



Reference document

Voices of women with disabilities in Burundi: Shared realities

Association for the Promotion of the Rights of Women with Disabilities in Burundi - Urumuri
With the support of Making It Work





Voices of women with disabilities in Burundi: Shared realities

The Association pour la Promotion des Droits des Femmes Handicapées du Burundi - Urumuri (ABPDFH) is an organisation of women and girls with disabilities in Burundi, committed to promoting the rights of women and girls with disabilities in all aspects of life. We work to help them participate in all the country's community activities so that they can flourish, to offer them skills and strengthen their autonomy, and we offer counselling and psychosocial support to survivors of violence.

In March 2024, ABPDFH - Urumuri went to meet 86 women with disabilities. Women of all ages, with all kinds of disabilities, some of them involved in organisations and self-help groups, told us about their lives, their difficulties, their pride and their dreams.

They shared their realities with us, to give us a glimpse of what a more inclusive society would look like, where they would have their rightful place.

This work was carried out with the support of Humanity & Inclusion's Making It Work Gender and Disability project.

Our warmest thanks go to the 86 women who put their trust in us.

We would also like to thank the organisations Les Vaillantes, ADFSB (Association pour l'Auto-Développement des Femmes sourdes du Burundi), APECOS (Association de Prise En Charge des Orphelins du Sida), AFA (Association des Femmes Albinos), RCPHB (Réseau des Centres pour Personnes Handicapées du Burundi), FAPHB (Fédération des Associations de Personnes Handicapées du Burundi) and ARSAB (Association pour la réintégration sociale des aveugles au Burundi), which made these meetings possible.

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Photos: credit Danch20

Note: the photos were taken during an ABPDFH workshop after the interviews. The women in the photos are not those who were interviewed for this report. Also, the names have all been changed.



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Recommendations

Women with disabilities

- Join women-led organisations of persons with disabilities;
- Report violations of rights or violence to the police and the courts whenever the situation arises, and seek help from authorised organisations (e.g. Association des femmes juristes du Burundi);
- Make use of grassroots administration whenever discriminatory or stigmatising behaviour is observed in the surrounding community;
- Believe in yourself and in your abilities.

Human rights and women's organisations

- Support advocacy with public authorities and partners for the inclusion of women with disabilities in development laws, policies and programmes and their effective participation in all rights initiatives;
- Ensure that women with disabilities who are victims of violence receive appropriate and accessible assistance and holistic care.

To the judiciary

- Facilitate access to justice for women with disabilities, as complainants and witnesses, and apply the necessary procedural accommodations;
- Be impartial in your handling of cases involving women with disabilities;
- Train staff in all areas of the justice system to ensure that the justice system is accessible to all women with disabilities.

To the police

- Ensure the safety of women and girls with disabilities whenever necessary, in particular by apprehending alleged perpetrators of violence against women and girls with disabilities;
- Provide reasonable accommodation to enable women with disabilities to access police services, including sign language interpretation to understand the problems of women with a hearing disability.

To health professionals

- Cooperate with organisations of women with disabilities to improve access to health services that are accessible and adapted to the needs of women with disabilities and girls by combating the physical, attitudinal and communication barriers highlighted by women with disabilities in this report;



- Set up staff training programmes and include women with disabilities on user committees to ensure that healthcare facilities, particularly maternity and gynaecology care, are not places where violence is perpetrated;
- Ensure that programmes and services to protect, prevent and report sexual and gender-based violence are accessible to women and girls with disabilities.

To those involved in education

- Promote accessible, equitable, quality and truly inclusive education, with provisions explicitly prohibiting discrimination in access to education on the basis of disability and gender, and implement the necessary reasonable accommodation;
- Promote positive measures to improve access to education and stop girls with disabilities dropping out of school;
- Visibly combat the stigmatisation of girls with disabilities in schools by involving teaching staff, pupils and families, with the help of women-led organisations;
- Set up targeted vocational training programmes that are accessible and adapted to the needs of the labour market for women and girls with disabilities.

To decision-makers

- Support the inclusion of women with disabilities in microfinance and cooperative programmes to facilitate their access to self-employment opportunities;
- Combat all forms of discrimination based on gender and disability within the family and the community;
- Accelerate the implementation of international, regional and national instruments that the Government has ratified, adopted or promulgated, in particular the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Persons with Disabilities;
- Ensure that the recent National Strategic Plan to Combat Sexual and Gender-Based Violence 2024-2028 is inclusive of women with disabilities.



ABPDFH-Urumuri commitments

- **Initiate** the creation of a network of organisations of women and girls with disabilities to combine efforts and work in synergy to ensure sustainable change for women and girls with disabilities and to respond to the challenges highlighted in this report;
- **Continue to increase**, wherever possible and with all available support, the knowledge of women and girls with disabilities about their human rights and the international, regional and national instruments that guarantee their rights;
- **Build the capacity of** service providers in the inclusive approach to women with disabilities to improve their access to services;
- **Advocate** with decision-makers and partners for the empowerment of women and girls with disabilities and the promotion of all their rights, on an equal basis with others;
- **Offer our support** to decision-makers and stakeholders in various sectors to work together on concrete measures to ensure the full participation of women and girls with disabilities in the Burundian community and society;
- **To bring the voices and perspectives of women and girls with disabilities to** Burundian society at large, in order to tackle discrimination against women and girls with disabilities and their children at all levels.





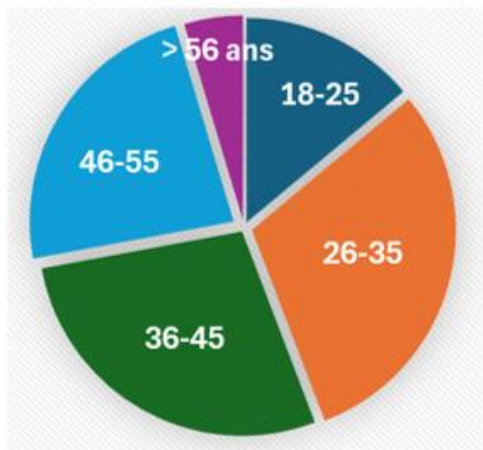
These women who spoke to us

To meet and talk with these women with disabilities, ABPDFH women travelled to their respective organisations, particularly for women with visual disabilities and women with psychosocial disabilities. Others were met at their workplaces, and those who were able to travel came to the places planned and communicated by ABPDFH. For women with a hearing disability, the interview was conducted by sign language interpreters who facilitated our communication.

We did not try to achieve a representative sample, which would have been impossible due to the lack of reliable statistical data on women and girls with disabilities. Instead, the organisation chose to take into account the greatest possible diversity of women and girls with disabilities, their age categories, standard of living, commune, area or neighbourhood of origin, level of education, not forgetting the types of disability of the women concerned.

Women in all their diversity

Interviewed women per age group



We heard from and spoke to 86 women over the age of 18, with a good diversity of age groups, despite a slight under-representation of older women.

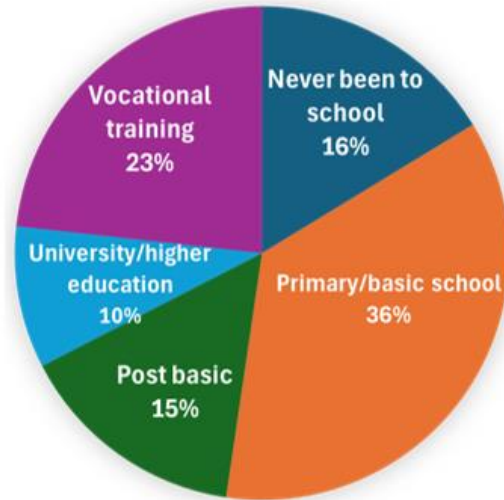
The types of disability of the women interviewed were motor/physical disability, hearing disability, visual disability, psychosocial disability, albinism, short stature and stammering, with motor disability predominating. With the exception of women with intellectual disabilities, all types of disability are represented.

Type of disability declared	Number of women
Hearing	5
Stammering	1
Albinism	2
Short stature	2
Physical / motor	54
Psychosocial	15
Visual	5
Multiple (physical and another disability)	2



Almost all of the women interviewed have attended school, although to varying degrees, as shown in the graph opposite. Less than 2 out of 10 women had never attended school, with the largest proportion having reached the end of basic education. 23% of the women interviewed had taken vocational training, and 10% had gone on to higher education.

Level of education



Douce*: "Physical accessibility at secondary school and university was hard for me, but I fought hard to achieve my goal."

**First names have been changed.*

Women and mothers : family and marital status of the women interviewed

7 out of 10 women interviewed live without a partner, whether they are separated, divorced, widowed or single. This is a high percentage: in the 2008 census of the general population of Burundi, 48% of women declared themselves to be single, separated, widowed or divorced.

Most of the other women are married, with a small percentage in common-law relationships.

Of all the women interviewed, more than two-thirds have children, i.e. 58 out of 86. Of these, 25 were single or widowed, so had no parental support; however, many of the women said that they had sole responsibility for their children, regardless of their marital status.

In addition to the difficulties caused by limited financial resources to bring up their children, amplified by the lack of family or community solidarity, there are difficulties linked to civil status for children who are not recognised by their father.



Ella: "The father of my second child, I meet him often but he doesn't give me any money to help the child. It's really hard for a woman, especially one with a disability, to bring up a child on her own. I want her father to help her grow up, because if I died, our child wouldn't be able to survive on his own."

Women active in all spheres of life

Participation in family and community life

We wanted to understand whether the women interviewed felt involved in, or excluded from, family and community life. A series of questions guided these discussions about the activities in which women with disabilities take part, those from which they feel excluded, and also whether they can take on responsibilities in their neighbourhood, village or in an organisation.

70% (60 out of 86) of the women we met said that they were well involved in family and community life and in the various activities they carried out.

Joselyne, a woman with a motor disability: "I take part in household activities (washing, cooking, cleaning) and in the prayer groups. I really enjoy these activities because they make me feel useful to my family and the community."



More than half of the women and girls with disabilities (46 out of 86) said that they are in contact with the women around them and in their community. The meeting places are often women's groups, women's cooperatives or groups for savings and credit, women with disabilities' organisations, churches and prayer groups.

The women spoke of the link between these interactions and the creation of bonds of friendship, the importance of being part of the same group, of having a common interest, of doing an income-generating or other activity together, of having a professional collaboration.

Those who had little or no contact with other women mentioned obstacles such as stigmatisation, contempt, neglect or abuse by those around them; fear of not being welcomed and also the limited financial resources available to join groups.

Involvement in community groups and organisations varies according to the type of disability; Honorine, a deaf woman, told us that she is excluded from community activities because of her communication problem; she does not take part in community celebrations.

Tricia, a woman living with albinism: "I'm able to do all the activities, but as my skin can't stand the sun because it's harmful to my health, I don't get involved in cooperative activities".

The question of taking on responsibility is mixed: a quarter of the women, 22 out of 86, said they were capable of taking on responsibility in their neighbourhood, or in a group or organisation.

The obstacles to taking on responsibility are: difficulties in getting around or communicating because of their disability, lack of consideration for them in the community, fear of not being respected, and illiteracy.

Belange: "As far as the neighbours and members of my community are concerned, I can say that I feel a mixture of support and mistrust. Some neighbours and community members are warm, caring and willing to offer help when needed. They recognise my efforts to contribute to the community despite my disability, which creates a feeling of support and solidarity."



Economic activity and access to work

60 of the 86 women interviewed, that is 70%, said that they have an economic activity. Only 15 of them said they have been self-sufficient.

Income-generating activities (IGAs) represent the vast majority of the source of income for the women interviewed: 51 carry out IGAs compared with 9 who have paid employment. Their income is generally insufficient to meet their needs and those of their families. For the vast majority, their income is minimal and there are many barriers to them carrying out their activities.

Among the causes cited by the women interviewed were :

- ◆ the capital available to finance the business is too small,
- ◆ difficulties in getting around and moving their products, particularly in connection with the ban on bicycles, motorbikes and Bajajs,
- ◆ the fall in profits due to the increase in transport costs generated by the ban on bicycles and motorbikes,
- ◆ taxes on the activities of women with disabilities, which add to the additional costs associated with transport and handling charges and from which they could be exempted,
- ◆ the lack of strategic locations where they can sell their wares safely, particularly in towns, where they are sometimes persecuted by the police and have their goods confiscated.

Some of them said that their petty trading and sewing activities enabled them to live from day to day, but they were unable to make savings to cover exceptional expenses.



Another recurring practice mentioned was the employment of women or girls with disabilities without an employment contract, which in particular deprives them of access to social security. Some women with disabilities have also pointed out that they are paid less for the same work and for the same qualifications.

Finally, some of the women interviewed, especially those who were married or in a common-law relationship, said that they had little or no control over the use of the funds generated by their activities.

Thalia, a woman with a physical disability: "In some cases, husbands tend to manage the money from the harvests themselves."

Honorine, a single mother with a hearing disability: "If I find money, sometimes I decide how to use it myself, but most of the time it's my mother who decides for me."

Audrine, a woman with a physical disability: "Sometimes able-bodied men who marry women with disabilities impose themselves on the family to manage the funds. And the women with disabilities produce without making any decisions about the dividends of their production."



Spotlight on barriers to inclusion

Barriers are those aspects of society that prevent people with disabilities from fully participating and being included in society, whether intentionally or not.

- **Attitudinal barriers:** the inability of people without disabilities to see beyond a disability, discrimination, fear, intimidation, contempt, having little ambition for a child with disabilities, seeing people with disabilities as incapable, associating disability with a curse or the fault of parents, etc.
- **Physical barriers:** inaccessible buildings and transport (stairs, sandy ground), lack of adapted medical equipment (accessible gynaecological beds), non-accessible signage for visually impaired persons in essential services, lack of school equipment adapted for learning in Braille, etc.
- **Barriers to communication and access to information:** lack of sign language interpreters in essential services, radio awareness campaigns 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.
- **Internalized barriers:** internalization of stereotypes against women with disabilities, which can lead to a feeling of shame or complex about one's disability, believing oneself to be inferior or incapable, and restricting one's own ambitions.



Proud and confident in their ability to act

A large proportion of the women interviewed, 60 out of 86, or 70%, said that they were confident in their skills and abilities, and that they were involved in the community. The self-confidence and pride of the women with disabilities we met were strikingly expressed in many of the testimonies.

Mireille: "Despite my disability, I'm confident in my abilities, I'm able to work because I'm strong; typical example: I take care of my children".

For example, Honorine emphasises that she successfully accomplishes what is asked of her. Lyse highlights her ability to complete her studies despite family challenges, while Emmy is delighted with her professional activity, which enables her to support herself. Yvonne expresses pride in looking after her family, demonstrating her skills in day-to-day survival. Similarly, Estella refuses to let her disability get in the way of her life, and trusts in her ability to support her family. Sonia and Esther are proud of their versatility, claiming to be able to carry out a wide range of activities. Carine, despite the lack of consideration shown to her by some of those close to her, takes pride in her ability to earn a living from her sewing. Finally, Mireille emphasises her strength and ability to look after her children despite her disability.

Carine: "I'm proud of my abilities, despite the low regard in which some family members and friends hold me. I'm proud because, through my sewing, I'm able to earn a living for myself and my children".

The main sources of pride and confidence in their abilities are:

- The ability to participate in the life of the family and the community in relation to entrepreneurial skills;
- Academic success;
- Financial independence and the ability to provide for all or part of the needs of the family, particularly the children;
- Being responsible for your family.

For some women, overcoming the difficulties associated with their disability and succeeding despite a rather hostile environment is an additional source of pride. Lyse, for example, points out that although she was one of six siblings, it was her who managed to complete her studies. She says she is proud because she contributes financially to the family.

These stories highlight the determination, resilience and pride of women with disabilities in the face of the challenges of everyday life.



Estella: "I'm proud of who I am because I've understood that my disability can't be a barrier to my life; I use my abilities to work and meet my family's needs".

Odile: "Some people criticize me, but the vast majority treat me as normal because they understand that I'm a capable person who can contribute to their lives."





Excluded from health, education and justice services

Difficult access to healthcare

When asked about access to health services, almost three quarters of the women said they had difficulty accessing them.

The difficulties raised include: inaccessible infrastructure, inappropriate medical equipment, particularly for women with physical disabilities, communication difficulties for women and girls with hearing disabilities, the attitudes of some service providers who stigmatise women and girls with disabilities, and the lack of money to pay for healthcare.

Discrimination and stigmatisation

Women with disabilities often experience discriminatory and stigmatising behaviour from healthcare providers. Douce recounts how when she went for a check-up during her pregnancy, she was judged and humiliated by medical staff, who considered her pregnancy a disgrace. Ines describes how some nurses expressed fear or incomprehension about her disability during childbirth, which led to her being neglected.

Care providers' lack of training and awareness of the specific needs of people with disabilities leads to inadequate care. Santiana explained that she felt judged and disregarded by care providers, who are not sufficiently trained to understand and respond to her specific needs. Douce and Ines reported that care providers often neglect their specific needs, refusing to listen to them fully or to adapt care to their particular conditions. Also, women living with albinism say that healthcare providers are reluctant to touch their skin, which undermines the quality of care.

Santiana: "Access to healthcare is not easy for me because of my physical disability. Health services are often far away, which makes travelling difficult."

Inadequate infrastructure and inaccessibility

The health infrastructure in Burundi is not adapted to the needs of people with disabilities. Santiana mentions the difficulty of getting around in hospitals due to the lack of wheelchairs and ramps. Chantal adds that the equipment available in hospital rooms, such as beds and toilets, is not adapted, making access to care even more complicated.

Physical access to healthcare services is a major barrier. Joselyne is unable to take part in activities requiring prolonged standing or walking, which is similar to Douce's experience of having to wait hours for a wheelchair to be made available to her to get to the operating theatre.



Corruption and abuse of power

Oria reveals that access to health services can be conditional on acts of corruption or requests for sexual favours, making it even more difficult to obtain the necessary care. This problem is compounded by systemic discrimination and prejudice against women with disabilities.

Douce: "When I was pregnant, I went for a check-up at a health facility because I was bleeding. Instead of treating me, the health care providers looked at me and just said that it was a disgrace for women with disabilities to get pregnant [...]. [...] And I realised that they were telling us that women with disabilities do not belong in maternity wards."

Ines: "During the birth, the nurses in particular wonder how I'm going to give birth, while others are afraid to approach me. Some doctors neglect us when we're being prescribed for, they don't let us finish telling them how we're feeling."





At school and at work: a struggle?

71 of the 86 women interviewed (more than 80%), said that they had experienced difficulties in accessing education, particularly during their school career.

The reasons given for not having access to education or for dropping out are many, including:

- inaccessible infrastructure,
- the lack of boarding schools and school equipment not adapted to accommodate blind pupils,
- the stigmatisation and verbal abuse suffered by students with disabilities.

The many testimonies gathered reveal and illustrate the many obstacles that girls with disabilities face in gaining full access to education, and in continuing their education beyond the basic level.

Lack of physical accessibility

Rosette says that at secondary school, the facilities were not adapted. There was only one accessible walkway, which was often blocked, and the toilets were not adapted, forcing her to use a bucket. Priscilla reported similar problems, adding that she had difficulty washing herself due to the lack of adapted showers. For Belange, access to education was also difficult due to the lack of adaptations for getting around.

Odile, a woman of short stature: "At secondary school and university, I had problems getting around". Belange: "I had to climb stairs to get to the classrooms."

Discrimination and stigmatisation

Rosette was the victim of harassment and threats from the school authorities. Odile and Douce, among others, were mocked, scorned and referred to by their disability rather than by their name, which affected them deeply.

Rosette: "The problems started at secondary school [...] I was very badly treated and bullied by the authorities. I remember a headmaster of the boarding school who threatened me a lot, even to the point of thinking of giving up my studies if it hadn't been for my mother, who forced me."



The testimonies reflect the isolation that results from these contemptuous and verbally violent attitudes, and the importance of support from family and friends where it exists.

Priscilla had to overcome the mistrust and opposition of certain members of her family and the community. On the other hand, others, though few in number, were able to find support from their peers.

Priscilla: "My family is fine, I'm treated well. But some family members and other people around me wouldn't let my parents take me to school, saying I was worthless".

Odile, a woman of short stature: "At secondary school, there was a teacher who made fun of me, who hated me because of my disability. It really touched my heart, but my classmates encouraged me to continue my studies in spite of it."

The heavy impact on professional life

The difficulties encountered in the field of education have repercussions on the working lives of women with disabilities. The women shared with us their experiences of discrimination in employment. Nella reports that after initially being accepted for a job, she was rejected on the grounds that she could not drive a motorbike, a requirement that was not mentioned in the job advertisement.

Odile and Douce were confronted with physically demanding tasks, despite their abilities and qualifications, in an attempt to discourage them. Others have been required to climb up and down stairs for no real reason, and have been refused help with paying for transport, which has become very expensive as a result of fuel shortages. Belange describes the lack of adaptation in the workplace as limiting her career opportunities, without affecting her self-confidence.

Belange: "My director often sees me as unable to participate fully in field activities because of my disability, which limits my opportunities for professional development. But despite all that, I produce some fine work, which is much appreciated by the public."

Nella: "After I finished university, I started looking for a job. I applied to various companies and was selected. When I went for an interview, the manager, instead of asking me questions about my CV, started to doubt my abilities because of my disability. I told him to check my experience and that wherever I worked, I was an amputee too!"

Priscilla: "During the fuel shortage, I asked my employer to give me travel expenses because I would have to take a taxi. I had to give up [my job] because I couldn't get around on foot."



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



Justice out of reach?

While 26 out of 86 women said that the justice and police services were generally accessible, the reality check was crueller: only 2 of the 28 women with disabilities who took their case to the judicial authorities felt that they had been properly served.

The testimonies gathered from women with disabilities reveal many barriers and negative experiences when interacting with the police and justice services. The main problems mentioned include:

Corruption

Several testimonies highlight the fact that police and judicial officials demand bribes to move cases forward. Ingrid, a woman with a psychosocial disability who suffers violence at the hands of her husband, said: "The justice system has not been fair to me and even the police have been bribed not to catch my husband". She believes that corruption has led the police and judicial services to ignore the violence perpetrated by her husband, leaving her in a situation of ongoing abuse.

Accessibility problems

Several women spoke of the lack of accessibility of the legal process. For example, Anaïs pointed to the lack of officers able to communicate in sign language within the justice and police services. This communication barrier makes it difficult for deaf women to assert their rights and defend themselves. Another woman also pointed out that the police and justice services require eyewitnesses in cases, which reduces the ability of visually impaired women to access justice, either as witnesses or victims.

Non-respect, contempt and discrimination

Several women, including Ariane and Liesse, testified to the contempt with which women with disabilities are confronted, particularly in cases of non-recognition of paternity. They report that their cases have never been processed because of a lack of visible evidence, which they attribute to systemic discrimination against women with disabilities and also to corruption.

Ingrid: "corruption was at the root of my mistreatment".

All the testimonies received refer to a justice system that suffers from serious shortcomings concerning the justiciability of women with disabilities and the accessibility of justice for women, particularly those suffering from intersecting discrimination, as expressed by the CEDAW Committee in its General Comment 33 on women's access to justice.



Prevented from taking legal action because of their gender, their disability and their level of poverty, they have little or no access to quality justice that recognises their rights and makes the necessary procedural adjustments.

As Ingrid pointed out in her testimony, the community authorities are the most accessible. "They are the ones who often help me and come to intervene even in cases of violence often perpetrated by my husband", which raises the question of the quality of justice in cases that may come under criminal law.

Anitha, a visually impaired woman: "The police and the courts always ask for witnesses. I'm involved in a court case and I wasn't satisfied with the services provided, they only listened to the other party, maybe he had given something away."





Spotlight on: access to justice for women with disabilities

Six essential and interdependent components - **justiciability, availability, accessibility, good quality, redress for victims and accountability** of justice systems - are necessary to guarantee access to justice. [...]

- a) **Justiciability** means that women must have **unimpeded access to justice** and the ability and means to claim their rights as legal rights under the Convention [CEDAW];
- b) **Availability** means the establishment of courts, quasi-judicial bodies or other bodies in the State Party, in urban, rural and remote areas, as well as their maintenance and funding;
- c) **Accessibility** means that all justice systems, both formal and quasi-judicial, are safe, financially and physically accessible to women, and adapted and appropriate to the needs of women, including those who experience intersecting or exacerbated forms of discrimination;
- d) **Good quality justice systems** mean that all components of the system meet international standards of competence, efficiency, independence and impartiality [...];
- e) **The provision of remedies** means that women must be able to receive effective protection and fair redress from justice systems in the event of harm of any kind;

Committee on the Elimination of Discrimination against Women, General Recommendation No. 33 on women's access to justice, 2015



Too much violence

Although our survey does not deal specifically with violence against women, several of our questions led the women interviewed to tell us about situations of violence they had experienced or were still experiencing. These questions were: if someone abuses you, mistreats you or frightens you, where do you go, or who do you talk to about it? If you have already gone for help after being abused, what action was taken? Our aim was to find out how vulnerable these women were to various forms of violence, and to find out in concrete terms whether and how they had access to family, community or institutional support¹.

Of the 86 women with disabilities interviewed, 9 out of 10 had been victims of at least one form of violence: physical, sexual, economic, verbal or psychological.

We were also interested in their level of knowledge about gender-based violence and their access to prevention and response services specific to cases of violence, in relation to access to health and justice as discussed above.

Emily: "It seems that the authorities are not concerned about the widespread violence against women in our community."

When asked about the different types of violence, 63 out of 86 women (over 70%) showed sufficient knowledge.

Among the examples of violence cited by the women were insults or hurtful words, derogatory nicknames, sexual violence, lack of decision-making power over family property, expropriation, physical violence and exclusion.

Conversely, a significant proportion of the women with disabilities interviewed said they were not well informed about their rights as women and as women with disabilities, and about the laws that protect women who are survivors of violence. 6 out of 10 women are not sufficiently informed about their rights; almost 9 out of 10 women know little or nothing about the laws concerning violence against women.

¹ ABPDFH has responded to every case of violence that has come to light, either by referring the women to another organisation or by providing direct support.



Anna: "When my parents died, my brothers started excluding me, confiscating my property and driving me out of the mother house. Now they're the only ones who run the whole estate, on the pretext that I'm a girl and a person with disability".

This lack of knowledge of the legal context and the means of redress is compounded by poor access to response services for survivors of violence, in particular police-justice services and medical services. The difficulties detailed in the chapter "Excluded from health, education and justice services" illustrate how little help women victims can receive. Also, women with disabilities who are victims of violence are often afraid to report it to the police and to seek help, in a context where stigmatisation is combined with a lack of autonomy.

Lack of access to education and work, as well as limited financial autonomy due to a lack of control over resources, are all factors that contribute to keeping women with disabilities in situations of violence that vary in intensity but are very frequent.

Odile, a woman of short stature: "As this violence was done to me by people who have power over me, it affected me but I couldn't complain for fear of not being understood by the management or of suffering the consequences of failing at school".





Children of women with disabilities: Inherited discrimination

The situation of mothers with disabilities bringing up their children alone, whether they are single, never in a union, separated, divorced or widowed, is particularly difficult.

The issue of civil status registration is particularly dramatic for children who are not recognised by their father. Initially, the Personal and Family Code made the mother responsible for registering the birth of a child in the absence of a father. However, many children born out of wedlock or not recognised by their father were not registered, mainly because of the stigma attached to mothers by the community. As a result, many of the children of the mothers with disabilities we interviewed are not registered. The consequences are serious: no access to free health care for children under the age of 5, inability to be enrolled in school, to obtain a diploma at the end of the post-primary cycle and therefore to continue their studies beyond that, no legal capacity and therefore inability to own property, inherit, etc. Decisions taken by the Ministry of the Interior in 2023 now make it impossible to register a child considered to be "born of an unknown father", placing a very heavy burden on children who are not recognised at birth, in violation of the right to legal identity from birth, as set out in Article 6 of the Universal Declaration of Human Rights and Article 7 of the International Convention on the Rights of the Child.

Ella: "When I told him I was pregnant, he advised me to have an abortion because, he said, he didn't want to have a child with a woman with disability. Of course I didn't, and now the child isn't on the civil registry, he doesn't know his father".

70% of the women interviewed live without a partner, which is a high percentage compared to the general female population (in the 2008 census of the general population of Burundi, 48% of women declared themselves to be single, separated, widowed or divorced). Many mothers with disabilities look after their children alone; often unrecognised, these children have little chance of obtaining financial or emotional support from their father's family. The difficulties in accessing justice described above mean that mothers with disabilities have very little chance of succeeding in their cases when they try to have their child recognised by the biological father, or to get the father to pay child support.

The interviews also showed that, in most cases, the conditions in which they bring up their children are particularly precarious. The income-generating activities they engage in are not sufficiently profitable to meet their children's basic needs (food, health, clothing). In a legacy of blatant discrimination, the difficulties faced by women with disabilities are therefore passed on to their children.



Voices of women with disabilities in Burundi: Shared realities

Burundian Association for the Promotion of the Rights of Women
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