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Women with disabilities in leadership: The challenges of patriarchy

Shanaaz Majiet and Adelene Africa

abstract

In Africa women with disabilities remain marginalised and struggle to claim their fundamental human rights as enshrined in the United Nations Convention on the Rights of Persons with Disabilities and the Convention on the Elimination of All Forms of Discrimination Against Women. This focus explores the experiences of women with disabilities in leadership positions in disabled people's organisations (DPOs) in Zimbabwe. A group of eight women leaders with disabilities in DPOs in Harare and Bulawayo were interviewed for the study over a period of three months during 2011. This article focuses on the core themes that emerged. Discussion of their challenges and experiences reveals the complexity of the interface between disability and culture, which created dynamic intersections between patriarchy and the gendered power relations experienced by the participants. Their experiences suggest that patriarchy continues to restrain full participation of women in leadership in DPOs in Zimbabwe, which is consistent with the global trend. Implications for exercising of leadership by women with disabilities who are active in the disability movement are also considered.

keywords

leadership, gender, women, culture, disability, Zimbabwe

Introduction

Disabled people experience profound discrimination and social disadvantage, which is magnified in the lives of women with disabilities (Grobelaar-du Plessis, 2007). Disabled people have been systematically disadvantaged by social institutions like the family and the education system, socially and in the workplace.

Too often disabled people in general and women with disabilities in particular are viewed as incapable of leading full and successful lives because of their impairments (Muthukrishna *et al*, 2009). Much less are they regarded as capable of leading others and organisations, including disabled people's organisations (DPOs). The business

of 'leading' has traditionally been a male preserve. Even in the democratic era, society's response to this reality has been slow and largely ineffective (Catalyst, 2007).

The greater part of the literature about women with disabilities has been written by women themselves; a substantial part consists of personal accounts of being female and having a disability (Traustadottir, 1997). Some speak out in anger and bitterness, while others celebrate achievements, strength, happiness, and fulfilment despite their struggles (Traustadottir, 1997).

The major characteristic of the literature of women with disabilities is its diversity: it crosses disciplines and politics, and is often interdisciplinary. It reflects the diversity in the lives of women with disabilities, presented by

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the type and severity of their disability, the wide variety of issues addressed, as well as diversity along social dimensions such as class, race, ethnicity, and sexual orientation.

Although research in the area of women with disabilities and leadership is relatively new, the past decades have provided research-based information about the social, economic and psychological circumstances of women with disabilities, along with theoretical analysis providing a framework to understand and interpret their lives and experiences. Much has been devoted to identifying the barriers women with disabilities face in today's society; it has documented that they fare less well than both men with disabilities and non-disabled women in education and employment, in receiving economic security and social support, and in their access to sexuality and intimacy (Traustadottir, 1997).

The issue of women with disabilities' leadership has not received as much attention. Specifically there seems to be a gap in the literature addressing the reality of women with disabilities and their leadership experiences, styles and development in an African context.

Historically women with disabilities have been neglected by those concerned with disability, including the disability rights movement as well as the feminist movement (Traustadottir, 1997). Only within the last two decades have serious attempts been made to identify and understand the forces shaping the lives of women with disabilities. These have mainly focused on understanding how being female and having a disability interact, and how women with disabilities view their experiences (Grobelaar-du Plessis, 2007).

Most previous studies have focused on European, American or Asian women, with few studies on African women with disabilities (Naidu *et al*, 2005; Lorenzo, 2004; Muthukrishna *et al*, 2009). Although this focus reflects African perspectives, these do not necessarily reflect those of all African women. This research study is positioned to bring to the fore the voice of African women with disabilities, and to grow the contributions by an African woman with a disability as activist researcher.

Leadership is a socially constructed and contested paradigm, and most leadership

theories focused on the 'great man' philosophy, which posits leadership as positional and leaders as exhibiting certain behaviours, including power, authority and rational thinking (Northouse, 2007). These theories supported the traditional racist and sexist attitude that race, women and minorities usually lack adequate leadership characteristics.

The more recent paradigm of leadership has been grounded in human relations and characterised by shared goals (Bass, 1990; Komives, 2006; Kouzes and Posner, 2002; Northouse, 2007). In these scholarly writings leadership is considered a process that engages both leaders and members in creating change within themselves, the organisation and the community. Within this paradigm power is shared and individuals are empowered. Most importantly, this new paradigm recognised that leadership can be 'done' by anyone (Northouse, 2007).

Despite leadership being a longstanding and enduring academic/research concern, very few studies focused on the experiences of women with disabilities as leaders. Women in Zimbabwe are under-represented in leadership roles, especially those that provide substantial authority over people, not because of abilities but because of cultural oppression (Chabaya *et al*, 2009). This study focuses on a group of women with disabilities who are in leadership roles in a DPO in Zimbabwe.

The first author wanted to test her assumption that women with disabilities were absent from leadership positions in DPOs in Zimbabwe. A further assumption was that if a critical mass of women with disabilities as leaders existed, they could be a successful force for change. A final assumption held was that most men with disabilities in leadership positions in DPOs were paying lip-service to gender equality and using it as a strategy to appease the donor community.

Context of the study

Zimbabwe has striven to achieve gender equality since its political independence in 1980. Following ratification of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) and its Optional Protocol on 23 September 2013, disability has increasingly been understood as a human rights issue. Disability has also been an important development issue, with an

increasing body of evidence showing that persons with disabilities have experienced worse socio-economic outcomes and poverty than persons without disabilities (Chabaya *et al*, 2009).

Recent changes in the country's Constitution and ratification of the UNCRPD and Optional Protocol signals a positive trajectory and inspires hope for women with disabilities. However, these changes are recent, and the historically institutionalised oppressive marginalisation of women leaders in DPOs continues to prevail.

Zimbabwe attempted to address the myriad problems faced by disabled people by putting in place non-discriminatory legislation in the form of the Disabled Persons Act (1992). The most recent section 83 of the new Constitution of Zimbabwe of 2013 deals with the rights of people with disabilities and commits the State in ways not done before. This suggests significant progress in the struggle for promotion and protection of the rights of people with disabilities in Zimbabwe. This struggle has been marked by the absence of a vibrant and coordinated disability movement, which has in turn led to formation of many splinter groups among disabled people, with as many as 20 different DPOs. The women's formations within these DPOs are fragmented and marginalised even further.

The disability movement in Zimbabwe has a history of over 30 years of activism, led by prominent men (also referred to as the 'founding fathers' of the disability movement in Zimbabwe). The role of women with disabilities in this journey of establishing the disability movement in Zimbabwe remains unreported.

The first author (S.M.) is a researcher, Muslim, a woman with a disability, a disability rights activist, feminist, leader, public servant and human rights advocate. All of these axes impact upon this study. In reference to Nesiah (2006), she has experience of the interplay of these various axes of historical oppression (e.g. race, disability, gender and religion). Her experience as a woman with a disability and a leader, her experiences in the South African and regional disability movement, her activist background, and the choices she has made as a professional, influenced her decision to choose this topic of research. In addition, her own philosophy, which views leadership as a process in which individuals engage

together to create change, influenced her decision.

Some may see this involvement as having the potential for bias in data interpretation, but S.M. believes her familiarity and intimacy with the topic, context and disability movement to be an asset which facilitated the opportunity to delve deeply, be reflective and ask questions that brought out abundant details from participants.

Bogdan and Biklen (2007) caution about conducting research in one's own 'backyard', as participants may have difficulty viewing the researcher as neutral and may thus have a hard time opening up. However, S.M. believes that her knowledge and understanding of women with disabilities, the context and women's rights, as well as her reputation as an activist, supported her in developing a positive and comfortable rapport with every participant, resulting in open communication and confidence in the process.

From own experience S.M. can confirm what Purdie-Vaughns and Eibach (2008) call intersectional invisibility. They offer a useful way of understanding linkages between the experiences of women with disabilities and their multiple group identities. Women with disabilities are worse off than men with disabilities across several dimensions, ranging from access to opportunities, to employment, education, cultural privilege and social standing. Furthermore, women with disabilities are not a homogenous group. The women in this research project spoke of the amount of energy it took to fight their invisibility in the home, the family, workplace, community and society. People with disabilities, especially women with disabilities, are also largely absent from development processes.

Despite emergence of the feminist movement and several self-reports of women with disabilities (De Silva, 2008), there has been limited interaction between the feminist movement and the disability movement. The mainstream women's movement globally and in Zimbabwe have traditionally excluded women with disabilities, both in the way women's issues were framed and by marginalising women with disabilities from the mainstream agenda (Majiet, 2011). Women with disabilities first had to wage a battle to be recognised as women, and then to put the concerns of women with disabilities on the agenda.

Table 1. Biographical profiles of participants (pseudonyms used in all cases)

Participant's name	Leadership level	Age (yrs)	Impairment		Years of experience in organising
1. Ayanda	Regional Chairperson	52	Physical	Polio	20
2. Dora	Coordinator	48	Visual	Blind	20
3. Stella	Coordinator	22	Physical	Spina bifida	Under 5
4. Esme	Middle Management	48	Physical	Amputation	5
5. Portia	Vice Chairperson	48	Physical	Cerebral palsy	10
6. Rose	Chairperson	44	Visual	Blind	15
7. Mbali	Director	44	Physical	Spina bifida	15
8. Thandi	Chairperson	55	Visual	Blind	15

The disability rights movement has also ignored issues of importance to women with disabilities, and many feminists with disabilities have complained about its male domination and male orientation (De Silva, 2008). Women's issues, such as leadership development, have received little attention. The human rights and realities of women with disabilities have not featured on the agenda, and were first added to the DPO agenda after much struggle (De Silva, 2008).

The paucity of research on the experiences of women with disabilities as leaders who work in DPOs adds to the invisibility of women with disabilities in the mainstream women's movement and society at large, perhaps also due to the paucity of women leaders – so invisibility is reproduced in multiple ways.

Methodology

A qualitative case study was carried out in a Zimbabwean DPO (Stake, 1995; Patton, 1990) since the purpose of this study was to understand the influences of leadership experiences and leadership identity development through the voices of women with disabilities in an African context. The cases studied in this research were women with disabilities as leaders, who were in positions of authority and were identified by their DPO (Table 1).

The participants were women between 22 and 55 years of age. A diverse sample of participants with leadership experience at

different levels of a DPO structure was selected. In addition, participants representing a diversity of impairment types were desired, so that experiences could be compared and analysed. A target of eight leaders was determined for the purposes of this study.

A qualitative research paradigm was adopted, using a collective case study with thematic analysis as the research design. It identified the theoretical framework that served as its foundation. S.M.'s role and background and the personal foundation from which the motivation of this study came are also described. In-depth interviews were used as the data generation method. Thematic analysis was the process that was used to analyse the data. The process for ensuring rigour was achieved by using key methodological considerations in narrative approaches. Ethical considerations are outlined with respect to informed consent, confidentiality and the duty of care. A workshop was also conducted with 30 women with disabilities as leaders from all DPOs in the country to test the feedback received from the interviews with DPOs and the emerging themes.

Findings and analysis

The findings revealed that leadership development is a complex process, and understanding the possible implications of gender and disability on this is multi-layered. The complexity is fundamentally about change in power relations and leadership in DPOs,

focusing on the importance which women with disabilities as leaders attach to access to development opportunities, social action, and the need for support from other women within the disability movement and mainstream women's movements.

Leadership experiences

Key areas that participants raised which characterised and shaped their experiences of being in leadership included: exclusion from the mainstream, the challenges of rural location, family and rejection in the home, resistance in DPOs, cultural constraints and gender discrimination, and lack of support for women in leadership.

Healthy self-esteem seems to be paramount for effective leadership, and each participant in this study reflected on how they had to struggle well into their adult lives to develop self-esteem. All of the conditions mentioned in Nosek *et al's* (2003) study had a direct bearing on the participants with regard to social isolation, rejection in the home and a hostile school environment. What stood out is how these disabling conditions compromised, inhibited and possibly delayed the leadership development of these women with disabilities. The findings also show the added dimension of how culture and male domination in DPOs undermine the leadership development of women with disabilities.

As argued above, the findings reflect those of other researchers, including Grobelaar-du Plessis (2007) and Ingstad and Whyte's (1995) findings, in that the stories told by all the participants speak to the complex web of their identity as women first, and their fight within the mainstream women's movement to find acceptance as women.

Consequently, their disability and what it meant to them reportedly underwent significant changes in the course of the leadership development process to emerge from self-doubt to self-affirmation and confidence. Participants described how through this gaining of confidence they were able to project a positive self-image to counteract the dominant media image of women with disabilities as being needy, weak and in constant need of assistance.

Exclusion from the mainstream

The tension between gender equality within the disability movement and exclusion of disability in the broader women's movement speaks to the work of Grobelaar-du Plessis (2007), who observed that the focus of women-only movements on advancing the image of women as powerful, successful and competent tended to marginalise the position of disabled women.

Stella's attempts to break into the mainstream women's movement in Zimbabwe repeatedly came up against the statement 'We are all Women, We all the same', used as a common refrain to silence new ideas and dissenting voices. She often experienced being the lone voice trying to push for change. She described feeling crushed by the older voices drowning her out, blaming her youth for her immaturity and inexperience in the organisation.

Dora's experience of the opportunities of mainstreaming disability in the women's movement are that women have historically been denied a voice and are still far from effectively and fully participating on an equal footing with men.

This can be used by disabled women as a common entry point to get mainstream women to listen to them:

"We disabled women must build coalitions with the mainstream women's movement and stress that women have the same battle to fight patriarchy, oppression and exclusion."

The Decade for African Women was launched in Nairobi by the African Union and the period from 2010 to 2020 was declared as the decade of African women. Dora feels it is imperative to strategise how best to include disabled women in the agenda and programmes as well as to access the resources that have been earmarked for this African decade of women:

"We must speak out and raise our voices so we are part and parcel of the larger women's movement in the African Union."

This perspective may point to some of the complexities in mainstreaming disability within the broader women's movement. It is incumbent on the women's movement to

raise awareness about the additional barrier that it has created (albeit unintentionally) which should be challenged.

Family and rejection in the home

Family responses to their disability were believed to have shaped their later experiences in leadership, serving as an added challenge to participants' attempts to engage in successful leadership. Dora, for example, believes her path to leadership has been strongly influenced by her early childhood experiences of rejection by her family and the community. She said that she had to learn to become independent at far too early an age. She shared that this reality pushed her into using her access to development opportunities and education as a key means to leadership development:

"Whatever success I have so far achieved in my life has derived from friends and good Samaritans.

"As a nine-year-old girl I had to face many challenges, ranging from rejection by my family, at risk of sexual abuse and the like, perhaps too many for a girl of that age.

"Education is a weapon to defend myself, and education served as both an escape and a way out to a better life. I hold a PhD.

"The problem starts at a family level, the community and then of course even the policy makers and even, unfortunately, I would even say, even able-bodied women have not been keen to take on broad issues of women with disabilities, because they think these issues should be the preserve of the church or NGOs, not an issue for the women's movement."

Grobelaar-du Plessis (2007) similarly reports on the way in which family responses may undermine how women value themselves both subjectively and socially within a specific culture and religion. Self-esteem and value is further negotiated through parental and family contexts, and may be further shaped by responses by society, the media and health personnel (Ingstad and Whyte, 1995). Thus early responses from families and communities play a role in facilitating disabled women's access to leadership positions.

Organisational experiences: Cultural frameworks of male dominance and stereotypes

The findings of this study are consistent with those of Grobelaar-du Plessis (2007) and Ingstad and Whyte (1995), in that the stories told by all participants speak to the complex web of their identity as women with a disability with their fight within the mainstream women's movement and other organisations to find acceptance as women leaders.

A key challenge links to their position as women first and the resistance to gender and mainstreaming and sensitivity to exclusionary practices related to disability that dominates in the DPOs, owing to what appears to be a lack of political will within the DPOs and a lukewarm attitude among women leaders. Ayanda offers the following example:

"Take for instance visually impaired women in Africa. Most of them follow in the steps of their male counterparts. Running for elections, holding the position, and forgetting why she was elected in the first place. Also, in our situation in Africa, many long-serving visually impaired women leaders are not challenged because of the weak membership base at the grassroots level due to high poverty and illiteracy rates. The elected few women and men with disabilities in DPOs become an elite class of their own."

Dora states the following in relation to the situation faced by women with disabilities compared to men with disabilities:

"I feel that men are a little better accepted, better considered as important compared to women due to the patriarchal system, strengthened by stubborn cultural, traditional and superstitious beliefs and practices.

"The issues of unemployment, family planning, and access to health care are the problems women with disabilities face."

The participants spoke at length of how they experience the disabling effects of culture and tradition in their lives. Thandi said:

"Our culture demands that women respect men and men do not at all have to respect women. We now live in a 'democratic'

order and we all equal and disabled women must stand up and claim their rights.”

They particularly struggled with the constraints placed upon them by culture, society, access to education, training and development opportunities and gendered power relations. All eight women spoke of factors that make matters for women with disabilities worse and have negatively impacted on them as leaders due to the stereotype that women with disabilities are not marriageable (Lorenzo, 2005). As Mbali narrates:

“I think in Southern Africa, if not the whole of Africa, disabled women have no significant place in society. A disabled woman is not considered a suitable mother, wife or employee – much less a leader. Women in general are discriminated against, but for disabled woman the prejudice is compounded.

“Leadership comes gradually only if a woman is well educated and experienced, but as for men it takes a short time. He can be a leader even if there is a woman more educated than him. Women usually choose men to lead them.”

Some reported that the only way to be recognised by men in the disability movement is when they engaged themselves in romantic relationships and promised allegiances in return for patronage.

All participants confirmed that in their experience patriarchy was alive and well in DPOs, and manifested in how women with disabilities are excluded from the inner circle where major decisions are made, and in deployment of members to various positions. Esme asserted that “We as women with disabilities are not really in control of even the women’s programmes in DPOs.”

This perspective holds the potential of stereotyping all women with disabilities working in mixed gender DPOs, and of undermining women with disabilities’ solidarity in forging a common agenda in confronting male domination.

The lack of support most participants experienced in exercising leadership was mainly due to patriarchy as described which included direct resistance from men with disabilities in their respective DPOs. These men reportedly blocked, slowed down or even

sabotaged the campaign for gender equality. Thandi and her members experienced male domination as a significant barrier to their active participation in DPOs. A group of women with disabilities decided on a tactical move to start a women with disabilities-only DPO in order to address these issues. Thandi advocated as follows:

“It is very important to have the quota of 50/50 gender representation in DPO leadership structures as a viable strategy to create a critical mass for women in leadership, to cease being the minority in the decision-making spaces in DPOs.”

Ayanda spoke extensively about how difficult it was for her to obtain support from other women in the structures: “Women with disability seem to prefer voting for men, rather than women competing for the same position. This really makes me sad.”

There seemed to be a tension between the advocated position of a 50/50 quota for gender equality in DPOs and the reality of the voting patterns (and thereby reinforcement of the status quo). The mere stubborn, sustained presence of these women together with some support from donors occasionally helped to shift the resistance (Majiet, 2011):

“The old boys [founding fathers] pretended to talk the language of gender equality to secure donor funding and were boxed in at least temporarily to not kill off women’s programmes.”

This allowed for some degree of agency to emerge amongst the women, by building momentum to design and implement women’s development programmes and initiate outreach projects to organise women with disabilities in rural areas in Zimbabwe.

Rose spoke of her leadership battles and how she survived the hostilities and lived to reflect on lessons learnt on how to protect herself in the midst of institutional politics, conflict and gender power relations: “I learnt that taking a stand matters and women leaders, disabled or not, pay the price in the absence of institutional support.”

According to Heifetz and Linsky (2002) the dangers of exercising leadership and challenging the status quo are high for both women and men. As emerges in this study,

this is more the case for women in general – and for women with a disability in particular.

Rose encountered systemic rebellion to her advancement, and powerful forces within the system coalesced to push her to the margin: “I suffered reputational attacks, was ridiculed, sidelined, undermined, sabotaged and badmouthed to donors and influential board members.”

By creating a false dichotomy between men’s and women’s characteristics, stereotypes narrow the range of effective behaviours within the workplace (Catalyst, 2007). This places women as leaders in a double bind, which was exacerbated by disability: they were caught between the cultural expectations of gender-scripted roles and their sense of agency to change the status quo of male domination in DPOs. Negotiating this double bind required tremendous resourcefulness, inner strength, courage, determination and support.

Because stereotypes created an invisible barrier to the participants’ advancement, this was often difficult to combat or even detect. The research data made this barrier visible through the compelling consistency in their stories.

Another challenge was the prescriptive nature of the stereotypes: people believed that men and women should behave in ways that are gender-consistent, which prevents change by making it difficult for women and men to go against norms that enable them to ‘fit in’, for fear of social rejection and other negative consequences. Stereotypical perceptions created several predicaments for the women leaders, and it seems that women who lead are left with limited and unfavourable options no matter which way they turn or how they choose to behave as leaders. As Dora stated: “Becoming a leader depends on acting like a leader, but even more crucially, it depends on being seen by others as a leader.”

Gender stereotypes often intersect with other social stereotypes, such as race, ethnicity and class. When Catalyst (2007) asked senior-level executives in the United States of America and Europe to rate the effectiveness of women and men leaders on a number of key leadership behaviours, both men and women respondents cast women as better at stereotypically feminine ‘caretaking skills’ such as supporting and encouraging others. Both women and men asserted that men

excel at more conventionally masculine ‘taking charge’ skills such as influencing superiors and problem solving – characteristics that previous research has shown to be essential components of leadership responsibility (Catalyst, 2007)

Research (Catalyst, 2007), shows that these perceptions are even more salient when women seek to become leaders or advance in traditionally male-dominated fields, such as engineering and law. In these contexts women are viewed as even more ‘out of place’ and have to put considerable effort into proving otherwise.

These perceptions inhibit women’s advancement, because ‘taking charge’ skills and stereotypically masculine behaviours such as assertiveness and competition are often seen as prerequisites for top-level positions. To the extent that people still equate stereotypically masculine behaviours and traits with effective leadership, men are cast as ‘natural’ leaders, while women must constantly prove that they can lead. Also, partly because of the perceived incongruity of women in leadership, gender stereotypes create different standards by which to evaluate women compared to men in similar positions.

Agency in advancing leadership

In using her resilience to ‘bounce back’, Rose continued from the margin to raise her critical and challenging views and strong opinions. She emerged stronger from the ‘bruising’ institutional politics and shifted her sights of battle to focus on making a contribution at regional and continental level. Rose shared her familiarity with the tension she battles with as a leader, when to fight for an issue and when to step back and consider alternative approaches in order to offer a contribution. She depends on the support she requires as a leader and draws on other people around her as a means of protecting herself as well as a means for guidance from allies and confidantes:

“I had to train myself, the training doesn’t come like the way you would want it to. Much later when maybe you would be leading both men and women, they would ask why a woman?”

Ayanda argued that in order for a woman with a disability in Southern Africa to emerge as a

leader, she must be self-confident, determined and motivated to stay the course in the face of heavy burdens and challenges to her person and reputation.

The research of Chabaya *et al* (2009) on the persistence of gender equality in Zimbabwe and the factors that impede women's advancement into leadership positions resonates in the findings of this study as the reality for all participants. However, the research found a significant difference in the way the eight participants navigated this reality with a good measure of success.

None of the participants in this study allowed gender-scripted roles and socialisation to inhibit their progress. They all managed through their journey of self-discovery to build self-esteem and confidence to challenge the status quo of gender power relations (and in one instance ageism – discrimination against young women with disabilities) in their respective DPOs.

The participants exercised leadership and continue to live with the tensions of challenging patriarchy within their homes, their DPOs and society.

Empowerment through access to opportunity

The WHO empowerment component in the Community Based Rehabilitation Guidelines (WHO, 2010) reinforced the strategic role of DPOs in facilitating the empowerment of disabled people in general, and disabled women in particular. The kinds of interventions and training opportunities resulting in empowerment often occur through exposure to new growth opportunities and election into leadership positions.

Participants elaborate how they drew on these opportunities to assist them in challenging the barriers to their advancement, engaging in as many of the opportunities for training and support that they could. As Mbali proudly asserted:

"I became a successful leader because I attended many courses and realised the importance of education. I have managed to teach my children to degree level, built a house which is fully furnished, and one of my daughters got married last year. As for my life story, I overcame many difficult situations."

Some participants were inspired to become active in leadership through their desire to empower others, as in Ayanda's life narrative. Ayanda holds several leadership positions at a national, regional and international DPO level. Her career in the disability movement spans 20 years and she is respected as a role model by many young women and men in the movement. Her exposure to disability politics started well into her adult life and she was content initially to be in the background and not interested in a public life of taking up a formal leadership position. This all changed when she joined a field visit to the remote rural areas of Zimbabwe, where she saw the extent of poverty and indignity in which many disabled people lived. She felt compelled to become active and move out of her 'comfort zone'.

Esme finds that a women's-only organisation within the disability movement provides a much-needed sanctuary from the general pattern of male-dominated leadership structures across the disability movement in Zimbabwe and the rest of the world. She is very concerned about how disabled women are often manipulated by powerful men in DPOs. In her experience, the support of a women's-only DPO has assisted her to advance as a leader. She shares her belief that women are frequently set up to fail from the start in male-dominated organisations, which tend to keep disabled women entrapped in mediocre/support roles by the patriarchal system that favours male superiority. She believes that there is no chance of this happening in a women's-only DPO:

"For us it is God given and thank God for that, we are a woman's organisation and although we might maybe manipulate each other, it is different from the way they do things in the male-dominated DPOs or NGOs in general. For me I did not go through that because I started in a women's organisation, there is nothing of that nature."

Conclusion

This study has illustrated how continued normative values under a patriarchal system of gendered power relations are in conflict with fundamental human rights. In practice, as this research foregrounds, the reality of

implementing human rights for women with disabilities was only tolerated by the established power structure in DPOs as long as it did not interfere with the benefits of leadership for men as the *de facto* leaders. This offers a direct challenge to women with disabilities in these DPOs to change the voting patterns in favour of women leaders, to push for change.

This study of leadership of women with disabilities in DPOs in Zimbabwe brought to the fore the fact that empowerment is not obtainable through access to opportunities and support alone. Nor is access to opportunities a guarantee of empowerment.

This study contributes to the analysis and understanding of the complexity of cultural, social and environmental obstacles which women with disabilities face in negotiating their way through life and in exercising leadership. As the women leaders interviewed repeatedly testified, access to development opportunities can often be an important first step towards personal independence, and it shaped their own paths to leadership. Without it they believed their chances of achieving economic security, participation and the opportunity to exercise leadership in wider society to be severely restricted.

The intersection between culture, gender and disability confirmed the complexity of how patriarchy and the male-dominated culture in DPOs actively undermine women with disabilities as leaders in reaching their full potential, and act as binding constraints. The analysis demonstrated the deep-rooted, systemic, formal and informal structural constraints in gendered power relations. The findings expose current parallels between DPO institutional governance challenges and the country's geopolitical landscape.

The analysis also showed the tremendous resilience embodied in each of the eight participants, and how their leadership endeavours persevered in the face of challenges and resistance from within the self and the external environment.

This study may stand as an initial contribution towards bringing about change in power relations and leadership in DPOs, by focusing on the importance which women with disabilities as leaders themselves attach to access to development opportunities, social action, and the need for support from

other women within the disability movement and mainstream women's movements.

The study confirms the way in which society perceives women in power as an exception to a collectively held view of women's roles in society. It offers a direct challenge to this paradigm, providing evidence that women with disabilities who are leaders confront patriarchy by rejecting and negotiating with resilience the binding constraints of culture, exclusion and power.

This study also gives voice to women with disabilities as leaders, and adds new dimensions regarding the complexity on the ground in DPOs to the existing literature. It is hoped that this and future works will accelerate a changing narrative of women with disabilities, moving from victims to leaders, and making a difference with their presence.

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