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Reflecting on Research in the Context of the Pandemic

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Abstract

Engaging in collaborative research projects with Indigenous scholars and communities requires non-Indigenous researchers to respect and honour the unique experiences and perspectives of Indigenous voices. As a non-Indigenous and settler person and ally, I have welcomed opportunities to collaborate in research projects with Indigenous scholars, Elders, and community members. Being positioned in what were once especially unfamiliar environments has challenged my understanding of what it means to engage in re-search across fundamental differences and perspectives between Indigenous and non-Indigenous epistemologies. The Covid-19 pandemic, however, brought significant and unique changes to the research process. It is important, thus, to reflect upon and learn from the research experience during pandemic times. This paper discusses my impressions of how the research engagement with participants was challenged by the global pandemic, and how virtual Research Conversations with Indigenous community members also presented noteworthy possibilities.

Keywords: *Research process; pandemic restrictions.*

1. Introduction

Western-based Eurocentric research paradigms that are often empirical in nature do not necessarily account for the socio-historical implications of Indigenous peoples' experiences and circumstances (Penehira et al., 2014; Todd, 2016). Engaging in collaborative research projects with Indigenous scholars and communities requires non-Indigenous researchers to respect and honour the unique experiences and perspectives of Indigenous voices. For non-Indigenous researchers, this is particularly significant when research is conducted in non-traditional Western-based spaces. In these contexts, Indigenous ways of knowing, traditions, and values not only challenge the more objective Eurocentric research methods, but in fact are privileged in research partnerships that recognize decolonial theory and research practices that focus on Indigenous ways of knowing and being (Archibald, et al., 2019; Smith, 2021).

Positioning the Researcher in the Research

As a non-Indigenous and settler person and ally, I have welcomed opportunities to collaborate in research projects with Indigenous scholars, Elders, and community members for over 15 years. Being positioned in what were once especially unfamiliar environments has challenged my understanding of what it means to engage in re-search across fundamental differences and perspectives between Indigenous and non-Indigenous epistemologies. The

opportunities have brought to light how research paradigms influence the co-construction of knowledge (Cherubini, 2020; 2021). I have been welcomed by Indigenous community partners across Turtle Island and continue to learn about the nature of collaborative research practices that are sometimes unique to each community's methodologies, and how one must remain sensitive and responsive to Indigenous peoples' understanding of traditional knowledge (see, for example, Ostashewski et al., 2020). I appreciate the opportunities to collaborate with Indigenous communities and have come to understand the importance of consultation and relationship with various stakeholders involved in the project. Elders and knowledge keepers provide the necessary direction for the research aims and are also instrumental in guiding the direction of the analysis in a culturally appropriate manner. Moreover, they represent the link between researchers and community and establish the context of the relational activities throughout the research process.

Hence, I have a better sense of the significant relationships in collaborative research projects between Indigenous and non-Indigenous peoples. As a result, engaging in respectful relations with Indigenous communities has meant being in active dialogue with them to ensure that the research remains centered upon their voices and experiences. I feel fortunate to have had opportunities to share meals, take walks, and participate in smudging, ceremonies, and social events to strengthen our relationship first, as people and second, as colleagues and collaborators. I give a brief introduction about your research and explain its significance. Then clearly state the objectives of the study or the research question you aim to address. Provide an adequate background, avoiding a detailed literature survey or a summary of the results.

2. Context and Discussion

The research process itself reflects this same spirit of cooperation and mutual respect during circles and shared stories of common and individual experiences (Cherubini & Hodson, 2012). Using a Medicine Wheel structure with a focus on Action, Vision, Knowledge, and Relation, Elders and cultural advisors have guided the conversations. These are spaces that honour both silence and emotion, as they do tears and laughter. We immerse ourselves in the ceremony of the circle. We take the time, before and after each session, to get to know one another. The same context of respectful relations extends to the data analysis itself, where Indigenous and non-Indigenous researchers and community members revisit and reflect upon the words of the research participants that were shared in circle. The transcripts are re-read aloud and the space around the table invites all members to comment informally on the emerging themes and central ideas embedded in participants' words. Particularly memorable are those projects where Elders were involved in the data analysis. Their ability to contextualize our insights in the broader understanding of culture and tradition lends itself to profound learning experiences that often challenged our assumptions as non-Indigenous peoples. They were experiences of re-search based on relationship.

Implications of Conducting Research in a Pandemic

The Covid-19 pandemic brought significant change to the research process. It is important, now that the majority of the social restrictions have been lifted, to reflect upon past experiences. This paper further discusses my impressions of how the research engagement with participants was impacted by the global pandemic. The restrictions based on provincial public health protocols in Ontario (Canada) during Covid-19 – including social distancing measures that prohibited and/or limited social gatherings – posed significant implications on conducting respectful research with Indigenous peoples and communities. The face-to-face circles so integral to the Indigenous methodology in which I have participated was replaced with virtual synchronous meetings on electronic platforms. Where once we engaged in developing relationships at community gatherings, the pandemic restrictions forced a reliance upon electronic communication and telephone conversations. While the sense of respect and mutual support was not compromised, it was a challenge to establish the same degree of relationship with community and Elders (see, for example, Barney, 2014; Higgins, 2012). As a non-Indigenous researcher, I wanted to be respectful of community and maintain respectful relations (see, for example, Brocklesby & Beall, 2017).

We, therefore, employed the same Research Conversations (RC) used in our collaborative research projects with Indigenous communities during the pandemic (Kanu, 2011). Research participants from Indigenous communities were invited to participate in virtual synchronous gatherings using on-line platforms. It should be noted that for some Indigenous participants on-line platforms presented significant barriers to engage in research projects. Various individuals did not have internet connectivity in their homes and/or the personal devices necessary for the electronic RCs. Familial obligations at home and work commitments during the times the RCs were scheduled prevented some community members from joining the conversations. For those that were able to participate in the virtual RCs, I noted how the process was clearly a challenge to their understanding of Indigenous methodology. As a researcher, I worried about connectivity issues that could interrupt the virtual RCs, as I did the possibility of participants having to tend to other priorities at home.

While I attempted to maintain the focus of the project on the perceptions and experiences of the Indigenous participants themselves, the conceptual and physical location of the conversations often suffered from our inability to meet in-person (Evans et al., 2009). Despite the best attempts to establish an informal and relational space in the virtual RC, I reflect upon the fact that the location of participants' gaze, as Freire (1970) describes, was not situated in a context most conducive to sharing. In pre-Covid-19 Research Conversations, participants' stories were shared in physical, emotional, and social spaces that nurtured reflection (Asch et al., 2018; Cochran et al., 2008; Somerville, 2014). Participants readily shared personal experiences in RCs that contributed to common understandings, mutual interests, and a collegial culture of understanding (Evans et al., 2009). In the virtual RCs, I noted that the emotion and spirit of the community was

simply not the same. Participants often observed anecdotally about the significance of traditional face-to-face interactions when conducting Indigenous research methodologies. In a virtual setting, however, the research teams also worried about the lack of physical support for participants' emotions.

The potential disconnects between participants and researchers extended to the actual protocols of the virtual RCs. Researchers had to negotiate the silence between speakers in a manner that did not interrupt an individual's story or impose pressure for them to continue speaking. It was important to provide time for each participant to reflect upon their words and not pose a probing question to alter their sense of direction. All of this made it more difficult to assess participants' attention during the RCs – a near impossible task when some participants chose not to turn on their cameras during the virtual meetings. During in-person RCs, there is far greater evidence of participants' sense of engagement. As a non-Indigenous researcher, I noted the stark contrast between in-person and virtual RCs in terms of gauging participants' interactions – a component of Indigenous research so vitally important to its design and implementation. Moreover, as a non-Indigenous researcher, it was increasingly difficult to understand and be responsive to the physical signs of participants' reactions to what they spoke about or what they heard. I had to account for the potential for feelings of uncertainty to emerge in terms of participants' comfort levels since we were not physically present at the RCs. This was to understand, in both the preparation and engagement of the virtual RCs, that the conceptual space among participants was potentially very fragile. In virtual RC environments, the physical distance between and among participants often stifles the proper facilitation of respectful spaces for participants to share their experiences. One cannot help but wonder how different participants' perceptions and discourses could have been in face-to-face RCs where they could physically and visibly engage in dialogue while supporting each other's shared experiences.

However, this is not to suggest that the virtual RCs with Indigenous community members did not present some possibilities. For those participants that would normally not have the necessary transportation to travel to in-person data gathering sessions, the virtual model allows them to participate in the research from their own homes. Similarly, for those participants that are caretakers of loved ones and cannot arrange coverage to attend on-site RCs, the virtual format allows them to remain at home. From a research perspective, as well, one has almost immediate access to a draft of the transcript because the virtual sessions can be recorded by the researcher. This enables transcriptionists to have both a video recording and transcription draft of the proceedings to better ensure a more accurate version of the RCs. Last, and equally important, virtual platforms may actually provide a greater sense of privacy for some participants. For those that may be reluctant to speak publicly at physical gatherings, or simply prefer to express themselves only in audio, the virtual platform may be more welcome.

3. Conclusion

The implications of the global pandemic adversely effected research protocols. Indigenous research methodologies were no exception. As a settler-person, I have been privy to the powerful outcomes of collaborating with Indigenous communities in good relations (Trudeau & Cherubini, 2010). I have a better understanding of how issues related to time, place, and respectful relations are central considerations to Indigenous methodologies (broadly speaking). Research must be conducted at a time when all participants are prepared to engage in the work from a position of understanding and openness (Darnel, 2018; Ray, 2012). Relatedly, it is important to account for the place in which the research is conducted and to understand the respective and related protocols. Thus, both time and place must be situated in respectful relations with the Indigenous community to honour Indigenous ways of knowing.

Yet, the social and health restrictions of the global pandemic forced an approach to re-search from different perspectives. It was difficult to measure the time to prepare properly to engage in the re-search. In certain instances, it felt less certain that we were in an ideal space. In terms of place, the physical spaces of community were replaced with electronic communications, telephone calls, and virtual meetings. There was not necessarily that feeling of being rooted in the place that the community values. In a similar light, while we aimed in all cases for respectful relations, we missed dearly opportunities to be with community. We did not have those informal moments of personal encounter to get to know one another outside the research environment.

Nonetheless, while the conditions were different given the altered versions of time, place, and respectful relations, research projects proceeded. Communities remained willing to engage in collaboration and to share their stories of success, challenge, and resilience. I felt privileged to be a member of bi-epistemic teams and partnerships and to walk alongside one another – albeit virtually in most circumstances – to honour the voices and perspectives of the Indigenous community.

4. Acknowledgments

I wish to acknowledge all those that participated in the research projects.

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The causes of the mass departure of the white congregants from the mainline Churches in South Africa: The Anglican Diocese of Natal as the case study

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Abstract

There is a noticeable exodus of congregants from the old mainline churches around the world. There are studies that have focused on the causes of the decline of black congregants from the mainline churches in South Africa. This study focuses specifically on the causes of the membership decline of white congregants from the mainline churches because South Africa is not immune from this phenomenon. The literature from the reputable websites in the internet as well as the books from the library were used to conduct this research. The researcher's master's dissertation on membership decline was also used to gather evidence on the subject. The results show that the South African political variations in both secular and ecclesiastical spaces led to the exodus of whites. Moreover, the evidence that was presented in this research shows that there is a global resentment towards the mainline churches which has led many people to opt to identify themselves as unreligious. Others accuse mainline churches for having static culture which does not accommodate the changing world. The research will help those who are called to evangelize white people in South Africa and beyond to address the identified causes of their departure as they attempt to re-attract them back to the mainline churches.

Keywords—whites, church, membership, decline

1. Introduction

The departure of any congregant in the church whether black or white affects the Church directly or indirectly. The Bishop of Natal in the Anglican Church stated in the year 2021 that he struggles to find white priests to send to the parishes. This is because there is a decline of white people who offer themselves to the ordained ministry in the Anglican Diocese of Natal [1]. Moreover, it is not only white clergy that are in decline, even the white congregants have left their parishes to the hands of black congregants. In the past some of these Parishes were known to be the parishes of whites only. In the year 2023 most of them do not even have one white person who attends Sunday services. Although English is still the language of instruction in these parishes, but whites do not come after investing so much in building these churches. In other cases, the chapels that previously belonged to white congregants are deconsecrated by the Bishop because they no longer have congregants. Others have remained with empty pews and walls.

Mainline churches were presented to South African indigenous people as the churches of white people. Bishop Funginkosi Mbhele [2] argued that the Diocese of Natal has the responsibility of undressing Jesus the western clothes because he was presented to Africans by missionaries wearing European clothes. He meant to say that the Natal indigenous converts had to accept God along with Eurocentric cultures to be considered Christians by the European missionary churches. The fact that the mainline churches were introduced by whites to indigenous people make this study to be very important. It poses a question of why are the introducers of the Western

ecclesiology now leave it to the recipients with all the properties they worked hard to establish and build? This shows that the departure of whites and the departure of blacks from the Church in South Africa should not be mixed in one study. They have to be dealt with separately because others are the generations of missionaries while others are the generations of the recipients of the missionaries' gospel.

In the Archdeaconry clergy meeting of uThukela in the Diocese of Natal in the year 2022 [3], the black rectors of the previous white parishes stated that they do not understand what is it that they did wrong to chase the fellow white Anglican brothers and sisters from the church. The main objective of this research is to help mainline churches to understand what they do wrong to chase away whites from the church? What can the mainline churches do to re-attract white congregants back to the mainline churches?

In the graph below Hendricks H.J. separates the departure of congregants from the mainline churches according to their race. This shows that the departure of whites is not a new phenomenon it had already began in mid-1980's so as the departure of blacks.

Percentage of decline in South African mainline churches for white and people of mixed race (1985-1995) [4]:

Table 1

| Denomination | Decrease in white population (%) | Decrease in mixed-race population (%) |
|------------------|----------------------------------|---------------------------------------|
| African reformed | 3 | 17 |
| Anglicans | 36 | 34 |
| Congregational | 24 | 24 |
| Lutheran | 28 | 15 |
| Methodist | 19 | 32 |
| Presbyterian | 30 | -37 |

2. Method and Materials

The study uses literature from the internet and library. The researcher also uses old research about the membership decline, including his own Master's degree document which was about membership decline

3. Results and Discussions

A. Appointment of Archbishop Desmond Tutu as the Bishop of Johannesburg

The evidence from different scholars such as Khanyile S.A. [1], Lee [5] and others indicate that there was a mass exodus of white congregants after the election of Tutu as the first black Bishop of Johannesburg. Other congregants from the Diocese of Natal used the election of Bishop Tutu in Johannesburg as their reason to discontinue their financial support to the Diocese [1].

The conservative whites were dismayed by Tutu, they regarded him as the communist sympathizer [5]. Bishop Tutu became a Bishop when it was not fashionable for the black person to be the Diocesan Bishop. It was not even fashionable for black Anglican congregant to seat in the strategical committees and decision making structures of the dioceses. Many white congregants in the Diocese of Natal withdrew from the Anglican Church because they did not want to be associated with Bishop Tutu. They chose to join other churches [1]. However, other whites remained in the Anglican church despite the election of Tutu.

The departure of white congregants after the election of a black leader is not just a church matter in South Africa. Other whites left South Africa after the election of the first black South African president in 1994. Jane Flanagan [6] states that hundreds of thousands of whites left the country at the beginning of the democratic dispensation in 1994.

South African history shows that the appointment of a black leader to lead whites who are not yet ready to be led by a black person commonly lead to their departure either in the secular or ecclesiastical world

B. Repeal of the group areas act of 1950

Group areas act of 1950 was the act that imposed separation of people according to their race. Under this Act blacks were not allowed to share any space with whites including the rest rooms, residents, places of worship, schools and other spaces. Whites were used to worship alone. The repeal of the Group Areas Act of 1950 in the year 1990 meant that they were to worship under one roof with blacks. One of the ladies who was amongst the first group of blacks to worship with whites in the Diocese of Natal in the late 80's shares that there was the clash of cultures between whites and blacks in their first service together [1]. It became difficult for whites and blacks to share a space. One of the old congregants' stated that she sadly witnessed whites leaving the Anglican Church one by one when the number of blacks grew in one of the previous whites only parish [1].

The departure of whites from the spaces when blacks join does not occur in the church space only, even in the secular world. Schools that were known to be the schools of whites only during apartheid in South Africa are now occupied by black students. It has become a norm in South

African that whites leave when the number of black enrolled students increase. Even in the residential areas, the moment the number of blacks increases white usually leave

C. The Global Apathy towards Christian Church

The evidence from difference sources such as Khanyile S.A. (1) and others shows that there is the growth of the global apathy towards Christianity. There are different reasons that have led to this decline, where Nel and Schoeman (10) have suggested that the decline of membership in the mainline churches is caused by the change of politics, education, health, economy, as well as social and cultural aspects from what it was in the past. Hendriks (4) thus argues that South Africa has the highest decrease in membership within the historic Western missionary-initiated mainline Protestant churches across Continental Africa. The table below is the result of the research that was done between 2005 and 2012 by Krejcir RJ [7] which shows that the issue of membership decline is not just a South African issue but a global issue.

Countries that indicated higher than global rates of church decline (2005-2012) [7]:

Table 2

| Country | 2005 (%) | 2012 (%) | Reduction of members (%) |
|------------------------------------|----------|----------|--------------------------|
| Global average of total population | 77 | 68 | 9 |
| Australia | 52 | 42 | 10 |
| Canada | 58 | 46 | 12 |
| Ecuador | 85 | 70 | 15 |
| France | 58 | 37 | 21 |
| Iceland | 74 | 57 | 17 |
| Ireland | 69 | 47 | 22 |
| South Africa | 83 | 64 | 19 |
| Switzerland | 71 | 50 | 21 |
| United States | 73 | 60 | 13 |
| Vietnam | 53 | 39 | 23 |

Even the countries that came with Christianity is Natal, such as England are not immune from this global apathy. Hannah Rich [8] argue that the Anglican churches are shrinking in England. Rich claim that Christianity in England fell from sixty-six percent to thirty-eight percent over twenty-five years, with Anglicanism accounting for the severest decline. Ronald Inglehart [9] tries to bring to light the reasons of why is the majority of people opt to be unreligious. He argues that children who are born by rich parents take for granted a need for the spiritual security. Many

countries in the 21st century are economically stable, which means that the societies are also financially comfortable. Children who are born out of those societies grow up not seeing the need of God because in anyway all their needs are taken care of by parents or by the society. Others claim that the mainline churches are static, they use the same liturgy and hymns for decades

4. Conclusions

Other the findings of this research suggest that there is the existence of the invisible divisive barrier line between the races that was put by colonial powers in South Africa. The repeal of the group areas Act of 1950, the appointment of black leaders in the white parishes does not erase the racial and cultural barriers that were put in place. These barriers are not new there were there even during Apostle Paul's times. There were Jews and Gentiles, Jews did not want to be mixed with Gentiles because they thought they were a superior race (Galatians 2:11-14). Paul's message to the church in Galatians 3:28-29 addresses this misperception, he stated that in Christ there is no Jew nor Gentile, no female nor male, no master nor slave, we are all one in Christ. The Church need to establish a system where everyone no matter the race will feel is one with those who are different from him/her. A system that will remind everyone that we are one in Christ. Once people adopt the element of oneness they will learn from each other and grow the church into a loving and caring community that can have a relevant voice again. A Church that is contextual. If people continue to leave each other on the basis of differences, the church will remain static and lose even more members.

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6. Appendix

12/5/23, 11:03 AM

Gmail - Consent to use the Diocese of Natal in the study



Sboniso Khanyile <khanyilesa22@gmail.com>

Consent to use the Diocese of Natal in the study

2 messages

Sboniso Khanyile <khanyilesa22@gmail.com>

27 November 2023 at 10:22

To: Bishop Ndwandwe <nkosinathi@dionatal.org.za>

Dear Bishop Nkosinathi Ndwandwe

I hope that you are well.

I am writing this email to seek permission to use the Diocese of Natal as the case study in the article.

I am intending to write a short article where I will examine the causes of the departure of white congregants from the mainline churches of South Africa, using the Diocese of Natal as case study.

I will be happy if this email receives your attention.

Yours in the Lord
Sboniso Artwell Khanyile

Bishop Ndwandwe <Bishop.Ndwandwe@dionatal.org.za>

5 December 2023 at 08:30

To: Sboniso Khanyile <khanyilesa22@gmail.com>

Dear Ven Sboniso

You have permission to use the Diocese of Natl as your Case study.

Yours in Christ

+Nkosinathi

[Quoted text hidden]

<https://mail.google.com/mail/u/0/?ik=51359e6032&view-pt&search=all&permthid=thread-a:r3535124258199402061&simpl=msg-a:r50968975253...> 1/1

Understanding and Predicting the Participation of Community Forest Associations (CFAs) in Non-Gazetted Forest Conservation in Kenya.

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Abstract

Past studies in Africa have attributed the loss of forest cover and biodiversity in gazetted forests to limited community participation among other reasons but little if any past studies have focused on non-gazetted forests and the role that Community Forest Associations (CFAs) play in non-gazetted forest protection and conservation. This paper aimed at ascertaining the level of CFAs participation in protecting and conserving of selected non-gazetted forests in the Mau Complex, Kenya. Specifically, to find out 1) the level of training of CFAs on forest conservation skills, 2) the level of consultation between CFAs and forest conservation law enforcement agencies 3) the CFAs implemented strategies on protecting and conserving the forest based on the social contract theory. The study employed descriptive survey design where data was collected from the representatives of the 108 registered CFAs in the Mau Complex non-gazetted forests. Self-administered structured questionnaires and observation were used in data collection. The data collected was analyzed using descriptive statistics. The major types of descriptive statistics that the researcher used are measures of frequencies and Percentages, Mean and Standard Deviation. The findings are presented in the form of Tables and Figures. Key findings indicated the lack of adequate raining and consultation due to shortage of resources and time to facilitate CFAs activities of protection and conservation of the Mau Forest Complex. The study recommends consulted efforts by various stakeholders to provide required resources as there is recognition of the key role that CFAs plays through various strategies to protect and conserve the Mau Forest Complex.

Keywords; Conservation, Community Forest Association, Kenya Forest Service.

1. Introduction

Globally, many countries have embraced the decentralization of forest management and sustainable conservation roles and responsibilities. The inclusion of many other bodies and stakeholders in the forest management practice ensures democracy and equity in forest conservation enabling more benefits to the local communities around forested areas. Worldwide, participation or involvement of the local communities to manage forest resources is gaining increasing significance over the years (Apipoonyanon et al., 2020) and is currently identified as a successful approach in the management of forest sources (Akamani and Hall,2019).

The Participatory Forest Management (PFM) refers to a concept that is common in most developing countries to manage and conserve forest resources. According to Kosgey, (2015) PFM entails the processes and mechanisms that enable communities with a direct link to forest resources to be a part of decision-making in all aspects of forest management. In general, the participatory forest management entails the local participation that involves a multi-stakeholders approach where all relevant organizations such as the private sector, institutions, and communities are involved in management of forests (Spruyt, 2011: Kosgey, 2015).

The establishment of the PFM in Kenya and other African countries resulted in the creation of community-based organizations referred to as Community Forest Associations (CFAs). In Kenya, involving the local people in community forestry has a long history in many regions (Okong'o, 2017). The main responsibilities of the CFAs include various forest-related activities such as protection of the forest resources, monitoring and management to water extraction and distribution, re-forestation, and conservation of the forest cover (Ongugo et. al., 2008).

Donors and well-wishers in Kenya prefer to work with CFAs in the development of the forest management plans and establishing strategies to conserve the trees and biodiversity. Additionally, the decentralization of roles to include the CFAs in forest management activities ensures efficiency and delivery of results from the local people. The increased level of local input helps the CFAs in achieving better targets in policy implementation (Agevi et.al., 2014)

In this regard, the CFAs efforts help the communities to understand the importance of the forest resources while protecting the traditional interests of the local communities around the forests (Agevi et.al., 2014). The duly registered CFAs also possess the rights granted by the KFS for other benefits of the forest resources including controlled grazing, ecotourism and recreational activities, plantation establishment through non-resident cultivation and collection of forest produce for community-based industries among others. Despite the common challenges facing the CFAs within the Mau Forest Complex, the positive effects of their co-management with other stake holders helps in making a positive difference towards the forest management activities and sustainable conservation of forest resources (Koech, 2009).

2. Problem Statement

In the last decade, the Mau Forest Complex has attracted domestic and international attention because of its exposure to human encroachment and destruction from illegal logging, farming, and charcoal burning (Kamau, 2014). Despite the persistent efforts to save the forest including registering Community Forest Associations to not only increase the forest cover, but also reduce forest destruction and degradation (Chebii, 2015). The KFS complains of existing challenges of degradation owing to the lack of awareness and ignorance from the local communities (Blaser, 2010) which has made it hard for Kenya to achieve the recommended forest cover of 10%. Due to these prevailing circumstances, there was need to unravel this mystery through understanding and predicting the participation of CFAs in forest conservation by analyzing CFAs preparedness through training on Forest conservation practices, level of consultation between CFAs and Law Enforcement Agencies and lastly protection and conservation strategies adopted by CFAs.

3. Study limitations

Due to high levels of illiteracy among the Maasai community the researcher had to seek the services of a language translator in data collection to ensure accurate translation of the questionnaire from English to Maasai Language. In addition, due to the vastness of the non-

gazetted forests in the Mau Forest complex and the agency in collecting the data the use of research assistants was deemed necessary for this study.

4. Conceptual Framework

Based the social contract theory, the role of communities living around forests have a contract through they representatives in the Community Forest Associations with government represented here-in by Kenya Forest Service to protect the no-gazetted forests. It is conceptualized as shown below the social contract between Community Forest associations and Kenya Forest Society is geared towards non-gazetted forest sustainability and ensuring livelihoods of the communities surrounding the forests are met. This is made possible through ensuring adequate and relevant training on forest conservation, frequent and timely consultations among the law enforcers and Community Forest Associations and coming up with strategies to protect and conserve the non-gazettted forests. Lastly, Policy and legal framework as a moderating variable provide policies like the agricultural policy, 2021 that places a strong emphasis on maintaining a minimum of 10 per cent tree cover on all agricultural land holdings. The National Land Policy of 2009 provides guidelines for land allocation, stressing the cultivation of plants, tree crops, and agroforestry to ensure food and non-food item production.

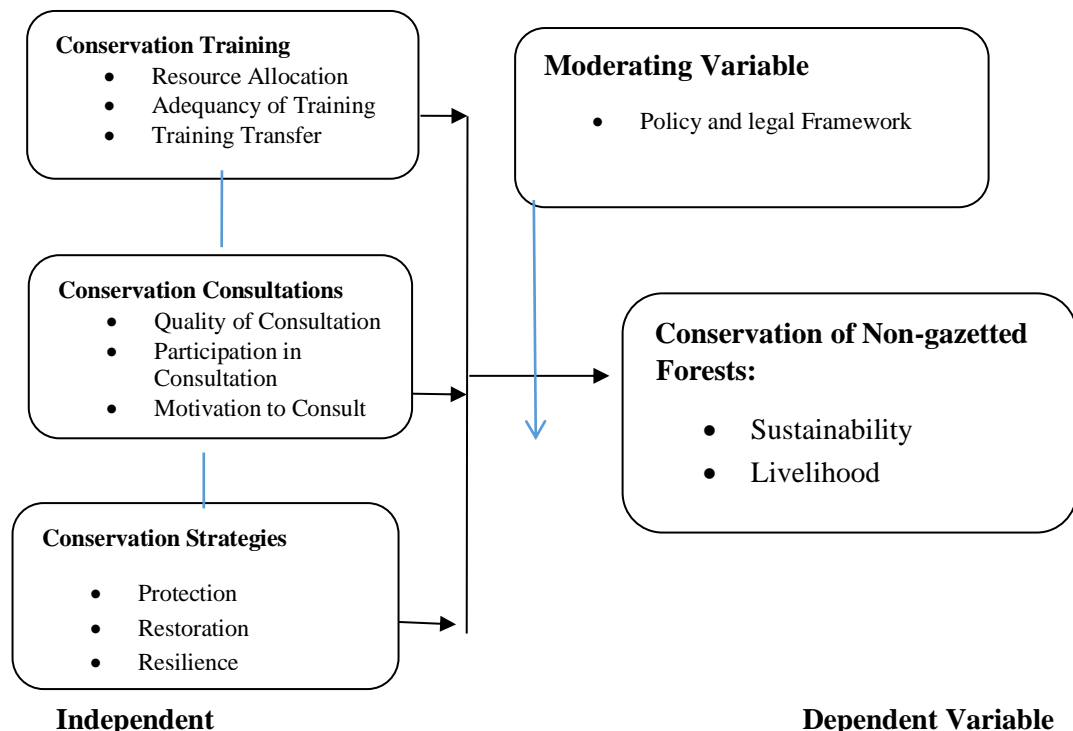


Figure 1: Conceptual Framework

Source: Author Conceptual Framework (2024)

5. Research Methodology

The present study used a descriptive survey research design, which according to Easter by-Smith et.al, (2008) aims at establishing relationships between variables and concepts. A sample size Of 108 was collected from the representatives of the registered CFAs in the Mau Forest Complex. A closed ending questionnaire was employed with the main data collection instrument in which the questions requiring responses on a 5-point Likert-type scale were used. The data was analyzed descriptively where the closed ended responses was coded and converted into frequencies and Percentages, Mean and Standard Deviation calculations done and presented as tables.

6. Results and Discussions

Table 1: CFAs Training on Forest Conservation Practises

| Statement | SA (%) | A (%) | NS (%) | D (%) | SD (%) | Total (%) | Mean | Std. D. |
|--|--------|-------|--------|--------|--------|-----------|------|---------|
| Training met my expectations on how best to conserve forests. | 0(0) | 4(4) | 8(7) | 40(37) | 56(52) | 108(100) | 4.57 | .781 |
| Training program is interactive and engaging | 0(0) | 0(0) | 12(11) | 64(59) | 32(30) | 108(100) | 4.50 | .690 |
| Environment picked for the training is conducive | 0(0) | 0(0) | 12(11) | 28(26) | 68(63) | 108(100) | 4.52 | .690 |
| The number of learners in each training program is appropriate | 0(0) | 0(0) | 12(11) | 28(26) | 68(63) | 108(100) | 4.52 | .690 |
| Enough time and resources are apportioned to complete the training | 0(0) | 0(0) | 8(7) | 44(41) | 56(52) | 108(100) | 4.54 | .631 |
| The level of training transfer to forest conservation practises is sufficient after completing the training. | 0(0) | 4(4) | 4(4) | 36(33) | 64(59) | 108(100) | 4.58 | .742 |
| The method of training delivery is adequate to the learners | 0(0) | 4(4) | 8(7) | 72(67) | 24(22) | 108(100) | 4.52 | .791 |

Source: Author Field data (2024)

Based on the findings on CFAs training on forest conservation practices, it seems the majority of the respondents seem to agree there are a lot of challenges on aspect of the adequacy of training to meet the expectations of CFAs trainees, the number of trainees per training session and the method of delivery. The level of interaction and engagement is due to the lack of enough resources and a conducive environment. This ultimately affects the level of training transfer to forest

conservation. The continuing shortage of capacities of African forestry and allied institutions represents a major constraint to the analysis, design and implementation of effective forest management programmes. Gaps in institutional leadership and management, as well as in skills and knowledge to develop and facilitate effective and sustained uptake of available technologies, represent perhaps the biggest challenges for SFM in Africa today (Africa Forest Forum,2024).

Table 1: CFAs Consultation with Law Enforcement Agencies

| Statement | SA (%) | A (%) | NS (%) | D (%) | SD (%) | Total (%) | Mean | Std. D. |
|--|--------|--------|--------|--------|--------|-----------|------|---------|
| Adequate consultation takes place at all times between CFAs and Forest Conservation Law Enforcement agencies | 4(4) | 16(15) | 84(78) | 0(0) | 4(4) | 108(100) | 4.63 | .871 |
| There is sufficient allocation of time and resources to facilitate consultations. | 0(0) | 4(4) | 4(4) | 60(56) | 40(37) | 108(100) | 4.51 | .876 |
| The information shared during consultation is of good quality, relevant and continuous | 76(70) | 20(19) | 8(7) | 4(4) | 0(0) | 108(100) | 4.56 | .789 |
| The level of participation in consultative meetings is enough | 0(0) | 0(0) | 4(4) | 88(81) | 16(15) | 108(100) | 4.78 | .499 |

Source: Author Field data (2024)

On aspects related to CFAs consultation with Law Enforcement Agencies as much as the information shared is of good quality, relevant and continuous as per majority of the respondents. This agrees with the findings of Chepkonga et.al.,(2022) that noted the presence of joint forest management between the government and the community used as a strategy for protection and conservation of forests through sensitization meetings through “Barazas” (Community Engagement Forums) workshops and conferences.

However, there is challenge on adequacy of consultation, time and resource allocation and level of participation, lack of skills and knowledge to participate fully in consultation and lastly motivation to CFAs to engage in consultations. The findings are in support of Mingate et.al (2016) finding that even though CFA has greatly advanced in the management of the forest, there is lack of financial resources necessarily to assist the CFA to effectively implement its programs for the management of the forest.

Table 2: CFAs Protection and Conservation Strategies Responses

| Statement | SA (%) | A (%) | NS (%) | D (%) | SD (%) | Total (%) | Mean | Std. D. |
|--|---------------|--------------|---------------|--------------|---------------|------------------|-------------|----------------|
| CFAs undertake sustainable farming and pastoralism practises as forest protection and conservation strategies. | 52(48) | 44(41) | 4(4) | 8(7) | 0(0) | 108(100) | 4.50 | .857 |
| CFAs promote responsible tree logging as forest protection and conservation strategies. | 48(44) | 52(48) | 8(7) | 0(0) | 0(0) | 108(100) | 4.37 | .620 |
| CFAs ensure balance competing needs and maintain and enhance forest functions now and in the future. | 56(52) | 44(41) | 8(7) | 0(0) | 0(0) | 108(100) | 4.54 | .631 |
| Through CFAs education initiatives to the community value and benefits of biodiversity associated forests is promoted. | 64(59) | 32(30) | 12(11) | 0(0) | 0(0) | 108(100) | 4.58 | .690 |
| CFAs strategies have increased non-gazetted forest resilience against the high uncertainty brought about by climate change | 64(59) | 20(19) | 24(22) | 0(0) | 0(0) | 108(100) | 4.57 | .827 |
| Wildlife considerations is part and parcel of CFAs strategies to protect and conserve the non-gazetted forests. | 68(63) | 20(19) | 16(15) | 4(4) | 0(0) | 108(100) | 4.61 | .876 |
| CFAs is involved in Replanting forests after harvesting to contribute to ecologically sustainable forestry | 52(48) | 40(37) | 8(7) | 8(7) | 0(0) | 108(100) | 4.56 | .890 |
| CFAs are actively involved in reporting illegal activities in non-gazetted forests as a strategy to protect and conserve. | 72(67) | 32(30) | 0(0) | 4(4) | 0(0) | 108(100) | 4.69 | .684 |
| CFAs are involved in preventing fire in non-gazetted forests as a protection and conservation strategy | 68(63) | 28(26) | 8(7) | 4(4) | 0(0) | 108(100) | 4.58 | .791 |

Source: Author Field data (2024)

Regarding the statements on CFAs protection and conservation strategies majority tend to strongly agree and agree on their roles which include undertaking sustainable farming and pastoralism activities, promoting responsible tree logging and tree planting, balance competing needs and maintain and enhance forest functions, Undertake education initiatives to communities on value and benefits of biodiversity, report illegal activities in the forest and involved in preventing fire to enhance protection and conservation of the forests. The findings agree with Mingate et.al (2016) on a number of CFA responsibilities in the co-management arrangements of forests. Further, Community Forest associations undertake activities that help in reducing pressure on the forest for livelihood (Hristo et al.,2020).

7. Conclusion

The role and responsibilities of CFAs on forest protection and conservation of non-gazetted forests in the Mau Forest Complex in Kenya appears to have taken shape considering the strategies so far implemented as per the findings. Specifically, the involvement of CFAs on training on forest conservation though in place is deemed inadequate by the respondents. Further there is evidence of collaboration between the CFAs and Law enforcement agencies and finally, the CFAs are involved in various activities geared towards protecting and conserving the non-gazetted forests in the Mau Forest Complex.

8. Recommendation

There is a need to have drastic steps to improve on the areas of training and consultations on aspects of protection and conservation by the CFAs. Specifically, on training and consultation, the key stakeholders on forest protection and conservation should provide enough resources and time which appears to be the backbone of the other challenges to promote effective and efficient training and consultations with CFAs.

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Empowering Reproductive Autonomy: Evaluating the UNCRPD's Concluding Observations on Women with Disabilities' Sexual and Reproductive Health Rights

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Abstract

Women with disabilities' access to sexual and reproductive health services remains a global challenge. Because of their impairments, they often face doubts about their sexuality leading to restrictions on how much control they have over their sexuality and access to sexual and reproductive health services and rights. International human rights instruments such as the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) are considered a ray of hope to guarantee women with disabilities full control over their sexuality and access to sexual and reproductive health services and rights. This article examines the UNCRPD Committee (CRPD-Committee)'s efforts to promote women with disabilities' right to reproductive autonomy to control their sexuality and access to sexual and reproductive health services through monitoring the implementation of the United Nations Convention on the Rights of Persons with Disabilities. It systematically explores the CRPD-Committee's concluding observations issued after considering state parties' periodic reports recognising positive aspects of a state's treaty implementation and areas of concern, where the committee suggests that the State take more action. This article demonstrates, through a content analysis of the CRPD-Committee's concluding observations on women with disabilities' sexual and reproductive health rights that, while the committee's concerns and recommendations, may facilitate the promotion of women with disabilities' reproductive autonomy, state parties must commit and prioritise implementing and realising women with disabilities' reproductive health rights. This article offers an empirical foundation for highlighting the necessity for state parties to consider putting the committee's recommendations into practice to fulfil their obligations under the Convention to realise all rights, including the right to reproductive autonomy and access to reproductive health services for women with disabilities.

Keywords: *sexual and reproductive health, women with disability, autonomy, rights, concluding observations.*

1. Introduction.

While the power to make and act on decisions about reproduction is central to how people manage their lives, research demonstrates that women with disabilities may struggle to control their sexual and reproductive health due to coercion or discrimination (Alhusen et al., 2020; Ngwena, 2018). “The human rights of women include their right to have control over and decide freely and responsibly matters related to their sexuality.” (Paragraph 96). This statement was made in the 1995 Platform for Action of the World Conference on Women in Beijing about women as part of the definition of sexual rights (United Nations, 1995, p. 36). It highlights that proclaiming women's sexual rights is not the only goal, but rather guaranteeing their control over their sexuality. Accordingly, women should manage to choose freely whether and when they wish to become sexually active or form a family. This means they should have reproductive autonomy, the ability to control outcomes related to one's reproduction including, pregnancy, family size, timing, and family planning methods (choice of contraception), among others. These decisions

also referred to as reproductive intentions resonate with the words “control”, “freely” and “responsibly”, which are inherent components of sexual rights that may be affected by violence, misogyny (including in reproductive health care) and life-threatening sexually transmitted infections (Berer, 2004).

The general construct of women’s reproductive autonomy is complex and multidimensional, often influenced by several factors including age, gender norms, education, economic status, legislation, disability status, and more (Nepal et al., 2023; Osamor & Grady, 2016). Some women can have more reproductive autonomy than their peers. For example, despite the recent increase in emphasising the centrality of promoting women’s reproductive health on their general health, well-being, and rights (ESCR Committee, 2016; Hartmann et al., 2016), women with disabilities continue to face numerous challenges in accessing reproductive health services and controlling their sexual and reproductive health (Ngwena, 2018). Studies have shown that women with disabilities, particularly those with intellectual disabilities, often experience reproductive injustice, limiting their autonomy in decision-making regarding their sexual and reproductive health (Agaronnik et al., 2020; Wiseman & Watson, 2022). Due to the widespread belief that women with disabilities are sexually incompetent and lack the prerequisite decision-making capabilities (Buckley Lucy-Ann, 2020), people hardly support them in exercising control over their sexual and reproductive health.

However, reproductive autonomy is associated with numerous health benefits and social impacts on women and their rights. For example, the ethical considerations related to reproductive autonomy have been identified as crucial in supporting women’s decision-making regarding contraception and abortion (Mulligan & Ripper, 2017). Promoting women with disabilities’ sexual and reproductive health rights on the other hand might change people’s attitudes toward women with disabilities and their sexuality. This centrality of women’s reproductive health rights on their reproductive autonomy should encourage everyone especially the state to ensure women with disabilities have control over their sexual and reproductive health. Accordingly, this article examines the UNCRPD Committee (CRPD-Committee)’s efforts to promote women with disabilities’ right to reproductive autonomy to control their sexuality and access to sexual and reproductive health services through monitoring the implementation of the United Nations Convention on the Rights of Persons with Disabilities.

2. Background: Women with Disabilities Sexual and Reproductive Health Services Needs and Rights.

Women with disabilities need SRHS that meets their needs like other women. However, due to physical, attitudinal, social-cultural, economic, informational and legal/institutional barriers, they are often marginalised and denied access to these services (Ganle et al., 2016). Although Women with disabilities may require specialised services and support to access SRHS, a close examination of barriers limiting their access to these services reflects that it is the lack of social

attention, legal protection, understanding, support and exclusion from the design of the services as opposed to primarily their disability/impairment. Women with disabilities have varying preferences for SRHS depending on their social-cultural and economic status (Kallianes & Rubinfeld, 1997). In Nepal, due to fear of exposing their bodies and the availability of family/friend's support, Women with disabilities preferred delivering from home to health institutions (Morrison et al., 2014). In Kenya adolescents with disabilities preferred condoms over other contraceptive methods because it was the highest known contraceptive method to them (Obasi et al., 2019). In Senegal, Burke et al., (2017) established that young people with disabilities acknowledged that public sector providers offered cheaper SRHS, they, however, preferred accessing those services from private facilities because they offered high-quality services. Women with disabilities who can afford the services associate better health outcomes with high-quality SRHS. For example, in an intersectional analysis of experiences of disabled women concerning their sexual and reproductive health and rights in Gujarat State, India a participant observed that "They charge you more, but the treatment is good . . . We go for better treatment, so [that] we don't have any problems. We give more fees, but at least we get well"(Dean et al., 2017, p. 5).

Women with disabilities' sexual and reproductive health rights are enshrined under UNCRPD Article 25 which states that States Parties shall provide persons with disabilities with the same range, quality and standard of free or affordable health care and programmes as provided to other persons, including around sexual and reproductive health and population-based public health programmes. However, it has its origins in the Convention on the Elimination of All Forms of Discrimination against Women which states parties should ensure "access to health care services, including those related to family planning" and to provide appropriate services to women concerning pregnancy and the right to decide on the number and spacing of children (Articles 12 and 16). This right is further enshrined in Article 12 of the International Covenant on Economic, Social and Cultural Rights (ICESCR), the right to SRH is an integral part of everyone's right to the highest attainable physical and mental health (ESCR Committee, 2016).

3. Materials and methods.

This study examines to what extent the UNCRPD Committee empowers women with disabilities' reproductive autonomy through their concluding observations. After considering a State Party's report, the UNCRPD Committee issues concluding observations. Concluding observations cover both positive aspects of a state's treaty implementation and areas of concern, where the committee suggests that the State take more action (Byrne, 2022; Meier et al., 2018; OHCHR, 2012). The authors hypothesised that, through reviewing and commenting on state parties' reports on the implementation of the Convention, the UNCRPD Committee influences how state parties proceed with implementing these rights as evidenced by their recommendations about areas of concerns identified in each state party's report. By examining the relationship between the concerns identified by the committee and their recommendations, this study analyses

the influence of the UNCRPD Committee's monitoring practice on the state parties' efforts to realise women with disabilities' rights to sexual and reproductive autonomy.

3.1 Data collection methods.

This study explicitly relies on the UNCRPD Committee's concluding observations issued between 2017 and 2019. In total, 46 sets of concluding observations were produced over this period. While this study primarily focussed on women with disabilities rights to sexual and reproductive health enshrined under UNCRPD Article 25, it also considered the committee's concerns and recommendations related to women with disabilities' reproductive health rights issued on other Articles, including but not limited to Article 05, 06 12, 16, 19, and 23. All concluding observations were accessed from the Committee's webpages (archive) on the Office of the High Commissioner for Human Rights (OHCHR) website. Accessing these concluding observations was straightforward because they were organised according to the committee's sessions and country names. All documents retrieved from the website were read starting with the issues of concern followed by recommendations on the Articles considered. Search terms such as 'sexual and reproductive health', 'autonomy', 'control', and 'violence', were used to identify the committee's commentary on women with disabilities' sexual and reproductive health in each concluding observation reviewed.

This study employed content analysis methods to analyse the content of the concluding observations. The content analysis allowed for the systematic identification of certain words, themes, or concepts within the concluding observations texts concerning women with disabilities' reproductive autonomy. This study used content analysis to quantify and analyse the presence, meanings, and relationships of words, themes, or concepts. For example, using content analysis, this study evaluates the language used by the committee in the concluding observations to encourage state parties to promote women with disabilities' reproductive autonomy rights. According to Lukoianove & Xiao, (2013) this methodology is increasingly employed in human rights discourse because of the availability of information on human rights violations, and the advances in software development for content analysis. Because content analysis is an empirically grounded method, exploratory in process, and predicative or inferential in intent (Krippendorff, 2004), this study employed it to examine the UNCRPD Committee's concluding observations to understand what they mean to people, what they enable or prevent, and what information convey regarding women with disabilities reproductive autonomy. To this end, after cutting and pasting the content on women with disabilities' reproductive rights in a new Word document, data was coded and analysed thematically. However, since the data gathered from the concluding observations are publicly available, limited attention was paid to ethical considerations during the data collection and analysis. The following are countries whose concluding observations are considered in this study. Algeria, Myanmar, Albania, Nepal, Armenia, Niger, Australia, Norway, Bulgaria, Oman, Bosnia and Herzegovina, Panama, Canada, Philippines, Cuba, Poland, Cyprus, Rwanda, Ecuador, Saudi Arabia, El Salvador, Senegal, Greece, Slovenia, Haiti, South Africa, Honduras, Spain, India, Sudan, Iraq, Seychelles, Jordan, The former Yugoslav Republic of

Macedonia, Kuwait, The Republic of Moldova, Latvia, The Islamic Republic of Iran, Luxembourg, The Russian Federation, Malta, The United Kingdom of Great Britain and Northern Ireland, Montenegro, Turkey, Morocco, Vanuatu

4. Results.

4.1 Issues of concern

Between 2017 and 2019, the Committee on the Rights of Persons with Disabilities identified a broad range of issues that influence women with disabilities' legal capacity in their access to sexual and reproductive health. A summary of these issues is highlighted in the table below.

Table 1: Top 10 issues of concern raised across Concluding Observations reviewed.

| Areas of Concern | Number of times (n) | Percentage (%) |
|--|---------------------|----------------|
| Lack of information/inaccessible information | 18 | 39 |
| Sexual abuse and violence | 17 | 37 |
| Lack of accessibility (Physical accessibility) | 9 | 20 |
| Discrimination | 8 | 17 |
| Lack of measure to prevent violence | 8 | 17 |
| Institutionalisation | 7 | 15 |
| Gender based violence | 6 | 13 |
| Guardianship | 4 | 9 |
| Attitudinal barriers, | 4 | 9 |
| Financial barriers | 4 | 9 |

From the reviewed concluding observations, the committee identified 34 thematic factors that negatively affect women with disabilities' legal capacity in their access to sexual and reproductive health. We have grouped these issues into four main areas. The committee was mainly concerned about the lack of information/inaccessible information (39% of the concluding observations, n=18), Sexual abuse and violence (37%, n=17), and the lack of accessibility (Physical accessibility) (20%, n=9).

The content of legal and policy frameworks in the United Nation's member states mainly dictates the state and environment of women with disabilities' sexual and reproductive health. The legal and policy aspects are largely exhibited through the committee's concerns. This includes, first, the use of derogatory language. This was mainly noted in the republic of Iran where legislation contained words such as '*mentally ill*', '*insane*' and or '*retarded*'. Second, the guardianship, this element was noted in 3 countries (the Islamic Republic of Iran, 2017, Niger, 2019, and Myanmar, 2019). The sexual and reproductive health of women with disabilities appears to be controlled by guardianship, for example, while in the Islamic Republic of Iran, people with intellectual and psychosocial disabilities are subjected to forced sterilisation at the request of guardians, in Myanmar and Niger the sexual and reproductive health of women with disabilities is subject to the consent of parents and guardians and the right to marry and have a family placed

under guardianship respectively. Third, lack of legislation and policies. Women with disabilities' vulnerability is also compounded by the lack of legal and policy frameworks articulating their reproductive rights. For example, the committee was concerned that Sudan lacked a legal framework to protect women and girls with disabilities from gender-based violence including sexual violence, abuse, and female genital mutilation (Sudan, 2018). Fourth, exclusion from laws and policies. The committee highlighted its concern over women with disabilities being left out of legal and policy frameworks. For instance, El Salvador excluded women and girls with disabilities from the Ministry of Education's Comprehensive Sexuality Education Strategy (El Salvador, 2019). Fifth, the insufficiency of legal provisions. The committee expressed concerns over the insufficiency of legal frameworks. For instance, while Cyprus, (2017) lacked legal provisions and accessible mechanisms to detect, report, prevent and combat all forms of violence against people with disabilities, Kuwait, (2019) lacked a legal framework that prohibited domestic and sexual violence, including marital rape. Finally, failure to implement legislation and policies. In Honduras, (2017) and the Philippines, (2018) failure to implement legislation and policies was a concern that the committee highlighted. This was due to the country's failure to implement legislation and public policies on the rights of women's lack of measures to punish violence against women and girls with disabilities, and ineffective implementation of the Responsible Parenthood and Reproductive Health Act of 2012. Last is the application of the human rights approach. For both Moldova, (2017) and Jordan, (2017) the committee was concerned that the country's legal and policy frameworks failed to apply the human rights-based approach to disability.

Through the committee's concerns accessibility is a broad area exhibited through several issues experienced by women with disabilities. This includes communication (information), physical, and financial. Inaccessible information was a major concern highlighted by the committee. 18 countries failed to provide sexual and reproductive information and services in accessible format i.e., braille, sign language, and easy read. These factors disproportionately affected blind women, deaf-blind women, women with psychosocial disabilities and women with intellectual disabilities. For instance, Oman, (2018) lacked information in an accessible format on sexual and reproductive health and rights including informed consent on health matters. Physical accessibility is another major concern highlighted by the committee. While unavailability of services was a factor experienced in three countries (the Philippines, (2018) Rwanda, (2018), and Vanuatu, (2018)), physical inaccessibility was mainly identified in 9 countries. For example, the committee expressed concerns over Montenegro having unequal access to sexual and reproductive services for women with disabilities which was primarily illustrated by the limited number of gynaecological chairs. Financial accessibility which was attributed to insufficient economic resources was highlighted in four countries: South Africa, (2018), Ecuador, (2019), Iraq, (2019), and Canada, (2017). For example, the committee showed concern over people with disabilities in Canada facing financial barriers and having the cost of medication as a significant obstacle (Canada, 2017).

Social-cultural factors are also a broad thematic area that is affecting women with disabilities. This is mainly displayed through attitudes, stereotypes, stigma, and discrimination towards women

with disabilities and access to sexual and reproductive health. The attitudinal barrier is a concern highlighted by the committee in 4 countries (South Africa, (2018), Iraq, (2019), Turkey, (2019), and Canada, (2017)). For instance, while in Turkey, through negative attitudes and prejudices, healthcare workers prevented women with disabilities from accessing sexual and reproductive health (Turkey, 2019), in Canada, the committee was not only concerned about the healthcare workers' refusal to offer services to people with disabilities but stigma and attitudinal barriers faced by them in accessing medical test and treatment for sexually transmitted disease due to the perception that views them as 'asexual' (Canada, 2017). In addition to attitudes, the committee was particularly concerned about the stereotypes that bar women from accessing sexual and reproductive health services in Honduras, (2017) and Cyprus, (2017). Discrimination is also a factor that has been highlighted in 8 countries. For example, the committee was concerned that Algeria discriminated against persons with disabilities, thus limiting their access to sexual and reproductive health services (Algeria, 2018).

Gender-based violence and sexual violence are areas of concern highlighted by the committee. While gender-based violence was pinpointed in 6 countries, sexual violence was substantiated in 17 countries. For example, the committee was concerned that persons with disabilities are subjected to violence including sexual and gender-based violence therefore leading to multiple disabilities. This has disproportionately affected the Rohingya women and girls in Myanmar.

Consent is a broad thematic area of concern expressed by the committee. For example, the committee was concerned by the lack of explicit provisions that grant people with intellectual disabilities the ability to request or reject treatment including sexual and reproductive health in Ecuador. The committee further shows concern over the lack of informed consent through women with disabilities being subjected to forced sterilisation, contraceptives, and abortions. This is mainly highlighted in Moldova and the Islamic Republic of Iran.

4.2 Recommendation areas

The table below presents the committee's recommendations, however, while these do not necessarily mirror all the issues of concerns identified, they are perhaps tailored to the prevailing situations in a particular state party.

Table 2: The Committee's top 12 recommendations in the Concluding Observations.

| Area of recommendation | Number of times (n) | Percentage (%) |
|---|----------------------------|-----------------------|
| Information accessibility including the of alternative methods of communication- e.g. sign language, braille | 24 | 52 |
| Protect women, older persons with disabilities, of African descent, with psychosocial/intellectual disabilities, living in rural or remote areas. | 15 | 33 |
| Education, including inclusive education and educational programmes, policies and strategies. | 13 | 28 |
| Undertaking legislative measures | 11 | 23 |

| | | |
|--|----|----|
| Ensure the right of women with disabilities | 10 | 22 |
| Pay attention to the links between article 25 and SDGs 3 | 8 | 17 |
| Accessible medical services and facilities | 7 | 15 |
| Need to train medical and none medical professionals | 6 | 13 |
| sexual and reproductive health programmes | 6 | 13 |
| Ensure the availability of gender and age-sensitive services | 5 | 11 |
| Measures to ensure equal access to justice and to safeguard | 5 | 11 |
| Eliminate discrimination | 5 | 11 |

From 2017-2019, the UNCRPD committee considered and reviewed reports from 46 countries. The committee recommended most state parties ensure information accessibility including the use of alternative methods of communication like sign language and braille (52% of the concluding observations, n=24). This was followed by protecting women, older persons with disabilities, those of African descent, those with psychosocial/intellectual disabilities, and those living in rural or remote areas (33%, n=15). The need for education, including inclusive education and educational programmes, policies and strategies (28%, n=13), undertaking legislative measures (23%, n=11), and ensuring the rights of women with disabilities (22%, n=10) were other key areas highlighted.

The Committee has recommended that women with disabilities must have equal access to sexual and reproductive information in an accessible (Canada, (2017), Cyprus, (2017), The United Kingdom of Great Britain and Northern Ireland, (2017), Luxembourg, (2017), and Sudan, (2018)), appropriate format (Morocco, (2017), Montenegro, (2017), North Macedonia, (2018)), and must be adequate (Montenegro, (2017)). The information on sexual and reproductive health services and rights including family planning (Haiti, (2018), Slovenia, (2018), Senegal, (2018), Spain, (2018), The United Kingdom of Great Britain and Northern Ireland, (2017), and Morocco, (2017)), the right to marry and have a family (Niger, (2018), Senegal, (2018)), as well as accessible healthcare services and facilities (Luxembourg, (2017), Haiti, (2017), El Salvador, (2019)). These should be, disseminated to all persons with disabilities (Saudi Arabia, (2018), Morocco, (2017), Sudan, (2018), North Macedonia, (2018)), especially women, (Montenegro, (2017), Luxembourg, (2017), Haiti, (2018), Bulgaria, (2018), Poland, (2018), El Salvador, (2019), Senegal, (2018)), older persons with disabilities, those of African descent, those with psychosocial/intellectual disabilities (Algeria, (2018)), and those living in rural or remote areas as well as the Aboriginal and Torres Strait Islanders with disabilities, Afro-Honduran and Indigenous communities (Honduras, (2017)), persons with disabilities living in institutions and children with disabilities (Australia, (2019)). Moreover, this information must be communicated appropriately in Braille, sign language and Easy Read for persons with sensory and mental impairments (Oman, (2018), Niger, (2018), Senegal, (2018), Algeria, (2017)). The committee recommends prioritising some groups of women with disabilities including victims of sexual and gender-based violence with information on available specialised and mainstream support services (Norway, (2018)) and the state must allocate resources to ensure that mainstream health services, including sexual and

reproductive health services and information, are accessible to persons with disabilities in its territory, especially those living in rural areas (Honduras, (2017)).

The committee identifies sexual and reproductive health education as one of the reproductive healthcare services that must be universally accessible to particularly women and girls with disabilities. Throughout its concluding observations on ensuring women with disabilities' rights to sexual and reproductive health rights, the committee constantly refers to the need for disability-inclusive educational programmes, policies, and strategies on sexual and reproductive health (Oman, (2018), Niger, (2018), Senegal, (2018), El Salvador, (2019)). To ensure the availability and accessibility of public health education to persons with disabilities, they should be targeted by all the educational policies and strategies aimed at the general population, including the Sexuality Education Strategy. For example, in the case of the United Kingdom of Great Britain and Northern Ireland, (2017), the committee recommended the state provide education on family planning in accessible formats, including easy-to-read, to ensure its accessibility to persons with disabilities. Furthermore, the committee has emphasised adopting a time-bound action plan to address the high levels of physical, sexual, verbal and emotional abuse in special education schools (Bulgaria, (2017), South Africa, (2018)). Finally, according to the committee, to enhance women with disabilities' access to sexual and reproductive health services, states must also increase the training of healthcare professionals on the provision of sexual and reproductive healthcare education and services to women, girls and persons with psychosocial disabilities, and their sensitisation during the provision of such (North Macedonia, (2018), Philippines, (2018), South Africa, (2018), Greece, (2019), Turkey, (2018)).

As noted in the previous section, throughout the concluding observations, the committee frequently refers to the need for the state parties to undertake legislative measures, to amend, repeal, or enact necessary laws and policies to guarantee women with disabilities sexual and reproductive health rights (Honduras, (2017), The United Kingdom of Great Britain and Northern Ireland, (2017), Myanmar, (2019), Morocco, (2017), Bulgaria, (2018), Cyprus, (2017), South Africa, (2018), Kuwait, (2019), Turkey, (2018), The Islamic Republic of Iran, (2017)). Laws and policies on sexual and reproductive health must ensure women with disabilities' enjoyment of their reproductive rights on an equal basis with others including the right to free and informed consent (Haiti, (2018), Oman, (2018), Niger, (2018), The Islamic Republic of Iran, (2017)) and must grant guarantee women with disabilities the full decision-making authority of their sexual and reproductive health (Oman, (2018), Niger, (2018)) and protect them against coercion by their guardians and medical providers (The Islamic Republic of Iran, (2017)). Thus, they should guarantee women with disabilities full control and autonomy over their reproductive health and access to sexual and reproductive health services without, for example, legalising selective abortion on the grounds of fetal deficiency, instead, they should enable them to retain their fertility (Cyprus, (2017), The United Kingdom of Great Britain and Northern Ireland, (2017)).

5 Discussions

The concerns raised by the UNCRPD Committee on issues undermining the realisation of women with disabilities' sexual and reproductive health rights reveal that women with disabilities generally lack control over their sexual and reproductive health rights in most states' parties to the UNCRPD reviewed. The committee highlights the inability of the state parties to provide women with disabilities with access to information, and health facilities, to protect them against gender, sexual abuse and violence, free them from guardianship, deinstitutionalise them, challenge negative stereotyping attitudes towards women with disabilities and their sexuality as well enact appropriate laws and policies to promote their reproductive autonomy rights. These issues threatening women with disabilities' reproductive autonomy rights have been a central topic in women with disabilities sexual and reproductive health rights debates and discourse (Buckley Lucy-Ann, 2020; Catalina Devandas Aguilar, 2017; Kallianes & Rubinfeld, 1997; Ngwena, 2018) as well as the UNCRPD committee's General Comment number three on women and girls with disabilities (Committee on the Rights of Persons with Disabilities, 2016). Addressing these social, political, financial, legal, and institutional issues underpins the UNCRPD state parties' obligations to realise for women with disabilities all their rights enshrined under the Convention. This study's findings suggest there remains considerable work to be done to address these concerns to this end.

Women with disabilities are generally known to be more vulnerable to gender-based, sexual abuse and violence compared to their peers without disabilities and men with disabilities (Burke et al., 2017; Dean et al., 2017; Ganle et al., 2016; Wiseman & Watson, 2022). State parties are required to identify and address causes and forms of sexual and gender-based violence against women with disabilities. However, according to the findings of this study, women with disabilities' vulnerability to these types of violence generally stems from institutionalisation, neglect, lack of legislation protecting women and girls with disabilities from gender-based violence, restraint and seclusion, sexual violence and abuse, including genital mutilation, of women and girls with disabilities, and the lack of access to shelters and adequate services for victims of such violence. The committee expressed concern, for instance, over situations in which persons with disabilities—particularly women, children, Afro-Hondurans, and indigenous peoples—are subjected to sexual violence, physical and/or psychological abuse, exploitation, and abuse in Honduras. Unfortunately, most state parties lack the necessary mechanism to safeguard women with disabilities against violence and offer victims the prerequisite remedies. Despite women with disabilities being at heightened risk of sexual violence and abuse, they are often reluctant to report because effective measures to monitor and prevent violence, including sexual violence, in all settings are lacking, and where available, violence prevention measures are insufficiently accessible. This weakness in protecting women with disabilities from violence highlights the need for the Committee to continuously remind state parties to implement “effective legislation and policies, including women- and child-focused legislation and policies, to ensure that instances of exploitation, violence and abuse against persons with disabilities are identified, investigated and, where appropriate, prosecuted” (UNCRPD, 2007, Article 16). By doing so committedly including by involving women with disabilities and their representative organisations, state parties will fulfil

their Convention obligations and empower women with disabilities to make autonomous decisions about their reproductive health.

Recommendations offered by the committee can promote women with disabilities' reproductive autonomy. Encouraging state parties to undertake legislative measures to ensure that national legal and policy frameworks respect, protect, and fulfil women with disabilities' reproductive autonomy rights can check on state-sanctioned violations including legally limiting women with disabilities' ability to make autonomous choices about their sexual and reproductive health and rights by requiring parental or guardian notification or consent before the provision of information and services, or by permitting health-care providers to deny reproductive health information, goods and services to them (Catalina Devandas Aguilar, 2017). Furthermore, the committee's emphasis on awareness raising, training service providers, and ensuring women with disabilities access to sexual and reproductive health education and information would address the prevailing negative stereotypes towards women with disabilities, equip service providers with prerequisite knowledge serve and respect women with disabilities reproductive choices. For example, instead of imposing sexual and reproductive health services on women with disabilities believing they lack the necessary capacity to understand available information and make informed decisions, through training, service providers can learn universal design approaches to make sexual and reproductive health information and services accessible to women with different impairments. More awareness about women with disabilities impairments, reproductive health rights, and needs is also necessary to increase the service providers understanding that, rather than women with disabilities' impairments, it is the interaction between their impairment and the social, economic, environmental, and economic barriers often restricting their access to sexual and reproductive health services and rights. Furthermore, through sexual education, women with disabilities are more likely to know their reproductive health rights, the types of services available, and where and how to access them, thus improving their ability to make informed decisions.

6 Conclusions

This article demonstrates, through a content analysis of the CRPD-Committee's concluding observations on women with disabilities' sexual and reproductive health rights that, while the committee's concerns and recommendations, may facilitate the promotion of women with disabilities' reproductive autonomy, state parties must commit and prioritise implementing and realising women with disabilities' reproductive health rights. This article offers an empirical foundation for highlighting the necessity for state parties to consider putting the committee's recommendations into practice to fulfil their obligations under the Convention to realise all rights, including the right to reproductive autonomy and access to reproductive health services for women with disabilities.

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Factors Affecting Women's Abaya and Its Styles in Saudi Arabia

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Abstract

The abaya represents the traditional outerwear of women in Saudi Arabia in the past and at the present time, and the ways in which it is worn in society have been affected by several surrounding factors. This research aims to identify women's use of the abaya and the factors that affected the ways of wearing it in all regions of the Kingdom. This research follows the descriptive analytical approach, and the study community is followed by women in various regions of the Kingdom of Saudi Arabia, and one of the methods used to collect data is the questionnaire and observation. Among the most important results are the wearing of the abaya by Saudi women in different regions and cities for different age groups, and the presence of some factors that affected the ways of wearing the abaya. Some of these factors include economic, social, and educational level. One of the most important recommendations is to encourage and support official bodies such as the Saudi Commission for Tourism and National Heritage in building and developing the traditional fashion industry. Establishing a museum specialized in traditional fashion in tourist areas with the support and encouragement of researchers in monitoring and documenting changes in fashion and tracking them historically, in addition to including traditional fashion in the curricula for its importance.

Keywords: Traditional fashion, Abaya, Saudi Arabia, Culture, influencing factors.

1. Introduction

That heritage is the cultural stock of peoples across generations, and the nature of popular heritage in all its fields, there are parts of it that remain and others that change or disappear (Editorial Board,2010 ,33). Traditional costumes are an integral part of the national identity and culture of peoples, and in the Kingdom of Saudi Arabia, they vary from region to region. Developments and changes in society have affected the use of the abaya and the ways it is worn to suit the current era. The Saudi woman wears the abaya on top of her clothes while leaving the house in the past (Al-Bassam,1985 ,86), and it has continued as a traditional outerwear over the past years since ancient times until the present time, as it is still continuous and worn by all age groups of women. The abaya has gone through an evolution until it reached its current form, where its designs, colors, materials, sewing method and style of wearing have varied, and (1994 ,172) mentioned the diversity of the forms of abayas in the Saudi market. One of the most important factors affecting women's adherence to wearing their traditional clothes is the preservation of heritage. We find clothing heritage an element of material culture. Any society is interested in its authentic heritage, which indicates the deep awareness of its members because linking the contemporary present with the authentic past will enable generations to see and preserve their heritage. In addition to the social factor, the economic factor, and self-actualization (Alexandrani,2013, 57-63). (Al-Harbi,2013 ,19-20) stated that one of the motives for wearing the abaya from ancient times, which was mentioned by Arab heritage sources: Shyness, ugliness,

concealing grey hair, jealousy, luxury. Among the most important reasons for the use of the abaya in the past: Covering up when going out and hiding the details of the body, dressing the bride on top of her clothes on the night of marriage, the woman wears them while praying, and when needed she uses them as a cover to prevent cold (Al-Bassam, 1985). Al-Bassam (2015 ,146) stated that clothing is related to man and his philosophy on the one hand and to the environment and its conditions, requirements and manifestations on the other. This confirms the importance of inspiring traditional clothing and employing heritage in a manner commensurate with development and modern life, ensuring excellence and originality, and preserving identity and status from history and civilization.

Several studies have emerged to highlight the aesthetics of traditional Saudi attire through innovative designs of the women's abaya. One such study is by Hassanain (2021), which aimed to implement new designs inspired by traditional Saudi clothing for the contemporary women's abaya, creating various forms that achieve both aesthetic and functional aspects.

In light of the desire for change, the continuation of traditional clothing and its survival for other generations to come is unsafe and to contribute to the preservation of the traditional heritage of extinction and erasure, the research addresses this important aspect. Hence, the problem of this research lies in the importance of studying the women's abaya and the factors affecting the ways of wearing it in the regions of the Kingdom of Saudi Arabia by answering the following questions:

- What is the women's abaya?
- What factors influenced a woman's use of the abaya as an outerwear?
- Do the ways of wearing the abaya vary according to age, marital status, educational level, work and monthly income?
- Does age, marital status, educational level, employment and monthly income affect the reasons for wearing the abaya?

This study aims to identify women's use of the abaya and the factors that affected the ways and reasons for wearing it in the regions of the Kingdom of Saudi Arabia.

The importance of research is to study women's wearing of the abaya, as it is an integral part of heritage and an important element of civilization in Saudi society and reflects the aesthetics and ethics of society. Since the abaya is subject to rapid change, it is imperative to study it and monitor the changes that have occurred to help preserve the traditional clothing features that distinguish Saudi society and its distinctive identity. Limitations of the study: Factors affecting women's wearing of the abaya in different regions of the Kingdom of Saudi Arabia. This study was conducted during the period from 2018 to 2021.

The abaya and its evolution

There are many types of abayas among Arabs, some of which are pure silk, some of which are coarse wool, and some Arabs prefer them brown, and others prefer them white (Ibrahim ,2002 ,316-317). The abaya is a wide, slit cloth from the front and sleeveless, worn over clothes (Al-Harbi,2013 ,13). Al-Bassam (1985, 87) stated that the abaya was worn by women on top of their clothes when going out, and it is a long, loose, rectangular robe that is open from the front, and the

length of the abaya is often suitable for height and sometimes increases from the back in some areas. The woman covers her face with the ghadfa and sheila and then wears the abaya over the head, letting it drop until it covers all of her body. The abaya was made of wool and silk in ancient times and decorated using the method of Taseem using black silk yarns yabrasim in the form of linen Amila. The abaya was known in all regions of the Kingdom of Saudi Arabia after the unification of the Kingdom. Al-Ajaji (2023) noted that there is a relationship between women's inclination to wear traditional clothing and factors such as age, education level, income, and occupation. Additionally, there is a connection between wearing traditional clothing and various influencing factors. Furthermore, women's inclination to wear traditional clothing is also related to the types of occasions in Saudi society.

Saudi women continued to wear the abaya in all regions of the Kingdom of Saudi Arabia and differed in their designs, ways of wearing, decoration, colors and materials. (Alajaji, 2018) stated that there are many changes and differences between the traditional abaya and the current abaya in terms of design, type of material, occasion of wearing it, decoration and ways of wearing it. The abaya varied, including the head abaya, a head shoulder abaya where it can be worn on the head or shoulder, and the shoulder abaya. The abaya varied, including decorative, multi-material, and others.

With the growing popularity of the women's abaya among ladies and girls, thanks to the comfort it offers, a variety of trims and decorative elements in different designs are used for its embellishment (Ibrahim & Mohammed, 2020) Fashion is a crucial element in abaya design, and it must be studied and taken into consideration, especially in terms of colors, fabrics, and model preferences (Ruqaya, 2024).

2. Method and Materials

The study to have employed a descriptive analytical method to collect data. The study community focused on women within the specified regions, and it appears that the physical limit discussed was the traditional costume called Abaya. For data collection, 1078 questionnaires were distributed and collected among sample members from various regions in Saudi Arabia. This likely allowed for a diverse range of perspectives to be included in the study. In terms of statistical methods used, the study employed duplicates and percentages to describe the study members, as well as cross tables to potentially analyze relationships between different variables. These methods can provide valuable insights into the characteristics and associations within the data collected.

To ensure the authenticity and reliability of the Assessment, it was evaluated by a group of experts, and the preparation of scientific measurements, as well as experimenting. on a limited number of the sample of the study to ascertain the clarity of the questions, interview some of the sample from which the information was collected by the questionnaire to make it again, the answers were identical, and this achieves stability. It was also tested on a set number of the study sample to ensure the clarity of the questions. A few participants from the sample were asked to fill out the questionnaire for a second time. The responses were similar which verifies the reliability of this tool.

3. Results and Discussion

Distribution of sample members by age with methods of wearing the abaya

It is clear from Table (1) that the highest percentage was for the age of 35 – less than 45 years old and they wear a shoulder abaya by 20.6%, and that the lowest percentage was for the age of 18 – less than 25 years old and they wear another abaya by 0.2%.

Table 1 - Distribution of the study sample according to age distribution with methods of wearing the abaya

| Age | | Ways to Wear the Abaya | | | | Total |
|-------------------------|---------|------------------------|-------------------|----------|-------|-------|
| | | On head | Head and Shoulder | Shoulder | Other | |
| 18 – Under 25 years old | Numbers | 12 | 12 | 92 | 2 | 118 |
| | % | 1.1% | 1.1% | 8.5% | 0.2% | 10.9% |
| 25 – Under 35 years old | Numbers | 48 | 18 | 165 | 3 | 234 |
| | % | 4.5% | 1.7% | 15.3% | 0.3% | 21.7% |
| 35 – Under 45 years old | Numbers | 130 | 44 | 222 | 4 | 400 |
| | % | 12.1% | 4.1% | 20.6% | 0.4% | 37.1% |
| 45 – Under 55 years old | Numbers | 95 | 33 | 121 | 5 | 254 |
| | % | 8.8% | 3.1% | 11.2% | 0.5 | 23.6% |
| 55 years older | Numbers | 26 | 7 | 36 | 3 | 72 |
| | % | 2.4% | 0.6% | 3.3% | 0.3% | 6.7% |
| Total | Numbers | 311 | 114 | 636 | 17 | 1078 |
| | % | 28.8 | 10.6% | 59% | 1.06% | 100% |

Table 2 - Distribution of the study sample according to the distribution of marital status with methods of wearing the abaya

| Marital Status | | Ways to Wear the Abaya | | | | Total |
|----------------|---------|------------------------|-------------------|----------|-------|-------|
| | | On head | Head and Shoulder | Shoulder | Other | |
| Married | Numbers | 278 | 94 | 468 | 11 | 851 |
| | % | 25.8% | 8.7% | 43.4% | 1% | 78.9% |
| Single | Numbers | 33 | 20 | 168 | 6 | 227 |
| | % | 3.1% | 1.9% | 15.6% | 0.6% | 21.1% |
| Total | Numbers | 311 | 114 | 636 | 17 | 1078 |
| | % | 28.8% | 10.6% | 59% | 1.6% | 100% |

Table 3 - Distribution of the study sample according to the distribution of marital status with methods of wearing the abaya

| Level of education | | Ways to Wear the Abaya | | | | Total |
|--------------------|--|------------------------|-------------------|----------|-------|-------|
| | | On head | Head and Shoulder | Shoulder | Other | |

| | | | | | | |
|--------------------|---------|-------|-------|-------|------|-------|
| High School degree | Numbers | 62 | 22 | 103 | 4 | 191 |
| | % | 5.8% | 2% | 9.6% | 0.4% | 17.7% |
| parchment | Numbers | 190 | 63 | 343 | 11 | 607 |
| | % | 17.6% | 5.8% | 31.8% | 1% | 56.3% |
| Postgraduate level | Numbers | 42 | 24 | 162 | 2 | 230 |
| | % | 3.9% | 2.2% | 15% | 0.2% | 21.3% |
| Other | Numbers | 17 | 5 | 28 | - | 50 |
| | % | 1.6% | 0.5% | 2.6% | - | 4.6% |
| Total | Numbers | 311 | 114 | 636 | 17 | 1078 |
| | % | 28.8% | 10.6% | 59% | 1.6% | 100% |

Table 4 - Distribution of the study sample according to the distribution of work with methods of wearing the cloak

| Place of Work | | Ways to Wear the Abaya | | | | Total |
|---------------|---------|------------------------|-------------------|----------|-------|-------|
| | | On head | Head and Shoulder | Shoulder | Other | |
| Student | Numbers | 13 | 9 | 84 | 1 | 107 |
| | % | 1.2% | 0.8% | 7.8% | 0.1% | 9.9% |
| Employee | Numbers | 175 | 62 | 368 | 6 | 611 |
| | % | 16.2% | 5.8% | 34.1% | 0.6% | 56.7% |
| Housewife | Numbers | 104 | 35 | 140 | 6 | 285 |
| | % | 9.6% | 3.2% | 13% | 0.6% | 26.4% |
| Other | Numbers | 19 | 8 | 44 | 4 | 75 |
| | % | 1.8% | 0.7% | 4.1% | 0.4% | 7% |
| Total | Numbers | 311 | 114 | 636 | 17 | 1078 |
| | % | 28.8% | 10.6% | 59% | 1.6% | 100% |

Table 5 - Distribution of the study sample by income level distribution with methods of wearing the abaya

| Income Level | | Ways to Wear the Abaya | | | | Total |
|--------------------------------|---------|------------------------|-------------------|----------|-------|-------|
| | | On head | Head and Shoulder | Shoulder | Other | |
| 5000 riyals or less | Numbers | 73 | 22 | 152 | 4 | 251 |
| | % | 6.8% | 2% | 14% | 0.4% | 23.3% |
| More than 5000 – 10000 riyals | Numbers | 66 | 18 | 138 | 3 | 225 |
| | % | 6.1% | 1.7% | 12.8% | 0.3% | 20.9% |
| More than 10000 – 15000 riyals | Numbers | 98 | 43 | 165 | 4 | 310 |
| | % | 9.1% | 4% | 15.3% | 0.4% | 28.8% |

| | | | | | | |
|------------------------|---------|-------|-------|-------|------|-------|
| More than 15000 riyals | Numbers | 74 | 31 | 181 | 6 | 292 |
| | % | 6.9% | 2.9% | 16.8% | 0.6% | 27.1% |
| Total | Numbers | 311 | 114 | 636 | 17 | 1078 |
| | % | 28.8% | 10.6% | 59% | 1.6% | 100% |

Table 6 - Distribution of the study sample according to age distribution with the reasons for wearing the abaya

| Age | | Reasons to Wear the Abaya | | | | Total |
|-------------------------|---------|---------------------------|----------|-----------------------|-------|-------|
| | | Elegance | Covering | Covering and elegance | Other | |
| 18 – Under 25 years old | Numbers | 2 | 76 | 33 | 7 | 118 |
| | % | 0.2% | 7.1% | 3.1% | 0.6% | 10.9% |
| 25 – Under 35 years old | Numbers | 1 | 173 | 51 | 9 | 234 |
| | % | 0.1% | 16% | 4.7% | 0.8% | 21.7% |
| 35 – Under 45 years old | Numbers | 2 | 330 | 52 | 16 | 400 |
| | % | 0.2% | 30.6% | 4.8% | 1.5% | 37.1% |
| 45 – Under 55 years old | Numbers | 2 | 227 | 16 | 9 | 254 |
| | % | 0.2% | 21.1% | 1.5% | 0.8% | 23.6% |
| 55 years and older | Numbers | - | 63 | 8 | 1 | 72 |
| | % | - | 5.8% | 0.7% | 0.1% | 6.7% |
| Total | Numbers | 7 | 869 | 160 | 42 | 1078 |
| | % | 0.6% | 80.6% | 14.8% | 3.9% | 100% |

Table 7 - Distribution of the study sample according to the distribution of marital status with the reasons for wearing the abaya

| Marital Status | | Reasons to Wear the Abaya | | | | Total |
|----------------|---------|---------------------------|----------|-----------------------|-------|-------|
| | | Elegance | Covering | Covering and elegance | Other | |
| Married | Numbers | 4 | 712 | 105 | 30 | 851 |
| | % | 0.4% | 66% | 9.7% | 2.8% | 78.9% |
| Single | Numbers | 3 | 157 | 55 | 12 | 227 |
| | % | 0.3% | 14.6% | 5.1% | 1.1% | 21.1% |
| Total | Numbers | 7 | 869 | 160 | 42 | 1078 |
| | % | 0.6% | 80.6% | 14.8% | 3.9% | 100% |

Table 8 - Distribution of the study sample according to the distribution of the level of education with the reasons for wearing the abaya

| Level of education | | Reasons to Wear the Abaya | | | | Total |
|--------------------|---------|---------------------------|----------|-----------------------|-------|-------|
| | | Frosting | Covering | Covering and elegance | Other | |
| High School degree | Numbers | 1 | 167 | 18 | 5 | 191 |
| | % | 0.1% | 15.5% | 1.7% | 0.5% | 17.7% |
| College degree | Numbers | 5 | 501 | 78 | 23 | 607 |
| | % | 0.5% | 46.5% | 7.2% | 5.0% | 56.3% |
| Postgraduate level | Numbers | 1 | 159 | 56 | 14 | 230 |
| | % | 0.1% | 14.7% | 5.2% | 1.3% | 21.3% |
| Other | Numbers | - | 42 | 8 | - | 50 |
| | % | - | 3.9% | 0.7% | - | 4.6% |
| Total | Numbers | 7 | 869 | 160 | 42 | 1078 |
| | % | 0.6% | 80.6% | 14.8% | 3.9% | 100% |

Table 9 - Distribution of the study sample according to the distribution of work with the reasons for wearing the abaya

| Place of Work | | Reasons to Wear the Abaya | | | | Total |
|---------------|---------|---------------------------|----------|-----------------------|-------|-------|
| | | Elegance | Covering | Covering and elegance | Other | |
| Student | Numbers | 2 | 66 | 33 | 6 | 107 |
| | % | 0.2% | 6.1% | 3.1% | 0.6% | 9.9% |
| Employee | Numbers | 5 | 480 | 101 | 25 | 611 |
| | % | 0.5% | 44.5% | 9.4% | 2.3% | 56.7% |
| Housewife | Numbers | - | 256 | 21 | 8 | 258 |
| | % | - | 23.7% | 1.9% | 0.7% | 26.4% |
| Other | Numbers | - | 67 | 5 | 3 | 75 |
| | % | - | 6.2% | 0.5% | 0.3% | 7% |
| Total | Numbers | 7 | 869 | 160 | 42 | 1078 |
| | % | 0.7% | 80.6% | 14.8% | 3.9% | 100% |

Table 10 - Distribution of the study sample according to the income level distribution with the reasons for wearing the abaya

| Income Level | | Reasons to Wear the Abaya | | | | Total |
|--------------------------------|---------|---------------------------|----------|-----------------------|-------|-------|
| | | Elegance | Covering | Covering and elegance | Other | |
| 5000 riyals or less | Numbers | 1 | 200 | 38 | 12 | 251 |
| | % | 0.1 | 18.6% | 3.5% | 1.1% | 23.3% |
| More than 5000 – 10000 riyals | Numbers | 1 | 187 | 30 | 7 | 225 |
| | % | 0.1% | 17.3% | 2.8% | 0.6% | 20.9% |
| More than 10000 – 15000 riyals | Numbers | 3 | 249 | 45 | 13 | 310 |
| | % | 0.3% | 23.1 | 4.2% | 1.2% | 28.8 |
| More than 15000 riyals | Numbers | 2 | 233 | 47 | 10 | 292 |
| | % | 0.2% | 21.6% | 4.4% | 0.9% | 27.1 |
| Total | Numbers | 7 | 869 | 160 | 42 | 1078 |
| | % | 0.6% | 80.6% | 14.8% | 3.9% | 100% |

Table 11 - Distribution of the study sample according to preference for a change in the abaya

| Answer | Frequency | Weight (%) |
|-----------|-----------|------------|
| Yes | 136 | 12.6 |
| No | 712 | 66 |
| Sometimes | 230 | 21.4 |
| Total | 1078 | 100 |

4. Conclusion

That women in Saudi society in all regions of the Kingdom of Saudi Arabia still maintain wearing the abaya and this is consistent with the study of Ali (1994) that women in Saudi society maintained the abaya as traditional clothing and continued to wear it. The highest rate of wearing the abaya for the sample members because of the cover-up was for the age of 35 – less than 45 years. As for the marital status, it was for those whose marital status was married. The highest rate of wearing the abaya because of the cover-up was for those whose educational level was a university degree. As for the work, the employee received the highest percentage. Finally, the highest percentage was for those whose income level was more than 15,000 riyals from the sample members. This is consistent with what Al-Bassam (1985) mentioned that one of the functions of the abaya is to cover the woman and hide the details of the body. Sheih et al. (2016) mentioned that civilian women grabbed the black abaya when they went out for covering, decency and

reverence. The names of the abaya varied according to the ways of wearing it, which is a shoulder abaya, a head abaya, a head shoulder abaya. In the past, women wore the abaya on their heads, but nowadays, women have diversified in the ways of wearing abaya in order to suit the current life and the changes taking place. Al-Bassam (2015) confirmed that heritage must be employed with development and modern life. The highest percentage of the methods of wearing the abaya was the shoulder method and the highest percentage was for the age of 35 – less than 45 years. As for the marital status, it was for those whose marital status was married. The highest percentage of the shoulder method was for those whose educational level was a university degree. As for work, the employees got the highest percentage. Finally, the highest percentage was for those whose income level was more than 15,000 riyals from the sample. This is in line with what (Alajai, 2018) stated that there is a relationship between environmental, social and economic factors and the development of the abaya, as one of the most important factors affecting social life in Saudi society. (Ahmed,1998) stated that the changes that took place in the burqa in the UAE society reveal the speed of economic, social and cultural change in society. social and economic factors related to age and education level significantly impact the consumer tendency towards fast fashion among women in society (Isaac & Tawfiq, 2022).

5. Recommendations

Encouraging and supporting official bodies such as the Saudi Commission for Tourism and National Heritage in building and developing the traditional fashion industry. Establishing a museum specialized in traditional costumes in tourist areas. Include traditional costumes in the curriculum for their importance.

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