An African Feminist Decolonial Disability Studies

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Despite the history and ubiquity of disability in Africa, there is little data or research on disability. Globally, more than a billion people live with a disability and 80 per cent of people with disabilities are in the global South (World Health Organisation 2011). Due to ageing populations, conflict, exploitative labour conditions, inadequate healthcare, chronic lifestyle diseases such as diabetes and the numerous effects of a geopolitics that has normalised structural violence, this number is increasing. The United Nations estimates state that 40 per cent of Africans have some form of disability.[1]

Disability disproportionately affects vulnerable populations (Goodley 2011). Disability prevalence rates are higher in the global South. The categories of people who are at most risk in becoming disabled are the poor, blacks, women and then men in that order are at most risk of becoming disabled (WHO 2011). People *with* disabilities (PwD) are further at risk in conditions of structural violence. In racist, hetero-patriarchal, capitalist societies, PwD tend to be stigmatised and subjected to harrowing conditions. People who do not conform to societal or cultural ideals of embodiment (e.g. sensory impairment such as blindness, or physical impairment such as paraplegia), or have chronic psycho-affective impairments (such as mood disorders) or are neurodiverse (e.g. autism) may experience violence and varying forms of exclusion.[2]

Whilst there is variation on the continent on how disability is viewed from different cultural vantage points (Reynolds-Whyte and Ingstad 1995), most research on disability comes from the global North (Connell 2011; Grech 2015; Meekosha 2011). Research on disability from Africa too relies heavily on Northern theories (Meekosha 2011). In settler colonial societies where Southern theories and calls for decolonial disability studies are emerging, disability theorisation frequently retains patriarchal and/or settler colonial epistemologies that overlook the intersections of race, class, ethnicity and gender. Or worse, where there is cognisance of cultural difference, ethnocentric analyses of the intersection of disability and culture are produced. Many analyses are ahistorical, rarely disarticulate disabilities on the basis of class, race, gender, sexuality, religion, nationality and sometimes not even on the basis of different types of disabilities.

One of the most egregious effects of research emerging from a tiny percentage of the global population has been the normalisation of the conditions which cause disability. The effects of epistemic coloniality (Mignolo 2000; 2009), where a minute portion of the global population are thinking about solutions and social dynamics from their contexts (Connell 2011), as we well know, are multiple. The implications of the dearth of research on disability within the global South, the reliance on Northern theories and settler colonial epistemologies are that the prevention of predatory geopolitics (and internal colonialisms) is rarely advocated for and the ways in which structural violence borne of coloniality produces, exacerbates, and normalises disabling conditions are ignored (Meekosha 2011). Globally, Africa is enmeshed in a geopolitics that has normalised inadequate forms of legal and actual protection and care of people whose bodies and psyches are as fragile and vulnerable as people living in the global North. Wars, extractive and exploitative political economies where labourers, states, citizens, and the environment are damaged by predatory forms of global capital and statecraft in the global North, produce disability.

The ways in which the global political economy produces disability is sketched by Helen Meekosha (2011) and expanded on by Dan Goodley (2011). People working in mines and industrial processing zones for meagre pay in places that have limited healthcare and very few of the necessities for living a flourishing life become

disabled or experience debilitating modes of embodiment across their life course. PwD, whether congenital or produced by an uncaring political economy where labourers are disposable, then further pay exorbitant amounts to the Northern disability industry for technological supports, e.g. assistive devices like wheelchairs or software programmes. People who experience warfare that supports the global arms trade and is frequently waged to extract resources for the global North become disabled. Populations undergoing conflict also experience interruptions of social services, such as healthcare and social supports that would alleviate psycho-affective distress. Interruptions or the destruction of medical services means the lack of routine vaccinations (e.g. polio vaccinations that prevent cerebral palsy) produce disability and people who have chronic conditions not receiving care leading to further disablement. What is more, inadequate state protection and a global economy where the global North treats Africa (and the rest of the global South) as a space of experimentation and where violences may be unleashed without consequence means also subject to unfettered medical, arms, social, technological and economic experimentation which has disastrous effects. Africa is also treated as a dumping ground for old medicines and undesirable foods and goods. We then are reliant on aid programmes that emanate in the global North as part of the NGO-industrial complex which (re)produces disabling relations of dependence and differential and hierarchical modes of being. These are a fraction of the ways in which the global North is implicated in producing unequal geopolitics that have consequences for bodies and psyches.

Settler colonials within racialised political economies (Jaffee 2016) such as South Africa also produce and/or ignore disabling living conditions for black or indigenous populations. Unequal labour relations that produce persisting and enduring precarity and inequality for the majority of the population not only place burdens on under-resourced healthcare systems but also have epigenetic effects. Structural violence is frequently normalised. Unequal educational systems combined with food insecurity create debilitating intellectual and physical inequalities. Historically, the continent has inherited incalculable amounts of trauma from the violence of colonial subjugation. What are the afterlives of King Leopold's cutting off hands and feet in the Belgian Congo? What are the psycho-affective and intergenerational impacts of families torn apart by the North Atlantic slave trade or circular migration between their homes and South Africa's goldmines?

Gender-based violence and patriarchal complicities also produce disability (see Erevelles 2011). Where masculinity is founded on the capacity to mobilise violence against other men and women, as well as in enactments of heteronormative masculinities that target the bodies of non-binary people whose sexualities are not recognised and socially legitimated, disability ensues. Violence is gendered in numerous ways: sexual violence, assault and battery in domestic violence, psychological violence such as the infantilisation of women, and the negation of women's agency. These all have debilitating and disabling effects.

Whilst many disabilities are congenital, and the result of

accidents and natural disasters, disability in the global South is largely a materialisation of social inequality. The discussion above merely plots a few connective points. If you were to think about the effects of inequality on the bodies and psyches in the continent, not abstract subjects but people who are raced, gendered, classed (and on and on), instances of disability as a materialisation of violence will be almost unbearable.

Disability is an important social category for thinking about violence. It is crucial for us, on the continent, to engage in conversations about disability and proliferate and shape the discourse. As an example of why it matters for African scholars to engage with this theoretical gap, the WHO in its important text on disability notes that conflict produces disability, but nowhere does it advocate for the end of conflict or geopolitical solutions that dismantle predatory and violent social structures. A decolonial feminist disability studies approach in Africa will allow us to engage with the ways in which coloniality continues to narrow the possibility for living flourishing lives, analyse how patriarchy and violent masculinities wound and create untenable lifeworlds, and make visceral the materialisation of inequality and injustice.

Notes

1. 'Disability in Africa', 15 June 2008, available at https://www.ascleiden. nl/content/webdossiers/disability-africa, accessed 19 December 2018.
2. Most theorisation about what it means to be a human come from the global North. The terms for describing human diversity and categories of impairment emerge from Northern ontologies. The use of these terms, for explanatory purposes here, does not indicate how these modes of life are understood across the continent.

This is part of the problem, as the reliance on theory from the global North has ontological, epistemic and methodological effects.

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