Empowerment and Vulnerability: A Multicountry Study of Sexual Autonomy and Violence among Women with Disabilities in Africa

Background

Sexual violence against women is pervasive and remains a major population health concern despite global efforts to eliminate it. Whilst the prevalence of sexual violence against men and women is declining globally, recent estimates revealed an increasing trend of the phenomenon among women in Africa (Borumandnia et al., 2020). Besides, evidence shows that women with disabilities have a higher risk of sexual violence than non-disabled women, with disabled women in Africa having the greatest risk of sexual violence in the world (Mailhot Amborski et al., 2022). Although sexual autonomy (which includes a woman's ability to negotiate for safer sex, refuse sex, and insist on condom use) is crucial in promoting the sexual and reproductive health rights of women, its role in preventing sexual violence against women remains inconclusive (Tesema et al., 2024). Besides, there are limited studies of sexual autonomy among women with disabilities in Africa (Bolarinwa et al., 2024). Thus, significant gaps remain in understanding the interaction between disability, sexual autonomy, and sexual violence despite the increasing global recognition of the sexual and reproductive rights of women with disabilities (Addlakha et al., 2017). Therefore, this study sought to investigate the interplay between sexual autonomy and sexual violence among women with disabilities in multiple countries in Africa from an intersectionality perspective to provide a better understanding of the factors that reinforce the vulnerability of women with disabilities to sexual violence in Africa.

Theoretical Focus

Intersectional theory will be used to provide a framework for understanding the interplay between sexual autonomy and sexual violence among women with disabilities in Africa, highlighting multiple social identities or factors intersecting to create unique experiences of discrimination and violence. As a critical theory, intersectionality assumes that individuals are characterised by multiple social markers or factors which are interconnected such that the experience of one factor is linked to the other (Else-Quest & Hyde, 2016). The theory is used in both qualitative and quantitative studies to highlight how identity markers such as age, gender, disability and other societal factors are interconnected (Atewologun, 2018). From an intersectionality point of view, sexual violence among women with disabilities does not occur in isolation but in the context of factors such as sexual autonomy and its related determinants, including sexual stigma, lack of sexual health education and information, limited access to healthcare, lack of legal protection, financial and physical dependence, and cultural and religious believes.

Research Methods

This study will use a sequential explanatory multidimensional design to understand the interplay between sexual autonomy and sexual violence among women with disabilities in 10 African countries. It will include secondary data analysis of spatial patterns and country variations, using the most recent demographic and health surveys (DHS) datasets of the 10 countries sourced from the recode files for women and households (Corsi et al., 2012). Women with disabilities will be identified using the DHS

disability module questionnaire, and an in-depth interview will be conducted to provide further explanation of the intersectionality.

Premiliary Results

Figure 1 shows significant country-level differences in the prevalence of sexual violence among women with disabilities across Africa. Central DR Congo, western Kenya, and parts of Malawi and Uganda have the highest rates, while Mali, Mauritania, and Rwanda mostly exhibit lower rates with some hotspots. South Africa's central regions also show high prevalence, contrasting with lower rates elsewhere.

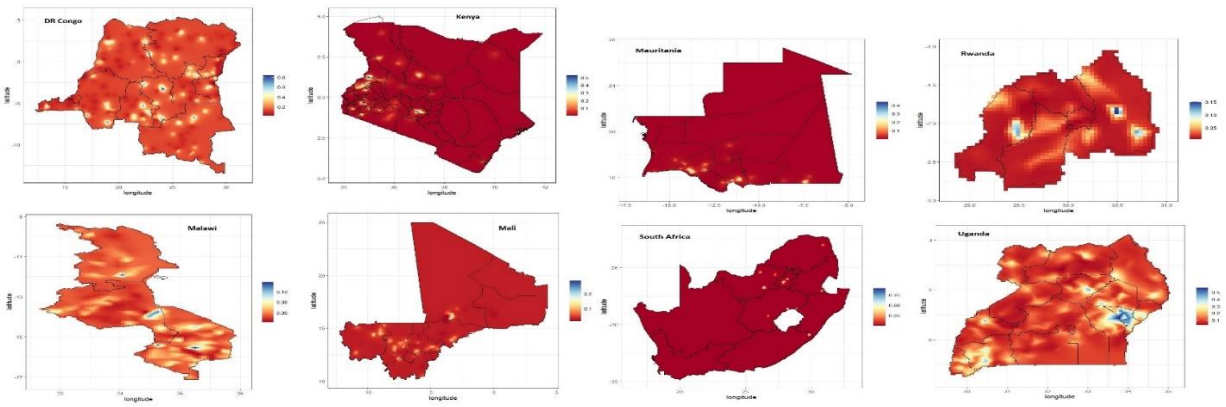

Figure 1: Spatial pattern of sexual violence among women with disabilities in Africa

Figure 2 illustrates the relationship between sexual autonomy and sexual violence among women with disabilities in DR Congo and Kenya. In DR Congo, there is no significant association between sexual autonomy and the likelihood of experiencing sexual violence; the narrow confidence interval for the intercept indicates significant baseline odds, but the main variable of interest (sexual autonomy) is not significant. In contrast, in Kenya, women with sexual autonomy are about four times more likely to experience sexual violence, with this association being statistically significant (p = 0.009).

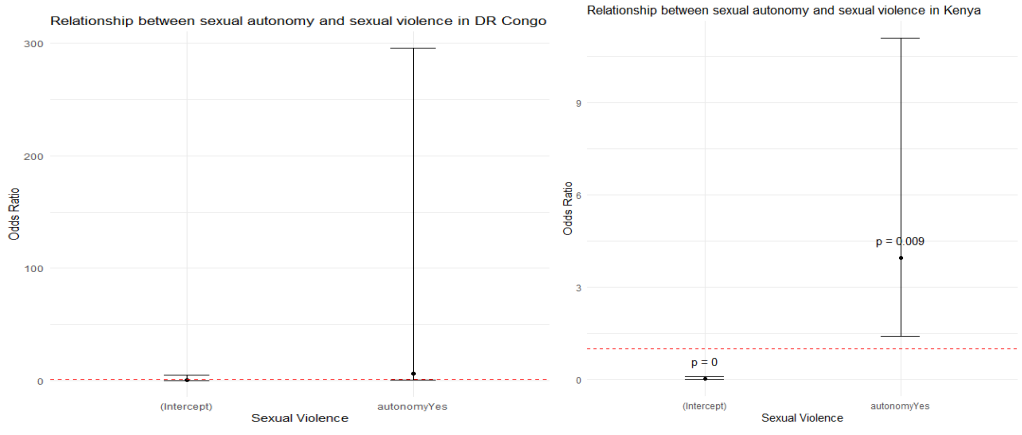

Figure 2: Relationship between sexual autonomy and sexual violence among women with disabilities in DR Congo and Kenya

The plot shows that in Congo DR, Mali, Mauritania, Rwanda, South Africa, and Uganda, sexual autonomy is significantly associated with higher levels of sexual violence among women with disabilities ($p < 0.05$). In contrast, no significant relationship was found in Chad, Kenya, Malawi, and Nigeria, indicating no clear link between sexual autonomy and sexual violence in these countries (Figure 3).

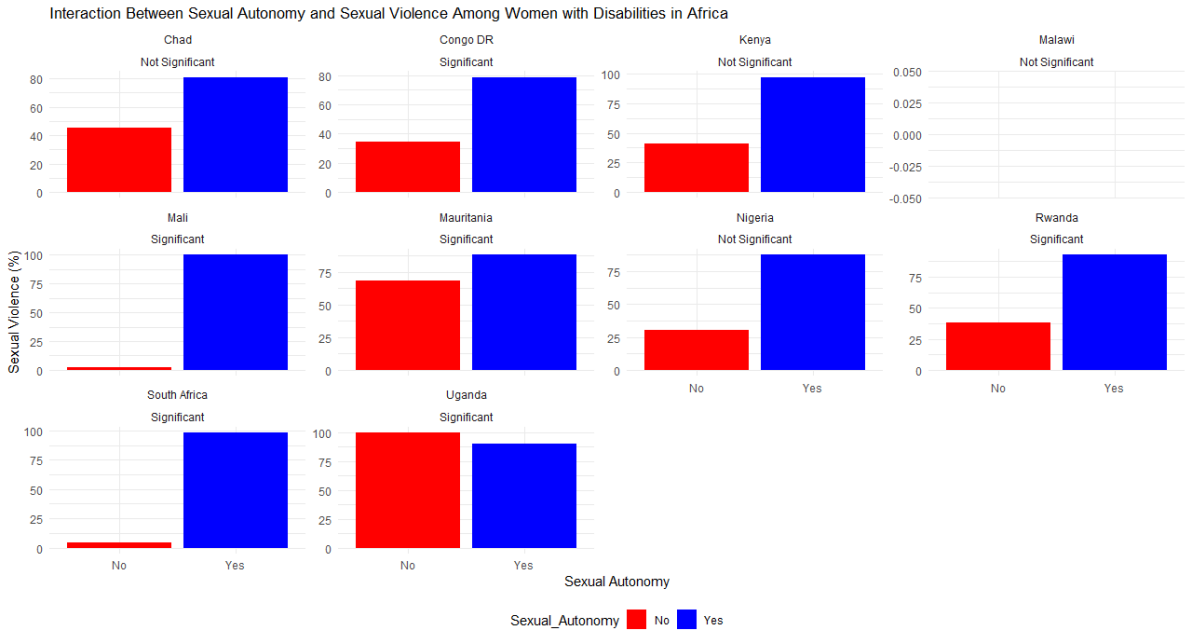

Figure 3: Interaction between sexual autonomy and sexual violence among women with disabilities in Africa

Discussions and Recommendations

The study found varied country-level prevalence of sexual violence among women with disabilities, with Central DR Congo, western Kenya, and parts of Malawi and Uganda recording the highest rates, while Mali, Mauritania, and Rwanda mostly showed lower rates. The observed disparities in the prevalence of sexual violence could be attributed to the differences in settings, socio-cultural norms and attitudes, and legislative factors. For instance, the protracted armed conflict in DR Congo has been implicated in the high prevalence of sexual violence against women with disabilities in the country (Scolese et al., 2020). Conflict situations increase the risk of violations of women's sexual rights and autonomy and thereby predispose them to sexual violence and abuse, with women with disabilities being the major victims due to their limitations (Bastick et al., 2007). Also, the prevailing sociocultural norms and attitudes towards sexual violence among women with disabilities in various countries could influence the occurrence as well as participants' willingness to disclose their individual experiences of sexual violence, contributing to the observed country-level disparities (De Beaudrap et al., 2022).

Although the findings revealed that sexual autonomy is significantly associated with higher levels of sexual violence in Congo DR, Mali, Mauritania, Rwanda, South Africa, and Uganda, the relationship is

not significant in Chad, Kenya, Malawi, and Nigeria. However, the present study affirms previous findings, which suggested that, whilst sexual autonomy plays an important role in promoting the sexual and reproductive health rights of women, it may not necessarily mitigate the risk of sexual violence (Aboagye et al., 2022; Tesema et al., 2024). Perhaps the highly patriarchal nature of most African societies, coupled with the limited social protection and support systems for persons with disabilities, contributed to the increased levels of sexual violence among women with sexual autonomy.

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