Document of reference:

Hear us out!

Voices of women with disabilities from Benin

Organisation of Blind Women of Benin and NGO Dédji

With technical support from Humanity & Inclusion Making It Work and financial support from EDID-GHDI

Hear us out!

Voices of women with disabilities from Benin

The Organisation of Blind Women of Benin (Organisation des Femmes Aveugles du Bénin, OFAB) has been working for over thirty years to defend the rights of women and girls with disabilities and to empower them to participate fully in an inclusive and violence-free Beninese society.

The NGO Dédji is a non-political, non-profit organisation that works with and for persons with disabilities. It is dedicated to empowering persons with disabilities, particularly women with disabilities, through economic, artistic, social and educational development projects.

Between September and November 2025, the OFAB-NGO Dédji consortium met with 50 women with disabilities . Women of all ages and with all types of disabilities, some of whom are involved in associations and support groups, told us about their lives, their difficulties, their strengths and their pride.

They shared their realities with us, giving us a glimpse of what a more inclusive society would look like, one in which they would have their rightful place.

This work was carried out with technical support from Humanity & Inclusion's Making It Work Gender and Disability project and financial support from the Engendering Disability-Inclusive Development Partnership (EDID-GHDI).

We would like to express our warmest thanks to the 50 women who placed their trust in us.

We would also like to thank the Federation of Associations of Persons with Disabilities in Benin, the NGO La Chrysalide Bénin, Albi International, the NGO Bartimée, AFRO Bénin and the National Association of the Deaf People in Benin, who helped us to mobilise the women interviewed.

We would like to thank Humanity & Inclusion Benin and Humanity & Inclusion Canada for their trust.

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Content

Summary

This report is the result of a survey conducted by two Beninese women-led organisations of persons with disabilities: the Organisation of Blind Women of Benin (Organisation des Femmes Aveugles du Bénin, OFAB) and the NGO Dédji, among 50 women with disabilities of various ages, disabilities and places of residence in the Atlantic and Littoral departments in Southern Benin.

This unique and innovative study by women with disabilities about women with disabilities represents a paradigm shift. It highlights experiential knowledge that is too often overlooked. It sheds light on realities shaped by **intersecting forms of discrimination**, while also highlighting the women's leadership, and **determination to drive change**. Women with disabilities, both as researchers and participants, emerge as true **agents of change**, calling for real inclusion: their full and effective participation in decision-making, at all levels and on all issues that concern them, is essential for lasting social transformation. This report, intended for decision-makers, international partners and civil society, aims to convey this message and promote its effective implementation in response to the call: "**Nothing without us!".**

1. Participation of women with disabilities

The women interviewed express a clear desire to participate in family, community, association and political life. Many are involved in their families, take part in discussions and seek to make their voices heard. As one of them says:

> ***"Everyone has the right to participate normally. Just because I am a woman with disabilities does not mean I should not participate. Everyone has the right to participate. I have the right! If others can make decisions, I must assert myself too (...)"***

However, their participation is often conditioned by access to information, the accessibility of community and political spaces, and social attitudes. When it comes to elections, more than half of the women surveyed have never voted, not because of a lack of interest, but because of informational, communicational and physical barriers.

2. Economic activity and entrepreneurship

Despite limited resources, many women with disabilities are developing income-generating activities (sewing, food processing, trade, crafts). They show initiative and perseverance.

One of the respondents said:

> ***"As women with disabilities, we have to work and earn money to take care of ourselves and our children. (...) When men earn money, we must be able to earn at least the minimum we are capable of to contribute to the household, so as not to be a burden (...) and also to avoid humiliation in the household and within the family."***

However, they face difficulties in accessing finance, training and markets. Prejudice, lack of digital skills, difficulties in accessing promising sectors and the unsuitability of support mechanisms hinder their empowerment. Involvement in networks such as professional groups or craft associations boosts their confidence and economic visibility.

3. Women's rights and the fight against GBV

The study reveals that women with disabilities have limited knowledge of human rights, including national and international texts that protect them. Many struggle to cite laws or recourse mechanisms.

Gender Based Violence is very real, but often goes unreported and is trivialised. One woman confides:

> ***"My boss hit me and insulted me. Then I refused to go to his workshop. He's not nice."***
>
> ***"You feel belittled, humiliated and worthless." "I often feel like committing suicide."***

Sexual, psychological, economic and domestic violence are mentioned, but not discussed in detail, suggesting that it remains a taboo subject. Barriers to reporting (family pressure, distance from services, communication difficulties) limit access to justice. Despite this, several emphasise the urgent need for action at national and local level, and the importance of self-esteem and solidarity.

4. Access to essential services

Access to healthcare, education and vocational training remains unequal. Barriers vary depending on the type of disability, but common trends emerge: poverty, lack of accessibility and inadequate services.

One woman interviewed explained:

> ***"Even if I say now that I'm going to the hospital, my sisters have to decide for me because I don't have the money to pay for the care."***

Despite these obstacles, some women succeed thanks to their determination and the support of appropriate structures. As this testimony shows:

> ***"When I started my training at university (...) everyone told me 'you can't do it'. But I said 'NO, I can!'"***

Ultimately, women with disabilities appear to be agents of change, offering solutions and proposals. Their effective inclusion requires the removal of structural barriers, access to information, universal accessibility to services and full recognition of their citizenship.

Recommendations

At the end of this study, women with disabilities in Benin emerge as true agents of change. Whether in the economy, in access to services, in participation in decision-making, or in the promotion of rights and the fight against Gender Based Violence, they express a strong need for information and a clear desire to contribute to a safer environment, both for themselves and for society as a whole. It is with this in mind that the Consortium between the Organisation of Blind Women of Benin and the NGO Dédji makes the following recommendations.

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*In Benin, up to **1 in 5 women is a woman with disabilities.***

To the Government of Benin and the administration:

- **Systematically consult organisations of women with disabilities, in particular the OFAB and the NGO Dédji, in the development and monitoring of the implementation of laws and public policies in all areas** (employment and entrepreneurship, digital technology, adaptation to climate change, education, combating violence, inclusion, human rights, etc.). Their diverse and specific experiences and expertise, due to the intersection of gender and disability, must be recognised and heard in conditions that allow for their real and active participation.
- **Complete the domestication of the Convention on the Rights of Persons with Disabilities (CRPD)** in accordance with the recommendations of the United Nations Committee on the Rights of Persons with Disabilities following its review of Benin's initial report[1] . For example, it is necessary to highlight the categories "women with disabilities" and "girls with disabilities" so that all public policies and actions systematically take them into account. Indeed, the categories "vulnerable sections of the population" or "particularly poor populations" are not effective in reaching people who experience intersectional discrimination; these vague categories risk overlooking women and girls with disabilities, who are particularly marginalised, and their specific needs.
- **Strengthen the effectiveness of civic and political participation by women with disabilities** by adopting structural measures that guarantee universal accessibility to electoral information, diversification of communication formats and channels, systematic training of electoral officials, and community awareness- . This approach must include

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[1] Link to CRPD/C/BEN/CO/1: Concluding observations on the initial report of Benin - Committee on the Rights of Persons with Disabilities, September 2024.

combating discriminatory stereotypes in order to ensure that women with disabilities can participate fully, freely, and independently in electoral processes.
- **Ensure the effective inclusion of women with disabilities in all decision-making bodies** by adopting a proactive equality policy.

For the attention of institutions responsible for promoting women's rights and combating GBV:

- **Ensure that women with disabilities and girls with disabilities are effectively taken into account in policies related to women's rights and gender, and train the staff of the institutions** concerned to improve the quality of the mechanisms and support available to victims of GBV.
- **Step up awareness-raising activities among women with disabilities and their families and friends, particularly in rural areas, on their rights, understanding the mechanisms of GBV and avenues of recourse in cases of GBV.** These activities should include practical information on the steps to be taken and legal procedures.
- **Directly involve women with disabilities in the design of public awareness activities** relating to the defence of women's rights and the fight against GBV.

For the attention of judicial institutions:

- Bring **judicial services closer** to communities and **guarantee access to legal aid services** so that women and girls with disabilities who are victims of GBV can benefit from Benin's advances in the field of justice.
- **Designate and train disability focal points within the courts** to reduce the trivialisation or intimidation that women with disabilities and girls with disabilities sometimes experience when seeking justice.
- **Improve the accessibility and dissemination of legal texts**, in particular by publishing them in national languages, Braille and easy French, so that women with disabilities can better understand the laws that protect them.

For economic actors:

- Implement **inclusive economic policies that promote the sustainable empowerment of women with disabilities**. This requires the explicit integration of disability and gender dimensions into employment, entrepreneurship and economic development policies, as well as the establishment of appropriate financing mechanisms.
- **Ensure that women with disabilities have equitable access to financing, training and entrepreneurial opportunities**. Accessible training programmes al education and entrepreneurial support, including mentoring and technical follow-up, are needed to consolidate economic initiatives led by women with disabilities.

For example, women with disabilities in Benin are asking for **training in the use of digital tools**, as well as to be included in **training and investment** programmes **related to the climate change adaptation economy**.

- **Ensure the accessibility of economic environments, including infrastructure, financial services, digital tools and information systems**, in order to remove structural barriers to their economic participation.
- Promote social change that is conducive to the economic inclusion of women with disabilities by **combating stereotypes and discrimination and supporting collective dynamics that raise the profile and normalise women with disabilities as economic actors** (such as the *H-Asuka Network, 1er network of women entrepreneurs and traders with disabilities in Benin, launched by the NGO Dédji*).

For the attention of civil society organisations:

- **Explicitly integrate actions with and for women with disabilities** into strategic plans and annual action plans.
- **Strengthen collaboration with organisations of persons with disabilities, particularly those of women with disabilities,** in order to advocate for more inclusive policies that leave no one behind.
- Similarly, it is important to intensify public awareness campaigns, particularly in rural areas, in order to **raise awareness of the realities and rights of women with disabilities and girls with disabilities.**

For women's and feminist organisations:

- **Intentionally involve women and girls with disabilities in the strategies and initiatives** of women's and feminist organisations in order to promote a truly inclusive and intersectional approach to women's rights.
    - Women and girls with disabilities represent immense diversity and a wealth of talent; they should not be seen merely as passive beneficiaries or symbols.
- **Create spaces for dialogue between women with disabilities and women without disabilities** in order to fuel inclusive advocacy for gender equality.
- **Include women and girls with disabilities in the decision-making bodies of women's and feminist organisations** in order to foster a more inclusive and therefore stronger feminist leadership.

To the attention of the Federation of Associations of Persons with Disabilities in Benin:

- **Ensure that efforts to map persons with disabilities in Benin, through organisations of persons with disabilities, take into account women with disabilities and girls with disabilities**, including those who are less visible or less involved in local communities. This improved understanding of the realities will strengthen the focus of advocacy and action.
- **Promote greater representation of women with disabilities in the** Federation's **governing bodies**.
- **Mobilise more resources, through the strengthening of FAPHB partnerships, with a view to organising capacity-building training** for organisations of women with disabilities.

To women with disabilities in Benin:

- Women with disabilities themselves are encouraged to **strengthen their civic participation** by continuing to make their voices heard, make decisions and defend their rights and those of their sisters.
- **Involvement in civil society organisations**, particularly women's organisations, can promote greater awareness of their rights and strengthen their capacity for action.
- In the same vein, it is essential to promote **mutual support and collective vigilance in order to prevent and combat Gender Based Violence.**

1. Methodology

A. General approach and ethical principles

This study takes a **qualitative, participatory, inclusive and gender-sensitive approach**, aiming to document in depth the realities experienced by women with disabilities, particularly in urban and rural areas of southern Benin. It is based on an intersectional perspective that takes into account the diversity of disability situations — physical, sensory, psychosocial and intellectual — as well as the intertwining of factors of discrimination related to gender, age, living environment and socio-economic status.

The methodological tools were developed through a co-construction process involving Humanity & Inclusion, as part of the Making It Work project, the Organisation of Blind Women of Benin (OFAB) and the NGO Dédji. This collaboration ensured that the data collection tools were contextually relevant and appropriate to the realities experienced by the participants. In addition, an accessible informed consent mechanism was put in place, including adaptations to the specific needs of participants to ensure a complete understanding of the study's objectives and participation procedures. A specific protocol for managing disclosures of Gender Based Violence was also integrated to ensure safety, appropriate listening and possible referral to support structures.

B. Sampling and participants

Sampling was based on a reasoned strategy combined with peer recruitment, facilitating the identification and mobilisation of participants who are often exposed to situations of social marginalisation. The study involved 50 women (47 women with disabilities and 3 women without disabilities who **served as** resource persons) who were met through the organisation of **three group discussions of six participants each, as well as 23 in-depth individual interviews and 9 interviews with resource persons.**

Particular attention was paid to including women with psychosocial or intellectual disabilities, who were interviewed individually or in specially adapted focus groups to ensure a safe environment conducive to personal expression. In addition, nine interviews were conducted with resource persons, including institutional actors, community leaders and professionals working in the fields of disability, gender or social action. This diversification of profiles aimed to contextualise the data collected from the participants and to strengthen the analytical validity of the study.

C. Data collection methods

The study used a qualitative methodology combining several complementary techniques to promote the descriptive richness of the data and its triangulation.

3.1 Group discussions

Three group discussions were organised, each with six participants. These collective exchanges explored social dynamics, shared representations and common experiences related to gender and disability. The sessions were facilitated by female researchers from OFAB and the NGO Dédji, who had received prior training. Specific arrangements were made to ensure that the discussions were accessible to all participants according to their needs.

3.2 Individual interviews

Twenty-three semi-structured interviews were conducted with women with disabilities. This approach made it possible to explore the participants' individual trajectories, the obstacles they encountered, their specific needs, and the strategies they developed to cope with situations of discrimination or exclusion. The interviews were conducted in environments that guaranteed confidentiality, safety and respect for the participants' pace, with specific adaptations where necessary, particularly for psychosocial and intellectual disabilities.

3.3 Interviews with resource persons

Nine additional interviews were conducted with resource persons, including six women with disabilities and three women without disabilities. The latter came from public institutions, community organisations, and professional structures working with women and men with disabilities. These interviews aimed to provide contextual insight, analyse existing policies and mechanisms, and triangulate the information gathered from women with disabilities.

D. Tools and accessibility

The data collection tools mainly consisted of individual interview guides and group discussion guides developed jointly by the study partners. Particular attention was paid to the accessibility of the materials, with adapted formats available in Braille, sign language interpretation, or other modalities facilitating effective participation. Adjustment protocols were also provided to respond to specific needs expressed during the collection process.

E. Training and supervision of interviewers

Data collection was carried out by six women members of OFAB and the NGO Dédji, a choice that was part of an empowerment and peer research approach. These female survey received methodological training on conducting qualitative interviews, ethical requirements and managing situations involving the disclosure of Gender Based Violence. Ongoing technical support was provided by the Making It Work project coordinator, ensuring the quality and ethics of the process.

F. Data collection process

Data collection took place over a period of approximately three months and was divided into several complementary phases. The first phase was devoted to conducting individual interviews with women with disabilities and organising group discussions. The second phase focused on conducting interviews with resource persons and gradually consolidating the data collected. Finally, the last phase involved transcribing the interviews, conducting a thematic analysis of the data and writing the study report.

G. Data analysis

The interviews were transcribed by members of OFAB and the NGO Dédji, who are men with disabilities, with the support of the interviewers. The qualitative analysis was based on an analysis of emerging themes and sub-themes. The triangulation of sources—individual interviews, group discussions, and interviews with resource persons—helped to strengthen the analytical robustness.

H. Specific ethical considerations

Particular attention was paid to ethical considerations throughout the research process. The confidentiality of information was strictly guaranteed, with enhanced measures for situations involving experiences of violence. Steps were taken to prevent any stigmatisation or re-traumatisation of participants, in particular by adapting the interview procedures and establishing a safe environment. Appropriate compensation was provided for participation, and the results of the study are being shared in accessible formats to encourage ownership by women with disabilities and their representative organisations.

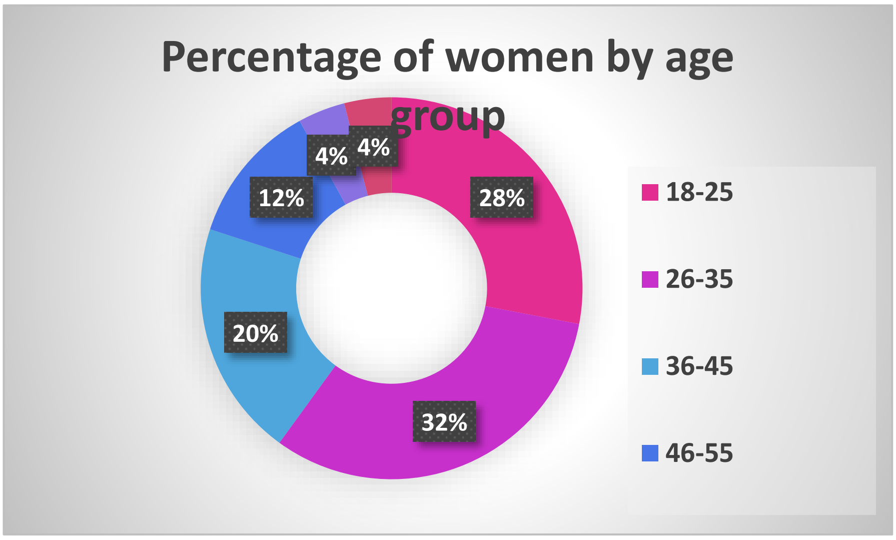
2. The women we listened to: socio-demographic data

We did not seek to conduct representative sampling, which would have been impossible due to the lack of reliable statistical data on women and girls with disabilities in Benin. Instead, we focused on taking into account, as much as possible, the greatest diversity of women with disabilities across age groups, places of residence, and levels of education, without forgetting the types of disabilities of the women concerned.

Age and disability

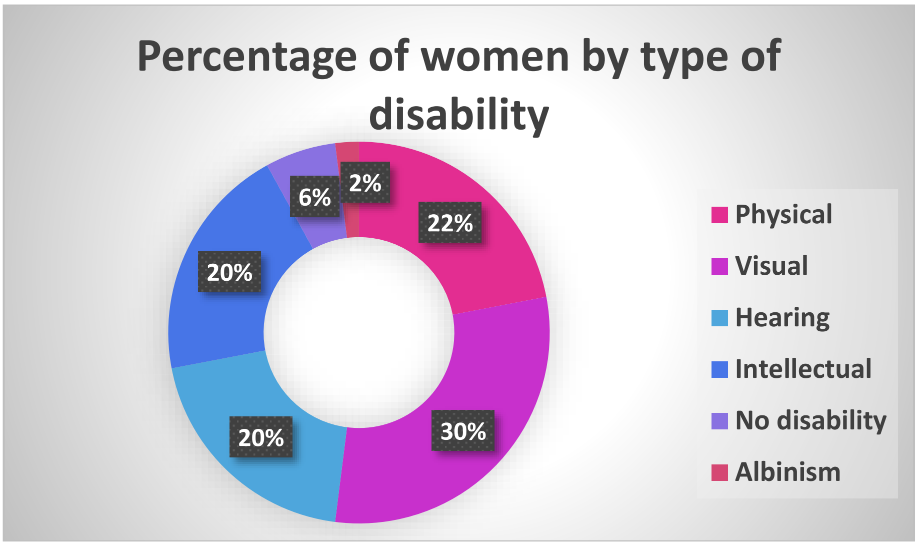
Regarding the age of the participants:

- 14 respondents in the 18-25 age group
- 16 respondents in the 26-35 age group
- 10 respondents in the 36-45 age group
- 6 respondents in the 46-55 age group
- 2 respondents in the 56-65 age group
- 2 respondents in the 66 and over age group



Regarding the participants' disabilities:

- 11 women have a physical/motor disability
- 15 women have a visual impairment
- 10 women have a hearing disability
- 10 women have an intellectual or psychosocial disability
- 1 woman is living with albinism
- 3 women resource persons are not persons with disabilities



Place of residence

The women interviewed all live in the Atlantic and Littoral departments in southern Benin. Of the 50 participants, **29 women live in rural areas (58%) and 21 live in urban areas (42%).**

The main factor influencing their choice of place of residence is **financial independence**. However, global data[2] shows that women with disabilities are more likely to live in poverty. As a result, financial constraints relating to rent, for example, place greater pressure on them. Some women with disabilities are forced to remain with their parents, even into old age. For others, the only circumstance that could allow them to leave their parents' home is marriage, as illustrated by the following statement:

"Those who are economically and socially independent can choose. Otherwise, they are forced to stay with their parents or be put into a marriage."

"Freedom of choice of place of residence is relative. When they have nothing, they are forced to stay where they are allowed to stay. But when they have an [economic] activity, those who are aware of their rights are free to choose where they live. The main obstacle is the lack of empowerment."

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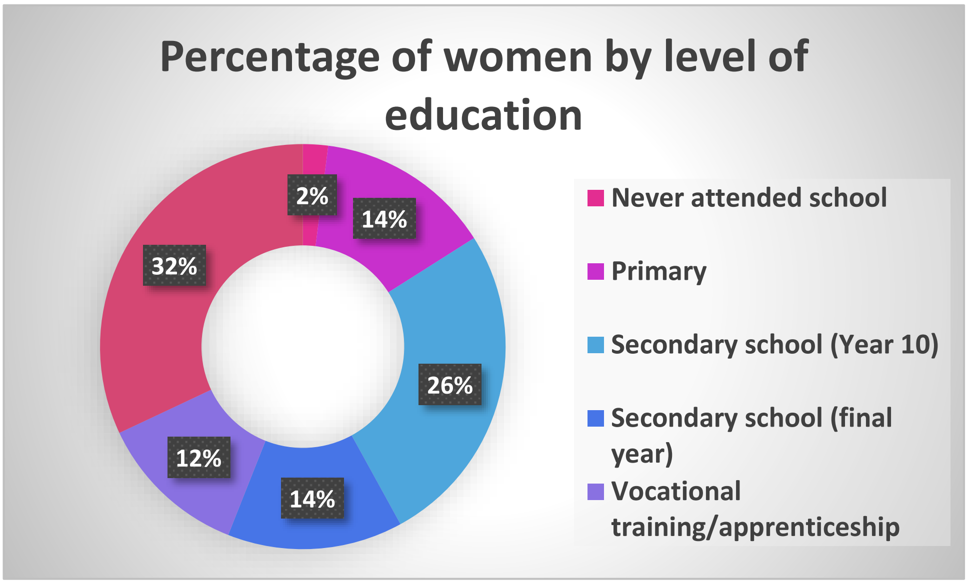
[2] See data from UN WOMEN, Issue Brief, Making the SDGs count for women and girls with disabilities, 2017, from the World Bank Group, Disability Data Hub on poverty and economic insecurity, and from the Disability Data Initiative, Disability Data Report 2022, on multidimensional poverty.

It would also be relevant to conduct the same study in other departments of Benin, particularly in the north of the country, in order to highlight the specific realities of women with disabilities living in areas where the risks of community tensions, violence or displacement are higher, and where rural areas are more isolated.

Level of education

Regarding the level of education of the women surveyed:

- 1 woman has never been to school
- 7 women have completed primary education
- 13 women have reached level 3 $^{\text{third year}}$of secondary school
- 7 women have completed upper secondary education
- 6 women have vocational training/have been trained as apprentices
- 16 women have a university degree



The chapter on women's access to essential services highlights the discrimination and multiple barriers faced by women with disabilities in accessing quality education. To overcome these barriers and defend their right to education, many women with disabilities have had to show immense determination and perseverance.

One of the participants who obtained a university degree testifies:

> ***"When I started my university studies, after leaving school a long time ago, about nine years ago, everyone told me 'you can't do it'. But I said 'NO, I can!', because if you have the will, that's the most important thing, and the rest will follow. I said no to everything people offered me, and I had to assert myself in order to do it and start my studies."***

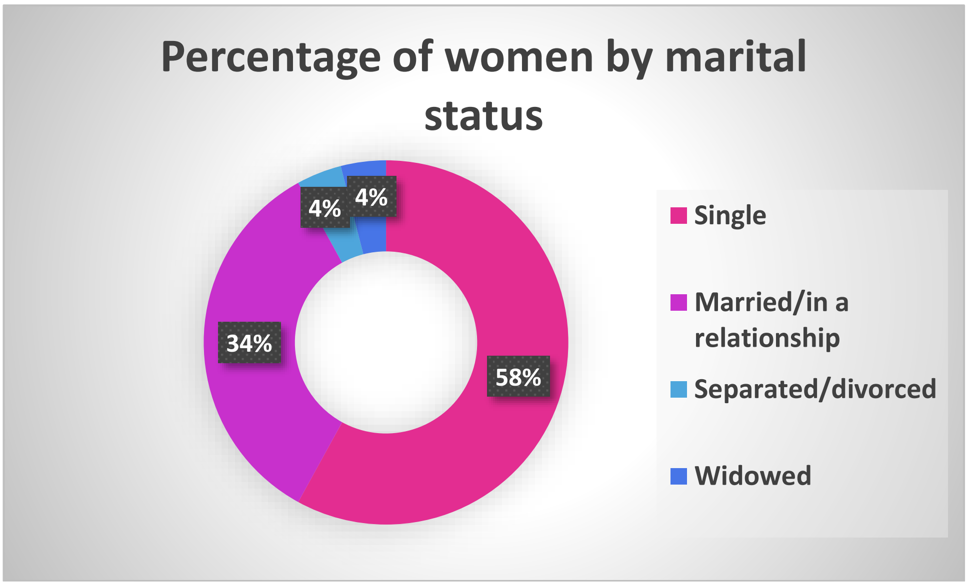
When asked how she felt after successfully asserting her choice, she replied:

> ***"Oh! What joy! I was very happy. And when I gave my thesis defence, everyone was there and very happy. The emotion at that moment! It was very satisfying, I was joyful."***

Family and marital situation

Regarding the marital status of the respondents:

- 29 women are single
- 17 women are married or in a relationship
- 2 women are separated or divorced
- 2 women are widowed



Of the 50 women surveyed, **23 have children (46%), while 27 do not have children (54%).**

The chapters on family life and participation provide detailed information on the experiences of women with disabilities in these contexts and on their determination to defend their right to privacy and respect for their home and family life (the right to marry, the right to found a family on the basis of the free and full consent of the future spouses, the right to decide whether or not to have children) guaranteed by Articles 22 and 23 of the CRPD[3] .

One resource person, for example, draws attention to the impeded rights of women with disabilities in relation to marriage:

> ***"No, they are not free to decide. They have the desire, but they don't have the opportunity. Men are not ready to commit and don't want people to know."***

3. Family life and social relations

Relationships with family and friends

The vast majority of women interviewed say they are treated fairly well by their **immediate family (parents, husband if applicable)**:

> ***"My parents are proud of me. I would say they treat me the same as they treat others. There is no difference."***
>
> ***"My parents are proud of me and my husband treats me well."***

This is also the case for most women with intellectual disabilities who were interviewed; the support of their mothers in particular seems to be decisive.

For others, family relationships are marked by **inequality**. During a group interview, a visually impaired participant said that girls with disabilities were not a priority ("Family support varies depending on the type of disability and each family's perception. It is only after the needs of other children without disabilities have been met that they think of us."), and a participant living with an intellectual disability expressed the exclusion and lack of consideration she experiences:

> ***"The family doesn't listen to us; they say we're disabled."***

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[3] Link to the Convention on the Rights of Persons with Disabilities

For those who are married or in a relationship, or who have been, the situation can sometimes be complicated with regard to their **in-laws** ("I have no problems with my parents. But with my in-laws, there are plenty of problems."), whether in terms of raising children, dividing household chores or managing the household budget.

When it comes to **their social circle, such as neighbours, friends and other people in the community**, the responses are more nuanced. Some women with disabilities say they are sometimes underestimated, while others are often mocked or even stigmatised and excluded. Respondents say:

> ***"People don't trust you and limit what you can do. There is always exclusion and segregation at all levels. My husband respects me and doesn't treat me that way."***

Another woman, who became blind later in life, offers a complementary perspective and explains that this event suddenly isolated her from her friends:

> ***"I don't have any problems with my parents, but many of my friends left when my disability occurred."***

Are the women with disabilities interviewed supported by those around them?

Two understandings of the term "support", deliberately broad, were noted by the respondents. On the one hand, there is emotional support (encouragement, motivation, etc.) and, on the other hand, financial and material support.

For those who receive **emotional support** from those around them, it is often based on empathy and recognition of their abilities and skills. The women interviewed stated:

> ***"Yes, they support me because they have confidence in my abilities."***
>
> ***"I feel supported by my family and friends sometimes, because they like what I do."***

A young woman with hearing impairment living in a rural area emphasises that **this support is even stronger when loved ones are aware of the rights of women with disabilities**:

> ***"My family and friends support me, especially those who are aware of the rights and responsibilities of persons with disabilities."***

On another note, a young woman living in a rural area with an intellectual disability explains that she feels the support of her mother, whom she trusts, as a form of **protection** from the outside world, for example when she has to travel outside her family or outside the community centre where she receives support. This reminds us how useful honest support from a trusted third party can be for persons with disabilities who want it.

A minority of respondents express a **lack of support within the community**, sometimes through a lack of kindness or attitudes of distancing or rejection. These behaviours can go as far as abuse of trust or theft, taking advantage of the perceived vulnerability of some women. This is the case of a woman with disabilities (aged 26-35) living in a rural area, who says:

> ***"Yes, my family and friends support me, and I don't have any problems with discrimination. However, in the neighbourhood, because you are a person with disabilities, people tend to stare at you when you go out. And also, since you have difficulty getting around to do certain things and you have to hire someone... For example, a carpenter you ask to do a job for you; he takes your money and disappears without doing the work. You have to search for him indefinitely... and it's thanks to God that you can find him one of these days."***

When it comes to **financial support**, close family members are sometimes a source of support that is greatly appreciated by the women interviewed:

> ***"Yes, I have my big sister who helps me a lot."***
>
> ***"I find support from those around me, I don't feel abandoned."***
>
> ***"When I'm going through difficult times, they come to my aid."***

Do the women with disabilities interviewed feel integrated into their community?

Most of the women interviewed said they had **social relationships with people in the community** (relatives, friends, sisters, etc.). In general, they meet these friends at home, or at the market, church, village, or during ceremonies or events. Some also maintain regular contact through their economic activities:

> ***"I attend seamstresses' meetings. I also have friends who visit me and vice versa."***
>
> ***"Yes, I have contact with friends, I have a soap-making group."***

The difficulties in maintaining social relationships and enjoying them fully are mainly mentioned by women living with intellectual disabilities. Some women with hearing and visual impairments also report obstacles in this area.

Among the **women interviewed with intellectual disabilities**, the majority encounter obstacles that prevent them from maintaining enjoyable social relationships. **Mockery and insults** are common, either directed at them directly:

> ***"People don't want us and insult us"***

Or towards those who associate with them:

> ***"They mock my family and certain people who are sympathetic to us."***

This **discrimination by association**, often the result of ignorance and harmful socio-cultural habits, affects families and carers, for example, because of their connection to a woman with disabilities.

Only one of the women interviewed said she had social relationships outside her family, while two others have friends only within the community centre that supports and trains them; another explains that she no longer has any friends at all following the departure of her only friend.

This observation leads us to question the **lack of mutual knowledge, connections and exchanges with the grassroots communities** in which they were born and live. There is also concern about the excessive institutionalisation of the construction and maintenance of social ties, which are supposed to be temporary. According to the women, the obstacles to maintaining social ties are the rejection they suffer:

> ***"My friends don't like me."***
>
> ***"I am disabled and people don't like me."***
>
> ***"They don't want me to have fun with them."***

Among **women with disabilities**, the main obstacle is the **communication barrier with hearing people, the overwhelming majority of whom know nothing about sign language**:

> ***"It's mainly communication barriers. Other people don't understand sign language and I'm deaf, so..."***
>
> ***"When we're in a community and we're talking, we're supposed to understand each other. But often, I feel like I'm not understood, which is why I prefer to be alone."***

The result is a situation where deaf or hard-of-hearing women are **isolated** and can only socialise satisfactorily with other deaf or hard-of-hearing people. This "closed circle" seems to be experienced as necessary because it is **protective, comforting and can lead to rich exchanges.** At the same time, it seems to be experienced as **frustrating because it is the result of exclusion** and the lack of a common language.

The final obstacle hindering the development of social relationships for some women with disabilities, particularly those with physical and visual impairments, is **mobility issues, especially the need for an accompanying person when travelling on foot.** When a motorcycle taxi has to be used, it is sometimes difficult to find drivers who are willing to travel long distances to pick up a passenger who only has a short distance to travel, as this is not very profitable for them. This reduces the freedom of movement and the right to participation of women with disabilities:

"Sometimes I want to visit my friends who don't live far away. But when there's no one to accompany you, it's impossible to do so."

"It's not easy, especially when it comes to my friends. To go and see someone, you either have to be accompanied when it's not very far and there's someone nearby, or you have to take a Zem [motorbike taxi], which isn't very easy. But we manage to see each other in prayer groups or at home."

"My friends and I often talk on the phone. I don't really visit them."

Spotlight on overprotection: good intentions but lasting negative consequences

Girls and women with disabilities often experience a form of overprotection from their families, and sometimes from those around them or strangers. This overprotection is often accompanied by genuine parental love and stems from good intentions: to protect them from real or perceived dangers inside and outside the home, on the pretext that their disability prevents them from avoiding these potential dangers themselves.

The following two testimonials illustrate different forms of overprotection and their consequences for women with disabilities:

A woman with disabilities, aged 36-45, living in Cotonou, explains:

> ***"When I was a child, there was this situation of overprotection, but now all that is in the past. It was our parents who overprotected us, especially my father. He didn't like me cooking because I couldn't see well. He categorically refused to let us leave the house. My twin sister and I stayed in our bedroom all the time. They didn't want us to do anything, not even go out to play with our neighbours. Until the day we were referred to the Centre for the Blind by ophthalmologists, and it was after we enrolled in this centre that this overprotection began to change. (...) Overprotection prevented us from blossoming; we couldn't have fun. We couldn't go out to buy things. I felt uncomfortable when I was overprotected. I also understand that it wasn't our parents' fault, because they were ignorant about disability."***

A respondent with a physical disability, aged 26-35, living in an urban area, says:

> ***"The overprotective situations I sometimes encounter often occur at large gatherings where people tend to show pity and regret by wanting to help me. Those who tend to overprotect me are often***

people who don't know me and are afraid of disability and want to help me to show their compassion. Overprotection prevents me from feeling comfortable and finding my own solutions to the obstacles I may encounter. I feel very uncomfortable and I feel like I'm being belittled."

Indeed, this overprotection has many negative aspects: **infantilisation, humiliation**, inability to have the same experiences as one's peers, inability to experiment and learn for oneself, **denial of the right to make one's own choices and decide for oneself**, **assistance provided without regard for consent or non-consent**, etc.

"I tell them not to overprotect me, because when they're no longer there, I won't know what to do and I'll be helpless. Letting me do things on my own is how I learn."

As the above testimony shows, **this overprotection fosters dependence rather than cultivating autonomy and independence** where possible. The consequences are isolation, low self-confidence and self-esteem, difficulties in performing daily tasks for oneself as a young adult (e.g. as a student in a university residence), less experience of the "outside world", and a feeling of being out of step with one's peers and the community.

Response strategies: women with disabilities are taking action and raising awareness among those around them about their rights.

Faced with these barriers and discrimination that hinder their social relationships and participation, women with disabilities are far from passive. On the contrary, many of them **are taking action at their own level to challenge dominant or humiliating behaviours**. They **are fighting back, raising awareness and asserting their rights**. Those who are members of organisations of persons with disabilities or who have been trained by such organisations seem to be better equipped. The testimonies of the respondents speak for themselves and call for a more inclusive society that treats women with disabilities on an equal footing with others, respecting human diversity.

"When someone behaves badly towards me, I let them know and raise their awareness."

"Before, when someone hurt me, I would just cry. But now, thanks to the various training courses I have taken, I am able to defend myself."

"I react immediately. I ask them not to see my disability as a barrier. I tell them, 'I am just like you.'"

"I get angry and ask the person why they are acting that way."

"At first, I'm shocked. But after a while, I call them to explain that what they just did to me is not right."

4. Participation, freedom of choice and decision-making

"Everyone has the right to participate normally. Just because I am a person with a disability does not mean I should not participate. Everyone has the right to participate. I have the right! If others can make decisions, I must assert myself too (...)"

The level of participation of the women with disabilities surveyed was assessed across three complementary and interconnected levels: their participation in family life, community life and, finally, public and political life (in particular their experience of elections). Their involvement in decision-making within these different areas was also analysed.

Active participation in family life

The vast majority of women with disabilities surveyed said they participated in family life without hindrance. Discussions focused on their participation in daily tasks and other family activities (ceremonies, etc.), as well as their participation in family discussions and decision-making.

In terms of domestic tasks and family activities, **participation is generally high**, although some respondents added nuances ("I participate in all family activities. But for some activities, it's a bit complicated"). Respondents living with an intellectual disability sometimes feel excluded:

"Mum won't let me light the fire or prepare [food]. But I want to cook rice!"

"I only participate a little and occasionally."

For a young woman with disabilities, this participation is a given, but is sometimes contradicted by overprotection:

"I participate in all the activities I can. For example, I help prepare the doughnuts that my mother sells in schools. But she doesn't let me fry them myself for fear that the hot oil will spill on me."

In this case, it is interesting to note that the limitation comes from an outside person (the mother) and that it is not the respondent herself who has decided to adapt the activity to her own abilities.

Who decides?

In terms of family discussions and decision-making, the women with disabilities surveyed tend to participate quite actively, although this depends on certain conditions or constraints, such as economic independence.

Decisions relating to daily life. The women interviewed shared their experiences based on the following questions: "In your family, do you participate in decision-making, for example, about children, ceremonies, or the organisation of the home? Tell us about it." "In your family, can you initiate an important discussion on a subject that concerns you? Tell us about it."

For the women with disabilities interviewed, **participation in decision-making is quite strong** ("Yes, if a decision has to be made, we make it together with my spouse"), with some nuances related to the patriarchal structure of families:

"Yes, since my father's death, I have been involved in decision-making and am consulted on decisions."

"Before, it was rare because my dad was still alive and at family meetings, he made decisions on behalf of all of us, his children. On the few occasions when I took part in extended family meetings while my dad was alive, I gave my opinion."

"When there are important events, we always get together as a family because my dad is the eldest. So everyone comes to the house. We have the meeting together."

Almost all of them say **they** are **able to initiate discussions on topics that concern them**, with some nuances for the youngest ones ("Yes, I can decide to have an important discussion. For example, I take the initiative myself to organise my birthday parties or not," "Yes, I often inform my aunts about issues I consider important, but I don't yet take the initiative to organise meetings...").

For women with disabilities, participation in decision-making is similar to the above for the first half (particularly with their husbands) and limited for the other half (particularly for decision-making within the extended family):

"I participate as a spectator, because I can't hear anything and at the end they give me a summary."

The language barrier and the lack of involvement of family members to interpret in sign language during family meetings make meaningful participation impossible . The brief summary at the end only informs her of the decisions taken without her input. This respondent's experience clearly illustrates **that being present is not enough**. Meaningful participation is only possible when the ability to be present is **combined with conditions conducive to active participation**.

This is confirmed by the fact that only two out of ten respondents with hearing impairments say they are able to initiate discussions on topics that concern them.

For the women with disabilities who were interviewed, participation in decision-making, whether in the family or in the community, is quite rare ("I don't have a dad, and Mum says I should keep quiet. I speak up and Mum refuses"). Only one of them said, "If I have an idea during a meeting, I speak up," and she continued, "At home, for example, I can ask for something to be done and we do it."

The incapacity of women with disabilities is often assumed by default. However, "Respect **for** inherent dignity, **individual autonomy, including the freedom to make one's own choices**, and independence of persons" applies to all persons with disabilities, including persons with mental or intellectual impairments, as provided for in the CRPD (Article 3)[4] . The capacities and autonomy of women with disabilities can also be supported by **appropriate support and personalised reasonable accommodations**.

Decisions relating to healthcare. Twenty-two women responded to the question about deciding to seek care for health problems**.**

Forty-one per cent make the decision alone (mainly women with visual and physical disabilities), 32 per cent make the decision with the advice of their parents/relatives, and for 27 per cent (mostly women with intellectual and hearing disabilities), the decision is made by their husband or parents/relatives.

Decisions regarding contraception. One of the questions asked related to women's control over their bodies, in particular the freedom to choose whether or not to have children and to space out births. This issue is all the more important today as the actions of feminist organisations in this area do not take sufficient account of the needs of women with disabilities. The responses from resource persons indicate that this freedom of choice is often restricted.

Only educated women with disabilities living in urban areas seem to have access to this right:

> ***"The realities vary depending on the environment. As far as I know, it is a matter of agreement between the woman and her husband. However, in some areas, the woman's only role is to have children. In these areas, it is difficult for them to have control over this decision."***

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[4] Link to the Convention on the Rights of Persons with Disabilities

The lack of access to quality information remains a pressing issue, as **women with disabilities are often overlooked by awareness campaigns aimed at women in general**:

"This is a difficult issue for African women in general. Few women with disabilities are able to control the number of children they have because they do not have access to information on birth control."

In summary, analysis of the participation of women with disabilities in decision-making processes highlights contrasting dynamics depending on the type of disability and the context considered. At the family level, women with visual and physical disabilities appear to be generally involved in decision-making, although this participation may be conditioned by contextual factors such as the patriarchal structure of the family or changes in their status within it. The majority of them say they are able to express their opinions and, in some cases, initiate discussions on issues that directly concern them. They have therefore found or carved out a space for themselves to be active participants in their own lives and those of their families.

The inequalities experienced by women with disabilities who report limited participation in the family circle are also noted by one of the resource persons interviewed:

"Within the family, their disability is perceived as a curse, and they themselves have become convinced of this. It weakens their ability to assert themselves, and it is as if they have no rights at all levels of social life, starting with the family."

A strong desire to participate in community life

The women with disabilities we met are **involved in a wide variety of areas, such as religious or cultural movements, sports clubs and training activities.**

"I take part in reunion activities."

"I teach children at Sunday school. And in my community, I am treasurer for the church women's group."

"I am a member of the Benin Sports Association for the Blind (ASAB). I love dancing and singing. Being part of these groups helps me to become more empowered and independent."

"Not much at the moment, I only do small activities with those who understand sign language, such as translating the Bible into sign language and also teaching at primary school."

The vast majority of respondents with physical disabilities expressed strong participation, emphasising the importance of their own willingness rather than participation out of obligation:

> ***"I participate in all activities as long as I want to. If I don't want to, that's another matter!"***

Another respondent highlighted the constraints associated with organising her travel due to her disability, which prevents her from responding to last-minute requests:

> ***"Yes, I am sometimes excluded. It's last-minute meetings and activities that upset me because I can't plan ahead for the assistance I need to get around."***

Half of the visually impaired respondents said they were involved in community activities, mainly religious and sporting (adapted sports). They emphasised that this was also a source of belonging, support and personal fulfilment:

> ***"I participate in prayer groups at church. I like it because it provides important support."***
>
> ***"I'm in this sports group for my health."***
>
> ***"It's for fun. We can't stay in our corner every day, always serious. We need to have fun from time to time!"***

The other half reported difficulties related to travel (financial cost, difficulty organising travel with a guide) or lack of information ("No, I'm not even informed about community activities").

Communication barriers for women with disabilities are still very much present. One woman affected (aged 26-35, living in an urban area) says:

> ***"As I can speak a little, those who are patient involve me as best they can in community activities."***

She is able to participate in community activities because she can verbalise. This may mean that those who cannot verbalise are more often excluded from community activities due to **the lack of hearing people trained in sign language**.

The importance of safe spaces and respect for consent. One particularly striking element of the stories concerns the **feeling of safety and respect for consent** in certain community spaces, especially for women with disabilities. Several testimonies emphasise how respect for individual opinions and choices is a fundamental criterion for participation:

> ***"It's good to come here [the Chrysalide centre] because the carers don't hit me. If I say I don't want to, they respect my choice."***

This statement may indicate that such respect is not guaranteed in all areas of these women's lives. Organisations therefore appear to be places of protection, where women can express themselves, refuse, choose, without violence or coercion. This dimension is essential to understanding the importance of these spaces in the lives of certain women with disabilities.

Participation in decision-making within the community

When it comes to decisions made at the community level, the realities appear to be mixed. Some women explain that they participate when information reaches them and when they feel concerned by the topics discussed: "I give my opinion, they can accept or reject it" or "I do what everyone else does. I give my opinion when the subject interests me." Others, however, choose to remain in the background, citing discretion or lack of interest ("Because I prefer discretion," "I don't see the importance").

Among women with disabilities, participation depends largely on access to information:

> ***"Yes, I participate in decisions that are made, as long as I am informed."***

When this information is lacking, their role tends to remain marginal, even symbolic. As for women with disabilities, their involvement in decision-making processes remains particularly limited, which raises questions about the mechanisms of exclusion and the **persistent underestimation of their ability to contribute**.

Overall, these findings show that the effective participation of women with disabilities in community decision-making **does not depend solely on their individual will to participate, but is strongly influenced by the accessibility of information, the social recognition of their voices, and representations related to disability**.

One respondent adds an essential point:

> ***"(...) If women with disabilities are not involved in decision-making, it is because they are excluded from society, and it is society that contributes to this exclusion."***

These elements thus form a direct link to the following section, devoted to participation in public and political life, where these same structural barriers appear even more pronounced.

Participation in public and political life: women with disabilities must be treated as full and equal citizens

Spotlight on the right to participate in political and public life

Article 29 of the United Nations Convention on the Rights of Persons with Disabilities (CRPD)[5]

The CRPD recognises that persons with disabilities enjoy the same political rights as any other citizen. Article 29 commits States to ensuring that these rights can be enjoyed on an equal basis with others and in an effective manner.

In practical terms, this means that persons with disabilities can participate fully in political and public life: **voting, standing for election, taking part in public debates, or becoming involved in civil society organisations and political parties.**

Article 29 stipulates in particular that States must:

- **Guarantee the right to vote and stand for election, ensuring the accessibility** of procedures, polling stations, electoral materials and political information;
- Allow direct participation or participation through freely chosen representatives, without discrimination;
- Create an environment conducive to civic engagement.

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[5] Link to the Convention on the Rights of Persons with Disabilities

See also HI Making It Work, WEI and others, Gender, Disability, and Participation in Political and Public Life, Submission to the CRPD Committee Day of General Discussion on Article 29, 15th February 2025

It also emphasises the need to:

- **Support the participation of persons with disabilities in associations and NGOs active in public life;**
- **Facilitate their involvement in political parties;**
- Encourage the creation and strengthening of **organisations of persons with disabilities** at all levels.

This article reminds us that political participation is not limited to voting, but concerns **all areas where public decisions are made.**

For women with disabilities in particular, its effective implementation is essential to make their priorities heard and strengthen their place in society.

Participation in CSOs: a strong commitment by women with disabilities to defend their rights and create solidarity networks

"I am a member of several organisations for women with disabilities."

Beyond the immediate family and community sphere, the survey looked at the participation of women with disabilities in civil society organisations, understood here as women's groups, organisations of persons with disabilities, professional groups (traders, farmers) and other forms of collective organisations that influence or participate in the conduct of public affairs. For many women, these spaces are key places for socialisation, learning, support and, in some cases, civic engagement.

A very real participation, but uneven and often conditional. *Overall, a majority of women with disabilities surveyed say they belong to at least one group or organisation, particularly organisations of persons with disabilities or women's groups.*

However, this participation is neither systematic nor uniform.

Some women clearly explain their choice not to join groups, often to preserve their peace of mind or avoid conflict ("I don't like too much fuss. God sees me and that's fine, I don't like joining groups").

This type of comment shows that non-participation can be a conscious personal choice, and not just a result of exclusion. For the majority of women involved in groups, the motivations are multiple and largely overlap, regardless of age or type of disability.

Organisations perceived as spaces for support, learning and recognition. Civil society organisations are primarily described as spaces where women with disabilities can **learn, exchange ideas with peers and feel recognised**. Training, sharing experiences and defending rights are recurring themes in the testimonies:

> ***"I am a member of the Association of Deaf Women of Benin (OFAB). It is important to me because it allows me to be recognised in society as a person with a hearing disability, and also because this association can defend me one day."***
>
> ***"I am also a member of OFAB to increase my confidence in my abilities."***

For some, accessibility of communication is a determining factor in their commitment:

> ***"I am a member of the Evangelical Mission for the Deaf. In this group, communication is very easy for me."***

This testimony highlights **the importance of spaces designed by and for persons with disabilities**, where the usual barriers to participation are removed. More generally, organisations for women with disabilities appear to be places where women can **strengthen their self-confidence and their sense of social usefulness**:

> ***"I am a member of the*** *[name redacted for confidentiality]* ***group at a CPS*** *[Centre for Social Promotion]*. ***I initially joined this group to write my end-of-training dissertation on 'the professional activities of women with disabilities and the difficulties they encounter'. But today, I continue to be an activist in this group because I feel useful."***

Real participation, but limited access to positions of responsibility. While many women with disabilities are members of organisations or groups, their access to positions of responsibility remains very limited. The stories show that they rarely occupy leading roles in mixed organisations of persons with disabilities or women. They most often find themselves at intermediate levels, without real decision-making power.

This situation reflects a form of **glass ceiling within spaces that are supposed to be more inclusive** than average.

This marginalisation in leadership bodies is perceived as a barrier to their visibility and their ability to make their priorities heard. It is also indicative of persistent discrimination, including in organisations of persons with disabilities or women's groups, where **leadership standards remain inaccessible to women with disabilities.**

Contrasting experiences depending on the type of association.

Participation experiences vary greatly depending on the type of organisation. Professional groups, particularly those of women traders or craftswomen, are sometimes involved for very practical reasons related to training, economic mutual aid or academic careers:

> ***"I am a member of a group of women craftspeople. I feel fulfilled there. Outside my community, I don't feel comfortable."***
>
> ***"I am a member of the H-ASUKA Network, Dédji's network to promote women with disabilities who are entrepreneurs in Benin. It's important because I didn't have any accessible groups before."***
>
> ***"I am a member of the local group of seamstresses and tailors and I actively participate in meetings where I always give my opinion, which is often taken into consideration."***

Conversely, some women explain their lack of involvement by citing a lack of time or a concern about not being able to participate fully ("It's because I don't have time. When you are a member of an organisation, there will be meetings and events, and if you can't attend even though you say you are a member, there's no point"). This testimony highlights a thoughtful approach to participation, but also raises the question of access to information, as organisations are often essential channels for learning about one's rights, opportunities or existing services.

Participation in associations and building social ties.

For many women, involvement in organisations is also a way **to break out of isolation**, **forge ties and participate in community life**. Joint activities – whether work, training or shared moments – are described as sources of joy and fulfilment. Even when participation does not lead to explicit political or activist engagement, it helps to strengthen self-esteem and a sense of belonging, which are key elements of social inclusion.

The participation of women with disabilities in civil society organisations is an essential lever for inclusion and empowerment, but remains hampered by inequalities in access and power. When spaces are accessible and respectful, they engage fully. Conversely, a lack of recognition and consent encourages withdrawal and self-exclusion.

Civic and political participation: recognised rights, practices still largely hampered

This section explores the experiences and realities of the women with disabilities interviewed in terms of civic and political participation, particularly during election periods. Through their testimonies, it highlights a significant gap between the formal recognition of the right to vote and its effective exercise, revealing multiple, often cumulative obstacles, but also attempts at participation, conscious choices and a desire for citizenship that is too often invisible.

The testimonies highlight **a generally low voter turnout, but rarely linked to a total lack of interest.** Across the board, the majority of women with disabilities surveyed reported little or no participation in voting;

of the 23 women interviewed individually about their voting experience, 61% said they had never voted.

At first glance, this low turnout could be interpreted as a lack of interest in politics. However, the testimonies show that this is not necessarily the case. Abstention appears to be more the result of a combination of informational, communicational, social and institutional barriers than a deliberate and informed refusal to participate in civic life.

For many women, the first obstacle they encounter is a **lack of accessible and understandable information**. This lack of information concerns both the practicalities of voting and the very meaning of electoral participation:

> ***"Before, I didn't have enough information about how to vote. It's here that I'm learning that I can do it. So next time I'll go and vote."***

This testimony shows that some women discover late in life that they not only have the right to vote, but also the ability to do so. The lack of accessible information thus fuels abstention, but also a form of self-exclusion, reinforced by the absence of political discussions within the family or community.

A common trend observed among many women, regardless of their type of disability, is the confusion between voting and "being involved in politics," which is often perceived negatively. This perception contributes to keeping some women away from the polls, as evidenced by the following comments:

> ***"I don't know who I'm going to vote for or why, because afterwards they disappear."***
>
> ***"Because I don't do politics and no one talks to me about it either."***

In these comments, voting is associated with a political world that is considered disappointing, immoral or reserved for others. This perception is reinforced by the silence surrounding electoral issues in some families, which makes it difficult to embrace voting as an ordinary civic right.

Shared informational and administrative barriers.

The lack of information also concerns the practical conditions of voting. Several women explain that they did not vote because they did not have the necessary documents, unaware that certain requirements have changed (it is now possible to vote with only an identity document). The following statement is a striking illustration of this:

> ***"I don't have a voter card."***

This statement, made by a woman aged 36-45, with a university education and living in an urban area, shows that lack of information does not only affect women with little education or those living in rural areas. It cuts across all the profiles surveyed and highlights the need to diversify and adapt electoral communication channels.

Communication barriers and dependence on third parties.

Communication barriers are a major obstacle, particularly for women with disabilities, both hearing and visual, but their effects are felt far beyond that. For deaf women, the lack of sign language interpretation limits their access to electoral information, meetings and exchanges with electoral officials. When some were able to vote, it was often with the help of relatives:

> ***"The only time I voted, I was with members of my family who helped me communicate with the officials."***

This dependence raises the question of autonomy and dignity in exercising the right to vote. It is also present among women with disabilities, who sometimes have to rely on a third party to identify the ballot papers or make their choice. While this assistance enables them to vote, it calls into question the secrecy and confidentiality of the vote:

"Someone else held my hand... you can't be sure that the person chose the candidate you told them to."

Physical accessibility and social perception. Women with disabilities face specific obstacles related to the accessibility of polling stations, but their experiences reflect broader issues of awareness and social perception. Some explain that they have given up voting because of the queues and the lack of effective prioritisation:

"I went to vote once... there was a queue. I can't stand for too long, so I went home."

This testimony illustrates a gap between the provisions laid down in the law and their application in practice. It also highlights an unresponsive social environment, where the priority given to persons with disabilities is neither known nor spontaneously respected.

Particularly marked exclusion of women with disabilities.

While all the women interviewed face obstacles, women with disabilities appear to be the most excluded from the electoral process. The majority of them have never voted. Only one reported having voted once, thanks to the support of a politically active friend:

"An old friend helped me go with her to vote... I was campaigning with her in the same political party."

Since that friend left, she has never voted again. The other women often express a perceived, sometimes internalised, inability:

"I can't vote."

"I can't vote, so I stay at home."

These comments reflect a profound exclusion, fuelled by negative social representations and the almost total absence of appropriate support mechanisms. They highlight the importance of not confusing intellectual disability with an inability to exercise civic choice.

Contrasting experiences among women with disabilities.

Women with disabilities have had more contrasting experiences. Some have never voted because of difficulties in identifying their polling station or accessing information ("I tried to vote... but I was told that this wasn't the polling station I was supposed to vote at").

Others have been able to vote under good conditions or have developed personal strategies to preserve their independence:

> ***"I knew which candidate I wanted to vote for... I counted the boxes and put my finger on the corresponding box."***
>
> ***"I was able to collect my voter card, find out where my polling station was and vote normally without any problems."***

These testimonials show that when information is accessible and conditions are right, women with disabilities can fully exercise their right to vote.

Political discussions and participation in meetings: unevenly accessible spaces.

Beyond voting, participation in political discussions and election meetings reveals similar inequalities. Some women, particularly those with visual and physical disabilities, say they were able to discuss the issues with their loved ones and sometimes attend meetings ("I was lucky enough to participate and listen to the promises they made"). Others, after discussion, chose not to vote, thus asserting their free will ("After the discussions I had... I didn't feel like going to vote").

Conversely, women with hearing and intellectual disabilities remain largely excluded from these spaces due to communication barriers or a total lack of opportunities.

Citizenship that is hindered but full of potential.

Overall, this analysis shows that the low civic and political participation of women with disabilities is not due to a general lack of interest or an intrinsic inability. It is primarily the result of persistent structural barriers:

- Lack of accessible information on voting procedures, candidates and their programmes
- Communication barriers with candidates and election officials,
- Problems with the physical accessibility of meeting venues and polling stations,
- Lack of appropriate measures to ensure priority voting for persons with disabilities and to guarantee the confidentiality of the vote,
- The weight of negative social representations and presumption of incapacity.

The testimonies collected remind us that women with disabilities are not excluded from citizenship. They observe, discuss, evaluate and, sometimes, choose whether or not to participate.

Ensuring their full political participation therefore requires going far beyond the formal recognition of rights to create real conditions of access, autonomy and respect, enabling every woman with disabilities to exercise her citizenship freely and with dignity.

Spotlight on barriers to inclusion

Barriers are aspects of society that prevent persons with disabilities from participating fully in society and being included in society, whether intentionally or unintentionally.

- **Behavioural barriers:** the inability of non-disabled people to see beyond a disability, discrimination, fear, intimidation, contempt, having low expectations for a disabled child, considering persons with disabilities incapable, associating disability with a curse or parental fault, etc.

- **Physical barriers**: inaccessible buildings and transport (stairs, sandy terrain), lack of adapted medical equipment (accessible gynaecological beds), signage that is inaccessible to persons with disabilities who are visually impaired in essential services, lack of school equipment adapted for learning Braille, etc.
- **Barriers to communication and access to information:** lack of sign language interpreters in essential services, radio awareness campaigns that are not accessible to deaf people, lack of information brochures or administrative forms in Braille, etc.
- **Institutional barriers:** laws, policies, strategies or practices that directly or indirectly discriminate against persons with disabilities.
- **Internalised barriers:** internalisation of stereotypes against women with disabilities, which can lead to feelings of shame or inferiority about one's disability, believing oneself to be inferior or incapable, and limiting one's own ambitions.

5. Economic activity and entrepreneurship

The issue of economic activity and entrepreneurship was addressed with all the women surveyed, whether they participated in group discussions, individual interviews or were resource persons. The results show that, as for many women, entrepreneurship remains complex, but that these difficulties are even more pronounced when combined with disability. However, the testimonies collected also show that *women with disabilities in Benin are far from passive; they seek solutions, propose initiatives and try to increase their financial independence.*

Some explain that they play an active role in household economic decisions and in seeking new sources of income. One of them recounts:

> ***"I made suggestions to my husband about his business so that we could have other sources of income... I was very happy that he listened to me. I saw that I was important and that I had a place in his life."***

Another emphasises what it means to have her own income:

> ***"It means we're not solely dependent on others... it's by making our voices heard that we can make ourselves understood."***

Unequal access to income-generating activities

Paid employment remains very unequal among the women with disabilities surveyed. Some, particularly those with visual or motor impairments, report being employed, most often in informal or loosely structured sectors such as small businesses. A few others work in the public sector, particularly in education. Conversely, women with disabilities appear to be particularly marginalised economically, with a high proportion reporting that they have no income of their own. Women with hearing disabilities occupy an intermediate position, characterised by real but fragile opportunities for economic integration.

These differences show that the type of disability, combined with other social factors, strongly influences access to economic independence, with intellectual disabilities and certain sensory disabilities carrying a higher risk of exclusion.

The decisive influence of place of residence

The area of residence also plays a central role. In urban areas, more of the women surveyed are in paid employment, even if this is often precarious. **In rural areas, opportunities are much more limited and the lack of personal income is more common.** Women living in these areas say they are more dependent on support from their families or community solidarity.

This reality illustrates the accumulation of disadvantages: disability, structural poverty and a scarcity of economic opportunities reinforce the financial dependence of women with disabilities in rural areas.

Low incomes insufficient to cover basic needs

Among women who earn their own money, monthly incomes remain low overall and are rarely sufficient to cover basic needs. Only one woman reported earning around 100,000 CFA francs in the month preceding the survey; the majority reported amounts around 40,000 CFA francs or much less, well below the guaranteed minimum wage. One respondent said:

"What is negative and complicates my economic situation is that as soon as I make a small profit, it is immediately spent. I have no business capital, which prevents me from making transactions. I also have a sister and her children to support, which further reduces my resources. What I earn is immediately used for food and daily expenses, which I can't even cover properly. The situation is really very difficult financially."

Even among women with higher levels of education, qualifications do not guarantee financial security. The informal or seasonal nature of certain activities partly explains this instability. One teacher explains: "Last month, I didn't earn anything because I was on holiday."

These situations show that being economically active does not automatically translate into lasting financial independence.

Survival strategies and multiple small incomes

Faced with insufficient or no income, many women develop survival strategies based on several, often fragile, sources. They mention relying on support from their spouse or family, small one-off grants or the resale of various products:

"I have a few small side businesses, such as reselling coal, second-hand clothes and haberdashery."

"My husband supplements my income."

"My mum gives me money."

These mechanisms reflect a **subsistence economy marked by uncertainty and dependence, which limits** long-term **planning** and increases social vulnerability.

Structural obstacles to the sustainability of initiatives

The resource persons interviewed emphasise that **few women with disabilities manage to maintain and develop an economic activity over time**. There are many reasons for this: competition, credit sales, family needs and heavy domestic workloads, low start-up capital, lack of training, physical inaccessibility of workplaces or digital tools.

One of them sums up the situation as follows:

"The obstacles are lack of training and information, lack of financial resources, physical inaccessibility of the environment and inaccessibility of digital tools."

Another emphasises the difficulty of retaining customers and the financial pressure:

"Women with disabilities are really daring, but people don't like to go to them to buy... If they don't have customers, the business can't survive. With interest rates, when they don't sell enough, they can't repay their loans."

Access to finance appears to be a major obstacle. Very few women with disabilities manage to obtain microloans, due to persistent prejudices and conditions that are considered inaccessible:

"Even microfinance institutions deem them ineligible... the lack of access to resources is very real."

Some therefore turn to associations, their families or public schemes, which remain little known and difficult to access due to cumbersome formalities. These include, for example, non-repayable grants managed by the Ministry of Social Affairs and Microfinance (MASM) and the interministerial commission for the implementation of measures for the inclusion of persons with disabilities, implemented by the Single Social Protection Centres (GUPS).

Still only partial decision-making power over income

Finally, even when women earn their own money, their financial autonomy often remains incomplete. Many explain that they do not decide alone how to use their income, as this responsibility sometimes falls to their spouse, a parent or a guardian. This situation is more common among women with little education, those living in rural areas or those with intellectual disabilities.

Effective control over resources thus appears to be a central issue in empowerment, beyond simple access to income.

Between economic survival and the desire for emancipation

Overall, the employment and entrepreneurship of women with disabilities observed in this study takes place in a context marked by **persistent structural inequalities**.

While some women manage to engage in income-generating activities, these are often precarious, informal and insufficient to guarantee long-term financial security. Women living in rural areas and those with intellectual disabilities appear to be particularly disadvantaged.

Low incomes, the seasonal nature of activities and difficulties in accessing finance force many women with disabilities to adopt multiple survival strategies. These difficulties in accessing microcredit are linked to prejudice, lack of guarantees, high interest rates and the low credibility often accorded to them by microfinance institutions.

However, the testimonies collected also show **a strong capacity for initiative and a real desire to contribute to household income**. Many seek to assert themselves as **economic actors in their own right**.

> ***"It's important to earn my own money because you shouldn't depend solely on someone else. We have needs, and when we have an income, it makes things a lot easier and we feel fulfilled. In addition to sewing, I also sell charcoal."***
>
> ***"As women with disabilities, we have to work and find money to be able to take care of ourselves and our children. (...) When men earn money, we must be able to earn at least the minimum we are capable of to contribute to the household, so as not to be a burden (...) and also to avoid humiliation in the household and within the family."***

Far from being passive, they **take action, negotiate, adapt and try to secure their future and that of their families in an environment that is still largely unfavourable.**

6. Rights of Women with Disabilities and Gender-Based Violence (GBV)

The rights of women with disabilities: the urgent need to move from theory to implementation

In this study, the issue of rights was addressed through three main dimensions: knowledge of women's rights in general, knowledge of the rights of women with disabilities in particular, and knowledge of laws prohibiting Gender Based Violence and existing mechanisms for redress (see next section).

The responses collected show a clear trend: regardless of their area of residence or level of education, the majority of women with disabilities surveyed have fragmentary, approximate or even non-existent information on these subjects.

This lack of knowledge is a major obstacle to the effective exercise of their rights, which are recognised both by Benin's international commitments, notably the Convention on the Rights of Persons with Disabilities (CRPD), and by the national legal framework.

Partial knowledge, even among educated women

Among women with disabilities who have a relatively high level of education, the responses often show a general understanding of the principles of equality, but without clear reference to specific texts or mechanisms of protection. Some mention, for example: "I have the right to be protected; I have the same rights as men... freedom of expression..." or "

"The right to participate in decision-making bodies, freedom of expression."

"Freedom of expression, right to accessibility and to work."

These responses show a partial understanding of fundamental rights, but also a limited knowledge of the specific legal mechanisms that exist at the national level. Some women acknowledge their limitations: "I don't know much... women must work to be independent, they have the right to speak in society."

Among women with lower levels of literacy, references to rights are even more general: "Health, freedom, protection," or, regarding the rights of women with disabilities:

"The right to equal opportunities and non-discrimination."

These responses reflect an accurate understanding of the principles, but a lack of knowledge of the specific legal tools available to enforce them.

Marked differences depending on the type of disability

The women with disabilities who were interviewed had very different levels of information. Some, particularly those with less education, said they had no information at all. Others, with a higher level of education, were able to cite a few key concepts: "Non-discrimination," "The right to receive assistance, the right to claim one's place and position."

Despite this, all the testimonies converge on one observation: **knowledge remains insufficient, both on women's rights and on those specific to women with disabilities.**

Among women with disabilities, this lack of awareness appears even more pronounced. The responses show a very limited understanding of the legal concept of rights, often reduced to everyday issues or family injunctions: "Women must marry... have children." "You can't stay at home anymore," "I have the right to eat, dance, talk..." Some refer to the authority of a loved one rather than to texts or institutions: "The laws are in the country and Mummy said so."

These comments reveal a strong dependence on those around them for access to legal information, as well as an almost total invisibility of formal protection mechanisms.

Conversely, women with disabilities appear to be better informed overall than other groups, with several of them explicitly citing the right to work or freedom of expression: "Right to work, freedom of expression." "We have the right to work, an age increase to work [in the civil service]." Only one of them said she had no information on these issues.

An existing legal framework, but little known and rarely applied

These results show that poor knowledge of **rights is not solely due to a lack of individual information, but is part of a broader context of insufficient dissemination of texts and weak accessible recourse mechanisms.** However, Benin is a party to the Convention on the Rights of Persons with Disabilities, which recognises, in particular, the right to equality and non-discrimination, access to justice, information, work, participation in public life and protection against all forms of violence.

At the national level, Law No. 2017-06 of 29 September 2017[6] , on the protection and promotion of the rights of persons with disabilities, is a major step forward. However, testimonies show that these instruments remain largely unknown to the main concerned and that their implementation remains incomplete, particularly due to the lack of implementing decrees, accessible information systems and training for public officials in inclusive approaches.

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[6] Link to Law No. 2017-06 of 29 September 2017 on the protection and promotion of the rights of persons with disabilities in the Republic of Benin

The women interviewed indirectly point to these shortcomings through their difficulties in identifying remedies, understanding their rights or obtaining redress in cases of abuse. This situation highlights the need to strengthen **awareness-raising campaigns in local languages**, **make legal information channels accessible**, and **provide more specific support to women with disabilities who have little education** in understanding and using existing mechanisms.

Spotlight on the law of 29 September 2017 in Benin: progress to be reinforced

Law No. 2017-06 of 29 September 2017 on the protection and promotion of the **rights of persons with disabilities in the Republic of Benin** aims to guarantee equal rights, access to services, education, employment and social participation for persons with disabilities.

While this text represents an important step forward, it remains **insufficiently enforced and does not include specific provisions addressing the intersectional discrimination experienced by women with disabilities due to the intersection of gender and disability**. The absence of certain implementing decrees, combined with a lack of accessible information and training for public actors, further limits its real impact on the daily lives of women with disabilities.

Gender Based Violence: very real but often ignored and trivialised

The study did not seek to collect personal and direct testimonies of experiences of GBV due to the associated protection risks and because this was not its main purpose. However, the information gathered in this study shows that women with disabilities in Benin are exposed to multiple forms of violence, both in public and private spaces and within the family.

However, relatively few respondents provided detailed accounts of these experiences.

This difficulty in talking about violence in general suggests that it remains largely **taboo, trivialised or insufficiently identified as such.** It also reveals that not all women with disabilities have the necessary information to recognise certain situations as violence and to know who to turn to for help.

Spotlight on GBV figures in Benin

- The fifth Benin Demographic and Health Survey (EDSB-V) 2017-2018[7] paints a picture of an unequal and violent society towards Beninese women:
    - In terms of domestic violence alone, 42% of women aged 15 to 49 who are in a relationship or have separated from their partner reported having experienced emotional, physical and/or sexual violence committed by their husband/partner at some point.
    - Only 35% of them reported seeking help.
- Violence is more prevalent in rural areas than in urban areas.
- These rates of GBV against women were already considered "alarming" in 2013 by the CEDAW committee[8] .
- We also know that **women with disabilities are at least two to three times more likely than other women to experience violence, particularly from their families, intimate partners, carers and institutional settings**[9] .

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[7] National Institute of Statistics and Economic Analysis (INSAE) and ICF. 2019. Demographic and Health Survey in Benin, 2017-2018. Cotonou, Benin and Rockville, Maryland, USA: INSAE and ICF.

[8] Concluding observations on the fourth periodic report of Benin, October 2013, CEDAW/C/BEN/CO/4

[9] UN General Assembly (2012), Report of the Special Rapporteur on violence against women, its causes and consequences (A/67/227).

The comments gathered from both women and resource persons confirm that disability often increases vulnerability to violence, particularly when combined with unequal gender relations.

Multiple forms of violence in the workplace, family and community

The violence described takes various forms: physical and sexual assault, insults, humiliation, psychological pressure, forced marriage, economic violence and social rejection. One respondent recounts her experience during her apprenticeship:

> ***"My boss hit me and insulted me. After that, I refused to go to his workshop. He is not kind."***

The resource persons also draw attention to situations of forced marriage or marriage contracted in the name of supposed protection, or situations where sexual relations are imposed on a woman with disabilities under the pretext of caring for her needs, which in reality constitutes rape.

A woman with disabilities describes these realities forcefully:

> ***"For example, when a parent supposedly cares about their daughter's future and asks her cousin to help satisfy her sexual needs... To me, that's rape. She can't say no because they tell her, 'we're doing you good'. And this is not an isolated case. People put them together with people they haven't chosen. They are told all day long, 'Who will want you?'"***

These testimonies remind us that certain forms of violence remain deeply invisible and normalised, particularly in rural areas.

Violence in public spaces: humiliation, harassment and attacks on dignity

Most participants recognise that women with disabilities can be victims of violence in public spaces:

> ***"Yes, it happens to women with disabilities too."***
>
> ***"Of course it's sad to see some women with disabilities go through this. People look at you strangely, sometimes you're walking and they treat you with disgust as if you weren't a human being. Sometimes they know you're struggling, unlike them, and that's when they say to you, 'You, get out of my way!' in a very strange way, using hurtful words."***

The experiences reported range from verbal harassment to physical assault. One participant recalls:

"A young man dared to touch my bottom... when I tried to fight back, he slapped me."

Others describe daily humiliations:

"They tell you 'get out of my way...' with hurtful words."

"People look at you in a strange way."

These situations cause deep psychological suffering:

"You feel sad and humiliated."

"You question yourself and resent your disability."

Women develop various strategies to cope with this violence. Some adopt an assertive stance: "If I want to, I talk to him respectfully." Others prefer to avoid confrontation: "I ignore them."

While many believe that disability increases their exposure to violence – "yes, it's more difficult for a woman with disabilities" – one participant qualifies this view: "For me, it's not more difficult."

Domestic violence: a double risk

The women interviewed recognise that violence occurs within the family:

"It often happens to women with disabilities."

The psychological consequences are severe, as the testimonies of some respondents show:

"You feel belittled, humiliated and worthless."

"Suicidal thoughts come up a lot."

Several women mention the **double risk of being both a woman and disabled** in a society that is both patriarchal and ableist: "It is often an opportunity for us, women with disabilities, to find a husband."

This implies **that they do not have the "luxury" of complaining or defending themselves in cases of GBV**. Reporting violence would mean running the risk of not being listened to or believed because they are women and women with disabilities, or the risk of being told that they are already very lucky to be married and that they must put up with everything. Reporting violence would also mean running the risk of losing a relative degree of material, financial and social security, which is even more difficult for women with disabilities to achieve due to the discrimination they face.

Some also report experiences of stigmatisation within their in-laws' families:

> ***"Some members belittled and denigrated me."***

The resource persons emphasise that this violence is often kept quiet, settled within families, or minimised:

> ***"It's their parents who settle it amicably."***

Persistent barriers to reporting and receiving support

Testimonies show that the use of complaint and protection mechanisms remains uneven. Some women say they can go to the police or the GUPS (‘Guichet Unique de Protection Sociale’, or Single Social Protection Window):

> ***"Yes, it's easy to talk about it."***

Others, however, mention major obstacles: lack of required evidence, geographical distance from services, communication difficulties, family pressure to avoid formal proceedings. One woman explains:

> ***"First you have to have evidence; the police require evidence."***

The resource persons emphasise the specific obstacles encountered by some women:

> ***"Women with intellectual disabilities have enormous problems making themselves understood."***
>
> ***"A woman with disabilities needs a support person."***

Proposals put forward by the women themselves

The participants put forward numerous ideas for preventing violence. On an individual level, they emphasise self-confidence and the ability to speak up for oneself: "Women with disabilities need to have self-esteem."

At the community and institutional level, they called for **massive awareness campaigns**:

"Only awareness-raising can put an end to this."

The resource persons also called for **effective enforcement of laws, dedicated budgets and monitoring mechanisms**. Indeed, the report published in May 2024 by the *Consortium of Beninese Women with Disabilities for an Inclusive Beijing+30* (OFAB, NGO Dédji, NGO Bartimée)[10] highlighted some progress but also revealed significant shortcomings in this area:

- On the one hand, **laws and mechanisms for preventing and responding to GBV[11] in Benin are not sufficiently inclusive of women and girls with disabilities**; as a result, public policies and institutions are not yet sufficiently capable of understanding their needs and responding to them.
- On the other hand, **the 2017 law on the protection and promotion of the rights of persons with disabilities is not gender-sensitive** and does not take into account the specific forms of violence disproportionately experienced by women and girls with disabilities, nor does it guarantee accessible recourse mechanisms or free legal aid.

Between individual resilience and structural emergencies

All the testimonies converge on one clear observation: while some women manage to protect themselves through their self-confidence or their support network, these individual strategies are not enough. The GBV faced by women with disabilities is part of broader social and institutional patterns that **require structural responses**. To truly include women with disabilities and girls with disabilities, these responses must take into account **the intersectional nature of the violence they face due to their gender, disability and other intersecting identities** (place of residence, level of literacy, family situation, economic situation, sexual orientation, etc.).

This analysis, based on the words of the women themselves, highlights several urgent needs: to strengthen recognition of the intersectional nature of discrimination and violence, to improve the accessibility of services and the support provided to victims within those, to combat impunity and the trivialisation of violence, and to support women with disabilities as key actors in their own protection.

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[10] [French] Contributions of women with disabilities in Benin on the implementation of the Beijing Platform for Action during the Beijing+30 review process, Report of the Coalition of Women with Disabilities for an Inclusive Beijing+30 in Benin (OFAB, NGO Dédji and NGO Bartimée), May 2024.
See also R. Mkutumula, M. Nthenge, S. Pecourt, A-C. Rossignol, P. Vulimu. Powerful yet overlooked: African women with disabilities and the ongoing struggle for inclusion, 30 years after Beijing. Lyon: Humanity & Inclusion, October 2024.

[11] These include, for example, Law No. 2021-11 of 20 December 2021 on special measures to punish offences committed on the basis of gender and to protect women in the Republic of Benin, and the Standard Operating Procedures for the prevention and management of GBV, MASM-INF, February 2023.

Spotlight on the African Union Convention on the Elimination of Violence against Women and Girls: an inclusive example

The recent adoption of the African Union Convention on the Elimination of Violence against Women and Girls (AUCEVAWG) brings new hope for the promotion of the rights of women and girls with disabilities throughout the region.

Article 7, on the *obligations of States regarding the multiple and interrelated factors that exacerbate violence against women and girls*, states in paragraph 1:

"States Parties shall take cognisance of the increased risk experienced by women and girls who face multiple forms of vulnerabilities, including but not limited to disability, health-related shocks, displacement, widowhood, and old age, in times of peace, armed conflict, transitional justice processes, post-conflict, and post-disaster situations."

And paragraph 2, subparagraph (e), stipulates: "In order to fulfil their obligations under paragraph 1 of this article, **States Parties shall: enact and enforce national laws specifically protecting women and girls with disabilities from all forms of violence, discrimination, and exploitation, and provide them with holistic and tailored support services**."

7. Access to essential services for women with disabilities

Access to essential services is a fundamental indicator of the degree of inclusion of a social group. For the women with disabilities interviewed in this study, this issue was addressed in three key areas: access to healthcare (including sexual and reproductive health), education and literacy, and vocational training. The testimonies collected reveal uneven experiences, marked by persistent barriers, but also coping strategies and dynamics of inclusion when a service is accessible.

At the international level, the Convention on the Rights of Persons with Disabilities (CRPD)[12] , ratified by Benin, clearly states in Article 25 that States must **guarantee access to health** care **without discrimination** (including sexual and reproductive health), and in Article 24 the **right to inclusive education throughout life**. These standards are also reflected in the United Nations Sustainable Development Goals for essential services accessible to all (Goal 3 for health, Goal 4 for education).

Access to healthcare, including sexual and reproductive health care

Access to healthcare is a cross-cutting issue for all women with disabilities, but the barriers encountered vary depending on the type of disability and the environment in which they live.

For women with disabilities, **communication is a major barrier**: the lack of sign language interpreters makes it difficult to understand medical diagnoses and instructions, creating a risk of errors and abandonment of care.

Women with intellectual disabilities face similar difficulties, **increasing their dependence on appropriate support**. Without simplified or adapted explanations (e.g. in easy English or national languages), many are unable to follow the explanations given by healthcare staff.

For women with disabilities, **inaccessible infrastructure** (lack of ramps, adapted beds, wheelchairs) limits their ability to receive care in good conditions.

Women with disabilities, who also face physical inaccessibility, suffer from another form of exclusion: the lack of accessible medical documents (Braille, audio formats) hinders their autonomy in monitoring their health.

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[12] Link to the Convention on the Rights of Persons with Disabilities

Beyond these specific difficulties, one common theme emerges from the stories: **limited economic power restricts access to care**. Several women explain that the cost of services, combined with a lack of personal resources, prevents them from receiving regular treatment:

"Even if I say now that I'm going to the hospital, my sisters have to decide for me to go because I don't have the money to pay for the treatment."

"It depends... if it's not too expensive, yes, but if it is, then I can't."

Another problem identified concerns **the reception and listening to patients with disabilities**. Some women report that health workers address the accompanying person first rather than the person with disabilities themselves, which undermines their dignity and autonomy:

"Very often at the hospital, staff only ask questions of the parent who accompanied me, even though I can express myself well."

That said, there are also positive experiences: women say they are seen quickly when they are known to the staff or when the staff has been trained in inclusion:

"When they realise you're a woman with disabilities, they treat you as a priority... I have no problems at the hospital I go to."

"I choose a hospital where I know someone, and I make my appointment in advance, and everything goes well for me."

When it comes to **sexual and reproductive health**, more than half of the respondents are familiar with family planning methods. However, those who have used these services sometimes report receiving a cold or discriminatory welcome:

"The staff member who saw me was a bit cold towards me... it was as if I didn't belong there."

These findings confirm that **access to care is not limited to the availability of services, but also depends on the reception, communication, competence of staff and the degree of respect and dignity shown to patients with disabilities**.

Access to education and literacy

Education and literacy are essential foundations for independence and inclusion. Surveys show that all women with disabilities encounter difficulties in this area, although the forms and degrees vary depending on the disability.

For women with disabilities, the lack of staff trained in sign language, the absence of accessible visual teaching materials and the lack of adapted tools are significant barriers.

For women with disabilities, schooling is hampered by unsuitable curricula, a lack of qualified professionals and insufficient personalised support.

Women with disabilities report that school facilities are inaccessible and there is a lack of adapted equipment. In rural areas, the distance between home and school exacerbates these obstacles, as one respondent explains:

> ***"The public school was very far from my home... my parents were forced to enrol me in another school that was closer but quite expensive."***

Women with disabilities face significant difficulties in accessing appropriate education. The lack of Braille materials, the small number of specialised teachers and the limited number of specialised schools mean that **a significant number of girls do not reach secondary school**:

> ***"For us, the blind and deaf, it's more complicated... I had to leave my family to find accommodation... that's why I didn't continue my studies."***

Conversely, women who completed their studies in **specialised centres for persons with disabilities** report a more positive experience:

> ***"I easily obtained my degree in specialised education."***
>
> ***"Last school year, I came here for rehabilitation... I learned Braille, mobility..."***

Since 2023, the legal framework in Benin has been strengthened with the adoption of several **decrees implementing the law on the protection and promotion of the rights of persons with disabilities**, including one devoted to inclusive education.

A respondent with hearing impairment reports significant progress at the university where she studies:

> ***"It has been easier for me because the government has recruited interpreters at the university to assist us during classes."***

A resource person confirmed this observation: "During the teaching day, there were discussions about taking the inclusion of persons with disabilities into account."

When it came to literacy, only one respondent was able to comment, highlighting the difficulties associated with the lack of standardised Braille systems, even in literacy programmes:

> ***"In literacy, it was difficult because of the signs that had to be represented in Braille..."***

Access to vocational training

Vocational training is an important pathway to socio-economic integration. However, the experiences of women with disabilities show that access to training remains heavily influenced **by the attitude of training staff and the adaptation of content and materials**.

Some women describe training courses that are poorly adapted or trainers who are sceptical about their abilities:

> ***"When I was learning macramé, the trainers did not believe in my ability... they let me develop before correcting me."***

This lack of support can lead to discouragement and loss of confidence.

On the other hand, when training is led by sensitive and inclusive trainers, the impact can be transformative. The following example illustrates this potential when a committed trainer takes the time to support the individual:

> ***"A trainer taught me how to make a local outfit... with his help, I was able to do it. ... Today I am working."***

This story shows how important the human and educational dimension is in enabling women with disabilities to take full advantage of vocational training.

Overall, the analysis shows that women with disabilities' access to essential services remains largely hampered, not only by technical or material barriers, but also by a lack of information **and support, and by attitudes that are not very inclusive**.

However, the positive experiences reported indicate that significant progress is possible when concrete measures are put in place, particularly in terms of communication, service adaptation and provider training.

Accelerating the implementation of international standards and national obligations remains an essential condition for ensuring that all women with disabilities have effective access to the services that determine their health, education and economic independence.

Spotlight on accessibility

To enable persons with disabilities to live independently and participate fully in all aspects of life, States Parties shall take appropriate measures to **ensure to persons with disabilities access**, on an equal basis with others, to the **physical environment, to transportation, to information and communications, including information and communications technologies and systems, and to other facilities and services open or provided to the public**, both in urban and in rural areas.

Article 9, United Nations Convention on the Rights of Persons with Disabilities.[13]

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[13] Link to the Convention on the Rights of Persons with Disabilities

8. The voice of the researchers: feedback

A survey conducted by women with disabilities with women with disabilities is quite unique and innovative! For once, it is not an outside, paternalistic and ableist view that is coldly imposed on our lives.

Throughout this study, we were able to engage in meaningful exchanges marked by sisterhood. Together, we are asserting our position as active participants and we are proud to produce qualitative data that is sorely lacking. That is why we wanted to give a voice to those who took on the role of surveyors. You will discover their very personal testimonies and their perspectives on an encounter or story that left a lasting impression on them.

Alida D.

"I am Alida D, the daughter of a disabled mother. During this survey, I found that women with disabilities are mostly subject to **double discrimination, linked to their gender and their disabilities**. **This situation creates cumulative barriers that are still insufficiently taken into account by public policies, even though their needs are specific.**

During an individual interview, I was deeply moved by **the story of a visually impaired woman whose strength and courage amazed me**. Despite her disability, she worked tirelessly to get ahead.

She first worked as a domestic worker for several years, patiently saving money. Her initial plan was to use these savings to visit her father and ask him to help her finance her training. But when she arrived, her father told her to keep her money: he promised to cover the full cost of her training, a promise he kept.

Thanks to this, she was able to complete her training. **Much later, she used the money she had saved as start-up capital to set up her own business. She even travelled to neighbouring countries to buy goods that she then resold in Benin.**

Her journey touched me personally, because it shows that by accepting your disability, you can overcome it and fulfil your potential, however long it takes. Disability is not an end in itself.

Claoudia A.

"During the interviews, what struck me most was the testimony of a woman who confided that she had no friends and spent most of her time alone at home. This situation , illustrates, in my opinion, how disability is perceived in our society. **Many persons with disabilities have learned to isolate themselves as a result of repeated experiences of rejection,**

stigmatisation or unkind behaviour towards them. Even when relationships do exist, they are often limited and marked by mistrust.

I was also deeply impressed by the **determination** shown by the women I met. Despite the many institutional, environmental, social and family obstacles they face, **they make significant efforts and sacrifices every day to take control of their destiny and flourish**. Institutions remain largely exclusive, the environment is largely inaccessible, social perceptions of disability remain negative, and within families, overprotection, underestimation of abilities and violence — often ignored — undermine their self-confidence.

I hope that the recommendations made by these women will be taken into account in order to inform effective advocacy with the authorities, with a view to improving the living conditions of women with disabilities in Benin.

Estelle H.

"My name is HOUNSOU Estelle, I am the head of the NGO Dédji and I am myself a woman with disabilities. The interviews I conducted allowed me to observe a **strong involvement on the part of the women interviewed, marked by great openness and active participation in the surveys**. This dynamic reflects their **desire to see their realities recognised and their concerns taken into account** in the process of reflection and action.

However, analysis of the discussions highlights persistent structural barriers. **Overprotective families and social isolation** appear to be factors limiting their autonomy and full participation in social life. Participation in decision-making within the family, although present in some cases, remains uneven and is often conditioned by the family and social context.

In addition, **insufficient access to basic social services**, combined with a lack of awareness of their rights, is a major obstacle to the effective inclusion of women with disabilities and the exercise of their citizenship.

Milène G.

"As part of this study on the experiences and realities of women with disabilities living in urban and rural areas of southern Benin, I participated in conducting field surveys. Although I am myself a woman with a visual impairment, two major findings from the interviews particularly caught my attention.

The first concerns **women with disabilities who have a sexual orientation other than heterosexuality**. The discussions revealed that they generally hide their orientation for fear of stigmatisation, family rejection and social marginalisation , especially as they are often dependent on those around them. **Already facing discrimination based on their gender and disability, these women find themselves exposed to multiple vulnerabilities, which are a source of anxiety, stress and loss of self-confidence**. For some, community spaces, particularly LBTQI groups, are the only places where they feel safe and fully themselves.

The second observation concerns **access to education in rural areas**. Despite the installation of access ramps in some schools, these facilities remain insufficient and do not guarantee real accessibility for students with disabilities, particularly those with physical disabilities. Added to this is the distance to schools, particularly public secondary schools, which severely limits school enrolment. **Families with financial means can turn to closer private schools, while others are faced with non-schooling or dropping out of school, thus increasing the risks of poverty and social exclusion**.

Olga Noélie A.

"At the end of this survey, I would first like to **express my gratitude** to our partners for their confidence in this initiative and for the financial support that made it possible. It is with **a mixture of pride and responsibility** that I would like to share some of the findings from the field before proposing courses of action.

The survey highlighted that many women with disabilities still live in silence, afraid to speak out and fearful of judgement, due to persistent socio-cultural stereotypes. **Although some express a genuine desire for autonomy, intersectional discrimination linked to gender and disability remains a major obstacle to their fulfilment and full participation in community life**.

The situation of girls and women with intellectual disabilities is particularly worrying, as they are often subject to the decisions of those around them or of care facilities. Several expressed the need for specific support for their parents in order to improve their care.

Faced with these realities, it is up to our organisations to strengthen awareness-raising activities among families and communities, while supporting women with disabilities in developing self-confidence, asserting their rights and reporting the violence they suffer. **Despite the existence of a legal framework, cultural constraints continue to hamper the impact of these actions, calling for greater commitment** to building a more just and equitable society.

Rolande W.

"My name is Rolande WOUELE, and I am a member of the NGO Dédji. **This study was a rich experience for me on several levels.** On the one hand, as I am the mother of children with disabilities, the interviews conducted with adult women with disabilities gave me a different perspective on disability. On the other hand, it was also my first experience as a researcher.

At the end of this study, I can say that I have learned a great deal. What struck me most was the testimony of a woman with a visual impairment. Initially visually impaired, she was able to live relatively independently and use her vision. **However, over the course of her life, she became blind. This transition led to the loss of some of her friendships and her job.** She now works alongside her sister in her shop.

Despite these challenges, she has shown great resilience, maintaining a positive attitude and remaining attentive to any opportunity that would allow her to support herself and her daughter. In my eyes, her journey is a remarkable example of courage and determination.

Hear us out!

Voices of women with disabilities from Benin

Organisation of Blind Women of Benin (Organisation des Femmes Aveugles du Bénin, OFAB) and NGO Dédji

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