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Empowerment of Persons with Disability: A Case Study of Female Wheelchair Users in Central Freetown

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Abstract: This study examined the "The Empowerment of Persons with Physical Disability: A Case Study of Female Wheelchair Users in Central Freetown", Sierra Leone. Guided by the social model of disability and the capability approach, it pursued four objectives: to describe the socio-economic and demographic profile of these women, to assess their access to livelihood skills opportunities, to identify the factors associated with that access, and to examine the challenges to their empowerment.

A mixed-methods design was used. Quantitative data were gathered through a structured survey of 104 female wheelchair users and analysed in the R statistical environment using descriptive statistics, chi-square tests, Spearman correlations, non-parametric comparisons, and binary logistic regression. Qualitative data were gathered through key informant guide with seven purposively selected key informants and analysed thematically, then triangulated with the survey results.

The findings describe a group of prime working-age women, most of them polio survivors with primary schooling or less, who are almost entirely outside formal employment and survive through trading and begging. Although awareness of opportunities was high, only a little over half had tried to access training, and the leading barriers were admission requirements and fees rather than physical inaccessibility. In the regression, the possession of a livelihood skill was the strongest independent predictor of trying to access training, with an odds ratio of 11.86, while age, education, and family size were not significant.

The study concludes that empowerment for this group, through funded, accessible, and enforced support, into genuine self-reliance. It recommends at policy level, include the position papers of disabled persons' organisations in national planning and in any revision of the Constitution, adopt compulsory free education for persons with disability at every level, promote economic empowerment and psychosocial support, enforcement of the Persons with Disability Act 2011.

Keywords: *Disability; Empowerment; Livelihood Skills; Women With Disability; Social Model Of Disability; Capability Approach; Freetown, Sierra Leone*

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Introduction

Disability is best understood as any physical, mental, or sensory condition that limits a person's ability to carry out everyday activities or to take part fully in society. It is an umbrella idea that covers impairments, activity limitations, and participation restrictions. Impairment is a loss or abnormality in body structure or function, such as loss of sight, loss of a limb, or a cognitive difficulty.

How disability is defined has shifted over time, and the scholarly literature offers several complementary views. Under the social model, disability is experienced when a person cannot participate fully in society because of a mismatch between their body and the environment around them, which makes disability a dynamic process rather than a fixed trait of the individual (Constantino et al., 2022). The World Health Organization takes a functional view, describing disability as any condition of the body or mind that makes it harder for a person to do certain activities and to interact with the world, and stressing that it arises from the interaction between a health condition and personal and environmental factors such as negative attitudes, inaccessible transport, and weak social support (World Health Organization, 2020).

The WHO's International Classification of Functioning, Disability and Health frames disability through three linked components: impairment, which concerns body function or structure; activity limitation, which concerns difficulty in carrying out tasks; and participation restriction, which concerns problems in taking part in life situations. Sociological accounts push the emphasis further towards society itself. Charmaz and Belgrave (2015) contrast the sociological view with medical definitions and argue that disability stems from society's failure to accommodate diverse needs, which then produces disadvantage and discrimination. Boucher (2017) similarly locates disability in the interaction between the person and unaccommodating structures.

Drawing on Sen's capability approach, Mitra (2018) situates disability within human development, linking it to health, wellbeing, and multidimensional poverty, and inviting analysis through the lenses of ageing, gender, health, and poverty. Taken together, these definitions trace a clear movement in disability scholarship, away from a purely individual and medical framing and towards frameworks that foreground social, environmental, and developmental factors.

Physical disability, the focus of this study, refers to difficulties in mobility such as walking, climbing stairs, using the hands, sitting upright, standing, or moving parts of the body (National Commission for Persons with Disability, 2018). In law, the Persons with Disability Act (2011) defines disability as a physical, sensory, mental, or other impairment that has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities. The Act recognises several categories, including persons who are visually impaired, persons who are hearing impaired, polio survivors, people with kyphosis or epilepsy, persons with albinism, amputees and the war-wounded, people with mental disabilities, and wheelchair users.

Globally, persons with disability come from every ethnic, religious, socio-economic, and gender group. They make up roughly 15 per cent of the world's population, or about one in seven people, and around 80 per cent live in low-income countries such as Sierra Leone (World Health Organization & World Bank, 2011; National Commission for Persons with Disability, 2013). When such a large and cross-cutting group is excluded from full participation, national development suffers, and the potential of these citizens goes untapped. Persons with disability continue to be denied their rights and pushed to the margins of society in many parts of the world (National Commission for Persons with Disability, 2013).

In Sierra Leone, persons with disability face many barriers, some open and some hidden, that limit their full and equal participation in society (National Commission for Persons with Disability, 2018). Like other developing countries, Sierra Leone has struggled to address the needs, welfare, and dignity of this group, and a major reason is the shortage of reliable, evidence-based data on the nature and extent of disability. Existing figures from disabled persons' organisations, research bodies, and earlier censuses have not painted a clear or comprehensive picture, which makes planning difficult (National Commission for Persons with Disability, 2018).

The 2015 Population and Housing Census recorded 93,129 persons with disability, a prevalence of about 1.3 per cent, of whom 54 per cent are male and 46 per cent female (Statistics Sierra Leone, 2017). This is lower than the 2.4 per cent recorded in the 2004 census. Several factors may explain the decline, including the large number of amputations that occurred during the civil war shortly before the 2004 count, sustained disability-reduction campaigns, intensified road-safety awareness led by the Sierra Leone Road Safety Authority, and wider coverage of the Expanded Programme on Immunization (Statistics Sierra Leone, 2017).

The regional spread is uneven. About 27.5 per cent of persons with disability live in the Eastern region, 35.3 per cent in the Northern region, and 24.4 per cent in the Southern region, and 12.8 percent in the Western region (Statistics Sierra Leone, 2017). At district level, Kailahun in the East records the highest number at 9,666, followed by Bo in the South with 9,355 and Kenema in the East with 9,155. Bonthe records the lowest at 2,726. In the Western region, the 7,807 persons with disability living in urban areas is almost double the 4,126 in rural areas, while Pujehun in the South and Kambia in the North account for 4,843 and 4,489 respectively (Statistics Sierra Leone, 2017).

Purpose of the Study

Against this background, the purpose of this study is to examine how women and girls with physical disability on wheelchairs in the Central Freetown access and use livelihood skills opportunities, and to identify the challenges that stand in the way of their empowerment. The study focuses on an urban setting because urban areas concentrate both the survival pressures and the training opportunities shape this group's prospects.

Research Questions

i. What are the socio-economic and demographic characteristics of physically challenged women on wheelchairs in the Central Business District?

ii. What livelihood skills opportunities are available to women and girls with physical disability on wheelchairs?

iii. What factors are associated with the utilization of livelihood skills by women and girls with physical disability on wheelchairs?

iv. What challenges do women and girls with physical disability on wheelchairs face in their empowerment?

Significance and Justification of the Study

When a large, cross-cutting section of the population is excluded from the socio-economic process, national development cannot deepen, and these citizens are denied a voice in how they are governed. Their potential remains untapped, and persons with disability continue to be denied their rights and confined to the margins of society. In Sierra Leone, this group faces numerous barriers, both visible and hidden, that block their equal participation.

Part of the difficulty is informational. Only a few organisations gather data on the situation of persons with disability nationwide, and many in this community feel that while individual bodies, mostly foreign civil-society organisations, take an interest in their welfare, the government does not. The response to disability is often piecemeal, with different organisations running projects that sometimes duplicate one another (National Commission for Persons with Disability, 2018).

Women with disability face the same problems as men, but in sharper form. They have less access to education and hold a lower economic status than their male counterparts. Men are often reluctant to be seen publicly with a woman who has a disability, and women in this situation frequently become pregnant and are then abandoned by their partners (National Electoral Commission of Sierra Leone, 2017). Their vulnerability is compounded by social isolation, dependence on caregivers, and the structural effects of poverty and social devaluation, which also make it hard for them to obtain help when they experience violence (Lightfoot & Williams, 2009; Thiara et al., 2011).

For these reasons, the study is justified on several grounds:

- It adds to the existing body of knowledge on how women and girls with physical disability on wheelchairs access and use livelihood skills.

- It supports recommendations to improve access to inclusive education and to strengthen implementation of the Persons with Disability Act (2011), which obliges the state to provide tertiary education to students with disability.
- It informs the case for favourable employment policies, including employment-equity measures across the public and private sectors.
- It supports the establishment of mentorship and career-guidance units within the National Commission for Persons with Disability to help this group compete for employment.
- It addresses a gap in the literature by focusing on the empowerment of women with disability in an urban setting rather than the more commonly studied rural areas.
- It offers practical insight for the National Commission for Persons with Disability, the Sierra Leone Union on Disability Issues, civil-society organisations, and policymakers pursuing inclusive and accountable socio-economic development.
- It contributes to wider efforts to reduce discrimination and promote inclusion by widening learning opportunities for persons with disabilities, and it provides a useful academic reference for students, researchers, and stakeholders in development studies, governance, and social work.

Literature Review

In practice, several barriers stand between women with physical disability and the training they seek. The first is prior schooling. Admission to many programmes assumes a level of education that most women in this group never reached, so that entry requirements quietly exclude those with only primary schooling or none (Statistics Sierra Leone, 2017). The second is cost. Fees, transport, and materials place training out of reach for women who survive on petty trading or begging, and the free provision promised in law often fails to reach them. The third is information. Where awareness of programmes is thin and outreach is weak, opportunities pass women by even when they exist (World Health Organization & World Bank, 2011). Physical inaccessibility, such as the absence of ramps, is real but tends to be less decisive than these institutional and financial barriers. The wider point, well captured by the capability approach, is that the gap between what the law promises and what women can actually reach is itself the barrier to be explained (Gupta et al., 2022). The literature therefore leads the study to expect that the main obstacles will be admission rules and cost rather than the built environment, and that much of the training actually reached will be provided or funded by non-governmental and faith-based organisations rather than by the state (National Commission for Persons with Disability, 2018; United Nations Development Programme Sierra Leone, 2025).

According to the NCPD Strategic Plan 2022—2027: The Sustainable Development Goals (SDG) referenced in various parts, specifically in parts related to education, growth and employment, inequality, accessibility of human settlements, as well as data collection and monitoring of the SDGs, for instance, Goal 4 on inclusive and equitable quality education and promotion of life-long learning opportunities for all focuses on eliminating gender disparities in education and ensuring equal access to all, including persons with disabilities; Goal 8 that seeks to promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all, including for persons with disabilities; Goal 10, which strives to reduce inequality by empowering and promoting the social, economic and political inclusion of all, including persons with disabilities; Goal 11 would work to make cities and human settlements inclusive, safe and sustainable which calls on Member States to provide access to safe, affordable, accessible and sustainable transport systems for all, improving road safety, notably by expanding public transport, with special attention to the needs of those in vulnerable situations, such as persons with disabilities; Goal 17 stresses partnership for sustainable development. Under the Midterm National Development Plan (MTNDP) of 2019 of the Government of Sierra Leone, Policy Cluster 5 on Empowering women, children, adolescents, and persons with disability states that government will Pursue special policies under this cluster that recognizes the issue of gender and the role of vulnerable groups in guaranteeing inclusiveness and empowerment. (Sierra Leone's Medium-Term National Development Plan 2019-2023, 2019) This cluster further recognized the "Low investment in the talents and capabilities of persons with disability" which can lead to an inability to unleash the potential of the economy for inclusive development with a clear focus on increasing investment in persons with disabilities. (Sierra Leone's Medium-Term National Development Plan 2019 2023, 2019) This strategy is therefore developed with the background of the government's commitments as expressed in the MTNDP and the global focus on improving the lives of persons with disabilities

Access to Livelihood and Vocational Skills Training and its Barriers

If livelihood skills are the resource most within reach for this group, then access to skills training is the gateway that matters most. Technical and vocational training offers a practical route to earning for people who have been shut out of formal education and formal jobs, and recent African evidence shows that well-designed skills programmes can expand the social capital and economic opportunities of persons with disability (Ebrahim et al., 2022). In principle, Sierra Leone has committed to opening this gateway. The Persons with Disability Act (2011) provides for free education, including at the tertiary and vocational level, and the National Commission for Persons with Disability(NCPD) is charged with promoting equal opportunity in training and employment (National Commission for Persons with Disability, 2018).

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Factors Associated with Access to Livelihood Skills Opportunities

The clearest driver in the literature is human capital, meaning the education and skills a person already holds. Skills development has been shown to widen the social networks and economic opportunities of persons with disability, so that those who already hold a skill are better placed to seek further training and to convert it into work (Ebrahim et al., 2022). Possessing a marketable skill is itself a resource that draws a woman towards further training, because it gives her both the confidence and the foundation to pursue it. In the terms of the capability approach, these resources widen the choices available and make agency more likely (Mäki-Opas et al., 2022).

Information is the second factor. A woman cannot pursue an opportunity she does not know about, and the literature repeatedly identifies weak information and outreach as a reason why services fail to reach persons with disability (World Health Organization & World Bank, 2011). Awareness of available programmes is therefore expected to be associated with the attempt to reach them. Economic position is closely tied to this. What matters is not only whether resources can be reached but on what terms, and a woman whose income comes from a steadier source such as trading may be better able to meet the costs of training than one who depends on begging (Hanass-Hancock et al., 2024). Income source is treated here as a factor in its own right.

Demographic characteristics such as age, marital status, and number of children are often assumed to shape access, but the evidence is mixed, and recent work suggests that systemic barriers and opportunity matter more than the personal profile of the individual (Suarez-Balcazar et al., 2023). This study tests that expectation directly, by setting the demographic factors alongside skills, awareness, and income to see which are actually associated with reaching training. In doing so it addresses the third.

Study Area

Location

Freetown lies in the Western Area of Sierra Leone, on a hilly peninsula overlooking the Atlantic Ocean. The city is situated at approximately 8°29′ north latitude and 13°14′ west longitude, at the northern tip of the Freetown Peninsula. It is bounded to the north and west by the Atlantic Ocean and the estuary of the Sierra Leone River, to the south by the forested hills of the Western Area Peninsula, and to the east by the Western Area Rural District (Statistics Sierra Leone, 2017).

The four survival and trading locations that made up the study area within the Central Freetown , namely ECOWAS Street, Pademba Road, the Bus Station area, and Wilberforce Street.

Population and people

According to the 2015 Population and Housing Census, the Western Area Urban District, which comprises the municipality of Freetown, had a population of 1,055,964,

Population and Sample

The population for this study comprises registered and unregistered women and girls with physical disability on wheelchairs in the Central Business District of Freetown.. The 2015 census recorded 93,129 persons with disability of whom 4,000 (8%) are polio survivors who use wheelchairs (Statistics Sierra Leone, 2017; Statistics Sierra Leone & ICF, 2019). Women and girls with disability and who uses wheel chair is a subset of the population of physically disable people in the Central Freetown. The sample for this study was drawn from this population of physically disabled women and girls in the Central Freetown.

Key organisations were also treated as part of the broader study population for the qualitative interviews, including the National Commission for Persons with Disability, the Ministry of Social Welfare, the Sierra Leone Union on Disability Issues, and relevant technical and vocational institutions, non-governmental organisations, and community- based organisations.

Sample Frame

The sample frame consisted of women and girls with physical disability on wheelchairs found across four survival and trading locations within the Central Business District: ECOWAS Street, Pademba Road, the Bus Station area along Light Foot Boston Street, and Wilberforce Street. Because no complete

official register of female wheelchair users exists for these locations, the frame was developed in the field by area listing, in cooperation with local disability group leaders, who helped identify eligible women present in each location during the data-collection period. Across the four locations, the area-listing exercise purposively identified~~y~~ 136 eligible female wheelchair users, who together constituted the sample frame for the study. This location-based frame captured both registered and unregistered members of the group and formed the basis from which the survey sample was drawn.

Sample Size and Sampling Techniques

Studying every woman and girl with physical disability on wheelchairs in the Central Freetown was not feasible, so a defined sample was drawn from the sample frame of 136 females that were area listed. The accessible population identified through area listing was relatively small, the study includes all eligible and consenting women rather than to draw a probability subsample from a larger frame.

Table 1 Sample frame and sample size by location

Location	Women identified (sample frame)	Women sampled (sample size)
ECOWAS Street	46	30
Pademba Road	22	20
Bus Station area	40	28
Wilberforce Street	28	26
Total	**136**	**104**

As Table 1 shows, the accessible population identified across the four locations formed the sample frame, and the 104 women who took part constitute the achieved sample size.

In practice of the 136 females on wheel chair that were area listed, a total of 104 eligible respondents agreed for the administration of the questionnaires, and these formed the analytic sample for the quantitative component. The figure of 104 is therefore the number of eligible and consenting women reached during the data-collection period, and it is the basis on which all quantitative results rest.

The purposively and snowball sampling technique were adopted for the quantitative survey.

Purposively only females (women and girls) on wheel chair and that are found in the study area were qualified to be selected for this study. They were identified by using a Snowball sampling technique, which is a non-probability, chain-referral method that is well suited to hidden and hard-to-reach populations for whom no complete sampling frame exists (Gierczyk et al., 2023; Saunders et al., 2023). Female wheelchair users in the Central Business District form exactly such a population: they are relatively few, they tend to know one another through shared survival and trading spaces and through their disability organisations, and they are not captured on any single official list. The procedure began with a small number of initial participants, or seeds, identified with the help of local disability group leaders. Each participant was then asked to refer other eligible women known to her, and these referrals formed successive waves that continued until the accessible population across the four locations were being identified. This chain-referral process made it possible to locate women who would have been missed by a simple location count, and it drew on existing bonds of trust, which was important for participation in a study touching on sensitive economic and social issues.

For the qualitative component, a purposive sampling technique was used. Key informants were chosen deliberately for their knowledge of, or role in, disability issues, and were drawn from disabled persons' organisations, relevant government bodies, technical and vocational institutions, and women with lived experience of disability. This purposive selection yielded rich, contextual insight that a survey alone could not provide. Combining an available-population survey for the quantitative data with purposive sampling for the qualitative data kept the study aligned with the mixed-methods design set out in Section 3.1 and focused it squarely on the research questions and objectives.

Table 2: Key Informants interviewed and category

Informant	Number
Disabled Persons' Organisation (DPO) representative	2
Caregiver	1
Educator	2
Self-advocate with lived experience	1
Government official	1
TOTAL	**7**

Two informants represented disabled persons' organisations, two were educators, one was a caregiver, one was a self-advocate with lived experience, and one was a government official. This mix lets the account move between how services are meant to work, how they are experienced on the ground, and what it feels like to live the situation the study describes.

In total, seven key informants were identified and interviewed. They comprised two officers of a disabled persons' organisation, namely the President and the Secretary of the Sierra Leone Union on Disability Issues; one senior government official, the focal person of the National Commission for Persons with Disability; two educators drawn from technical and vocational institutions; one caregiver; and one self-advocate with lived experience of disability. Together they provided complementary service-provider, educational, and lived-experience perspectives on the situation of women and girls with physical disability. Because the qualitative sample is small and purposive, the interview data were analysed thematically rather than statistically, with findings reported as the number of informants endorsing each item alongside the themes running through their narratives, as set out in Section 3.10.8 and presented in Section 4.6.

Research Instruments

Two main instruments were used. The first was a structured questionnaire made up mainly of closed-ended items, designed to capture quantitative data from the respondents. The questionnaire was organised into four sections. Section A captured demographic and socio-economic characteristics, including age, marital status, religion, place of residence, education, employment status, main source of income, and cause of disability. Section B captured awareness of, and knowledge about, livelihood skills opportunities, including whether respondents held a skill, were aware of available opportunities, and had tried to access training. Section C captured the barriers to access and the skills sought, together with the provider and the source of funding where training had been attempted. Section D captured the challenges to empowerment, including anticipated stigma, discrimination, and dependence, as well as respondents' views on how they could best be reached and supported. The second instrument was a semi-structured interview guide, designed to elicit the perspectives of key informants and to allow probing and clarification during the qualitative interviews. Both instruments were developed to reflect the study's objectives and were refined following expert review and pilot testing, as described in Section 3.9.

Qualitative Findings from the Key Informant Interviews

The findings reported so far come from the survey of 104 women. This section presents the qualitative strand of the study, drawn from the key informant interviews, and reads it against the literature in Chapter Two and the survey results above. Seven key informants were interviewed with a structured guide that combined multiple-response checklists with open-ended questions. Because the sample is small and purposive, the analysis is thematic rather than statistical: findings are reported as the number of informants who endorsed each item, together with the themes that ran through their narratives, and no inferential tests are applied at this sample size. The informants gave complementary service-provider, educational, and lived-experience perspectives, and their words are quoted in italics and attributed by role.

Triangulation and Integration of the Data

A central strength of the mixed-methods design is that it allows triangulation, the practice of examining a question from more than one angle so that the findings rest on several independent sources rather than on any single one (Saunders et al., 2023). This study triangulated in three ways. It combined methods, setting the quantitative survey alongside the qualitative interviews. It combined sources, drawing on female wheelchair users themselves, on the key informants who work with and around them, and on secondary documents and reports. And it combined kinds of evidence, weighing numerical patterns against lived accounts. Where these different strands agreed, as they largely did across the four objectives, the conclusions could be held with greater confidence. This deliberate integration of the quantitative and qualitative evidence, rather than their separate presentation, is what gives the study its mixed-methods character and strengthens the validity of its conclusions (Braun & Clarke, 2021; Saunders et al., 2023).

Analysis of Data

Because the study used a mixed-methods design, both quantitative and qualitative techniques were applied so that the numerical patterns and the lived experiences behind them could be read together. The quantitative data are the focus of this section, and all quantitative analysis was carried out in the R statistical environment (R Core Team). R was chosen because it is free, fully scriptable, and reproducible, which means the entire analysis can be re-run and checked by others. To keep the results reproducible, a fixed random seed was set at the start of the analysis. The main tasks of data handling, testing, modelling, and charting were done with the tidyverse, janitor, DescTools, car, broom, Resource Selection, rcompanion, and ggplot2 packages, and the tables and figures reported in Chapter Four were generated directly from the cleaned dataset.

Bivariate association tests

Relationships between two categorical variables, for example education and whether a respondent had tried to access training, were tested with the Pearson chi-square test of independence. Where more than one-fifth of the expected cell counts fell below five in a two-by-two table, Fisher's exact test was used instead, since the chi-square approximation is unreliable with sparse cells. The strength of each association was reported using Cramér's V, which ranges from 0 (no association) to 1 (perfect association), so that statistical significance and practical strength could be judged side by side. A result was treated as significant at a probability value below 0.05.

Correlation analysis

Because the ordered variables were not normally distributed and included ranked categories, Spearman's rank-order correlation was used to measure the strength and direction of the relationships among age, education, number of children, and household size. Spearman's coefficient was preferred over Pearson's because it captures monotonic trends without assuming a straight-line relationship or normal data.

Comparison of group means

Before comparing the number of children across groups, the Shapiro-Wilk test was used to check whether the variable was normally distributed. As the distribution departed from normality, non-parametric tests were used in place of the t-test and one-way

ANOVA that were originally planned. The Mann-Whitney U test compared the number of children between women who had and had not tried to access training, and the Kruskal-Wallis test compared it across education levels. This choice keeps the analysis valid for data that do not meet the assumptions of parametric tests.

Multivariable logistic regression

To examine which factors were independently associated with access, a binary logistic regression model was fitted. The outcome was whether a respondent had tried to access livelihood skills training (yes or no), and the predictors were education level, age band, whether the respondent had knowledge of a livelihood skill, whether she was aware of opportunities, and her number of children. Results are reported as adjusted odds ratios with 95 per cent confidence intervals, where an odds ratio above one indicates higher odds of trying to access training and a value below one indicates lower odds. The model was assessed for overall significance against the null model, for explained variation using the Cox-Snell and Nagelkerke pseudo R-squared statistics, for calibration using the Hosmer-Lemeshow goodness-of-fit test (where a probability value above 0.05 indicates adequate fit), and for classification accuracy. Multicollinearity among predictors was checked using the variance inflation factor.

Results and Discussions

Awareness of and knowledge about livelihood opportunities (N = 104)

Table 4: Awareness of and knowledge about livelihood opportunities (N = 104)

Indicator	Response	n	%
Has knowledge in a livelihood skill	Yes	82	78.8
	No	22	21.2
Aware of livelihood opportunities for PWD	Yes	88	84.6
	No	16	15.4
Has tried to access training	Yes	59	56.7
	No	**45**	**43.3**

The respondents were far from uninformed. Most already had knowledge of a livelihood skill (78.8%) and were aware that opportunities existed for persons with disability (84.6%)

Only 56.7% had actually tried to access training, leaving a gap of nearly thirty percentage points between awareness and action. This gap is the heart of the access problem. It shows that the obstacle is not ignorance but something that sits between knowing about opportunities and being able to take them up. The social model reads this directly: when informed, motivated women do not convert awareness into participation, the explanation is most likely to be found in external barriers rather than in any deficit on their part.

Limitations to access and livelihood skills sought (N = 104)

Table 5: Limitations to access and livelihood skills sought (N = 104)

Item	Category	n	%
Main limitation to access	Admission requirements	52	50.5
	Academic fees	37	35.9
	No ramps at institutions	8	7.8
	Lack of sponsorship	3	2.9
	Accommodation	3	2.9
Livelihood skill sought	Other (trading/business)	52	50.0
	Tailoring	29	27.9
	Hairdressing	20	19.2
	Catering	3	2.9

The two leading limitations, stated by respondents were admission requirements (50.5%) and academic fees (35.9%), which together were named by more than eight in ten respondents. Physical inaccessibility, such as the absence of ramps, was named by only 7.8%. This is an important corrective to the common assumption that the main obstacle for wheelchair users is the built environment. Here the decisive barriers are institutional and financial: entry rules that assume a level of prior schooling that most respondents never received, as the narrative pointed out, and fees that women surviving on trading and begging cannot meet. This fits the statement of the problem, which noted that the technical and vocational institutes meant to serve this group are

themselves under strain and short of the funds needed to become disability-friendly. In the language of the capability approach, the women hold the internal capability, since most already have a skill, but the external conditions needed to convert it into training and income are missing.

Training provider

Table 6: Training provider and who paid, among those who tried to access training

Item	Theme	N	%
Training provider	NGO	20	33.9
	Other/None	13	22.0
	Government	11	18.6
	Church mission	10	16.9
	Institution	4	6.8
	Private institution	1	1.7
Total		59	100
Who paid for training	NGO	22	31.9
	Self	21	30.4
	None	16	23.2
	Church mission	8	11.6
	No one	2	2.9
Total		59	100

Non-governmental Organisations were the single most common provider (33.9%) and the most common payer (31.9%), while church missions added a further 16.9% of provision and 11.6% of funding. Government provided training for only 18.6% of this sub-group and, as a payer, barely featured. Just as striking, three in ten women paid for their own training (30.4%) despite the poverty documented earlier. This pattern strongly supports the literature's observation that much of the support for persons with disability comes from foreign civil-society organisations rather than from the state, even though the primary responsibility rests with government (National Commission for Persons with Disability, 2018), and it reinforces the sense that the free-training and scholarship provisions of the Persons with Disability Act (2011) are not reaching this group in practice. Recent development efforts, such as the UNDP-supported initiative to equip persons with disability with marketable skills and access to finance, point to the more coordinated approach this gap calls for (United Nations Development Programme Sierra Leone, 2025).

Chi-square test of association between education level and attempt to access training

Table 7: Association between education level and attempt to access training

Association	Test	χ^2	df	p-value	Sig.	Cramér's V	Decision
Education × Tried to access	Chi-square (Fisher note)	2.24	3	0.5249	Ns	0.147	Fail to reject H0

*Note: *** p<0.001, ** p<0.01, * p<0.05, ns = not significant at p=0.05.*

The findings in Table 7 reveals that education level (χ^2 = 2.24, df = 3, p = 0.525) was not significantly associated with whether a respondent had tried to access training, and its effect was small. Neither education level (χ^2 = 2.24, df = 3, p = 0.525) nor age cohort (χ^2 = 0.61, df = 3, p = 0.894) was significantly associated with whether a respondent had tried to access training, and both effect sizes were small. This is a useful finding in its own right, because it rules out the easy explanation that only the younger or better-educated women make the attempt.

Chi-square test of association between education level and attempt to access training

Table 8: Association between age cohort and attempt to access training

Association	Test	χ^2	df	p-value	Sig.	Cramér's V	Decision
Age band × Tried to access	Chi-square (Fisher note)	0.61	3	0.8943	Ns	0.077	Fail to reject H0

*Note: *** p<0.001, ** p<0.01, * p<0.05, ns = not significant at p=0.05.*

Neither education level ($\chi^2 = 2.24$, df = 3, p = 0.525) nor age cohort ($\chi^2 = 0.61$, df = 3, p = 0.894) was significantly associated with whether a respondent had tried to access training. In other words, trying to access training did not depend on how old a woman was or how far she had gone in school. This is a useful finding in its own right, because it rules out the easy explanation that only the younger or better-educated women make the attempt.

Opportunities that are available to the physically challenged women

Table 9 presents the opportunities that are available to the physically challenged women in the study area

Table 9: Education and livelihood opportunities reported as available (multiple responses, N = 7)

Opportunity	Informants	%
Vocational training	6	86
Adult literacy	5	71
ICT / digital skills	5	71
Formal schooling	3	43
Inclusive schooling	3	43
Scholarships	3	43
None available	2	29

Opportunities exist in name but access is limited

> *"Access to those opportunities is limited."* — Government official

> *"Getting a formal education is a problem because of poverty; empowerment comes by chance and luck."* — Educator

These statements put words to one of the clearest results in the survey, namely the gap between the 84.6 per cent of respondents who were aware of opportunities and the 56.7 per cent who had actually tried to reach them. The informants explain what sits inside that gap: opportunities that exist formally but are throttled by poverty, so that success depends on chance rather than on a reliable path; it fits the capability reading tihat the decisive problem is the distance between what policy promises and what women can actually reach (Gupta et al., 2022; Ebrahim et al., 2022).

Scholarships and higher education are hard to secure

> *"Gaining a scholarship for higher education is difficult; there is low-income opportunity. Empowerment is improving, but being accepted in various offices is a problem."* — Caregiver

Perceived accessibility of core services was rated mostly slightly accessible or not accessible, with transport singled out as especially poor. This corroborates the survey finding that admission requirements and fees, rather than physical barriers such as ramps, were the leading obstacles to training, and that the free education promised in the Persons with Disability Act (2011) was not reaching this group in practice (Gupta et al., 2022). The caregiver's cautious note that empowerment is improving is worth keeping, since it signals that the situation is not static and that well-targeted support could accelerate a change already beginning.

Summary of the Study and Key Findings

On access to livelihood skills opportunities, awareness was high but action lagged behind it. While most respondents knew that opportunities existed, only a little over half had tried to reach them, and the leading barriers were admission requirements and academic fees rather than the absence of ramps. Where training had been reached, it was funded and provided mainly by non-governmental and faith-based organisations, with government playing little part.

On the factors associated with access, the possession of a livelihood skill was by far the strongest predictor of trying to access training, with an odds ratio of 11.86, while awareness pointed the same way. Age, education, and family size were not significant once these were taken into account, which directed attention to what women know and how they earn rather than to their demographic profile.

Conclusions

Second, the barrier to livelihood skills is not primarily physical but institutional and financial. Admission rules that assume a level of schooling most women never reached, together with fees they cannot meet, do more to shut them out than any absence of ramps. The free education and equal opportunity promised in the Persons with Disability Act 2011 are not reaching this group in practice, which points to a gap between policy on paper and support on the ground.

Third, the single most powerful lever towards empowerment is the possession of a marketable skill. Because a skill predicts the attempt to access training far more strongly than any demographic characteristic, the clearest route forward is to help women acquire skills and then convert them into income through funded, accessible, and enforced support.

Taken together, the study concludes that empowerment for this group depends less on who the women are than on whether the

skills they already hold can be converted, through funded, accessible, and enforced support, into real self-reliance. This provides qualified support for the study's alternative hypothesis: access to and use of livelihood skills is significantly related to what women know and how they earn, and much less to their demographic characteristics. In the terms of the two theoretical lenses, the social model locates the problem in institutions, costs, and attitudes that can be changed, and the capability approach shows that the women hold the skills but lack the conditions needed to convert them into the freedom to earn and to choose.

Recommendations

The following recommendations flow from the study's findings and from the priorities that the respondents and key informants themselves identified. They are grouped by level and sector, and they are intended to inform policy and practice rather than to prescribe a single blueprint.

Policy Level

i. Include the position papers of disabled persons' organisations in national planning and in any revision of the Constitution, so that the people most affected help shape the policies that concern them.

ii. Review the Persons with Disability Act 2011 to close its gaps, including its omission of free secondary education, and develop a national disability policy to guide the Act's implementation.

iii. Establish a disability desk in every ministry, department, and agency, each guided by a clear strategic direction.

iv. Establish and adequately fund a national development fund for persons with disability.

v. Use the Sustainable Development Goals framework and the annual International Day of Persons with Disability, marked on 3 December, to raise awareness of the right of persons with disability to participate fully in the economy and in decision-making.

Education and Livelihood Skills Training

i. Adopt compulsory free education for persons with disability at every level, including primary, secondary, tertiary, and technical and vocational training.

ii. Provide specialised teaching and learning materials and support the training of special-needs teachers.

iii. Enforce the provision of accessible, adaptable infrastructure in all learning and training institutions, giving effect to Part V of the Persons with Disability Act 2011.

iv. Deliver livelihood skills training through the disabled persons' organisations that the community already trusts, funded by government scholarships, so that the skills most women already hold can be reached and used.

Economic Empowerment and Protection

i. Provide accessible microfinance and start-up capital, so that a skill can be converted into a working livelihood rather than remaining unused.

ii. Enforce anti-discrimination provisions in employment, ensure that workplaces are physically accessible, and guarantee equal pay for equal work.

iii. Involve women and girls with disability directly in the design, implementation, and monitoring of the programmes intended to serve them.

Suggestions for Further Research

The limitations above point to several directions for future work. First, extending the study to peri-urban areas, smaller towns, and other districts would test how far the findings hold beyond the Central Business District of Freetown. Second, a longitudinal study that follows women after training would show whether reaching a skill translates into sustained income and lasting independence, which a single survey cannot capture. Third, a comparative study, whether with male wheelchair users or with women who have other types of disability, would clarify which barriers are specific to this group and which are shared. Fourth, a dedicated study of gender-based violence and access to justice for women with disability would give the depth that this theme deserves, since the present study reached it mainly through the interviews. Finally, an evaluation of specific livelihood and microfinance programmes would help identify what actually works to turn skills into self-reliance for this group.

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