve the study's objectives (Kothari, 2017). The research ensures the "sample is composed of elements that contain the most characteristics, representatives of typical attributes of the population" (Rubin and Babbie, 2005:247). The purposive sampling's primary consideration is to obtain in-depth information from the people who are in an excellent position to provide it (Etikan et al., 2016). In purposive sampling, participation also depends on the participants' availability and willingness (Denscombe, 2014). For the study, choosing purposive sampling is because the identified populace encompasses attributes that are likely to generate helpful information for the aims of the study. Likewise, the study area was feasible since the researcher lives within the region, Nkandla Local Municipality, and respondents are the people who knew concerning the study. Moreover, the said group was chosen to ease access to respondents because PWD is hard to reach the group.

One of the benefits of using purposive sampling is that "it allows the research to home in on people or events which are good grounds for believing will be critical for the research" (Denscombe, 2014:15). Nevertheless, the sampling approach is susceptible to bias, and its competence is restricted by the researcher's ability to perceive appearances in the target population. According to Vehovar et al. (2016:26), "purposive sampling takes place when the group is homogeneous, sharing the same experience of a specific situation." In this study, however, study participants formed a heterogeneous group by falling into a specific category of their occupations. The situation of their setup is that they all live in Nkandla Local Municipality. Necessarily, the study participants were people who form part of the setting where WWD live. They form the part of their caregivers.

Additionally, specific WWD were never part of informants because since they reside in a rural area like Nkandla Local Municipality, there are possibilities of them not being able to respond to interview questions. The COVID-19 also posed a huge threat because the researcher was forced to use emails as a source for data collection, and there was a high possibility of rural WWD not having emails. They would not have been able to respond due to their high illiteracy.

4.4.3 Sample Size

The sample size is of paramount importance in an experimental study due to that its paramount goal is to propose a populace from a sample (Guetterman, 2015). "One drives an adequate sample size by first identifying the type of sampling technique one will use" (Gerson, 2002:55). The adequacy of the

sample in qualitative research refers to the inappropriateness of the sample size and composition. It is an essential consideration in assessing the trustworthiness and quality of much qualitative research (Onwuegbuzie et al., 2012). It is implied mainly for research positioned within a post-positivist tradition and holds a commitment's degree to realist ontological premises in evaluations of generalizability and validity (Fusch and Ness, 2015; Robinson, 2014).

In qualitative research, samples are inclined to be small to support the complexity of a case-oriented examination essential to this mode of the study (Vasileiou et al., 2018). Furthermore, qualitative samples are purposive, carefully chosen under the virtue of their capacity to deliver richly-textured data pertinent to the phenomenon under study. "As a result, purposive sampling as opposed to probability sampling employed in quantitative research – selects information-rich cases" (Palinkas et al., 2015:539). Undeniably, recent research validates the better effectiveness of purposive sampling in qualitative studies compared to random sampling, supporting interrelated arguments from qualitative methodologists that have been long put forward (van Rijnsoever, 2017).

Qualitative researchers assert that there is no sincere answer to how many and that sample size depends on several factors concerning methodological, epistemological, and practical issues (Baker and Edwards, 2012). Vasileiou et al. (2018:148) suggest that "qualitative sample sizes are large enough to allow the unfolding of a new and richly textured understanding of the phenomenon under study, but small enough so that the deep case-oriented analysis of qualitative data is not precluded." Nevertheless, previously it has been suggested that qualitative studies entail the least of 12 sample sizes to reach data capacity (Clarke & Braun, 2013; Fugard & Potts, 2014). Thus, a sample of 16 respondents, namely, five Social Workers, two representatives from a Non-Profit Organizations, three teachers from a local special school, and six Community members, was considered enough for this qualitative study and scale study, since the saturation phase was reached with this number of respondents,

4.5 DATA COLLECTION

In collecting data, the study used semi-structured interview questions. There are also structured interview questions that can be used in data collection. Structured interviews allow the interviewer to question each interviewee the same questions in the same way (Kontari, 2017). Very much like a questionnaire, there is a use of a tightly structured schedule of questions. According to Fox (2009), "the questions contained in the questionnaire will have been planned, sometimes with the help of a pilot study to refine the questions." In a structured interview, questions may be expressed so that a restricted range of responses is extracted (Fox, 2009). Semi-structured interviews comprise a sequence of open-ended questions grounded on the areas of a topic the researcher desires to cover

(Kontari, 2017). “The open-ended nature of the question defines the topic under investigation but provides opportunities for both interviewer and interviewee to discuss some topics in more detail” (Fox, 2009). Suppose the respondent provides only a brief response or has difficulties in answering a question. In that case, the interviewer can use prompts or cues to encourage the respondent to reflect on the question more. In a semi-structured interview, the interviewer also has the liberty to inquire the respondent to intricate on the initial response (Fox, 2009).

Given the study’s nature, the structure of the semi-structured interview question was seen to be the most excellent method to use when conducting an assessment study (Kontari, 2017). The study assessed policies guiding or regulating the wellbeing of women living with disabilities within the Nkandla Local Municipality. This approach has influenced the answers in the right direction since it has provided respondents with an opportunity to answer their opinions, expertise, and experiences. Semi-structured interviews gave respondents the freedom to express their views on their terms of reference. They also provide accurate and comparable data.

According to Kontari (2017), the semi-structured interview questions’ purpose is that the questions allow the interviewee to answer without implied or presented choice. Essentially, the semi-structured interview has reinvigorated two-way interaction (Kontari, 2017). “It also functions as an extension tool that confirms what is already known but also provides the opportunity of learning” (Burns, 2003:69). For example, since the study was to cover the issue of policy regulation, the nature of the data collection approach has helped to provide an opportunity to get the viewpoint of the DSD, Vuleka School for the Deaf, NPOs, and community members in the Nkandla Local Municipality on experiences and challenges hindering the wellbeing of WWD.

Various measures were employed to collect data, like reviewing relevant literature that focuses on the government’s transformation initiatives, government’s policies and reports, and Nkandla Local Municipality’s IDP. The semi-structured interview questions were compiled for answering by the residents who work as Social Workers, the representatives from Non-Profit Organizations, the teachers from the nearby special school, and community members. Responses to the interview questions were analyzed, and the findings and the conclusions were documented. The interviews were necessary to complement the information contained in disability policies. In achieving the study’s objectives, it was essential to interrogate and attain responses to numerous issues on the policies regulating the welfare of WWD in the municipality under the study to enable the investigation, findings, and conclusion to this study. The design of interview questions intended to pose structured questions on challenges relevant to the study. It was essential to use interviews in this study because it aided by providing profound research questions’ understanding.

4.6 DATA ANALYSIS

Hilal and Alabri (2013) define data analysis as the process of bringing structure, order, and meaning to the mass of collected data. It is described as messy, ambiguous and time-consuming, and a creative and fascinating process (Mellor, 2001). Broadly speaking - while it does not proceed linearly - it is the activity of making sense of, interpreting, and theorizing data that signifies a search for general statements among categories of data (Schwandt, 2007:6). Therefore, one could infer that data analysis requires some sort of logic applied to research.

The researcher transcribed non-verbatim manually each interview. Non-verbatim transcription, of course, excludes all unnecessary speech to make one's transcript more readable without editing or changing the structure or meaning of uttered speech (Pandey & Pandey, 2015). Hancock et al. (2001) state that transcribing data is a process of writing interviews. It is done by listening or viewing data repeatedly to identify interest phenomena that respond to the research questions (Moore & Llompart, 2017). Furthermore, Alhojailan (2012) highlights that the researcher can detect and identify factors that participants state. Thus, themes can form coding and categorize data according to themes of a different perspective from participants. In this regard, Best and Khan (2006:354) posit that the analysis and interpretation of data represent deductive and inductive logic to the research. Therefore, this study used a thematic approach to analyze data. Data were organized in themes based on the repeated patterns of meaning, which address this study's research objectives. This approach highlighted the views, opinions, and experiences of the interviewee. The thematic approach used is deductive, meaning that the data was determined the themes discussed.

4.7 CREDIBILITY AND TRUSTWORTHINESS

Connelly (2016:435) argues that "credibility refers to the degree to which the research represents the research participants' actual meanings or the truth value." The study's credibility, or the confidence in the study's truth and therefore the findings, is the most important criterion because it helps the researcher have valid and accurate results (Polit & Beck, 2014). Techniques used to establish credibility include prolonged engagement with participants, persistent observation if appropriate to the study, peer-debriefing, member-checking, and reflective journaling (Connelly, 2016). Semi-structured interviews can also help address validity by constructing questions that focus on the research objectives (Matsieli, 2014). For this study, the researcher made sure his questions formulated in the research schedule corresponded with all the research objectives. Prolonged engagement with participants was encouraged to probe their answers during their interviews by supporting their statements with examples and the interviewer using follow-up questions (Korstjens & Moser, 2018).

4.8 ETHICAL CONSIDERATION

A consent letter was presented to the study participants outlining the intent of the research. This was done to inform the participants and gain their confidence in the process of data collection. It was done to promote transparency in the study. Anonymity and confidentiality were adhered to, and the raw data (records) collected from the participants are kept at the School of Social Science at the University of KwaZulu-Natal.

4.9 LIMITATION OF THE STUDY

The study is a small-scale study focusing exclusively on the rural areas of the Nkandla Local Municipality. A more extensive study would probably have produced a piece of more meaningful information. However, the unavailability of individuals to be interviewed and securing appointments with the participants posed a challenge due to the limitations posed by the COVID-19 pandemic, which called for the researcher to email the interview guide to participants and waiting long periods before the responses would be sent back after numerous messages and phone calls. The other limitation is the unavailability of municipality officials to participate in the study. Geographically, this research was restricted to Nkandla Local Municipality, and the findings from this study were not generalized to all the rural areas in KZN nor South Africa.

4.10 CONCLUSION

This chapter has outlined the research methods that were used to collect and analyses data. The research approach was qualitative using a case study of the Nkandla Local Municipality area. An interpretative research design was used to capture the lived experiences and challenges of WWD in Nkandla Local municipality. This chapter has discussed methodological reasoning, data analysis, credibility and trustworthiness, ethics, and limitations of the study.

CHAPTER FIVE:

RESULTS AND DISCUSSION

5.1 INTRODUCTION

This chapter presents and discusses results related to experiences, issues, and challenges faced by PWD, including WWD, as they advance their welfare and rights in Nkandla Local Municipality. The chapter starts with an introduction, then followed by a description of the demographic data of participants. Thereafter, the chapter presents and discusses the challenges and experiences of rural WWD in the Nkandla Local Municipality. In this chapter, the researcher developed different major themes from the study. These themes include society's perception of PWD, challenges, and experiences of WWD in Nkandla. Lastly, it then goes to present and discuss the effort made by different stakeholders in advancing the human rights of disabled women.

5.2 THE DEMOGRAPHIC CHARACTERISTICS OF THE PARTICIPANTS

This section presents and discusses the demographic data collected from research participants. In total, 16 in-depth interviews were conducted. These include six community members, five social workers, three special needs teachers, and 2 NPOs members. The majority of the respondents were females (with 12 females), and 4 were males. All of the respondents are residing in Nkandla Local Municipality in KwaZulu-Natal. The respondents were all non-disabled persons; none had any impairments. The majority of respondents were professionals.

The respondents' average age was 35, and their ages ranged from 24 to 46 years of age. All respondents were black South Africans, and all of them were Zulu speaking people. Due to COVID-19 majority of respondents were interviewed through emails. Interview questions were sent to respondents through emails, they answered all questions, and then they were sent back to the researcher. Some of the interviews were conducted face to face with participants. Most of the interviews were conducted in English. However, 5 of the respondents preferred to respond both in English and IsiZulu (code-switching). The level of education and literacy was relatively high among all respondents.

5.2.1 The socio-demographic characteristics of three special needs teachers

All three special needs teachers are non-disabled. Most of them chose to be special needs teachers and join the sector because they wanted to help students with disabilities access quality education. One teacher, specifically, joined the sector coincidentally because she had been looking for a job for almost a month with no luck, but suddenly she got the job as a special needs teacher. Below is the quote of her response:

It was just a coincident that I got a job in a special school after looking for work for almost a month without luck [Zandi, #1]

The second one joined the sector because she felt like teaching special needs students is challenging, so she likes challenging tasks. By that, she developed a passion for teaching special needs students. The other reason is that the school is around her home, so she wanted so badly to contribute to her community's school. That is what motivated her the most and that she wanted to learn sign language. Below is the quote of her response:

Vuleka is around my home area that motivates me the most. Secondly, I like challenging jobs, "working with special needs child is very challenging," and I was interested in learning sign language [Nomalizo, #2].

The last one joined the sector because when he grew up in his hometown, a boy was deaf, and he had challenges communicating with him. That where he grew a passion for teaching special needs students, and when the opportunity arises, he never looked back. Below is the quote of his response:

When in young back in my hometown, there was a boy that was born deaf. So, failing to communicate with him made me realize that I need to learn sign language. When I had a post available, I applied for it (Zuko, #3).

Table 5.1: The socio-demographic characteristics of three special needs teachers

Name of teachers (Pseudonyms)	Sex	Qualifications and special skills	Position	Motivation to be a special need teacher
Teacher (Zandi) #1	Female	Diploma in Special education	School Principal	It was coincidental she got the job in a special school
Teacher (Zuko) #2	Male	Certificate for South African Sign Language	Learner Support Agent (LSA)	Passion to work with students with disabilities
Teacher (Nomalizo) #3	Female	Basic Early Childhood Development, and Early Childhood Development for	Teacher Liason Officer (TLO)	Passionate to work with students with disabilities

		practitioners of 0-4 years learners		
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5.2.2 The socio-demographic characteristics of 6 community members

All of the interviews that were conducted with community members involved school teachers around the Nkandla Local Municipality. Three of them reside from ward twelve, one from ward 9, and the two from ward 8. Out of all community members' respondents, four indicated that they have come across a disabled person, and two indicated that they have never come across a disabled person. Below is a socio-demographic characteristics table of community members.

Table 5.2: The socio-demographic characteristics of six community members

Name of the community member (Pseudonym)	Gender	Ward number	Occupation	Perception towards disabled people
Community member (Zandile) #1	Female	8	Teacher	I always feel sorry for them. I see nothing wrong with them and view them as people who should be treated as normal people.
Community member (Sibusiso) #2	Male	12	Teacher	I feel sympathetic about them, they should be treated fairly, with dignity, and respected.
Community member (Bheka) #3	Male	12	Teacher	I felt sorry for them, they should be treated equally with able-bodied and not be discriminated
Community member (Nomathemba) #4	Female	9	Teacher	I feel so sorry and sympathetic for them. I think they have to be given love and support.
Community member (Lindani) #5	Male	12	Teacher	None
Community member (Lucky) #6	Male	8	Teacher	None

5.2.3 The socio-demographic characteristics of 6 government officials

All five social workers interviewed are non-disabled women who work for the DSD. Out of five social workers, two of them indicated that they do not know any disability policy or instruments due to that under the department, they are not working with PWD and that specifically, some social workers work with disabled people. The other three social workers stated that they are familiar with is INDS, White Paper on Special Needs Education, and Employment Equity Act (EEA). There was something common in the responses regarding the mandate of their department concerning PWD which is to enhance people's quality of lives with disabilities. The quotes below by the respondents emphasize that:

My department's mandate is to enhance people's quality of life through an integrated system of social development services [Nosipho, #1].

The other respondent said:

My department's mandate is to help enhance the lives of disable people with their needs and make them stand for themselves [Zenzi, #2].

From the respondents, it has emerged that people with disabilities are also incorporated into their mandate, although the first respondent did not specify. However, by visiting the 2015/2016 official yearbook of the DSD, it has been indicated that the mandate of the department "is to ensure protection against vulnerability." WWD are the most vulnerable individuals in any community, so it is in the department's hands to protect and regulate their rights and enhance their lives. Below is the socio-demographic characteristics table of government officials.

Table 5.3: The socio-demographic characteristics of six government officials

Name of officials (Pseudonym)	Gender	Department	Occupation	Known policies
Social worker (Nosipho), #1	Female	Department of Social Development	Social worker	INDS, Employment Equity Act and Policy on Disability
Social worker (Zenzi), #2	Female	Department of Social Development	Social worker	INDS and Employment Equity Act and

				White Paper on Special Needs Education
Social worker (Lindeni), #3	Female	Department of Social Development	Social worker	None
Social worker (Nokwethaba), #4	Female	Department of Social Development	Social worker	None
Social worker (Nandipha), #5	Female	Department of Social Development	Social worker	Employment Equity Act, and Social Assistance Amendment Act

5.3 PERCEPTION TOWARDS WOMEN WITH DISABILITIES

The researcher noted a mixed perception of society towards PWD and WWD. It emerged that some people in the community embrace WWD as their equal human beings. Those who embrace WWD frequently feel pity and encourage others to change their negative perceptions of WWD. The following quotes highlights how respondents described their perceptions of WWD:

I felt sympathetic about him. I even helped him as he was unable to see. My view is that people with disabilities should be treated fairly, with dignity, and they need to be respected. I see people with disabilities as people who are not taken care of by the community, and our government is not doing enough for them in creating an inclusive space [Sibusiso, #2].

I felt sorry for her, as she could not walk properly. I asked her whether she had contacted Social Workers to get proper shoes for her condition. People with disabilities should be treated equally to those without disabilities. They should not be discriminated against because they are human beings too. They are very few in my community, but I think they should be given equal opportunities as anyone else [Bheka, #3].

The other respondent said:

I always feel sorry for them. I see nothing wrong with disabled people and view them as people who should be treated as non-disabled people. I am close to none of them, but if there

were any, I would not have any problem with them, and I would have treated them not as people whom we have to feel ashamed around them [Zandile, #1].

There is a general idea of pity in rural areas, where WWD are regarded as people needing care and support. It has negative significances for the enjoyment of their rights. In Chapter 3 in the feminist disability theory, the challenge has been pointed out that the representation of WWD has been misrepresented. From the theory indicates that PWD and women are being portrayed as weak, dependent, helpless, incapable, and vulnerable bodies (Garland-Thomson, 2002). From the interviews, it was ascertained that in many rural communities within Nkandla, this kind of moral thinking is deeply rooted in the beliefs of Christianity that teaches people to love another person and take care of disadvantaged individuals in the society. The construction of rural women with disabilities as objects of misfortune is another way of altering them, portraying them as weak, emphasizing their differences, pitiful, and dependent (Don, Salami, and Ghajarieh, 2015). The generous creation of WWD as pitiable individuals who need help undervalues their independence and reinforces their dependence on society.

5.4 ACCESSIBILITY TO BASIC SERVICE FOR WOMEN WITH DISABILITIES IN NKANDLA LOCAL MUNICIPALITY

This section presents and discusses the human rights challenges and experiences of WWD in the Nkandla Local Municipality. The section focuses on accessibility to health and infrastructure, accessibility to transport, accessibility to education, accessibility to security from abuse and violence, inclusion and participation, and ends by focussing on the effort made by different stakeholders in advancing the human rights of disabled women.

5.4.1 Accessibility to Health Care and Infrastructure

Section 27 of the Constitution, guarantees the right of every South African to health care services, including reproductive health care. In line with Constitution, the South African National Health Act, 2003 regulates national health and to provide uniformity in respect of health services across the nation by establishing a national health system which encompasses both public and private providers of health services. For the legislation, Subsection 2 identifies persons with disabilities as a designated group whose constitutional right of access to health care services, including reproductive health care, to be protected, respected, promoted and fulfilled. However, the study noted that rural WWD still experience numerous challenges in accessing adequate health care services in Nkandla Local Municipality. Issues of unavailability of health care services in rural areas have existed for decades (Cordes et al., 1998), and communities in rural areas have long struggled to sustain access to quality health care services (Weisgrau, 1995:01). Rural communities have some specific features that affect

both health care and health (Rosenbath, 2002). Some key characteristics for rural areas are fragile and poorly developed health infrastructure; physical barriers such as lack of transport, including long-distance and unavailability of transportation, including lack of public transport; socio-economic hardships, and high prevalence rate of disability and chronic illness. Access to quality health care becomes the single biggest issue, if not the defining issue in rural health. The quote below explains some of the challenges facing rural PWD in their quest to access health care:

Regarding health care facilities, this is a critical issue. Health care facilities are inaccessible even to people without disabilities, and I can imagine how hard and painful it is for disabled people because people always have to travel long distances to reach hospitals and clinics. From where I come from ward 12, there is no health care facility, so it is inaccessible to all of us and much worse for people with disabilities [Zandile, #1].

The issue of health care facilities is a concern here. Look, here in Pholela, there is no clinic or whatsoever. People have to travel a long distance if they need one or else wait for the entire month for a mobile clinic that comes once a month. I cannot imagine how hard it is for disabled people to access health care. Again, what I can also tell you is that they are not well treated at health care services. For example, in our hospitals, they shout at them and call them names [Sibusiso, #2].

The Building Standards Amendment Act, 1977, the National Building Regulations as well as the National Guidelines for Accessibility currently constitute the regulatory framework for accessibility to the built environment. For any building used by the public to meet the requirements of the National Building Regulations, its facilities must meet the standards and measurements contained in the ‘SANS 10400-S’ document, published in 2011. However, it should be noted that the majority of facilities in Nkandla Local Municipality including health care facilities, shops and transport in its current form does not conform to universal access principles. The other respondent indicated that:

There are only two hospitals I know for the Nkandla Local Municipality. These hospitals are Ekhombe hospital and Nkandla hospital. These hospitals cater to disabled people's needs, they do work there, and as for patients, there are wheelchairs. However, the issue is that these facilities are inaccessible because most people have to travel long distances to reach them, and as for disabling people, it is very hard for them. The clinics that are available in other wards are inadequate; that is what I can say. A lot needs to be done [Bheka, #3].

Indeed, the lack of health care facilities in the Nkandla Local Municipality is much of a concern. The issue of long-distance travel and inaccessible transport for the majority of rural women with

disabilities are challenges that need a closer look from different officials within the municipality. Arguably, health care facilities are often inaccessible for WWD in Nkandla Local Municipality. The respondents have indicated that there are only two hospitals and not so many clinics in the area, although that did not mention the number of clinics; however, this has given enough evidence of the inaccessibility of health care services within the Nkandla area. In Chapter two of this study, it has been indicated by Eide et al. (2011) that PWD in rural South Africa are in doubt to have access to health information and health care services (Eide et al., 2011). It shows that PWD in rural areas go through so much than anyone can imagine in their lives.

Furthermore, the service they receive from health care facilities is not pleasing. Other studies found similar problems for inaccessible health care services (Brems et al., 2006; Chipp et al., 2011; Goins et al., 2005; Iezzoni et al., 2006). These challenges can contribute enormously to intensify health problems for WWD. Limited access to quality and timely health care services results in poor health status results in rural PWD, compared to the general people. Hence, it can be concluded that PWD develops poor health status results because of their elimination from both general and disability-related health care services catering to their needs (WHO, 2011; Morgon, Banks and Polack, 2014).

However, those available health care facilities are doing their best in order to be disability friendly. PWD with health issues cannot visit health clinics or hospitals if there is no physical accessibility in buildings. To guarantee the satisfaction of PWD's rights to health care services, accessibility must consequently be addressed broadly, for instance, regarding entrances to health care facilities and buildings, appropriate equipment, transportation to health care facilities, and restroom facilities. Mainly, accessibility should focus on the difficulties of positioning to the health care setting, including the location of seat in the waiting area, completion of the registration form, and realization of when to enter the examination room (UN, 2017). The interviewees pointed it out in the following quotes:

Our health care centers are adequate to cater to disabled people. I usually see wheelchair ramps in our clinics and hospitals, Nkandla hospital, and Ekhombe hospital. I noticed that they cater well to disabled people. These facilities always put disabled people first, and I have also noticed the appropriate equipment, restroom facilities, and transport for patients. If it happens, they want to transfer them from one hospital to another [Nosipho, #1].

There is accessibility for health care because our two hospitals, which are Nkandla hospital and Ekhombe hospitals, do have wheelchair ramps, and the department of health does provide mobile clinics for those who live far from health care facilities. I can say that they are doing all they can to provide adequate health for the disabled even though there are some challenges [Zenzi, #2].

The right to access health care services is guaranteed by Section 27 of the South African Constitution, but significant inequalities remain principally due to inconsistencies in the allocation of resources. Article 25 of the CRPD state that PWD have the right to enjoy the highest achieved health care standard without any discrimination based on their disabilities. From the examples given above, it is clear that PWD continues to experience various forms of challenges in the hands of the community and even in the hands of health care workers. One of the respondents indicated that they are called unpleasant names in health care facilities.

Although the Department of Health is trying, there is still a huge gap between urban and rural communities. You find that people from rural areas always have to travel long distances to access health care facilities. For example, if someone cannot afford to travel, a physically impaired person who is unable to walk has always had to wait for the arrival of a mobile clinic, which comes once at the beginning of the month. It has been indicated that rural practice, like virtually every other activity in South Africa, has been profoundly shaped and impacted by the country's political situation under apartheid (Reid et al., 2002). South African rural health is synonymous with the health of the population in deliberately underdeveloped areas of the country, largely black societies. Since the democratic government took over in 1994, there have been deliberate policies that attempt to combat past inequities in healthcare; implementing those policies remains a work in progress (Reid et al., 2000).

5.4.2 Accessibility to Disability Prevention and Rehabilitation

Rehabilitation services in South Africa are provided by the Departments of Health, Education, Social Development and organisations of and for persons with disabilities. Rehabilitation services offered by the Department of Health are guided by the National Rehabilitation Policy (2006). This policy adopts Community Based Rehabilitation (CBR) as the underlying philosophy to the provision of rehabilitation services. However, the HPCSA in 2012 indicated that there is a shortage of qualified rehabilitation practitioners in the public sector in general, and in rural districts and communities in particular.

The accessibility of disability preventions and rehabilitation was probed by asking the respondents if there is any accessibility within the Nkandla Local Municipality. It has emerged that the Department of Social Development does initiate awareness campaigns and disability preventions in collaboration with other departments and NPOs. Respondents from the DSD indicated that the government department they do work with is South African Police Services and the Department of Justice. They also indicated that they do work with Umzamo Child Guidance, which is an NPO. The following quotes illustrate the above sentiments:

When it comes to disability preventions, well we do conduct disability awareness programs where we teach people how to treat disabled people and not abuse them, even internal, we do have an organization called Umzamo Child Guidance. The organization works with disabled children to link them with social grants and find the appropriate schools, so we heavily rely on the organization because it has a list of special schools. We also do disability prevention programs with SAPS, DSD, and DoJ, where we go to communities to initiate awareness campaigns [Nosipho, #1].

In terms of disability preventions, we do conduct awareness campaigns in our communities where we teach people how to avoid disability, we also teach them how to treat people with disabilities, and we also teach them not to discriminate against them [Nokwethaba, #4].

The DSD, with various departments and organizations, are trying anonymously to ensure that WWD in the area enjoys their rights to the fullest. As indicated in Chapter 4 by the Stakeholder theory that a more prosperous society is an inclusive one of profit, goods, and services, especially in terms of positive human relations, diversity, and creating welfare for disabled individuals. The eradication of social disintegration and societal norms towards PWD favors positive economic and social relations by initiating a virtuous circle that increases people's welfare, particularly those with disabilities, especially WWD. It requires the cooperation of every stakeholder to realize equitable economic and social rights for these individuals.

5.4.3 Accessibility to Transport

On the off chance that your daily drive constrains you to squander valuable hours trapped in traffic or elbow your way into stuffed public transport, you likely need small convincing about the significance of good quality, reliable transport. Presently, envision your disappointment if, rather than just managing not exactly impeccable transport, you needed to manage with no transport by any means. For many disabled people, this is not merely fiction; however, an everyday battle is very typical. Transportation issues are exceptionally trying for individuals with disabilities globally (UNDP, 2010; Frye, 2013; Frye, 2019). While the CRPD does not have a particular Article on transport, it recognizes the centrality of transport for PWD to get to a scope of services, including homes, schools, medical services, work environments, and leisure (CRPD Article 9). The CRPD reveres PWD's rights to access transportation on an equivalent basis with non-disabled people.

Many rural transport structures remain either entirely out of bound or extremely difficult to use for passengers with disabilities, turning even the shortest journey into a logistic nightmare. Constraints on mobility constitute a significant hindrance to the inclusion of disability development, as they worsen the economic, personal, and social isolation of PWD, and appear to drive them deeper into

poverty. Nkandla Local Municipality has emerged that the issue of transport is one of the significant challenges facing WWD. Participants revealed how difficult it is for PWD to access transport in Nkandla Local Municipality:

I do not know much about transport, but I usually see in public transport that disabled people who use a wheelchair are unable to get in taxis. There are very few public transports that cater to disabled people [Nosipho, #1].

The transport within the municipality is not disability friendly, and there is no accessibility for people with disabilities. I think this is an issue affecting the whole country, and it needs a closer look from relevant stakeholders, but for us here, our roads are also the challenge because they are not good enough [Zenzi, #2].

Correspondingly other respondents commented:

Concerning transport, I can say I have never come across any transport designed to accommodate people with disabilities within Nkandla. I can safely say the transport is inaccessible and inadequate for people with disabilities. Even our roads well are not adequate, they try to put gravel stone, but the rain comes and wash them away, making it even difficult for transports [Zandile, #1].

The transport here at Nkandla is not disability friendly. You even find that whenever they want to go somewhere, they have to hire a special transport for that person [Sibusiso, #2].

The above narratives illustrate how WWD are disabled both by their impairments and their broader societal and environmental hurdles. Thus, resonating well with the feminist disability theory looks at the challenges of WWD beyond their bodily impairments. The inaccessible to conducive transport is a form of social exclusion and a violation of WWD's right to services as lucidly guaranteed by the CRPD.

With bad roads and terrain in most parts of Nkandla, it is even more challenging for WWD to walk or use a wheelchair. It has also reduced many WWD's abilities to visit their relatives and special medical check-ups at referral hospitals in other parts of the municipality. Without accessible transport, the mobility of WWD, social contact, and access to services is heavily constrained (WHO and World Bank. 2011).

The narratives by social workers and community members revealed how WWD are unable to overcome the challenges faced in accessing public transport in rural Nkandla. Many WWD finds it difficult to board public transport as it is not well designed to accommodate them and not well

designed for wheelchair users. In most cases, WWD board public transport with the help of others. Imagine what happens if that particular woman does not have someone to help her.

5.4.4 Accessibility to Education

Girls with disabilities face numerous challenges in obtaining access to primary and secondary school and gaining reasonable education once they are enrolled in school. However, the rights of PWD are documented under international law as rights holders, with a right to education without discrimination and based on equal opportunities. The right is guaranteed by the ICESCR of 1996, and the CRPD sets out the right to education as applied to PWD in Article 24 and has interpreted by the CRPD in General Comment 4: Article 24 – the right to inclusive education (2006). In the context of South African policies, the Education White Paper 6 clearly states the intention of achieving inclusion rather than mainstreaming or integration. The National Development Plan (2012) promotes the accelerated roll-out of inclusive education that enables everyone to participate effectively in a free society, and acknowledges that education provides knowledge and skills that persons with disabilities can use to exercise a range of other human rights. However, a policy of inclusive education is insufficient to ensure that such a system will successfully be translated into practice. Despite the relative strength of international law and national legislation and policies in guaranteeing the right to education of PWD in South Africa, at the local level, very few communities are guaranteed the right to education of WWD in rural areas. The following quotes emphasize that:

There is little accessibility for disabled people in terms of education because I only know two special schools within the municipality. I do not think they are disability-friendly regarding mainstream schools because those that I have visited are not inclusive, and they have little or no enrollment for people with disabilities [Zenzi, #2].

I do not think those instruments are easily accessible for people with disabilities because most of our schools are not built to be disability friendly, there are only two special schools at Nkandla, and we know that there are so many children with special needs, and they are pushed to mainstream schools. In any case, the child does not get a proper education. The reason why they push those children is that there is some benefit for children's enrolment at schools. Even us, social workers when it happens we go to schools, they start telling us that there is this child who is not doing well in class, and we can see that teachers are not well trained to deal with such children, so they always want us to help them out while we come for other issues [Nosipho, #1].

There is no education accessibility for people with disabilities because I only know two special schools within Nkandla, and I am not sure how adequate they are because I have

never been to the schools. The only tertiary institution we have here in Nkandla, I have no idea whether it is built to cater to disabled people. I know the mainstream schools are not disability friendly, which I can conclude as that they are adequate for disabled people [Zandile, #1].

Other respondents said:

Education: there are Vuleka School and Sthandiwe Primary School for people living with a disability. These are the only institutions we have within the municipality that do cater to the disabled. They are adequate; however, I am unsure about accessibility because they near Nkandla town, and for me, what I can say is that it is not easy for someone from ward 9 to take his/ her child to such a far institution, significantly if that child is impaired [Bheka, #3].

In terms of education, there are just a few schools for the disabled here in Nkandla. There is Sthandiwe Scholl for the Deaf and Vuleka School for the Deaf. Mainstream schools cannot cater to people with disabilities, so I cannot include them with institutions for disabled people. Arguably, they are accessible but inadequate for people with disabilities. The only good schools are the two mentioned above [Lucky, #6].

As indicated by almost all these participants, mainstream schools in Nkandla Local Municipality are not inclusive, and their infrastructure is built so that they cannot accommodate people with disabilities. Undoubtedly, the municipality needs other special schools, and those mainstream schools need to be upgraded so that they will be able to accommodate special needs children. The Education White Paper 6: Special Needs Education: Building an Inclusive Education and Training System policy has made it clear that in order to make inclusive education a reality, there needs to be a conceptual shift regarding the provision of support for learners who experience barriers to learning. Additionally, the Constitution of the Republic of South Africa Section 29 provides every person the right to primary education. “The reference to every person in the section means just what it says, that everyone, including people with disabilities, has the right to primary education” (RSA, 1996). Notably, the right to basic education is not qualified by the availability of resources or progressive realization, such as other essential services. According to Wildeman and Nomdo (2007) despite the enabling policies created in the country, the implementation of inclusive education in South Africa is slow and only partial. The fact that the right to primary education is not qualified means that the government should immediately realize the right. It requires the government to provide access to education for children with disabilities on the same basis as with other children without disabilities, regardless of how expensive that might be.

It can be argued that although there are many school-level and cultural barriers to inclusion in Nkandla Local Municipality, however, the major factors hindering the implementation of inclusive policies in the area is the lack of clarity in the Education White Paper 6 policy regarding the means through which schools can meet the goals of inclusive education. The policy is not clear whether this ambiguity is intentional, but it has undoubtedly led to inaction by the stakeholders involved. Moreover, the stakeholders' inaction and failure to provide access to education for children with disabilities amounts to discrimination on the grounds of disability. The appalling conditions and lack of adequate accommodation at distinct, full-service, and mainstream schools violate the rights to dignity for children with disabilities. However, it can be commended that within the Nkandla Local Municipality, special needs schools are receiving some support from different stakeholders. It does not go unnoticed because special needs teachers have expressed their pleasure in some other aspects that they feel did positively contribute to their institutions and their students' upliftment. Different special needs teachers explain this in the following quotes:

Nkandla Local Municipality back then used to have a football tournament and invite our learners to participate, and also, if they have events, they invited our children to entertain the audience with dance. They also sponsored us when we were hosting a beauty contest in the school. The support from traditional leaders is very little; it just that they allow our school to be built in their area that the only thing I can say about them. The community of the Nkonisa area, where our school is located they treat our learners fairly. They do not discriminate against them. They also used to challenge our learners with football for practice purposes. The youth of the Nkonisa area, after finishing at TVET colleges, used to come and do in-service training in our school. I think it is also a support to choose Vuleka School to further their studies [Zandi, #1].

There is very little support from Nkandla Local municipality. They only support sporting activities where they organize sports for disabled learners. There is very little support from traditional leaders—community support by engaging our learners in sports activities only for practice. The Kwabadala Age Home is supporting by taking our learners for in-service training [Zuko, #2].

As stated above by the participants, it is clear that the only support special school get from different stakeholders, particularly from the Nkandla Local Municipality, is sport-related. Nevertheless, it should also be remembered that children with disabilities have special needs that must be addressed need if they do well at school. In addition, specific accommodations catering to the individual needs of children are also required along with addressing the generally accessible features such as ramps,

wider doorways, and accessible toilets. However, if a disabled child does not have an assistive device to get to school and access her classroom, therefore that child has been deprived of the right to an education. Such rational accommodations are of importance to guaranteeing that disabled children can truly realize their education rights.

5.4.5 Accessibility to Basic Needs and Assistive Devices

To give effect to the right of persons with disabilities, particularly rural women to move freely and with independence, there is a growing need of National Rehabilitation Policy (2006) and Standardisation of Assistive Devices in the Public-Sector Guidelines to be reviewed. Hereafter, the creation of accessibility to school buildings and the provision of augmentative and alternative communication devices that take place only at tertiary level of health care on its own cannot provide proper access to education and health care for all women and children with disabilities. Disabled children can be significantly improved if proper assistive devices and technologies, and basic needs are available to support their learning needs. It has emerged from the study that most children with disabilities rely on disability grants for their basic needs and that they are the only source of income within their families. Most families rely on that money to keep themselves food secure, leaving disabled children unable to get everything needed for their better livelihood. The following quotes emphasize that:

As most of them depend on disability grants and when they are below the age of 18, they have difficulties accessing food, toiletries, and clothing because their grant is taken away by their parents, and do not buy all the things they need. The parents take their grants and do the family needs, and they do not do anything for their children's' needs as most of the time children are at boarding school, they sometimes even fail to pay their boarding fees [Zandi, #1].

The other respondent indicated that:

I believe that the government needs to be done so much because some learners depend on their parents who receive grants on their behalf. Learners always have to buy toiletries by themselves, and they have to pay each term for shelter, food, and boarding fees. They also have to buy clothes for themselves [Nomalizo, #3].

In South Africa, education is not yet free for the majority of children with disabilities. Public special schools are treated differently by the government from other public mainstream schools. Public special schools are still not listed in the government's publicly available annual no-fee schools lists. The respondents have indicated that most of the children with disabilities rely on a disability grant. If

that disability grant is retaken to pay for school fees and other needs concerning school materials, that might cause a huge setback when it comes to food security for these individuals because the grants is not that enough to cover such demanding needs.

5.4.6 Inclusion and Participation

The principle of self-representation, such as the right of persons with disabilities to participate in the development, implementation and evaluation of all legislation and policies through their recognised organisations of persons with disabilities, is well established in South Africa. The White Paper on an Integrated National Disability Strategy (1997) envisions the realisation of the rights of women with disabilities to equality and dignity through full participation in a barrier-free society. However, giving meaningful effect to this right across all three spheres of government and across all disability organisations, however remain a challenge due to severe capacity constraints, as well as tensions within the disability sector as to who should represent the voice of persons with disabilities. The study has emerged that there are a limited inclusion and participation of WWD in rural socio-economic and political development. WWD in most of the time, lack representation in most matters shaping their lives. From chapter three, it has been indicated how society's perception informs people's attitudes of WWD as helpless objects incapable of contributing anything sensible at community meetings. These women are silenced. It interacts with patriarchal power relationships where women are first excluded because they are WWD.

Further barriers to participation include language, transport and terrain problems, as discussed earlier, making it difficult for WWD to attend meetings. Hence, Sign language does not enjoy recognition as one of South Africa's official languages. The CRPD (2006) also notes such restrictions that hinder PWD in community development. The quotations below reveal these challenges:

One of the issues hindering them is attendance. Their attendance is very low. Sometimes we travel a long distance to give them knowledge, but they cannot come out of their homes, and sometimes we do not get relevant attendance; for example, if we have a program for disabled people, in the venue, we find people without disabilities. The issue here in Nkandla is that disabled people are used as ATMs; their grants are not used for rightful purposes [Nosipho, #1].

The barriers hindering them might be that there are no specific programs designed for women with disabilities. The programs we have do not specify; they include everyone who might suppress their voices because they do not have a platform specifically for them [Nokwethaba, #4].

The challenges we face as the organization is the lack of attendance when we conduct our campaigns and that maybe if it happens, they show up they do not come in time. Okunye ukuthi njengoba u-ward nine umkhulu kangaka nje, azikhoni ukuthi izigodi zonke ziphelele ngenxa yokungabibikho kwezithuthi. Into eyenzekayo kugcina sekufika labo abaseduzane....the other thing is that ward 9 is enormous, so other wards cannot attend our programs due to the lack of transport. What is usual is that we end up with those around us [interview with NGO member, #2].

The respondents have raised the lack of attendance and the unavailability of specific programs and initiatives for disabled women as a significant concern for the inclusion and participation of WWD in Nkandla. These people should be included as much as anyone is concerned because, in every community life, participation is of paramount importance for well-being, the network of social support, promoting a sense of belonging, and opportunities for physical activities. It has also emerged the lower level of participation and mobility of WWD in employment, education, and recreational activities than women without disabilities. It has implications for their life course opportunities and well-being and health.

5.4.7 Abuse Against Women With Disabilities

The Constitution states that “Everyone has the right to be free from all forms of violence from either public or private sources; not to be tortured in any way; and not to be treated or punished in a cruel, inhuman or degrading way.” In ensuring compliance with the Constitution and the above Convention, the South African Parliament adopted the Prohibition of Torture Bill. It takes cognisance of the provision of Article 15 of the CRPD. However, persisting violence against women and girls in general, and rape and sexual abuse of girls and women with disabilities in particular, remains a major challenge in South Africa. Findings from the study reveal that rural women with disabilities in Nkandla Local Municipality are exposed to different kinds of abuse. It includes physical, social, and sexual violence. The narratives below explain the challenges of rural WWD regarding the abuse they experience in their lives:

Women and girls with disabilities here find it hard to access prevention instruments in the area. Nkandla is characterized by mostly rural areas where households are isolated, and we do not have enough police stations, so it is always hard for them to report cases of violence. However, in our offices, we have handled the different cases of violence against people with disabilities, where, in some cases, they are abused by their relatives. One form of abuse is where they do not get to enjoy their social grants. Their families use them to access social

grants. The majority of people with disabilities do not look like they are the recipients of their grants [Zenzi, #2].

The issue here in Nkandla is that disabled people are used as ATMs; their grants are not used for rightful purposes. People with disabilities here do not look like they receive their grants. The other issue is that if we hear about a case of abuse, their family will never want to let them go because he/she is their only source of income [Nandipha, #5].

The other response indicated that the community of Nkandla still needs so much training in order to be able to prevent cases of violence against disabled women. The issue of disability grants being taken away from PWD has emerged from several respondents and has been indicated as one of the significant challenges facing rural WWD in Nkandla. Indeed, violence against WWD starts with community members, so they should be the first line of defense for the victims because, without the community, it will not be an easy task for authorities to solve such cases. The following quote from a community member reveals that:

There are still cases of abuse based on people with disabilities. The grant they receive is taken and used by family members. Our communities still need the training to prevent violence against women and girls living with disabilities as perpetrators rape them, and they are not safe [Bheka, #3].

Disability looks to be a significant contributing factor for the vulnerability of rural WWD to sexual abuse and sexual violence. The 2013 AusAID case study indicates that various studies showed a clear link between vulnerability to gender-based violence and disability (Barrett et al., 2009). The WHO study of 2011 indicates that disabled people stand a high risk of being affected or experience sexual, physical, or intimate partner violence than people with no disabilities, which they estimate as 1,5 times more likely. Sexual and physical violence harms the victims of social and psychological well-being. The Nkandla Local Municipality needs to utilize the UN Secretary-Generals' UNiTE to End Violence against Women Campaign, and comprehensive and integrated programme on the 365 Days National Action Plan, including the 16 Days of Activism Campaign on No Violence against Women and Children campaign in order to combat the violence against women with disabilities in the area.

Of particular concern from the study it has emerged the lack of effective monitoring of conditions and treatment of women with disabilities in residential care in general, and in particular in health care facilities, rehabilitation centers and mental health institutions in the area. Additionally, the results from the study highlights the systematic failure of policies and programmes aimed at protecting women and children with disabilities against sexual harassment, intimidation, coercive sex, and rape.

5.4.8 Effort Made by Different Stakeholders in Advancing the Human Rights of Disabled Women

Chapter 2 has outlined that there have been vital strides taken by the South African government regarding significant issues facing PWD since the advent of democracy. In the twenty-five-year period from 1994 to 2019, initiatives to redress past inequalities included the passing of various legislation, policies, interventions, and programs. The researcher found that although there is still so much to be done in the community of Nkandla Local Municipality, however, it has emerged from respondents that different stakeholders have done significantly to bring services to people, advance the rights of WWD, and reduce barriers facing PWD, women in particular. Participants reveal how different department and NPOs have tried:

The department has tried to decentralize services to people; for example, we have a One-Stop office where people access our services. At Ward 14 (eTulwane), we have a One-Stop Development center called (Mamba) where they can access all of our services. Then to come here, they can get help because it is too expensive to come from Ward 14 to Nkandla town where there are our offices. Again, at Nxamalala, we also have the One Stop Centre, which is called (Masibumbane) where they can also access our services. We are trying to minimize the traveling of people. When it comes to employment, we have EWP where we do not exclude disabled people even if they cannot walk properly, but if they do the work, we give them opportunities [Nosipho, #1].

Through different organizations and departments, we work with, we ensure by developing forums for disabled people. We have war rooms where we initiate discussions with disabled people where they raise their concerns and challenges, and if it happens an issue that needs attention to arise, we then refer them to the relevant department if we are unable to help [Zenzi, #2].

Respondents further asserted that:

As a department, we are huge; we love to go out to people to initiate awareness campaigns and prevention programs. By doing that, we increase people's knowledge so that they will be able to solve any problem they encounter. In that case, we do it to protect them; when people are knowledgeable, they can do the right thing at the right time. We also rely on our foot soldiers, the community caregivers (CCGs), who are the people who live with disabled people in communities. If they hear something such as GBV against a woman in the community, they inform us. We rely on that [Nosipho, #1].

To ensure that disability rights are protected, we have health care workers (oNompilo) who are working close to their communities to ensure that disabled people find help near them and that their rights are always protected. We do work with other departments to ensure that their rights are protected. We also have community members who work hand in hand with us as we are not always around communities [Zenzi, #2].

The strategy we have is that each department is rally taking services down to people. For me, I work with SAPS, Department of Justice, and other department and NGOs, so I do know that as I was talking about operation Sukuma-Sakhe which is the structure of all the department meeting with each ward because each ward has a Sukuma-Sakhe program and every department has to send its representative for the program. For DSD, we have ward-based social workers, so the more we go to the community, the more we are visible. Any issue arising from the community for any person living with a disability or not being easily reported through the councilor and community caregivers if there are cases of abuse, rape must be able to open a case to the SAPS. In SAPS, they have this wing called social crime, which I heavily work with, where we normally visit different schools and community meetings and do awareness is about our work [Lindeni, #3].

Indeed, the introduction of different programs in the area, such as placing health care workers (oNompilo) in different communities and introducing One-Stop Development centers, has remarkably for women with disabilities when it comes to advancing their rights. The DOH, together with the DSD, should be commended for the tireless work they have put.

5.6 CONCLUSION

This chapter presented and discussed the results related to respondents' demographic data, the society's perceptions of WWD, and the challenges related to the violation of their human rights in the Nkandla Local Municipality. The study revealed that there are so many challenges facing WWD in Nkandla Local Municipality; these include challenges related to health care, education, transport and infrastructure, inclusion, and participation and abuse. The study also found that disabled women are treated as abnormal people and that almost all mainstream schools in Nkandla Local Municipality are not inclusive, and their infrastructure is built so that they cannot accommodate PWD.

For the progressive realization of women's welfare with disabilities in Nkandla Local Municipality, respondents stressed that the municipality needs to improve its universal accessibility in their department. They need to hire people regardless of their physical ability but their competence. Maintain the standards and needs of disabled people, for example, issue equipment that will help PWD and always make them a priority when it comes to service delivery. There should be continuous

communication from the municipality and communities. Communities are not well informed, so they need to be educated. There is a considerable gap between municipality official and communities and that gap need to be shortened. Officials need to be trained and be exposed to disability policy awareness.

Throughout the study it has been indicated that South Africa have some remarkable policies and legislations aiming to address disability issues affecting women, however, having effective policy provisions for disability and inclusion is only half the story, of course, whether in South Africa or elsewhere. The key element of any policy's success is dependent upon its implementation. There needs to be a major shift as part of policy implementation towards developing a vision and understanding of disability inclusion that is based on the recognition of individual identity, such that disabled women and their families have the choice of how, where and when inclusion happens, and whether they want to be included at all. This requires that they are an integral part of shaping what inclusion means in practice.

CHAPTER SIX:

CONCLUSION AND RECOMMENDATIONS

6.1 INTRODUCTION

In this chapter, the researcher summarises the challenges faced by WWD in Nkandla Local Municipality as they emerged through the study. Conclusions are about progress in concretizing the welfare of WWD at local, national, and global levels. Based on the thesis's findings, this chapter draws relevant recommendations that need to be considered at various levels to ensure that rural WGWD enjoys their fundamental rights in society.

6.2 RECOMMENDATIONS

The section outlines and provides recommendations for the study.

6.2.1 Recommendations for Policy

This thesis reveals that policy-makers in South Africa, especially in Nkandla Local Municipality, have to do a lot more to ensure the progressive realization of women's rights with disabilities. Therefore, it is recommended that there be an annual review (monitoring and evaluation) to align disability-related policies. It should include a regular review of the Social Assistant Act, Policy on Disability, and the Disability Framework for Local Government, including specific clauses for WWD. Above all, they adopt a human rights-based approach to disability. It should be guaranteed that WWD's rights concerning economic, social, and political rights and freedoms, including the rights to education, health needs, and services, and offer for their participation and protection from violence in society are accorded.

It should be made mandatory for local authorities not to issue certificates of competence to public structures, including shops and beer-halls built without ramps and guiding rails to allow easy access to usually impaired and policy to guide government institutions mainstreaming disability issues. It is recommended that national development policies should be revived to include gender disability issues. This study showed that it is vital for training institutions to include disability modules in their curriculums to produce public officers that embrace and understand disability issues in government offices, hospitals, and schools.

6.2.2 Recommendations for Practice

The research study encourages that the government must show political will and capacitate and increase the budgets for organizations and institutions that implement disability issues such as DSD, SAHRC, Association for People with Disabilities, Centre for Disability and Health Policy, Disabled Children's Action Group, National Council for Persons with Physical Disabilities in South Africa and

special schools. The resourcing and capacitating of these institutions and organizations allow them to implement their mandate effectually and ensures the progressive recognition of the rights of WWD. These endeavors should comprise creating an exciting disability fund to guarantee reliable grants to PWD, including WWD in rural areas.

Relevant stakeholders should ensure that awareness-raising programs are undertaken from national, provincial, and local level, targeting the community at large, WGWD, their friends and families, and professional groups, including health works, law enforcement, social workers, employment offices, people working in education, vocational training centers, and the social services. Furthermore, including policy-makers, political decision-makers, and, very importantly, the business community. These awareness-raising programs should be carried on with the full participation of WWD. Moreover, it should encourage observance of the principle that WWD are characterized by their abilities and are in charge of their own lives, and at the same time should clarify their requirements and problems, along with the benefits of the mainstreaming approach

6.2.3 Recommendations for Education

Universities, colleges, primary schools, secondary schools, advisory services, vocational training services, and decision-makers in the area of vocational rehabilitation should be informed properly and be equipped to take the essential steps to guarantee that WGWD receive better education and training for employment that will ensure the independence and fulfillment for them. There must be education for those working in the educational institutions so that they will be able to combat and reject all forms of prejudices held by WGWD or their families. It is of paramount importance to promote and facilitate the mainstreaming of education.

Rural institutions of education should make all possible regulations to support and accommodate girls with disabilities in course content, facilities, examinations, allowing extra time for lessons, homework, examinations, and other important measures. These rural education institutions where appropriate should improve accessibility. They should facilitate access to assistance services, whether outside or directly accessible to the school. As an extraordinary measure, it is essential to provide specialized education. The government should ensure that there are enough special schools in rural areas. Additionally, there should be specific curriculums dealing with decision-making and thinking skills, personal development, and interpersonal relations. In all cases, personal development education should be offered in levels of education, from primary, secondary up to tertiary level.

6.2.4 Recommendations for Employment

All the relevant services, including employers, trade unions, agencies, trainers, and co-workers, should be made aware of the circumstances affecting WWD to understand, accept and promote their rights to be better placed in employment appropriate with their abilities. The public sector should set an example and make a special effort to employ disabled women. Services within the career guidance sector should offer disabled women the full range of possibilities and not simply direct them towards poorly paid jobs.

It should be mandatory for employers to introduce feasible measures where it is appropriate such as extended assignment times, home-based working, flexible working hours, and part-timer working. They must also be encouraged to advance their facilities and make them inclusive and accessible to WWD. In terms of employment support schemes, there must be an adaptation of instruments such as quota systems to the needs of disabled women and should be evaluated in terms of how they benefit the situation of employment of disabled women. To enable women with disabilities to work productively, additional support such as care of other dependents, access to personal assistance, childcare, and transport to and off their place of work must be made available.

6.2.5 Recommendations for Issues of Sexuality

It is of paramount importance to emphasize the rights of WGWD to sexuality. Parents must be educated and informed about the sexual identity of their disabled daughters. It should be done to all those people with whom they are in contact, their teachers at school, family members, and friends at home. Girls with disabilities should be encouraged to be involved in social activities that include other young people to enhance their confidence and sexual identity.

There should be proper sexual education for WGWD so that they will be able to cultivate their sense of self-respect, accept their sexuality, resist and avoid abuse, and create and preserve relations with others. There must be training and dissemination of information regarding sexuality to health care providers, caregivers, and all other people involved to assist without imposing prejudgments to women and girls with disabilities in health care facilities. Mammography and equipment facilities modified to meet the needs of disabled girls and women must be made available at all times.

6.2.6 Recommendations for the Issues of Violence

Given the extent of existing gender-based violence towards women, it is imperative to introduce practical majors to fight violence against WWD. Women and girls who are likely to be the victims of gender-based violence should be trained not to accept it, to defend themselves, and to proclaim their rights if abuses occur. People who are tasked to take care of WWD must be trained and appropriately

monitored and must observe a strict code of morals and ethics. There must be set guidelines for officials working in departments dealing with disabled people should be better prepared to handle reports and situations of abuse and GBV abuse against WWD. Abuse must be harshly punished.

WWD should not be obligated to participate in medical experiments or any experiment and not be forced to participate in medical treatment. Monitoring and security in institutions should be made to be mandatory and thoroughly implemented. In the case of abuse, WWD, including those located in an institution, should be able to get help and support as soon as possible, with access to appropriate assistance, health care services, and psychological support. WWD in situations of dependence who are victims of abuse must be entitled to receive psychological and physical support.

6.2.7 Recommendations for Further Research

The researcher recommends a need for further empirical research that should focus on raising awareness about issues and challenges affecting WWD and disability rights. Non-state and state actors should also enable and capacitate communities, including traditional leaders and religious communities, to view WWD as people worthy of dignity. These efforts can help to enhance the perception of a society of WWD as equal human beings. It remains critical for all stakeholders improving disability problems to be allowed to cataract their actions in rural areas. In this, WWD must be included in the formulation and implementation of projects of activities that mainly affect them.

6.3 CONCLUSION

A review of literature and policy documents revealed various policy frameworks and institutional frameworks for the progressive realization of PWD, including the White Paper on Disability on an INDS, National Rehabilitation Policy, KwaZulu-Natal Housing Policy for the Aged and Disabled, Disability Framework for Local Government, Strategic Policy Framework on Disability for the Post-School Education and Training System, and Policy on Disability. The study found that the Disability Framework for Local Government: 2009-2014, released by the South African Local Government Association and the then Department of Provincial and Local Government aimed at enabling local government and other role-players to mainstream disability considerations in the development programmes of municipalities, its implementation has regrettably been lagging behind. It also emerged in the study that the implementation of the CRPD in rural areas have been particularly lacking due to the compounded impact of harmful traditional beliefs, poverty, low literacy levels and lack of access to the built environment, ICT and transport infrastructure persons with disabilities and their families living in rural areas have to endure on the one hand, and the tendency to prioritise the needs of those most vocal. Most of the local instruments do not include specific references to disability

rights, let alone the rights of WWD in rural areas. Moreover, the conceptualization of disability by South African instruments such as the Disability Framework for Local Government and the Policy on Disability is limited, as they only speak to social development and social services. They neglect the issues that affect rural WWD in South Africa, such as violence and abuse, and enhancing their political and human rights. However, these instruments are to be commended for emphasizing the equal rights of all human beings without any form of discrimination, notably in terms of ability or gender.

The study reviewed the impact of apartheid on realizing the rights of PWD in South Africa. It examined how the divisions and inequalities among people ascended from an economic, social, and political system intended to deny access to fundamental rights and ensure PWD remained in poverty with limited opportunities. The literature emerged that most disabled people were denied housing, information, education, health services, and transport. It was revealed as a significant concern from the respondents in the study that these individuals are still experiencing the same challenges even after 25 years of democratic government.

The researcher found that South Africa effectively brought various institutions with the government to oversee disability legislation and policies. These institutions include DSD Association for People with Disabilities, the Centre for Disability and Health Policy, the Disabled Children's Action Group, National Council for Persons with Physical Disabilities in South Africa, and SAHRC to advance disability rights in all parts of the country, including rural areas. The DSD and SAHRC were crucial in implementing PWD's rights, as stated in the United Nations and South African Constitution. However, the effectiveness of these institutions is primarily affected by limited human and financial resources. Most government institutions for PWD issues are under-resourced and underfunded to adequately provide for the welfare and rights of WWD, especially in rural areas.

The findings document WGWD discrimination in all life facets and vulnerability to violence, abuse, and diseases. In contrast with the feminist disability thinking that highlights WWD issues in terms of gender, disability, race, and location on the global map, this thesis adds rurality. Specifically, it is explained as another layer that exacerbates women's marginalization with disabilities in rural South Africa. Most rural areas of South Africa are not developed, accessible, and user-friendly for WWD.

The study emerged that most PWD, including disabled women in Nkandla Local Municipality, experience numerous challenges. The lack of health care facilities emerged as one of the biggest concerns for PWD. They revealed that the area has only two hospitals and some clinics. It was indicated that the majority of people rely on mobile clinics that arrive once a month. The study also found that there are so many hardships in accessing disability preventions and rehabilitation centers. However, it emerged that the DSD has developed some initiatives in collaboration with other

departments and NPOs to mitigate the issue. It was also uncovered that various barriers are hindering WWD in accessing transport. Bad roads in Nkandla Local Municipality were indicated as factors making it even harder for these people to walk or use their wheelchairs.

Inadequate and inaccessibility to education was listed as one of many issues facing WWD in Nkandla Local municipality. Respondents indicated that there only two special needs schools and that all mainstream schools are inadequate and are not inclusive for PWD. It was stated that mainstream public schools are treated differently from special public schools among all schools regarding service delivery. Mainstream public schools are listed as a no-fee school while special public schools; their students have to pay school fees. The inappropriate infrastructure also emerged as other issues holding back rural women in Nkandla in realizing their human rights. Lack of inclusion and participation and the prevalence of violence against WWD in the area were stressed as part of their challenges.

The findings suggest that many rural families find it useless to prioritize the needs of women and girls because they are unlikely to benefit the family in any way. Consequently, the majority of WWD are despised, ridiculed, neglected, and not sent to school, as parents and society do not value educating such people. As articulated in feminist disability theory, the lives of WWD are limited mainly not by their type of disability but instead by the prevailing social, cultural, and economic constraints in society

In rural areas, being a WWD relegates one to a poorer position in rural society. Religion, poverty, and patriarchal inclinations have the stronger density to deny women and girls with disabilities dignity and equal value like other people. Hence, the marginalization, discrimination, and exclusion of rural WGWD rise not due to the fundamental nature of their impairments but rather due to limited knowledge, poverty, and lack of awareness of their rights by society and themselves. In remote areas, women with disabilities are seen and regarded as worthless human beings, useless and objects of the pit.

The situation of WWD is made worse by the fact that their critical needs and issues remain at best included or worst excluded in fragmentary style in numerous disability rights, human rights, and gender measures. Without the appropriate policy and legal protection, most rural WWD remain excluded and marginalized in rural communities.

Therefore, it is of paramount importance that society must see disability beyond impaired body parts. Society has to extend the scope to visualize the broader societal variables that WWD from rural areas. The first task comprises aligning disability-related policies and laws to the greatest global instruments and for extensive awareness-raising concerning the rights of PWD and rural WWD. These efforts can

inform the broader society as a whole and transform their mind-sets, including community leaders, government officials, and policy-makers.

REFERENCES

- Aarons, G.A., Hurlburt, M. and Horwitz, S.M., 2011. Advancing a conceptual model of evidence-based practice implementation in public service sectors. *Administration and Policy in Mental Health and Mental Health Services Research*, 38(1), pp.4-23.
- Abbas, W. and Asghar, I., 2010. The role of leadership in organizational change: relating the successful organizational change with visionary and innovative leadership.
- Alcock, P., Haux, T., May, M. and Wright, S. eds., 2016. *The student's companion to social policy*. John Wiley & Sons.
- Angel, E. and Shreiner, D., 2012. *Interactive computer graphics: a top-down approach with shader-based OpenGL*. Boston: Addison-Wesley.
- Antwi, S.K. and Hamza, K., 2015. Qualitative and quantitative research paradigms in business research: A philosophical reflection. *European journal of business and management*, 7(3).
- Arghode, V., 2012. Qualitative and Quantitative Research: Paradigmatic Differences. *Global Education Journal*, 2012(4).
- Aspers, P. and Corte, U., 2019. What is qualitative in qualitative research. *Qualitative Sociology*, 42(2), pp.139-160.
- Astbury, J. and Walji, F., 2013. Triple Jeopardy: Gender-based violence and human rights violations experienced by women with disabilities in Cambodia. *Australia: AUSAID*.
- Baker, S.E. and Edwards, R., 2012. How many qualitative interviews are enough? Expert voices and early career reflections on sampling and cases in qualitative research.
- Banerjee, A. and Chaudhury, S., 2010. Statistics without tears: Populations and samples. *Industrial psychiatry journal*, 19(1), p.60.
- Banks, L.M., Kuper, H. and Polack, S., 2017. Poverty and disability in low-and middle-income countries: A systematic review. *PloS one*, 12(12), p.e0189996.
- Barnes, C. and Mercer, G., 2010. *Exploring Disability*. 2nd ed. Cambridge: Polite Press.
- Barrett, K.A., O'Day, B., Roche, A. and Carlson, B.L., 2009. Intimate partner violence, health status, and health care access among women with disabilities. *Women's health issues*, 19(2), pp.94-100.
- Barrett, S.M., 2004. Implementation studies: time for a revival? Personal reflections on 20 years of implementation studies. *Public administration*, 82(2), pp.249-262.
- Baynton, D.C., 2013. Disability and the justification of inequality in American history. *The disability studies reader*, 17(33), pp.57-59.

BBC News, 2018. <https://www.bbc.com/news/world-africa-43979207> [Accessed: 21 September 2020]

BBC. 2014. "Tanzania's Albino Community: 'Killed like Animals', BBC News, www.bbc.com/news/world-africa-30394260. Accessed 23 November 2019.

Beaudry, J.S., 2016, February. Beyond (models of) disability?. In *The Journal of Medicine and Philosophy: A Forum for Bioethics and Philosophy of Medicine* (Vol. 41, No. 2, pp. 210-228). Journal of Medicine and Philosophy Inc..

Bedini, L.A., 2000. " Just sit down so we can talk:" perceived stigma and community recreation pursuits of people with disabilities. *Therapeutic Recreation Journal*, 34(1), pp.55-68.

Bernicchia-Freeman, Z., 2018. The Blurring of Identity: Cochlear Implants and the Deaf Community. *Journal of Integrative Research & Reflection*, 1, pp.64-74.

Bingham, L.B., 2011. Collaborative governance. *The SAGE handbook of governance*, pp.386-401.

Blanco-Mancilla, G., 2011. *Implementation of health policies in Mexico City: what factors contribute to more effective service delivery?* (Doctoral dissertation, The London School of Economics and Political Science (LSE)).

Bogenschutz, M., Im, H. and Liang, A., 2016. Ecological model of a good life for people with disabilities in Vietnam. *Global Social Welfare*, 3(4), pp.243-254.

Boorse, C., 2009. Disability and medical theory. In *Philosophical reflections on disability* (pp. 55-88). Springer, Dordrecht.

Braathen, S.H., Vergunst, R., Mji, G., Mannan, H. and Swartz, L., 2013. Understanding the local context for the application of global mental health: A rural South African experience. *International Health*, 5(1), pp.38-42.

Braithwaite, J. and Mont, D., 2009. Disability and poverty: a survey of World Bank poverty assessments and implications. *Alter*, 3(3), pp.219-232.

Brems, C., Johnson, M.E., Warner, T.D. and Roberts, L.W., 2006. Barriers to healthcare as reported by rural and urban interprofessional providers. *Journal of interprofessional care*, 20(2), pp.105-118.

Brittain, I., 2004. Perceptions of disability and their impact upon involvement in sport for people with disabilities at all levels. *Journal of sport and social issues*, 28(4), pp.429-452.

Brownill, S. and Parker, G., 2010. Why bother with good works? The relevance of public participation (s) in planning in a post-collaborative era. *Planning Practice & Research*, 25(3), pp.275-282.

Brynard, P. & de Coning, C., 2006. Policy Implementation. In: Cloete, F., Wissink, H. & de Coning, C. Improving Public Policy: from theory to practice. *Pretoria, Van Schaik Publishers*: pp.180–213.

- Brynard, P. and Stone, A.B., 2006. Policy implementation.
- Brynard, P., 2005. Policy implementation: Lessons for service delivery. *Journal of public administration*, 40(Special issue 3), pp.649-664.
- Bukyensengye, J., 2012. Rwanda commits to ending GBV in Refugee Camps. New Times Online. Accessed 06 January 2020.
- Chappell, P. & Rule, S., 2013. Research Report on Disability for the 20 Year Review.
- Chataika, T., 2009. Inclusion of disabled students in higher education in Zimbabwe. In *Cross-Cultural Perspectives on Policy and Practice* (pp. 130-145). Routledge.
- Cheng, C.Y., 2019. *Behind the Tiananmen massacre: Social, political, and economic ferment in China*. Routledge.
- Ching, T.Y., Dillon, H., Marnane, V., Hou, S., Day, J., Seeto, M., Crowe, K., Street, L., Thomson, J., Van Buynder, P. and Zhang, V., 2013. Outcomes of early-and late-identified children at 3 years of age: findings from a prospective population-based study. *Ear and hearing*, 34(5), p.535.
- Chipp, C., Dewane, S., Brems, C., Johnson, M.E., Warner, T.D. and Roberts, L.W., 2011. "If only someone had told me...": lessons from rural providers. *The Journal of Rural Health*, 27(1), pp.122-130.
- Connelly, L.M., 2016. Trustworthiness in qualitative research. *Medsurg Nursing*, 25(6), p.435.
- Conteh, C., 2011. Policy implementation in multilevel environments: Economic development in Northern Ontario. *Canadian public administration*, 54(1), pp.121-142.
- Costa, S., 2015. Refugees with Disabilities at Higher Risk of Gender-Based Violence.
- Creswell, J.W. and Creswell, J.D., 2017. *Research design: Qualitative, quantitative, and mixed methods approaches*. Sage publications.
- Cullinan, J. and Gannon, B., 2010. Estimating the extra cost of living for people with disabilities.
- Curtis, K.R., 2008. Conducting market research using primary data. *Assessment and Strategy Development for Agriculture*.
- Davis, L.J. ed., 2006. *The disability studies reader*. Taylor & Francis.
- de Silva de Alwis, R., 2008. Disability Rights, Gender, and Development: A Resource Tool for Action. Full Report. *Wellesley Centers for Women*.
- Department of Health, 2000. National rehabilitation policy.

Department of Provincial and Local Government., 2009. Disability Framework for Local Government 2009–2014. Available: <http://www.info.gov.za/view/DownloadFileAction?id=107417>. Accessed 13 May 2020.

Department of Social Development (DSD), South Africa, 2015. *Draft National Disability Rights Policy*.

Department of Social Development (DSD), South Africa, 2015. *White paper on the rights of persons with disabilities*.

Dube, A.K., 2005. The role and effectiveness of disability legislation in South Africa. *Samaita Consultancy and Programme Design*, pp.1-89.

Dziva, C., 2018. *Advancing the rights of rural women with disabilities in Zimbabwe: challenges and opportunities for the twenty first century* (Doctoral dissertation).

Ehrenberg, R.G. and Smith, R.S., 2016. *Modern labor economics: Theory and public policy*. Routledge.

Eide, A. H., Schur, C., Ranchod, C., Rohleder, P., Swartz, L., & Schneider, M., 2011. Disabled persons' knowledge of HIV prevention and access to health care prevention services in South Africa. *AIDS Care*, 23(12), 1595–1601. doi:10.1080/09540121.2011.575119

Eisenbruch, M., 2018. The cultural epigenesis of gender-based violence in Cambodia: Local and Buddhist perspectives. *Culture, medicine, and psychiatry*, 42(2), pp.315-349.

Emmett, T., 2006. Disability, poverty, gender and race. In B. Watermeyer, L. Swartz, T. Lorenzo, M. Schneider, & M. Priestley (Eds.) *Disability and social change: A South African perspective*, 207–33. Cape Town, South Africa: HSRC Press.

Eskay, M., Onu, V.C., Igbo, J.N., Obiyo, N. and Ugwuanyi, L., 2012. Disability within the African culture. *Contemporary voices from the margin: African educators on African and American education*, pp.197-211.

Etikan, I., Musa, S.A. and Alkassim, R.S., 2016. Comparison of convenience sampling and purposive sampling. *American journal of theoretical and applied statistics*, 5(1), pp.1-4.

Fillingham, J., 2013. *Changing needs and challenging perceptions of disabled people with acquired impairments* (Doctoral dissertation, University of Birmingham).

Fox, N., 2009. Using interviews in a research project. *The NIHR RDS for the East Midlands/Yorkshire & the Humber*.

Freeman, R.E., Harrison, J.S., Wicks, A.C., Parmar, B.L. and De Colle, S., 2010. *Stakeholder theory: The state of the art*. Cambridge University Press.

Freeman, R.E., Wicks, A.C. and Parmar, B., 2004. Stakeholder theory and “the corporate objective revisited”. *Organization science*, 15(3), pp.364-369.

Frye, A., 2013. Disabled and older persons and sustainable urban mobility. *Thematic study prepared for Global Report on Human Settlements, Nairobi*.

Frye, A., 2019. Inclusive Public Transport: Meeting the Mobility Needs of Disabled Citizens; *Policy Brief prepared for High Volume Transport Applied Research Programme*; IMC: Redhill, UK.

Fusch, P.I. and Ness, L.R., 2015. Are we there yet? Data saturation in qualitative research. *The qualitative report*, 20(9), p.1408.

García-Moreno, C. and Stöckl, H., 2013. Violence against women, its prevalence and health consequences. In *Violence against Women and Mental Health* (Vol. 178, pp. 1-11). Karger Publishers.

Garland-Thomson, R., 2002. Integrating disability, transforming feminist theory. *NWSA journal*, pp.1-32.

Garland-Thomson, R., 2005. Feminist disability studies. *Signs: Journal of women in Culture and Society*, 30(2), pp.1557-1587.

Gebrekidan, F.N., 2012. Disability rights activism in Kenya, 1959-1964: History from Below. *African studies review*, pp.103-122.

Gibson, K., 2000. The moral basis of stakeholder theory. *Journal of business ethics*, pp.245-257.

Gonzales, L., Stombaugh, D., Seekins, T. and Kasnitz, D., 2006. Accessible rural transportation: An evaluation of the Traveler's Cheque Voucher Program. *Community Development*, 37(3), pp.106-115.

Govender, J. and Reddy, P.S., 2011. The imperative of participation in South African local government. *Africanus*, 41(2), pp.60-77.

Graham, L., Moodley, J. and Selipsky, L., 2013. The disability–poverty nexus and the case for a capabilities approach: evidence from Johannesburg, South Africa. *Disability & Society*, 28(3), pp.324-337.

Graham, L., Selipsky, L., Moodley, J., Maina, J. and Rowland, W., 2010. Understanding poverty and disability in Johannesburg. *Centre for Social Development in Africa (CSDA) and Department for International Development United Kingdom (DFID)*.

Grech, S., 2015. *Disability and poverty in the global South: Renegotiating development in Guatemala*. Springer.

Groce, N., Kembhavi, G., Wirz, S., Lang, R., Trani, J.F. and Kett, M., 2011. Poverty and disability–a critical review of the literature in low and middle-income countries. *Leonard Cheshire Research Centre Working Paper Series*, (16).

Groce, N., Kett, M., Lang, R. and Trani, J.F., 2011. Disability and poverty: The need for a more nuanced understanding of implications for development policy and practice. *Third World Quarterly*, 32(8), pp.1493-1513.

Guetterman, T., 2015. Descriptions of sampling practices within five approaches to qualitative research in education and the health sciences.

Hall, K.Q. ed., 2011. *Feminist disability studies*. Indiana University Press.

Hanass-Hancock, J., 2009. Disability and HIV/AIDS-a systematic review of literature on Africa. *Journal of the International AIDS Society*, 12(1), pp.1-11.

Heiss, S., 2011. Locating the bodies of women and disability in definitions of beauty: An analysis of Dove's campaign for real beauty. *Disability Studies Quarterly*, 31(1).

Hilal, A.H. and Alabri, S.S., 2013. Using NVivo for data analysis in qualitative research. *International interdisciplinary journal of education*, 2(2), pp.181-186.

Hladek, G. 2009. A study of disability, informed – surrogate consent, and ethnocide. Available at: <https://www.ohio.edu/ethics/tag/deaf-culture/index.html>. Accessed 15 February 2020.

Hosain, G.M., Atkinson, D. and Underwood, P., 2002. Impact of disability on quality of life of rural disabled people in Bangladesh. *Journal of Health, Population and Nutrition*, pp.297-305.

Hosseini, A.R., Williams, J.S., Jann, B., Kowal, P., Officer, A., Posarac, A. and Chatterji, S., 2012. Social determinants of sex differences in disability among older adults: a multi-country decomposition analysis using the World Health Survey. *International journal for equity in health*, 11(1), pp.1-8.

Hughes, K., Bellis, M.A., Jones, L., Wood, S., Bates, G., Eckley, L., McCoy, E., Mikton, C., Shakespeare, T. and 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),

Hunt, X., Swartz, L., Carew, M.T., Braathen, S.H., Chiwaula, M. and Rohleder, P., 2018. Dating persons with physical disabilities: The perceptions of South Africans without disabilities. *Culture, health & sexuality*, 20(2), pp.141-155.

Hupe, P., Hill, M. and Nangia, M., 2014. Studying implementation beyond deficit analysis: The top-down view reconsidered. *Public Policy and Administration*, 29(2), pp.145-163.

Imamura, Y., 2015. *Policy Implementation Studies: The Case of Eliminating Day-care Waiting Lists in Japan* (No. E1501). WINPEC Working Paper Series.

International Labour Organization, 2013. Factsheet. Inclusion of People with Disabilities in Vietnam. January 2013.

Jones, N., Anh, T. and Malachowska, A., 2012. The politics of gender and social protection in Viet Nam: opportunities and challenges for a transformative approach. *London: ODI*.

Jørgensen, R.F. ed., 2006. *Human rights in the global information society*. MIT Press.

Ka Toni, M. & Kathard, H., 2011. We Haven't Arrived Yet, No Time for Complacency! In: Lorenzo, T. (Ed). Intentions, Pillars and Players. *Disability Catalyst in Africa. Series No. 1. Cape Town. Disability Innovations in Africa*.

Kabir, S.M.S., 2016. Basic guidelines for research: An introductory approach for all disciplines. *Book Zone Publication, Chittagong*.

Kaldor, M., 2013. *Global civil society: An answer to war*. John Wiley & Sons.

Kapucu, N. and Garayev, V., 2011. Collaborative decision-making in emergency and disaster management. *International Journal of Public Administration*, 34(6), pp.366-375.

Kerner, I., 2017. Relations of difference: Power and inequality in intersectional and postcolonial feminist theories. *Current Sociology*, 65(6), pp.846-866.

Khan, A.R. and Khandaker, S., 2016. A Critical Insight into Policy Implementation and Implementation Performance. *Viesoji Politika ir Administravimas*, 15(4).

Killam, L., 2013. *Research terminology simplified: Paradigms, axiology, ontology, epistemology and methodology*. Laura Killam.

Knight, M., 2018. Accessibility and disability: Absent keywords in business and professional communication. *Business and Professional Communication Quarterly*, 81(1), pp.20-33.

Koontz, T.M. and Newig, J., 2014. From planning to implementation: Top-down and bottom-up approaches for collaborative watershed management. *Policy Studies Journal*, 42(3), pp.416-442.

Koszela, K., 2013. The Stigmatization of Disabilities in Africa and the Developmental Effects.

Kothari, M., 2008. *Report of the Special Rapporteur on Adequate Housing as a Component of the Right to an Adequate Standard of Living, and on the Right to Non-discrimination in this Context, Miloon Kothari: Addendum: Mission to South Africa*. UN.

Kvam, M.H. and Braathen, S.H., 2008. "I thought... maybe this is my chance" Sexual Abuse Against Girls and Women With Disabilities in Malawi. *Sexual abuse*, 20(1), pp.5-24.

KwaZulu-Natal Department of Human Settlement, South Africa, 2015. *KwaZulu-Natal Housing Policy for the Aged and Disabled*.

Ladbrook, M.W., 2009. *Challenges experienced by educators in the implementation of inclusive education in primary schools in South Africa* (Doctoral dissertation).

Lang, R. and Upah, L., 2008. Scoping study: Disability issues in Nigeria. *London: DFID*.

Laplume, A.O., Sonpar, K. and Litz, R.A., 2008. Stakeholder theory: Reviewing a theory that moves us. *Journal of management*, 34(6), pp.1152-1189.

Loeb, M., Eide, A.H., Jelsma, J., Toni, M.K. and Maart, S., 2008. Poverty and disability in eastern and western cape provinces, South Africa. *Disability & Society*, 23(4), pp.311-321.

Lustig, D.C. and Strauser, D.R., 2007. Causal relationships between poverty and disability. *Rehabilitation counseling bulletin*, 50(4), pp.194-202.

Maart, S., Eide, A.H., Jelsma, J., Loeb, M.E. and Ka Toni, M., 2007. Environmental barriers experienced by urban and rural disabled people in South Africa. *Disability & Society*, 22(4), pp.357-369.

Mainardes, E.W., Alves, H. and Raposo, M., 2011. Stakeholder theory: issues to resolve. *Management decision*, 49(2), pp.226-252.

Marsh, D. and McConnell, A., 2010. Towards a framework for establishing policy success. *Public administration*, 88(2), pp.564-583.

Marshall, C. and Rossman, G.B., 2014. *Designing qualitative research*. Sage publications.

Maruzani, N. and Mapuranga, B., 2016. Gender and disability: A review of available literature. *Research on Humanities & Social Science*, 6(6), pp.74-86.

Mathews, S., Abrahams, N., Martin, L.J., Vetten, L., Van der Merwe, L. and Jewkes, R., 2004. A national study of female homicide in South Africa.

Mawela, T., Ochara, N.M. and Twinomurinzi, H., 2017. E-government implementation: A reflection on South African municipalities. *South African Computer Journal*, 29(1), pp.147-171.

McKenzie, J.A., 2013. Disabled people in rural South Africa talk about sexuality. *Culture, Health & Sexuality*, 15(3), pp.372-386.

Mégret, F., 2008. The disabilities convention: Human rights of persons with disabilities or disability rights? *Human Rights Quarterly*, pp.494-516.

Mellor, N., 2001. Messy method: The unfolding story. *Educational Action Research*, 9(3), pp.465-484.

Memela, S. and Muranda, T., 2018. Creating an enabling environment for the Right to Adequate Housing for Persons with Special Needs: expediting the Special Housing Needs Policy and Programme (SHNP, 2015): feature. *ESR Review: Economic and Social Rights in South Africa*, 19(1), pp.5-9.

Meyers, A.R., Anderson, J.J., Miller, D.R., Shipp, K. and Hoenig, H., 2002. Barriers, facilitators, and access for wheelchair users: substantive and methodologic lessons from a pilot study of environmental effects. *Social science & medicine*, 55(8), pp.1435-1446.

- Miles, S., 2017. Stakeholder theory classification: A theoretical and empirical evaluation of definitions. *Journal of Business Ethics*, 142(3), pp.437-459.
- Mitra, S., Posarac, A. and Vick, B., 2011. *Disability and poverty in developing countries: A snapshot from the World Health Survey*. World Bank.
- Mizunoya, S. and Mitra, S., 2013. Is there a disability gap in employment rates in developing countries?. *World Development*, 42, pp.28-43.
- Molobela, T.T., 2019. The assessment of the 7C protocols for policy Implementation in Improving service delivery in South African municipalities. International Conference on Public Administration and Development Alternative (IPADA).
- Mondal, A. and Mete, J., 2012. Inclusive education: Paradigm shift in education for children with special needs in India. *Innovative trends in education*. New Delhi: APH Publishing Corporation.
- Mthethwa, R.M., 2012. Critical dimensions for policy implementation.
- Mugambwa, J., 2018. *Policy Implementation: Conceptual Foundations, Accumulated Wisdom and New Directions* (Doctoral dissertation, Makerere University).
- Nachum, O., Norouzi, M., Xu, K. and Schuurmans, D., 2017. Bridging the gap between value and policy based reinforcement learning. In *Advances in Neural Information Processing Systems* (pp. 2775-2785).
- National Institute of Public Health, National Institute of Statistics (Cambodia), and ORC Macro, 2006, Cambodia Demographic and Health Survey 2005, Phnom Penh, Cambodia and Calverton, Maryland, USA: National Institute of Public Health, National Institute of Statistics and ORC Macro.
- Ngulube, P. and Ukwoma, S.C., 2019. Cartographies of research designs in library information science research in Nigeria and South Africa, 2009–2015. *Library & Information Science Research*, 41(3), p.100966.
- Nguyen, X.T. and Mitchell, C., 2014. Inclusion in Vietnam: An intersectionality perspective on girls with disabilities and education. *Childhood*, 21(3), pp.324-338.
- Nilsen, P., Ståhl, C., Roback, K. and Cairney, P., 2013. Never the twain shall meet?-a comparison of implementation science and policy implementation research. *Implementation Science*, 8(1), p.63.
- Norman, R., Schneider, M., Bradshaw, D., Jewkes, R., Abrahams, N., Matzopoulos, R. and Vos, T., 2010. Interpersonal violence: an important risk factor for disease and injury in South Africa. *Population Health Metrics*, 8(1), p.32.
- Nyangweso, M., 2018. Disability in Africa: A cultural/religious perspective. *East Carolina University. ResearchGate. net*.

O'Brien, K.J. and Li, L., 2017. Selective policy implementation in rural China. In *Critical Readings on the Communist Party of China (4 Vols. Set)* (pp. 437-460). Brill.

Oliver, M., 2013. The social model of disability: Thirty years on. *Disability & society*, 28(7), pp.1024-1026.

Onwuegbuzie, A.J., Leech, N.L., Slate, J.R., Stark, M., Sharma, B., Frels, R., Harris, K. and Combs, J.P., 2012. An exemplar for teaching and learning qualitative research. *Qualitative Report*, 17(1), pp.16-77.

Orgill, M.S., 2010. *Challenges facing the implementation of community and home-based early childhood development programmes for vulnerable children aged 0-4 years in the Western Cape and Eastern Cape, South Africa* (Doctoral dissertation, University of Cape Town).

Ormston, R., Spencer, L., Barnard, M. and Snape, D., 2014. The foundations of qualitative research. *Qualitative research practice: A guide for social science students and researchers*, 2, pp.52-55.

Pack, I.G., 2001. Department of Provincial and Local Government.

Paetzold, R.L., Garcia, M.F., Colella, A., Ren, L.R., Triana, M.D.C. and Ziebro, M., 2008. Perceptions of people with disabilities: When is accommodation fair?. *Basic and Applied Social Psychology*, 30(1), pp.27-35.

Palinkas, L.A., Horwitz, S.M., Green, C.A., Wisdom, J.P., Duan, N. and Hoagwood, K., 2015. Purposeful sampling for qualitative data collection and analysis in mixed method implementation research. *Administration and policy in mental health and mental health services research*, 42(5), pp.533-544.

Pandey, M.K., 2012. Poverty and disability among Indian elderly: evidence from household survey. *Journal of Disability Policy Studies*, 23(1), pp.39-49.

Pollitt, C. and Bouckaert, G., 2011. *Continuity and change in public policy and management*. Edward Elgar Publishing.

Pülzl, H. and Treib, O., 2017. Implementing public policy. In *Handbook of public policy analysis* (pp. 115-134). Routledge.

Rahman, M.S., 2020. The advantages and disadvantages of using qualitative and quantitative approaches and methods in language “testing and assessment” research: A literature review.

Rauh, V.A., Landrigan, P.J. and Claudio, L., 2008. Housing and health: intersection of poverty and environmental exposures. *Annals of the New York Academy of Sciences*, 1136(1), pp.276-288.

Read, J., Fink, P., Rudegeair, T., Felitti, V. and Whitfield, C., 2008. Child maltreatment and psychosis: a return to a genuinely integrated bio-psycho-social model. *Clinical Schizophrenia & Related Psychoses*, 2(3), pp.235-254.

Reid, H.L., 2012. The political heritage of the Olympic Games: Relevance, risks, and possible rewards. *Sport, Ethics and Philosophy*, 6(2), pp.108-122.

Republic of South Africa National Planning Commission, 2013. National development plan vision 2030.

Rice, R. and Haywood, J., 2011. Research data management initiatives at University of Edinburgh. *International Journal of Digital Curation*, 6(2), pp.232-244.

Robeyns, I., 2016. Capabilitarianism. *Journal of Human Development and Capabilities*, 17(3).

Robinson, O.C., 2014. Sampling in interview-based qualitative research: A theoretical and practical guide. *Qualitative research in psychology*, 11(1), pp.25-41.

Rohleder, P., Swartz, L., Schneider, M. and Eide, A.H., 2012. Challenges to providing HIV prevention education to youth with disabilities in South Africa. *Disability and Rehabilitation*, 34(8), pp.619-624.

Rose, S., Spinks, N. and Canhoto, A.I., 2014. *Management research: Applying the principles*. Routledge.

Saari, E., Lehtonen, M. and Toivonen, M., 2015. Making bottom-up and top-down processes meet in public innovation. *The Service Industries Journal*, 35(6), pp.325-344.

Saetren, H., 2014. Implementing the third-generation research paradigm in policy implementation research: An empirical assessment. *Public Policy and Administration*, 29(2), pp.84-105.

Scotland, J., 2012. Exploring the philosophical underpinnings of research: Relating ontology and epistemology to the methodology and methods of the scientific, interpretive, and critical research paradigms. *English language teaching*, 5(9), pp.9-16.

Shakespeare, T., 2006. The social model of disability. *The disability studies reader*, 2, pp.197-204.

Sherry, K., 2014. Disability and rehabilitation: Essential considerations for equitable, accessible and poverty-reducing health care in South Africa. *South African health review*, 2014(1), pp.89-99.

Socialist Republic of Vietnam, 2010.

South African Human Rights Commission, 2019. Research brief on disability and equality in South Africa.

Steiner, H.J., Alston, P. and Goodman, R., 2008. *International human rights in context: law, politics, morals: text and materials*. Oxford University Press, USA.

Stel, N., 2020. *Hybrid Political Order and the Politics of Uncertainty: Refugee Governance in Lebanon*. Routledge.

Stephen, M. 2010. Are We There Yet? What's next for Hr. Available at: https://michiganross.umich.edu/sites/default/files/uploads/RTIA/pdfs/dulrich_wp_arewethereyet.pdf. Accessed 21 May 2020.

Stubbs, D. and Tawake, S., 2009. *Pacific sisters with disabilities: At the intersection of discrimination*. UNDP Pacific Centre.

Szablewska, N. and Jurasz, O., 2019. Sexual and gender-based violence: the case for transformative justice in Cambodia. *Global Change, Peace & Security*, 31(3), pp.263-282.

Tanabe, M., Nagujjah, Y., Rimal, N., Bukania, F. and Krause, S., 2015. Intersecting sexual and reproductive health and disability in humanitarian settings: risks, needs, and capacities of refugees with disabilities in Kenya, Nepal, and Uganda. *Sexuality and disability*, 33(4), pp.411-427.

The Roeher Institute. 2004. Violence against Women with Disabilities. *Ottawa Public Health Agency of 17*. Canada.

Tigere, B. and Moyo, T., 2019. Actualizing the rights of people living with disabilities (PWDS) in development policies, planning and programming in Africa: a review of selected country experiences. International Conference on Public Administration and Development Alternatives (IPADA).

Timeslive, 2018. <https://www.timeslive.co.za/news/south-africa/2018-05-11-exclusive--this-is-the-last-time-karabo-mokoena-was-seen-alive/> [Accessed: 21 September 2020]

Turmusani, M., 2018. *Disabled people and economic needs in the developing world: A political perspective from Jordan*. Routledge.

UN., 2006. Convention on the Rights of Persons with Disabilities. Retrieved from: <http://www.un.org/disabilities/convention/conventionfull.shtml>. Accessed 20 October 2019.

UNDP, A., 2010. review of International Best Practice in Accessible Public Transportation for Persons with Disabilities.

UNHCR., 2011. Action against Sexual and Gender-Based Violence. An Updated Strategy. Geneva: UNHCR.

United Nations, 2011. Disability and Million Development Goals: A Review of MDG Process Strategies for Inclusion of Disability issues in Million Development Goal Efforts.

USAID, 2019. ADVANCING WOMEN AND GIRLS WITH DISABILITIES. Retrieved from <https://www.usaid.gov/what-we-do/gender-equality-and-womens-empowerment/women-disabilities>. Accessed 06 August 2019.

Van Der Byl, C., 2014. Twenty-year review South Africa 1994–2014. Background paper: Disability.

van Rijnsoever, F.J., 2017. (I can't get no) saturation: a simulation and guidelines for sample sizes in qualitative research. *PLoS One*, 12(7), p.e0181689.

Van Rooy, G., Amadhila, E.M., Mufune, P., Swartz, L., Mannan, H. and MacLachlan, M., 2012. Perceived barriers to accessing health services among people with disabilities in rural northern Namibia. *Disability & Society*, 27(6), pp.761-775.

Van Staden, A.F., 2011. *A strategy for the employment of persons with disabilities* (Doctoral dissertation, University of Pretoria).

Vasileiou, K., Barnett, J., Thorpe, S. and Young, T., 2018. Characterising and justifying sample size sufficiency in interview-based studies: systematic analysis of qualitative health research over a 15-year period. *BMC medical research methodology*, 18(1), p.148.

Vechachart, R. and Sulisworo, D., 2017. Comparative study on hidden curriculum in accordance to the school culture development indicator between Thailand and Indonesia.

Vehovar, V., Toepoel, V. and Steinmetz, S., 2016. Non-probability sampling. *The Sage handbook of survey methods*, pp.329-345.

Wasserman, D., Asch, A., Blustein, J. and Putnam, D., 2011. Disability: Definitions, models, experience.

Wendell, S., 2006. Toward a feminist theory of disability. In L.J. David (Ed.), *The disability studies reader* (2nd ed.) (pp. 243-256). New York: Routledge.

Wieten, C.W., Chhoun, P., Tuot, S., Brody, C. and Yi, S., 2020. Gender-based violence and factors associated with victimization among female entertainment workers in Cambodia: a cross-sectional study. *Journal of interpersonal violence*, p.0886260520948145.

Williams, V. and Heslop, P., 2005. Mental health support needs of people with a learning difficulty: A medical or a social model?. *Disability & society*, 20(3), pp.231-245.

Winter, S.C., 2012. Implementation perspectives: Status and reconsideration. *The Sage handbook of public administration*, pp.265-278.

Women's Refugee Commission (WRC)., 2015. I See That it is Possible": Building Capacity for Disability Inclusion in Gender-Based Violence Programming. Retrieved from: <https://www.womensrefugeecommission.org/disabilities/resources/document/945-buildingcapacity-for-disability-inclusion-in-gender-based-violence-gbv-programming-in-humanitariansettings-overview?catid=232>. Accessed 29 November 2019.

World Health Organization, 2011. World report on disability: World Health Organization.

World Health Organization, 2016. Violence against adults and children with disabilities. URL: [http://www.who.int/disabilities/violence/en/\(retrieved August 10, 2018\)](http://www.who.int/disabilities/violence/en/(retrieved August 10, 2018)). Accessed 11 November 2019.

Wright, A.E., 2015. The Face of Saartjie Baartman: Rowlandson, Race and the 'Hottentot Venus'. *Burning Bright: Essays in Honour of David Bindman*, pp.115-125.

Wu, G., Zhao, X. and Zuo, J., 2017. Effects of inter-organizational conflicts on construction project added value in China. *International Journal of Conflict Management*.

Wylie, K., McAllister, L., Davidson, B. and Marshall, J., 2013. Changing practice: Implications of the World Report on Disability for responding to communication disability in under-served populations. *International journal of speech-language pathology*, 15(1), pp.1-13.

Yanguas, P. and Bukenya, B., 2016. 'New' approaches confront 'old' challenges in African public-sector reform. *Third World Quarterly*, 37(1), pp.136-152.

Yi, S., Tuot, S., Chhim, S., Chhoun, P., Mun, P. and Mburu, G., 2018. Exposure to gender-based violence and depressive symptoms among transgender women in Cambodia: findings from the National Integrated Biological and Behavioral Survey 2016. *International journal of mental health systems*, 12(1), p.24.

Yount, K.M. and Carrera, J.S., 2006. Domestic violence against married women in Cambodia. *Social Forces*, 85(1), pp.355-387.

Yvonne Feilzer, M., 2010. Doing mixed methods research pragmatically: Implications for the rediscovery of pragmatism as a research paradigm. *Journal of mixed methods research*, 4(1).

Zańska, U., Grześkowiak, A., Kozyra, C. and Kwiatkowska-Ciotucha, D., 2020. Measurement of Factors Affecting the Perception of People with Disabilities in the Workplace. *International Journal of Environmental Research and Public Health*, 17(12), p.4455.

Zivin, J.S.G., Kotchen, M.J. and Mansur, E.T., 2014. Spatial and temporal heterogeneity of marginal emissions: Implications for electric cars and other electricity-shifting policies. *Journal of Economic Behavior & Organization*, 107, pp.248-268.

Zuiderwijk, A. and Janssen, M., 2014. Open data policies, their implementation and impact: A framework for comparison. *Government Information Quarterly*, 31(1), pp.17-29.

APPENDIX I: SAMPLE LETTER TO REQUEST PERMISSION TO CONDUCT INTERVIEWS

Human Resource Manager
Nkandla Local Municipality
Lot 292, Maree Road,
Nkandla
3855

Dear Sir/Madam

RE: REQUEST CONSENT TO INTERVIEW MUNICIPAL OFFICIALS FOR RESEARCH PROJECT

I, Lindokuhle Ngcobo a registered Master of Social Science candidate at the University of KwaZulu-Natal under the School of Social Science I am doing a research project, titled: The Assessment of Policy Regulating the Welfare of Women Living with Disability: The Case Study of Nkandla Local Municipality.

I am writing this letter to seek permission to interview resource officials under your municipality which is Nkandla Local Municipality to understand efforts made to advance the life, welfare, and rights of rural women with disabilities within the municipality. The research project will be conducted in accordance with the University of KwaZulu-Natal Research Ethical Policy Guidelines. Strict confidentiality will be kept throughout the interview process. The responses will be kept at the School of Social Science and ultimately destroyed in accordance with university rules.

I will be pleased if you grant me permission to conduct the study under the municipality. Should you have any queries about the research, you may contact me or my supervisor on the below-mentioned contacts. Thank you.

Researcher: Lindokuhle Ngcobo (Email: 214569654@stu.ukzn.ac.za, Cell No: 074 280 5339)

Supervisor: Dr. Mabuyi Gumede (Email: gumeden1@ukzn.ac.za, Cell No: 031 260 2711)

Sincerely,

Lindokuhle Ngcobo

APPENDIX II: INFORMED CONSENT LETTER

UNIVERSITY OF KWAZULU-NATAL INFORMED CONSENT DOCUMENT

Dear Participant,

My name is Lindokuhle Ngcobo (214569654). I am a Master of Social Science candidate studying at the University of KwaZulu-Natal, Howard College College Campus. The title of the research project is: *The Assessment of Policy Regulating the Welfare of Women Living with Disability: The Case Study of Nkandla Local Municipality*. The aim of the study is to assess available current policies governing the welfare of women with disabilities and to assess and understand the challenges faced by people with disabilities in rural areas. I am interested in interviewing you to share your experiences and observations on the subject matter.

Please note that:

- The information that you provide will be used for scholarly research only.
- Your participation is entirely voluntary. You have a choice to participate, not to participate, or stop participating in the research. You will not be penalized for taking such an action.
- Your views in this interview will be presented anonymously. Neither your name nor identity will be disclosed in any form in the study.
- The interview will take about 30 minutes.
- The record as well as other items associated with the interview will be held in a password-protected file accessible only to myself and my supervisor. After a period of 5 years, in line with the rules of the university, it will be disposed of by shredding and burning.
- If you agree to participate please sign the declaration attached to this statement (a separate sheet will be provided for signatures)

I can be contacted at: School of Social Sciences, University of KwaZulu-Natal, Howard College Campus, Durban. Email: 214569654@stu.ukzn.ac.za, Cell: +2774 280 5339.

My supervisor is Dr. Mabuyi Gumede who is located at the School of Social Sciences, Howard College Campus, Durban, University of KwaZulu-Natal. Contact details: email: Gumede1@ukzn.ac.za, Phone number: +27312602711.

The Humanities and Social Sciences Research Ethics Committee contact details are as follows: Ms. Phumelele Ximba, University of KwaZulu-Natal, Research Office, Email: ximbap@ukzn.ac.za, Phone number +27312603587.

Thank you for your contribution to this research

APPENDIX III: DECLARATION

UNIVERSITY OF KWAZULU-NATAL DECLARATION

I..... *(full names of participant)* hereby confirm that I understand the contents of this document and the nature of the research project, and I consent to participate in the research project.

I understand that I am at liberty to withdraw from the project at any time, should I so desire. I understand the intention of the research. I hereby agree to participate.

I consent/do not consent to have this interview recorded (if applicable)

SIGNATURE OF PARTICIPANT

DATE

.....

APPENDIX IV: INTERVIEW QUESTIONS FOR ORDINARY CITIZENS OF NKANDLA LOCAL MUNICIPALITY

1. What is your ward number?
2. Have you ever come across a disabled person?
3. If yes, what was your feeling or reaction?
4. What is your view(s) toward people with disabilities?
5. How do you see them in your community?
6. Please comment on how adequately and accessible the following instruments in the Nkandla Local Municipality are:
 - Disability accessibility measures (education, transport, employment, and health care)
 - Disability rehabilitation, training, counseling, and social reintegration
 - Disability prevention
 - Disability anti-discrimination law (education, marriage, and employment)
 - Prevention of violence against women and girls with disabilities
7. Do you think the rights of people with disabilities are adequately protected in your community?
8. Do you think Nkandla Local Municipality has done enough to make life easier for disabled people within the municipality?
9. Where do you think the municipality can do better?

APPENDIX V: INTERVIEW QUESTIONS FOR SPECIAL NEEDS TEACHERS

1. What is your position in school management?
2. What qualifications do you have in relation to special needs teaching?
3. What motivated you to choose to teach in a special school?
4. What type of disability does a student need to have in order to be admitted to the school?
5. Describe a typical experience in working or teaching such students?
6. As a rural school, how do you ensure gender equity and equality?
7. What can you say in relation to girls with disabilities accessing the following services within the institution:
 - Basic needs (food, toiletries, water, shelter, and clothing)
 - Costs and availability of assistive devices
 - Physical location and accessibility of important structures (classrooms, toilets, dining halls, important offices, water sources)
8. As the school what majors do you have in place to prevent bullying, violence, abuse, and stigmatization against girls with disabilities
9. How are disabled girls in the school responding and coping with the above-mentioned challenges from point number (7) and (8)?
10. What can you say in relation to the support given by the parties mentioned below?
 - How is the support from the Nkandla Local Municipality?
 - How is the support from traditional leadership?
 - How is the support from the community?
11. What can be the opportunities for students of this nature to enjoy their rights?

APPENDIX VI: INTERVIEW QUESTIONS FOR STATE-ALIGNED ACTORS

1. Which department do you work for?
2. What is the mandate of your department in relation to improving the lives of disabled people?
3. Which South African disability policies and instruments you are familiar with?
4. What is your department doing in utilizing or implementing those national policies at the local level?
5. Thinking of all the government policies you are aware of, in your understanding, to what extent are disability issues incorporated into them?
6. Please comment on how adequately and accessible the following instruments in the Nkandla Local Municipality are:
 - Disability accessibility measures (education, transport, employment, and health care)
 - Disability rehabilitation, training, counseling, and social reintegration
 - Disability prevention
 - Disability anti-discrimination law (education, marriage, and employment)
 - Prevention of violence against women and girls with disabilities
7. As Nkandla Local Municipality or department, how do you address the instruments as mentioned above for people with disabilities?
8. How do you ensure as the Nkandla Local Municipality or department that disability rights are protected, especially those of women living with disabilities?
9. What programs or initiatives are in place which promotes the welfare of women living with disabilities in the Nkandla Local Municipality?
10. Regarding your experiences, what are or have been the barriers hindering rural women living with disabilities to participate in matters shaping their lives, especially in Nkandla Local Municipality?
11. How do disabled women in Nkandla respond to and cope with the challenges they face in their everyday lives?
12. As a government department, how do you ensure that NGOs and private players operating in rural areas are:
 - Mainstreaming issues of women living with disabilities in their work?
 - In ensuring that public transport is disability compliant?
 - In promoting disability awareness?
 - In ensuring that the political and human rights of women living with disabilities are protected?

13. How does your department ensure the representation of women living with disabilities in policymaking and decision making?
14. To what extent are people living with disabilities, especially women, involved in the implementation process of disability policies and programs under the Nkandla Local Municipality?
15. How does the Nkandla Local Municipality ensure the empowerment of women living with disabilities?
16. What strategies are in place to ensure equitable social rights are accorded to, and full participation is encouraged among all citizens in the Nkandla Local Municipality, including those living with disabilities?

APPENDIX VII: INTERVIEW QUESTIONS FOR NO-STATE ACTORS

1. What is your position level within the organization?
2. What motivated you to get involved in this sector?
3. Which geographical areas does your organization operate within the Nkandla Local Municipality?
4. What role does your organization play in respect of?
 - Mobilizing people with disabilities?
 - Advocating disability rights and improved services?
 - Identifying needs and priorities?
 - Providing services?
 - Contributing to public awareness?
 - Preventing violence against women with disabilities?
5. What has been your role, experiences, and challenges in advancing the rights of women with disabilities?
6. How are disabled women in Nkandla responding to and coping with the challenges they face?
7. How do you ensure that your efforts and measures play a significant role in reducing the risk of segregation, dependency, and welfare among people with disabilities?
8. To what extent is your work guided by provincial or local instruments? List the guiding instruments and explain how they are mainstreamed in your work.
9. What support does the Nkandla Local Municipality provide to your organization?
10. What opportunities do you foresee or can take advantage of in advancing the rights of women with disabilities?
11. What do you think your organization should do better to enhance the rights of women with disabilities?
12. What role do you think the Nkandla Local Municipality should play in advancing the welfare of women with disabilities?
13. What role do you think other players should play to promote the welfare of women with disabilities, and who are those players?
14. Does your organization have a stand-alone disability policy or policies?

28 July 2020

Mr Lindokuhle Ngcobo (214569654)
School Of Social Sciences
Howard College

Dear Mr Ngcobo,

Protocol reference number: HSSREC/00001090/2020

Project title: THE ASSESSMENT OF POLICY REGULATING THE WELFARE OF WOMEN LIVING WITH
DISABILITY: THE CASE STUDY OF NKANDLA LOCAL MUNICIPALITY

Degree: Masters

Approval Notification – Expedited Application

This letter serves to notify you that your application received on 02 March 2020 in connection with the above, was reviewed by the Humanities and Social Sciences Research Ethics Committee (HSSREC) and the protocol has been granted **FULL APPROVAL**

Any alteration/s to the approved research protocol i.e. Questionnaire/Interview Schedule, Informed Consent Form, Title of the Project, Location of the Study, Research Approach and Methods must be reviewed and approved through the amendment/modification prior to its implementation. In case you have further queries, please quote the above reference number. **PLEASE NOTE:** Research data should be securely stored in the discipline/department for a period of 5 years.

This approval is valid until 28 July 2021.

To ensure uninterrupted approval of this study beyond the approval expiry date, a progress report must be submitted to the Research Office on the appropriate form 2 - 3 months before the expiry date. A close-out report to be submitted when study is finished.

All research conducted during the COVID-19 period must adhere to the national and UKZN guidelines.

HSSREC is registered with the South African National Research Ethics Council (REC-040414-040).

Yours sincerely,



Professor Dipane Hlalele (Chair)

/dd

Humanities & Social Sciences Research Ethics Committee
UKZN Research Ethics Office Westville Campus, Govan Mbeki Building
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10 July 2020

TO WHOM IT MAY CONCERN

This letter serves to give you permission to Lindokuhle Ngcobo to do his interview at the School for his research project.

Due to COVID 19 as our school is a boarding facility we would be very glad that interview questions will be sent to the school and teachers respond in writing.

Hope we will work together during your research.

Yours faithfully.

M.N.T. MZONELI

PRINCIPAL

Usb/dept/p8





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Eng: LD Khanyile
17 June 2020

RE: CONFIRMATION OF EXPERIENTIAL LEARNING- L NGCOBO

This letter serves to confirm that Mr L Ngcobo (ID: 9512145983081), has been given an opportunity to collect data of the Assessment of Policy Regulating the Welfare of Women living with disability.

Should you have any queries kindly contact Mr LD Khanyile on 035 833 2019.

Yours faithfully,

LD KHANYILE
HUMAN RESOUCRE MANAGER