



Using the Bioethical Principles of Solidarity and Subsidiarity to Advance Intersectional Feminism and Disability Rights in Sub-Saharan Africa

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ABSTRACT

Gender is a social-cultural characteristic that links roles, identities and opportunities to the aspect of being male or female, while gender equity refers to the process of being fair to men and women in the treatment and access to opportunities. In sub-Saharan Africa, gender inequity among women persists and is worse for women with disabilities as they face additional barriers to accessing basic services such as education, housing, healthcare, mobility, employment and empowerment opportunities. Despite progressive reforms that mandate the participation of women, particularly women with disabilities at international and country levels, this group of women continue to face barriers to basic rights and participation. This opinion piece discusses the bioethical principles of solidarity and subsidiarity in advancing intersectional feminism and disability rights in sub-Saharan Africa. By definition, solidarity is the global coordination of a cause to protect human dignity based on the reality of our interconnectedness and quest for mutual flourishing. On the other hand, subsidiarity is the decentralization of decision-making processes among multiple stakeholders to empower populations with the greatest need. Hence, the principles of solidarity and subsidiarity are progressive rights-based approaches that may be used to tackle structural inequalities and promote social protection systems for gender and disability. As such, sub-Saharan Africa stands to benefit from such frameworks to address forms of systemic oppression and facilitate respect for the rights and dignity of vulnerable populations such as women with disabilities. The rights of women with disabilities cannot be achieved in isolation as they are linked to other ethical principles of respect for difference, accessibility, and equality of opportunity. Therefore, if well implemented, acts of solidarity and subsidiarity transcend individual goals to advance collective action for intersectional and inclusive frameworks that meet the needs of women with disabilities in their complexities and diversity.

KEYWORDS

Solidarity, Subsidiarity, Intersectional Feminism, Disability Rights, Sub-Saharan Africa

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Introduction

Feminist scholars have drawn a distinction between sex and gender to refer to sex as the biological difference between being male or female, while gender is a social-cultural characteristic that links roles, identities and opportunities to the aspect of being male or female as shaped by societal expectations (Muehlenhard & Peterson, 2011). Based on this observation, gender equity is fairness accorded to men and women (United Nations, 2021) in the treatment

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and access to opportunities, irrespective of their gender identity. Therefore, to advance gender equity, measures must be put in place to compensate for historical and socioeconomic advantages that prevent men and women from operating at the same level (Leuenberger & Lutte, 2022). In sub-Saharan Africa, gender equity is a persistent challenge due to social-cultural beliefs that entrench the understanding that men are superior to women and propagate women's under-representation in decision-making and economic empowerment opportunities.

Gender inequity in sub-Saharan Africa is worse for women with disabilities as they face additional barriers to accessing services such as education, housing, healthcare, mobility, employment and empowerment opportunities that can positively advance their wellbeing. Despite progressive reforms that mandate the participation of women and particularly women with disabilities, at international and country levels, this particular group continues to encounter barriers to basic rights and participation. As a result, the gender-disability gap continues to thrive contrary to the Sustainable Development Goal (SDGs) of 'leaving no one behind'. Thus, this article discusses the bioethical principles of solidarity and subsidiarity in advancing intersectional feminism and disability rights in sub-Saharan Africa.

Gender and Disability

The World Health Organization (WHO) defines disability as an outcome of a complex relationship between an individual's health, personal factors and external influences that determine how an individual lives and their aptitude for social interaction (World Health Organization, 2011). It is estimated that 19% of the global female population lives with a disability, with 75% of them residing in Low-and Middle-Income Countries (LMIC), where there are limited social services (U.N. Women, 2017). Thus, philosophers and bioethicists are currently embracing an interactional approach to understanding disability as a difference from an individual's interaction with society to remedy disability-related problems. Based on this observation, an interactional model allows for a diverse understanding of disability and examines how disabled people can use their voices and activism (Riddle, 2014; Shakespeare, 2008) to dismantle societal barriers.

Intersectional Feminism and Disability Rights

Presently, there are transformations in the feminist movement that have evolved to pay attention to differences due to race, ethnicity, class, and religion. With the advent of the fourth wave of feminism, social media activism has propelled women's rights into the technological era while maintaining the need for inclusivity, equality, empowerment and freedom. As a result, intersectional feminism is rapidly responding to the role of multiple social identities, such as gender, class and sexuality, in breaking down the systems of oppression (Meer & Müller, 2017). Intersectionality applies to numerous contexts as it considers diverse identities and othered groups in feminist scholarship. For example, Africa is a multicultural continent, and the lived experiences of people are influenced by additional contextual factors such as age, ethnicity, disability and marital status.

Bioethical Principles of Solidarity and Subsidiarity

Bioethical frameworks are broadly shaped by the fundamental principles of autonomy, beneficence, non-maleficence, and justice. Autonomy is an individual's right to make decisions regarding issues that affect them. Beneficence is the aspect of promoting actions that are in the best interests of an individual, while non-maleficence is the principle of avoiding harm to an individual (Ten Have & Gordijn, 2014). Justice ensures fair and equitable distribution of resources

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irrespective of difference (Ten Have & Gordijn, 2014). Therefore, the four principles are guiding elements in the advancement of individual freedom and societal wellbeing.

Article 13 of the Universal Declaration on Bioethics and Human Rights encourages solidarity and cooperation among human beings with special regard for vulnerable groups such as persons with disabilities and others with the most limited resources (ten Have & Jean, 2009). The principle of solidarity advocates for the global coordination of a cause to protect human dignity due to our interconnectedness and the quest for mutual flourishing. In this case, individuals and institutions are expected to oppose all forms of structural exclusion and commit to causes that enhance the common good (Brakman, 2020; de Campos, 2020; Jennings, B. (2020). On the other hand, the principle of subsidiarity advocates for a decentralized decision-making process among multiple stakeholders (de Campos, 2020), emphasizing a bottom-up approach for the empowerment of those with the greatest need (Beauchamp & Childress, 2019).

Recently, there has been a paradigm shift for persons with disabilities from objects of charity towards respect for inherent dignity and individual autonomy. However, women with disabilities continue to face discrimination, marginalization and all forms of violence despite international and country-specific guidelines that are mandated to protect them. In this regard, it is evident that the rights of women with disabilities cannot be achieved in isolation as it links to other ethical principles of respect for difference, accessibility, and equality of opportunity (Joint United Nations Programme on HIV/AIDS, 2017). Therefore, if well implemented, acts of solidarity and subsidiarity have the ability to transcend individual goals to reflect the fundamental character of social life and collective action.

The Joint United Nations Programme on HIV/AIDS (2017) established that women with disabilities are disproportionately susceptible to all forms of violence and abuse that occur in the context of systemic discrimination and power imbalance. Therefore, it is not only disability that puts women with disabilities at risk but the additional barriers that they face, such as poverty, care and financial dependency. For example, Grobbelaar-du Plessis (2007) found that African women with disabilities face abuse from caregivers, communities and even the state, which is magnified by social isolation and co-dependence. Therefore, initiatives that address all forms of systemic abuse against women with disabilities in sub-Saharan Africa could be achieved through intersectional and inclusive acts of solidarity and subsidiarity that meet the needs of women with disabilities in their complexities and diversity.

The bioethical principles of solidarity and subsidiarity have a component of social justice that promotes progressive right-based approaches to tackle structural inequalities and enhance social protection systems for gender and disability rights. Poverty and vulnerability re(produce) unequal power relations and determine how women access and benefit from social protection systems. As such, Newton (2016) recommends broadening the social protection agenda from short-term solutions to long-term practices that tackle structural barriers that underpin poverty. In this case, using solidarity to champion equity in vulnerable populations such as women with disabilities to foster respect, rights, dignity and social inclusion.

Solidarity and subsidiarity have the capacity to advance feminism since they entail individuals and groups coming together to dismantle the axes of inequity that face disadvantaged groups, such as women with disabilities, with the aim of decentralizing decision-making processes and empowering them to take control of their affairs. In the context of feminism and disability rights in sub-Saharan Africa, solidarity promotes awareness, advocacy and policy change for marginalized women in rural populations. Mathonsi and Tallis (2022) discuss that feminist advocacy has largely been viewed as Western and donor-driven. However, the authors also

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acknowledge that African feminism has been instrumental in vocalizing local advocacy based on the needs of African women. Similarly, a study conducted by King et al. (2023) explored the life stories and leadership experiences of women with disabilities in three African countries and found that despite the significant pain and discrimination, women with disabilities were able to draw strength and unite for a common goal and purpose. Thus, by incorporating solidarity and subsidiarity, women with disabilities have the capacity to build strong networks by partnering with like-minded individuals and organizations to amplify their voices, advocate for change and increase their social impact.

In contextual ethics and particularly feminist ethics, it is argued that men and women approach gender debates differently. For example, women approach such debates in a nurturing, caring and a willingness to reconcile differences approach while men's approaches are logical and overly abstract (Tham, 2007). As such, empowering women, particularly women with disabilities in sub-Saharan Africa, to organize themselves, take control of their lives and participate in the decision-making process ensures that they become agents of change and advocates for their rights. King et al. (2023) report that in resisting negative attitudes in society, women with disabilities are able to develop the confidence required to make them leaders. Furthermore, through formal education, women with disabilities are able to convince others of their competency as leaders and play an important role in fighting discrimination due to gender and disability. Based on this observation and considering the multicultural context of sub-Saharan Africa, solidarity and subsidiarity are powerful tools that may be used to overcome societal and cultural barriers as well as advance intersectional feminism and disability rights. Moreover, the two bioethical principles are effective in building networks of support, empowering individuals in the community, and promoting grassroots advocacy and activism for equity and inclusion.

In a world of patriarchy and ableism, disability remains an intersectional feminist issue, with social organization being the key to voicing and dismantling the axes of inequities. For example, the African Disability Forum (ADF) has a strategic objective of promoting, protecting and realizing the equal rights of men and women with disabilities in Africa (Katsui, 2016). To achieve this, ADF partners with organizations to implement key actions such as financial autonomy that encourage people with disabilities and, particularly women with disabilities, to take ownership. It is worth noting that Africa is a largely patriarchal society, and to break the cycle of male dominance, there is a need for male engagement and tolerance to promote positive masculinity and advance gender rights.

Women with disabilities in sub-Saharan Africa require effective local networks for support to amplify their voices and increase their visibility when lobbying for improved living conditions and fair access to social and economic services. Therefore, acts of solidarity promise an amalgamation of local networks that provide resources on negotiation and conflict management mechanisms that strengthen inclusive practices. Tefera et al. (2018) find that collective support from families, communities, the government, and non-governmental organizations improve women's ability to fulfil their social roles for a better quality of life. Additionally, strategies that create awareness and facilitate justice may improve the opportunities for women with disabilities in LMICs to participate and succeed in education, employment and motherhood. Similarly, by building awareness and understanding through public education campaigns and media outreach programs, community engagement has the capacity to break down barriers and enhance intersectional feminism and disability rights through allyship.

The empowerment of women with disabilities in sub-Saharan Africa through education, mentorship, skills training and entrepreneurship is important in promoting self-determination and autonomy for them to represent their interests and authority. Empowerment promotes

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agency and supports women with disabilities to recognize that they are powerful actors who can champion intersectional feminism and enjoy the same rights as able-bodied individuals. Katsui et al. (2015) examine the intersection of gender and disability and how empowerment and skill training enable women with disabilities to play a significant role in development and changing of the status quo towards equality. In light of this, subsidiarity may be an effective avenue to engage policymakers at the local, national, regional and international levels to address systemic barriers and advance intersectional feminism. The interaction of women with disabilities and actors from different levels or scales is a game changer and instrumental in the creation of a lasting impact as it encourages women with disabilities from sub-Saharan Africa to ascend to leadership positions and creates an enabling environment for partnerships and policy changes.

Conclusion

This article recognizes that women with disabilities' experiences in sub-Saharan Africa are shaped by multiple forms of oppression. Therefore, the principles of solidarity and subsidiarity provide a platform for a unified response and contextualized decision-making practices for the advancement of intersectional feminism and disability rights in a dignified and empowered manner. The rights of women with disabilities cannot be achieved in isolation as they are linked to other principles of respect for difference, accessibility, and equality of opportunity. Through decentralization of decision-making processes as well as collective action, scholars can address other emerging issues and complexities facing women with disabilities beyond academia towards policies and practices.

Disclosure statement

The author has no potential conflict of interest to declare.

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