

**Advancing Equity for Women and Girls with Disabilities: A Small Wins Approach for Inclusive and Rights-Based Education**

**An Open Educational Resource (OER) for Professors and Educators**

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### **Abstract**

This Open Educational Resource (OER) presents original research titled *Advancing Equity for Women and Girls with Disabilities: A Small Wins Approach for Inclusive and Rights-Based Education*. The research provides the conceptual foundation for a five-unit curriculum designed for secondary and postsecondary learners, equipping students to examine barriers to inclusion and advance rights-based educational practices. The OER first outlines the research framework supporting the curriculum and then presents the instructional modules in the Appendix.

Women and girls with disabilities remain among the most marginalized learners globally, facing intersecting barriers shaped by gender, disability, poverty, culture, and structural inequality. This OER examines these inequities through a global lens and proposes the *Small Wins* strategy as a practical, evidence-informed approach to advancing inclusive education. Drawing on international frameworks, including the Convention on the Rights of Persons with Disabilities (CRPD) and the Sustainable Development Goals (SDGs 4, 5, and 10), the work illustrates how incremental changes in policy, pedagogy, and school culture can collectively expand access, agency, and educational opportunity.

Designed for educators in disability studies, gender studies, global education, and human rights education, this resource provides classroom-ready models, discussion pathways, and instructional examples demonstrating how Universal Design for Learning (UDL), culturally sustaining pedagogy, and rights-based teaching can translate global commitments into everyday educational practice. Ultimately, the analysis highlights how sustained, strategic small wins can generate meaningful and lasting change within educational systems.

The Small Wins Approach to Gender and Disabilities Curriculum consists of the following modules:

Module 1: The Global Landscape of Women, Girls, and Disabilities in Education

Module 2: Barriers and Intersectionality: Violence, Poverty, Culture, and Policy

Module 3: The “Small Wins” Strategy: Theory and Application

Module 4: Education as Empowerment: Rights, Development, and Practice

Module 5: Implementation Pathways: From Policy to Practice

**Key words:** gender, disability, Small Wins strategy, intersectionality, inclusive education, global education, human rights education, disability studies, Sustainable Development Goals (SDG), culturally sustaining pedagogy

## **Advancing Equity for Women and Girls with Disabilities: A Small Wins Approach for Inclusive and Rights-Based Education**

### **Introduction**

This resource looks at the contribution of women with disabilities to the healthification of society by employing the Small Wins theory, which advocates for incremental progress rather than sudden big changes that may not find support. The manuscript starts with a discussion of the global status of girls and women with disabilities, followed by an analysis of how the Small Wins strategy can empower women with disabilities in the context of democracy and human rights, having as a first step education promoting health globally. A postmodernist critical look through feminist and disability studies theoretical lenses is employed throughout this study when analyzing matters of rights and discrimination, equality and oppression, intersectionality and agency. This study uses a holistic design because no subgroups can be supported by global statistics, and the dominant theory of intersectionality (Crenshaw, 1991) is holistic in nature (Yin, 2014).

Roughly 15 percent (WHO, 2014) of people worldwide experience disabilities and more than half of them are women. Disabilities affect more women than men, in part because, in many societies, they are yet to gain equal rights to men. Changing attitudes and practices regarding women with disabilities is part of a larger issue of healthification of the entire society. Somewhat opposing medicalization, which turns the “moral into the medical”, the process of healthification turns the “health into the moral” (Conrad, 1987, p. 267), by weighing the health choice responsibilities onto the individual. But since individual choice depends on the range of choice creation, the society as a whole (including the public and private institutions) is also responsible for disease prevention and health promotion.

Until a few decades ago, disability studies and feminist scholarship have not analyzed the relevance of the intersection of women, disability, and educational issues. Studies that focused on multiple discrimination bases, such as women and race, class, or sexual orientation, have been also limited until to a few decades ago. Kimberlé Crenshaw coined the term “intersectionality” in 1989 when working with African American women, recognizing their double discrimination as a result of both their race and gender (American Bar Association, 2004; Crenshaw, 1991). Lately, qualitative and few quantitative accounts have permeated the published body of literature celebrating successes and uncovering the obstacles met by women who deal with disabilities (e.g., experiences of women with disabilities in the Middle East - Abu-Habib, 1997; experiences of lesbians with disabilities - Brownworth & Raffo, 1999; Deegan & Brooks, 1985; Hans & Patri, 2003; Hillyer, 1993; Lonsdale, 1990; and Russo, 1993). The United Nations (UN) and the World Health Organization (WHO) are also turning their attention to exploring the combined issues of disability and womanhood. However, policy recommendations and practical suggestions on how this double minority status can be tackled are yet scarce. This study proposes the implementation of the Small Wins strategy, celebrating the recent advances for the quality of life of women with disabilities and encouraging continued advocacy and innovation, discussing access to education as paramount. This strategy calls for a new frame of thinking about changes and choices, in the context of providing access to education and establishing the seeds of democratic gains for a sound application of women and disability rights.

### **Women Experiencing Disabilities**

Disability is a continuum of experiences that is likely to affect most people at some point in their lives. One in four people will become disabled before they retire (Disabled World, 2015). A staggering rise in disabilities was registered in the past five years, from 10% (or 650 million,

WHO, 2010) to 15% (over a billion people, WHO, 2014a) of the world's population, with more than half being girls and women. This number is on the rise due, in part, to an increase in world's population, chronic diseases, injuries, malnutrition, war and violence, AIDS, environmental degradation, ageing, and increasing human lifespan (Disabled World, 2015). Disability is both a cause and a consequence of poverty, with about 80% of global population with disabilities living in developing countries (WHO, 2010; UN Enable, 2015), and between 65% and 70% of these women live in rural areas. The Convention for the Rights of Persons with Disabilities (CRPD, 2017) validates the term of intersectionality for women with disabilities in Article 6: "State Parties recognize that women and girls with disabilities are subject to multiple discrimination, and in this regard shall take measures to ensure the full and equal enjoyment by them of all human rights and fundamental freedoms". The UN estimates that 25% of women with disabilities are enrolled in the global workforce and the World Bank reports that 20% of the poorest people worldwide have some kind of disability (UN Enable, 2015). The WHO turns to all disability organizations, advocates, and governments to cooperate for "ensuring equal opportunities and promotion of human rights for people with disabilities, especially those who are poor" (WHO, 2015).

### **Violence**

In war zones, children happen to be killed, but three times more remain with permanent injuries (UN Enable, 2015). In general, violence against children with disabilities happens at least 1.7 times greater annual rates than for their peers without disabilities (UN Enable, 2015). Today, multiple international and regional treaties, such as the [Convention on the Elimination of All Forms of Discrimination against Women](#) and the [Convention on the Rights of Persons with Disabilities](#), clearly state that hiding women or people with disabilities so that they would remain without eligible services, taking a woman's life (in the case of the so-called 'honor killings'), or tampering with her bodily integrity is a violation of international norms. DAWN Ontario (2015) finds that girls with disabilities are twice as likely to be sexually assaulted, and women with disabilities are more likely to be victims of violence, experiencing an intersectional gender-based and disability-based abuse. The amount of risk for violence found within this overlap remains unknown, though.

### **Poverty**

It has been established that disability is both a cause and a consequence of poverty, with about 80% of global population with disabilities living "in low-income countries and experience social and economic disadvantages and denial of rights" (WHO, 2010). WHO (2014b) reports that under-nutrition is the cause of death for at least 30% of all children under age five, Poverty sets at risk disempowered populations which cannot exert agency for themselves and those dependent on them (Wines, 2006). The countries with greatest number of identified disabilities are also the poorest countries in the world and are at more risk of having future generations of youngsters who will be cheated of IQ points. Lack of iodine alone can "lower a child's IQ by 10 or more points" (Wines, 2006, p. 101). Similarly, lack of vitamin B12, vitamin A, iron, and folic acid are caused by malnutrition in both underdeveloped and industrialized countries and fundamentally impact the health of young children. In citing another study, Scharnberg (2006) presents compelling evidence of the ravages that famine brings among the poor: "among individual diseases studies, undernutrition is responsible for 60.7% of deaths from diarrhea, 57.3% of deaths from malaria, 52.3% of deaths from pneumonia, and 44.8% of deaths from measles" (p. 112), and, in general, malnutrition increases the susceptibility to illness and the likelihood that an illness will be serious. Short term and long term consequences of food

insecurities include impairments in mental health, physical diseases, school dropouts, and absenteeism from work, although nutritional deficiencies “can be easily and cheaply prevented, sometimes for pennies per child, through programs like universal salt iodization, fortification of flour, and semiannual doses of vitamins” (Wines, 2006, p. 103). In general, three fourths of the world’s hungry are politically marginalized people who live in rural areas.

Poverty takes its toll on people in the form of mental disabilities. “People with the lowest socio-economic status (SES) have eight times greater relative risk for schizophrenia than those of the highest SES. They are also four times more likely to be unemployed or partly employed, one-third more likely not to have graduated from high school” (WHO ECOSOC, 2009, p. 1). A discussion paper published under the WHO, for a meeting of the Economic and Social Council (ECOSOC), lays out international and country cases data on *Mental Health, Poverty, and Development*: “Globally, only 5% of children with physical or mental disabilities complete primary school compared to nearly 90% of their peers without disabilities. In developing countries, 98% of children with disabilities are not enrolled in school and 99% of girls with disabilities are illiterate” (p. 5). When they receive educational opportunities, people with disabilities are discriminated, rejected, and ridiculed. During school years, findings suggest that students with mental disabilities share a low motivation, low concentration in classes, poor academic performance, and a high rate of dropout.

For mothers worldwide, the situation is also somber. The complications of pregnancy account for almost 15 % of deaths in women of reproductive age (see for example, Kristof & Wudunn, 2009). Overall, over half million women die from preventable complications during pregnancy or childbirth (WHO, 2014).

### **Culture and Policy**

In the context of the recent paradigm shift in disability studies from the medical model to the social model, the world needs to pay attention to the socio-political circumstances, which, in turn, influence the economic status of people with disabilities. Tackling disability from a developmental framework suggests looking at access to education, training and employment, health related services, SES level, and rights to physical integrity [including the right to fertility and (non)practices of female circumcisions in parts of Africa, Asia, and the Middle East].

Nakanishi (2002), the president of Asia Disability Institute, notes that in many countries in Asia, and others worldwide, a woman is expected by the society to follow the demands of “her father as a child, her husband as a wife, and her children as an elderly person”, suggesting that women are not treated equal to men. Another example is the Middle East, where the education and mobility of girls is decided by the fathers (Abu-Habib, 1997). This makes girls and women among the poorest in their communities, with the survival of the women with disabilities threatened by disempowerment. Between 60 to 80% women in most developing countries work on cultivating the land and women alone are responsible for half of the world’s food production (FAO, 2010). Despite this, women have more difficulty than men in accessing resources for food production (agricultural inputs), low purchasing power (such as financial credit), low or null land and property ownership rights (e.g., less than 2% of land is owned by women in developing countries, FAO, 2010; and Chen & Summerfield, 2007), and low access to education, training, extension services, research, and technology. The lives of women with disabilities who live in rural areas are harsher than of the ones living in urban communities, due to lack of information about available services, lack of independence, lack of mobility, an increased reluctance to ask for help, and an increased learned helplessness due to multiple ways of isolation.

As shown by studies in institutionalization and adoption, the socialization of children is crucial for their cognitive and emotional well-being. While investments in health and education are made in boys rather than in girls, the girls with disabilities are provided with the least attention and care in the family. Hence, girls are more likely to acquire disabilities and girls with disabilities are more likely to die than boys (UN ESCAP, 1995).

### **Multiple Discrimination**

Inequality even within the strata of both women and disabilities is also faithful to reality. There are considerable gaps in the treatment of people with disabilities versus people without disabilities, but the gap grows faster in the cases of multiple bases for discrimination, groups that are especially vulnerable because of the superimposition of two or more factors including gender, indigenous peoples, ethnic and racial minorities, migrant workers, refugees, children, people with disabilities, older persons, and people with HIV/AIDS. Within the population with disabilities, this difference in equality is expressed in valuing men over women, boys over girls, Caucasians over other races, etc. Within the family, “women and children are the most likely to go hungry” (Sechler, 2006, p. 6). Four out of every five people for whom hunger is fatal are women and children. Therefore, women with disabilities are often multiply disadvantaged, for having a disability, for being poor, and for being women.

Traustadottir notes that, according to Kutza (1985), women with disabilities are at least double discriminated when it comes to employment: either they are not given a chance to employment and, if they are hired, they are paid less than a man for the same job or the sexual division of labour is unequal and below women’s ability to perform. This situation continues to this day (Meyerson & Fletcher, 2000; Schwendler, 2020). A third discrepancy in the employment treatment is represented by lower and fewer work benefits than men, such as “supplemental security income, disability insurance, worker's compensation, and vocational rehabilitation” (Traustadottir, 1997, p. 10). The International Labor Organization (ILO) reports that women have an increased risk of becoming disabled due to neglect in health care, poor workforce conditions, and gender-based violence (USAID, 2009). DAWN Ontario (2015) noted that the unemployment rate of women with disabilities was approximately 74% in Canada and 100% in many developing countries. Today, people with disabilities remain underrepresented in the workscape, with employment rates ranging from 35% in the United States to close to 0% in developing countries (UN Enable, 2015).

### **The Small Wins Theory**

First described by Tom Peters in *Patterns of winning and losing* (1977), the small wins theory brings arguments that paced gaining on a small scale is a more secure road to success than a sudden and major change because “the best indication of good coaching may be the ability to induce consistent high performance against weak opponents rather than against strong opponents” (Peters, 1977, p. 286, as cited in Weick, 1984, p. 42). Standing alone, one small win may not make much difference. However, a small win puts into motion a series of mechanisms that encourage other small wins, through scaffolding, changing mentalities, and setting an example. “A series of wins at small but significant tasks, however, reveals a pattern that may attract allies, deter opponents, and lower resistance to subsequent proposals. Small wins are controllable opportunities that produce visible results” (Weick, 1984, p. 43). Whatever the form they take, small wins become a chain reaction towards a broader goal.

Debra Meyerson and Joyce Fletcher (2000) are applying the Small Wins theory to the social infrastructure of corporations and organizations. They are proposing this strategy as an alternative to the dramatic changes brought about by a revolution in women’s anti-discrimination

matters. They describe small wins as “incremental changes aimed at biases so entrenched in the system that they are not even noticed until they are gone. (...) the small-wins strategy is a powerful way of chipping away the barriers that hold women back without sparking the kind of sound and fury that scares people into resistance” (p. 128). Meyerson and Fletcher advocate for the transformation of the workplace through a series of low-impact positive changes for those who are disproportionately affected by unsupportive and oftentimes inconsiderate practices in the workplace. They mold a strategy for applying the small wins theory: diagnose the problem, uncover the roots of inequity, establish open dialogue, and link equity to effectiveness. Similar findings about women’s access to and support for leadership is found elsewhere in the feminist literature (Ballenger, 2010; Dominici, Fried, & Zeger, 2009; Talib, States Burke, & Barry, 2017).

A very recent study coming from the Harvard Business Review studied the power of small wins, and discovered that “of all the things that can boost emotions, motivation, and perceptions during a workday, the single most important is making progress in meaningful work”, which the authors call the ‘progress principle’ (Amabile & Kramer, 2011, p. 74). This positive feedback, incremental progress, or minor milestone-reaching increases productivity and creativity at the workplace more than tangible incentives and interpersonal support. On the other hand, this study found the opposite to be true as well: small losses or setbacks also “can have an extremely negative effect on inner work life” (p. 77).

This manuscript suggests the adoption of the Small Wins strategy as a means to continue and sustain the gains of previous progress in disability and feminist studies such as the principles of anti-discrimination, inclusion, equality and equity by implementing rights. Because the theory of small wins “addresses social problems by working directly on their construction and indirectly on their resolution” (Weick, 1984, p. 40), this strategy can be applied to an international context, where the power of small wins consists in opening the possibility of change by identifying the inequity, combining changes in behavior with changes in understanding, linking the local to the global, and having a snowballing effect into more and deeper ecological changes.

### **Rights for Women with Disabilities as a ‘Big Win’**

Recognizing that people with disabilities are important contributors to society and that allocating resources to their (reh)abilitation is an investment, a framework of rights is necessary to advocate the advancement of equity and increase in quality of life for women who experience disabilities. In 1948, the United Nations was the first international organization that put together a set of global human rights, subsequently followed by other international organizations and NGOs. The end of the Cold War eased the development of an international human rights system. The global institutionalization of human rights standards is the framework by which governments are judged today, and according to which social and political pressures on governments are exercised internationally, but defended nationally (LeBlanc, 1995).

The development of human rights parallels the development of democracy and transnational normative orders, led mainly by the Western states. Ideally, in modern democracies, constitutions (and the state observance of treaties) are associated with transparent structures of governance based on the rule of law, and are meant to protect social justice. Some authors go further and support the idea that enforcement of human rights ensures an equitable distribution of wealth and equity in respect to access to civil and political rights (UN, 2009).

Adding any segment of population, in this case women with disabilities, to the global workforce and encouraging economic entrepreneurship will intensify production and consumption, which, in turn, will create a demand for a specialization increase in capital and labor (Carnevale, 1983, p. 46). This high adaptation will be possible only through education,

training and re-training, especially training associated with technology, contributing to an increase in competitive advantage of each country, contributing to the elevation from poverty of countries (that is, the new economic order) that have their population as a main source of competitive advantage. Increasing the health stock of women with disabilities will increase life expectancy and, consequently, the returns to investments.

The fact that women in developed and industrialized countries had more access to and decided to undertake paid jobs had a negative effect on fertility rates and a positive effect on high life expectancies. Thus, in many developed countries, there is an increase in retirements, a decline in fertility rates, and an increased pressure on the social security systems, unsupported by enough working force. Due to population ageing, the labor force is decreasing while the welfare dependency is increasing. Alongside with other vulnerable groups who did not previously have wide access to the labor market, women with disabilities constitute a great potential for expanding the labor market (e.g., Commission of the European Communities, 2007). On the other hand, the market for accessible products is growing and is becoming a driver for innovation and new legislation will create new services that will, in turn, employ more people. Having wage equality is a matter of human rights not only for able-bodied women (who are still being paid 77 cents to every dollar compared to a man), but so much so for women with disabilities (who are making 72 cents to every dollar compared to a man with a disability) (Kim, 2023).

In contrast with the neoliberal policies, the Human Developmental Approach (HDA) focuses on people, while the economic growth remains a means to an end. The HDA approach emphasizes the need of educating and being educated as an expansion of human freedoms (Deneulin, 2009), and providing true choices and alternatives. From an HDA perspective, instead of the continual militarization and masculinization of the external politics and internal political spheres, the energy should focus on how to improve long-entrenched internal problems such as racism and discrimination, wealth disparity, and social production of good citizens. Agency is not only created, but also taught, otherwise the benefits of democracy become an abstract notion instead of a tangible privilege.

While children, people with disabilities, and women are some of the least threatening populace to governments, they are also the least vocal. Measures that address their issues were taken relatively late in the history of human rights, and was only in the last two decades that the WHO shifted their perspective on disability rights from medical to human rights and development approaches. There are several international measures in various treaties that pertain to the rights of women with disabilities, such as instruments that refer to either the general rights of any human being (Charter of the United Nations, [Vienna Declaration and Programme of Action](#)), of women ([Convention on the Elimination of All Forms of Discrimination against Women](#), [International Covenant on Civil and Political Rights](#), [International Covenant on Economic, Social and Cultural Rights](#), Committee on the Elimination of Discrimination against Women) or of people with disabilities (Convention on the Rights of Persons with Disabilities).

For example, [the Standard Rules on the Equalization of Opportunities for Persons with Disabilities](#) state that governments “should promote measures to change negative attitudes towards marriage, sexuality and parenthood of persons with disabilities, especially of girls and women with disabilities, which still prevail in society.” The [World Programme of Action concerning Disabled Persons](#) notes the social, cultural, and economic barriers of women with disabilities to health care, vocational training, and employment. [Declaration on the Elimination of Violence against Women](#) provides that the states should condemn violence against women with disabilities, among other vulnerable groups of women (Article 4). The [Beijing Declaration](#)

holds the states accountable for ensuring “equal enjoyment of all human rights and fundamental freedoms for all women and girls who face multiple barriers to their empowerment and advancement because of factors such as (...) disability” (Article 29). The [Beijing Platform for Action](#) recognizes that the human rights of girls and women with disabilities “are inalienable, integral and indivisible part of universal rights” (Article 2) and that women “face barriers to full equality and advancement because of factors such as their (...) disability (Article 46). The [Copenhagen Declaration and Programme of Action](#) hold that states should “promote full and equal participation of urban and rural women and *women with disabilities* in social, economic, and political life, including in the formulation, implementation and follow-up of public policies and programmes” (Commitment 5) as well as full and equal access to education for girls and women for the ultimate goal of social equality (Commitment 6).

The [UN Convention on the Rights of Persons with Disabilities](#) (CRPD) and its Optional Protocol were adopted on 13 December 2006 and opened for signature on March 2007, entering into force on 3 May 2008. According to the UNCRPD, states should take policy and legislative measures and report on efforts to protect girls and women with disabilities on multiple levels. Several directions, that these efforts need to be channeled towards, include standards of living and social protection, childhood, gender-specific measures, education, and, because women are also mothers, this study includes a discussion of the home and family measures.

### **How to Advocate for the Healthicization of Society by Building Small Wins for Women with Disabilities**

By implementing the strategy of Small Wins to the crossway field of women and disabilities, activists can raise the level of awareness about health issues that women face, co-opting more social reformers to ensure more durability of the effects of their work, that a sudden and drastic change may not ensure because it does not scaffold on practical measures. The healthicization approach opposes the medicalization of disabilities in that it recommends beneficial choices for a healthy lifestyle instead of pharmaceutical treatment (Conrad, 2005).

The injustices against women with disabilities are many, of which some were presented herein. While health and employment are also important, focusing on education is crucial as it allows women to become better caregivers for people with disabilities and also inspire them to become active agents in their own lives. Mothers of children with disabilities and women with disabilities have the potential to become role models for their children and the community, become advocates, and to lead the fight against the marginalization of vulnerable populations. The following are several ways in which the Small Wins theory becomes relevant in practice.

Meyerson and Fletcher (2000) suggest that the Small Wins thinking can be induced by manipulating the processes of assimilation, accommodation, and celebration of differences, although these are not having a comprehensive effect on eliminating discrimination. In addition, they suggest that everyday practices should be altered through education: “start[ing] with the belief that gender inequity is rooted in our cultural patterns and therefore in our organizational systems (...) existing systems can be reinvented by altering the raw materials of organizing – concrete, everyday practices in which biases are expressed” (p. 131). In this case, the Small Wins strategy is focused on small initiatives that directly target the local policies and practices that produce inequity.

At the opposite end of the spectrum of change implementation, Houzes and Posner (1995) suggest finding a core theme and a central person that can execute the change, acting with a sense of urgency while providing choices for change, and opt for changes visible to many. In

this sense, existing role models can play the central function, such as Malala Yousafzai, a Pakistani activist for girl education who suffered a wound to the head.

As a third solution, Amabile and Kramer (2011) emphasize that finding the deep meaning of work towards a goal ensures a sense of progress. Finding meaning can be facilitated by catalysts (“actions that support work”, such as “setting clear goals, allowing autonomy, providing sufficient resources and time, helping with the work, openly learning from problems and successes, and allowing a free exchange of ideas”, p. 78) and nourishers (“acts of interpersonal support, such as respect and recognition, encouragement, emotional comfort, and opportunities for affiliation” (Amabile & Kramer, 2011, p. 78). Applied to improving the quality of lives of women with disabilities, it could take the form of finding fast solutions to immediate problems, either local or global. For example, providing vocational training that could help women find employment, setting up free health care during certain time of the week in an existing infrastructure. A more comprehensive list is put together by Boylan (1991) with very applicable, meaningful, and immediately reinforceable actions that can be taken for women and children with disabilities: encouraging educators and local employers to meet women with disabilities and negotiate employment and employment training; support technology implementation to assist females with disabilities obtain access to education; start community-based rehabilitation programs; raise awareness about the connection between disability, poverty, and womanhood; and assisting parents in developing informed and constructive attitudes about disabilities and extract from their children’s (dis)abilities the potential for development. The World Bank recommends ensuring human rights and education for all women, which, in turn, can prevent disabilities deriving from complications of pregnancy, child labor, child immunization, child care (World Bank, 2015).

Those who espouse the Small Wins strategy think opportunistically, take small risks, reserve a relatively low-cost investment, and are realistic and pragmatic. But in case a small wins project is not successful, the loss is relatively small because the change in expectations and resource commitments are relatively low. Although the principle of “small things make big things” (a Systems Theory approach) is omnipresent in life, the Small Wins principle is something more than just how changes are achieved. It is more about how to ensure a mentality of success and positive innovation. “Small wins are like miniature experiments that test implicit theories about resistance and opportunity and uncover both resources and barriers that were invisible before the situation was stirred up” (Weick, 1984, p. 44). Because this strategy “creates change through diagnosis, dialogue, and experimentation” (Meyerson and Fletcher, 2000, p., 182), it is intrinsically a democratic strategy, based on identification of a problem, evaluation, negotiation and mediation, and experimental application, followed by another cycle of these processes as needed. Since the changes produced by “small wins” are incremental and locally driven, the approach is non-threatening and more easily accepted by an entrenched culture such as often exists in the traditional societies. Successive small wins build upon themselves such that substantive and lasting changes in the work environment and culture are achieved and assimilated over time. This strategy is intended as a bottom up approach, but, because it was also applied in large organizations, it can also be enforced top down. That is, governments can also prioritize directions for change. Even if policy change usually comes about through advocacy, followed by law writing and implementation, followed by allocation of funds to enforce the law change, culminating in a change of attitudes, it is difficult to universally apply these steps to all issues, as they work best when engaged in a cycle of transformation.

A first step that governments can take is *ethical and juridical*, considering signing and ratifying regional and international human rights treaties that target women with disabilities that would set the legislative stage for change. After adoption in the national legislature, the governments ensure implementation and take full opportunity of all situations that arise to make small steps towards achieving the final goal of non-discrimination and equal opportunity. States can use the examples of other countries or they can set up their innovative model when accommodating international human rights and democratic discourses to the cultural specific of their state's jurisprudence. Democracy plays an important role in the development of an array of real choices (Tsai, 2006), but more than this is needed. Sen (1999a, 1999b, 2000, & 2003) and UNDP (2015) acknowledge that not only freedom assists individuals and peoples to make choices in life according to personal preferences, but freedom along with health, education, and income facilitate development (Vollmer & Ziegler, 2009). Hence, both a 'forest view' and a 'tree view' are needed.

A second step that states should consider is taking *economic* measures. Investing in the development of physical (e.g., roads, school, and hospital buildings) and administrative (e.g., clerks, teachers) infrastructures that enable the implementation of the adopted legislation. Since hearing loss, vision problems, and mental disorders are the most common causes of disability (WHO, 2014b), of which some of them can be corrected or provided accommodations for, special measures should be taken to ensure access to health and education interventions for these populations. In general, in developing countries children with disabilities are provided little support in accessing health services or any form of education, let alone specialized education, and little opportunities to develop their social circles or specialized advocacy organizations. This is even truer for children with severe and profound disabilities, or with roughly new disability diagnoses, such as autism. Setting up support groups specializing in assisting women and people with disabilities is crucial.

A third step, where the array of small wins expands becoming more challenging to negotiate, are changes in the *socio-political* climate of the country. Many times, changes are demanded and claimed on a social grass-roots level and then translated into legislation, therefore, small wins strategy can work with any type of level-initiated change (top-down and bottom-up approaches). Sen (1999a) comments on how women's education decreases mortality rates of children under five years old, directly and indirectly influencing the welfare of their children through determining family decisions. On the other hand, Kristof and Wudunn (2009) suggest that investment in education has the potential to deter terrorism in general. Indeed, many acts of violence against people with disabilities and women are taking place in a context of lack of information and prejudice. Provision of education, from primary to tertiary education, together with employment training would provide the incremental changes in society. It may take several years to several generations for widespread changes to occur and for small wins to be made. The larger the degree of change for girls and women with disabilities and women with children with disabilities, the higher the chances that next generations will have in achieving a better quality of life.

When implementing small wins, collaboration is crucial. Uneven developments and contributions from different communities call for a strong need for specialization of knowledge and tools in the fields of disabilities and feminism, and use of multi-functional expertise of teams for addressing heterogeneous content (e.g., environmental infrastructure, teaching target behaviors) and heterogeneous user needs to be context-sensitive. Local and global expertise in applying the knowledge of best practices to the reality of different cultures and subcultures, as

well as a shift of investment in women with disabilities and women who care for people with disabilities, will contribute to long-term commitments to quality of life improvement.

Finally, the incremental progress proposed by the Small Wins strategy can follow or precede systemic changes, therefore, the time for change is *anytime*. This strategy calls for all people to be activists in promoting their ideas of equity and opportunity development. This method calls for a re-examination of problems and processes of improving solutions. It requires constant translation of knowledge into practice and vice-versa, thus the involvement of all is encouraged, from researchers to practitioners, from parents to women who find themselves at the intersection between femininity and disability. In a democratic environment, where freedom of expression is fostered, objectivity is not required, but obtained through multiple subjectivities. ‘Small winner’ stakeholders, such as governments, the private sector, trade unions, non-governmental organizations and other membership-based organizations need not only initiate change, but also persevere in finding ways to achieve their goal.

### **Conclusion**

The Small Wins theory, is a very different approach to change, as it not an “all or nothing” type of mentality. It has the potential to initiate and perpetuate major changes, by translating theory into practice, building on previous successes, and leading to the healthicization of society. At a local level, there are a few ways of embedding the Small Wins mentality to advance the status of women with disabilities: (1) celebrating differences as an everyday practice (Meyerson and Fletcher, 2000); (2) implementing changes through a central or representative person and/or organization (Houzes and Posner, 1995); and (3) finding deep meaning and worth in improving the lives of women with disabilities by advancing solutions to immediate problems (Amabile & Kramer, 2011).

At a macro-level, implementing the Small Wins strategy can take various forms that nation-states and large organizations *should* take to improve the empowerment of girls and women with disabilities, with applications ranging from ethical-juridical, to socio-cultural and economic domains: (a) adopt human rights regional and international norms into local legislation; (b) invest in infrastructure to allow the implementation of legislation; (c) invest in health, education, and employment of girls and women with disabilities; (d) be aware that the time for change is anytime; (e) persevere in working to challenge the status quo; (f) involve advocates, practitioners, and researchers; (g) involve the government, non-governmental organizations, the media, and all agents of change, such as parents, teachers, administration personnel; and (h) develop constructive attitudes regarding girls and women with disabilities, and their motherhood. The Small Wins strategy brings about a change in views and attitudes towards girls and women with disabilities, through finding gaps in services, dialogue, and experimentation of solutions.

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**Appendix**  
**The Curriculum for Advancing Equity for Women and Girls with Disabilities: A Small Wins Approach for Inclusive and Rights-Based Education**

**Unit 1: The Global Landscape of Women, Girls, and Disabilities in Education**

**Learning Outcomes**

- 1) Analyze global statistics and emerging trends regarding educational access for women and girls with disabilities.
- 2) Explain how intersecting identities, including gender, disability, socioeconomic status, and geography, shape structural inequalities in education.
- 3) Evaluate how global disparities align with and challenge SDG 4 (Quality Education), SDG 5 (Gender Equality), and SDG 10 (Reduced Inequalities).
- 4) Apply UDL and inclusive education principles to interpret barriers and design responsive pedagogical strategies.

**Content**

- Approximately 15% of the world’s population lives with disabilities, with women comprising a slight majority. Although disability-disaggregated data remain limited in many regions, existing global estimates indicate persistent gendered disparities.
- Girls and women with disabilities often face multiple, compounding disadvantages, including gender-based discrimination, disability-related exclusion, poverty, and geographical marginalization.
- UNESCO’s SDG 4 Target 4.5 calls for equal access to all levels of education and vocational training for vulnerable groups, explicitly including persons with disabilities (UNGEI, 2018).
- Recent analyses from the World Bank’s Gender Data Portal (Bonfert & Wadhwa, 2024) emphasize that girls experiencing intersecting marginalizations (such as disability, poverty, and rural residence) are among the least likely globally to enroll in or complete school.

**Real World Examples**

*Example 1:*

Carrie Buck was a young woman labeled “feebleminded” and forcibly sterilized after the U.S. Supreme Court decision in *Buck v. Bell*. The ruling legalized compulsory sterilization of people with disabilities under eugenic policies.

*Example 2:*

Genie was a girl discovered in California in 1970 after being isolated for most of her childhood. She experienced severe developmental delays and language deprivation due to extreme abuse and neglect.

**Relevance to Classroom Practice**

These data provide an empirical grounding for analyzing inequality through a global lens. Using UDL as a framework, these statistics are essential to understanding the variability of gender inequity and the moral purpose of inclusive practice. Advancing culturally sustaining pedagogy, students are encouraged to bring in local or national data to interrogate global patterns and confront the invisibility of disability in educational statistics.

### **Contemporary Classroom Example**

Students research a country of their choice, gather the most recent disability and gender disaggregated data available, and compare their findings to global trends. Students then critically analyze the structural, economic, and sociopolitical (including legislation) factors shaping discrepancies.

### **Discussion Prompts**

- What constitutes an education system that is genuinely inclusive of girls and women with disabilities?
- How does inclusive education advance SDGs 4, 5, and 10 simultaneously?
- How do conventional statistical indicators render women with disabilities invisible, and what are the implications for policy and research?

### **Activity Guide**

- 1) In small groups, students select a country or region to investigate.
- 2) Using reputable online sources, they compile disability prevalence rates, education enrolment or completion data, and other relevant policies.
- 3) Groups identify two major structural (cultural or institutional) barriers limiting educational access.
- 4) Students compare contexts, find patterns, and consider how UDL-based designs could mitigate identified barriers.

## **Unit 2: Barriers and Intersectionality: Violence, Poverty, Culture, and Policy**

### **Learning Outcomes**

- 1) Identify and analyze key systemic barriers faced by women and girls with disabilities, including violence, poverty, restrictive cultural norms, and policy limitations.
- 2) Apply intersectionality as an analytic framework to examine layered forms of discrimination.
- 3) Translate intersectional insights into pedagogical practices that are inclusive, culturally sustaining, and responsive pedagogies to structural inequalities.

### **Content**

- Women and girls with disabilities experience disproportionately high rates of gender-based and disability-based violence, reinforcing cycles of exclusion.
- Disability and poverty interact reciprocally: poverty increases the risk of disability through poor health conditions, while disability increases the probability of economic marginalization.
- Cultural norms may restrict women's autonomy, mobility, or access to public institutions, including schools, further compounding exclusion for those with disabilities.
- Multiple discrimination arises where gender, disability, ethnicity, rural residence, refugee status, and other identities intersect.

### **Real World Examples**

#### *Example 1:*

Rahma Haruna was a Nigerian woman born healthy, who lived with a rare, undiagnosed medical condition that prevented the normal development of her limbs. Despite severe physical limitations, she became widely known for her resilience and positive outlook. Her dream: opening a business, "I want to start a business. A grocery store and anything people buy, that is what I want" (Sinclair, 2016). Supported by her family, she advocated for compassion toward people with disabilities and inspired global attention to disability awareness before her death in 2016 (at 19 years old).

#### *Example 2:*

Rosemary Kennedy had an intellectual disability and behavioral challenges. In 1941, she underwent a lobotomy, a procedure authorized by her family that left her permanently incapacitated. She spent most of her life in an institution.

### **Relevance to Classroom Practice**

Human rights and inclusive education coursework benefits from applying intersectionality to the real classroom, community, and policy scenarios. UDL guides instructors away from homogenizing categories such as "girls" and toward designing teaching environments that accommodate the full range of identities and experiences. Culturally sustaining pedagogy demands that student voice and culturally rooted understandings of disability be central to analysis and instruction.

### **Contemporary Classroom Example**

Students examine international or regional policy documents, such as the CRPD (Convention on the Rights of Persons with Disabilities) or national inclusive education laws, to evaluate the extent to which women with disabilities are acknowledged. They then analyze

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implementation barriers in specific cultural or socioeconomic settings. Students are also encouraged to find examples of gender inequity in certain countries, cultures, or geographical regions (such as female mutilation or honor killings).

### **Discussion Prompts**

- How does recognizing multiple discrimination reshape our understanding of educational exclusion for women with disabilities?
- In what ways do cultural norms influence educational pathways, and how can educators navigate these sensitively but critically?
- How should teachers design learning environments that explicitly address the intersecting disadvantages faced by women with disabilities?

### **Activity Guide**

- 1) Individually, students write a reflection on a hypothetical or real case of a girl or woman with a disability in a particular cultural context, identifying five likely barriers to educational access.
- 2) In pairs, they design a targeted micro-intervention addressing one barrier.
- 3) Present interventions and discuss success indicators, required resources, and potential for scaling.

### **Unit 3: The “Small Wins” Strategy: Theory and Application**

#### **Learning Outcomes**

- 1) Explain and critique the theory of “Small Wins” in relation to organizational and educational change.
- 2) Apply small-wins principles to initiatives supporting women and girls with disabilities.
- 3) Analyze how incremental change aligns with inclusive education, UDL, and human rights frameworks.

#### **Content**

- The small wins concept emerged from Tom Peters (1977) and was expanded by Meyerson and Fletcher (2000), who emphasized that accumulating meaningful, achievable successes can generate momentum for broader change.
- Research on the “progress principle” suggests that daily progress in meaningful work is one of the strongest predictors of motivation and sustained effort.
- Applied to inclusive education for women with disabilities, small wins prioritize attainable steps (such as accessible materials, targeted professional development, or peer-mentoring) over sweeping but often unattainable reform.
- Incremental gains reduce risk, expand buy-in, and build durable inclusive cultures.

#### **Real World Examples**

##### *Example 1:*

Helen Keller was born in 1880 and lost both her sight and hearing at 19 months due to illness. At the time, many believed people with deaf-blindness could not learn language or receive formal education. With the guidance of her teacher, Anne Sullivan, Keller learned to communicate, graduated from Radcliffe College in 1904, and became an internationally known author, lecturer, and disability rights advocate. Her achievements challenged prevailing assumptions about intellectual potential and educational opportunity for people with severe disabilities.

##### *Example 2:*

Wilma Rudolph contracted polio as a child and was told she might never walk normally. Through extensive rehabilitation and family support, she became an Olympic track star, winning three gold medals at the 1960 Rome Olympics.

#### **Relevance to Classroom Practice**

Students preparing for leadership roles benefit from the strategic orientation of Small Wins Theory. Instead of waiting for systemic reform, educators can pilot iterative, evidence-informed improvements. This approach mirrors UDL’s emphasis on progressive scaffolding, iterative design, and flexible adaptation.

#### **Contemporary Classroom Example**

An instructor begins by redesigning the syllabus in accessible formats, later builds a peer-mentorship structure, and eventually partners with a local disability rights organization. These nested wins shift classroom culture toward inclusion.

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### **Discussion Prompts**

- Why are small wins often more effective than large-scale reforms in complex educational systems?
- What small wins could be introduced in secondary and/or higher education or teacher preparation programs?
- How might the impact of small wins be evaluated over time?

### **Activity Guide**

Students identify three actionable small wins for their teaching or institutional context, outline stakeholders and resources, and design indicators (ways to measure outcomes) for evaluating success. The, the students can create a “small wins ladder” mapping how incremental steps lead to sustained inclusive change.

## **Unit 4: Education as Empowerment: Rights, Development, and Practice**

### **Learning Outcomes**

- 1) Analyze the relationship between education and the empowerment of women and girls with disabilities through human rights, development, and capabilities lenses.
- 2) Connect educational access to broader social, economic, health, and political outcomes.
- 3) Design classroom strategies that promote agency, representation, and empowerment for women with disabilities.

### **Content**

- Drawing on human development and capability theories, education expands freedoms, autonomy, and participation in social, political, and economic life.
- The CRPD (Article 6) recognizes multiple discrimination against women and girls with disabilities and mandates state actions to secure equal rights.
- From a development perspective, investment in the education of women with disabilities yields broad societal benefits, including enhanced labor force participation and innovation in accessibility.
- Inclusive education prioritizes active participation, agency, and culturally sustaining practices that honor the diverse identities of learners with disabilities.

### **Real World Examples**

#### *Example 1:*

Jennifer Bricker was born in 1987 without legs and placed for adoption shortly after birth. She was adopted and raised by a family in Illinois, USA. Despite her disability, she pursued gymnastics and power tumbling, competing with able-bodied athletes and even participating in the Junior Olympics and becoming a state tumbling champion.

Later she discovered that her childhood idol, the Olympic gold medalist Dominique Moceanu, was actually her biological sister. Although gymnastics is not part of the Paralympics, Bricker became a professional aerial acrobat, motivational speaker, and author, inspiring many with her story of perseverance and inclusion.

#### *Example 2:*

Haben Girma, who is deafblind, became the first deafblind graduate of Harvard Law School. Through assistive technology and advocacy, she promotes global accessibility and disability rights, demonstrating how inclusive design and technology expand opportunities for people with disabilities.

### **Relevance to Classroom Practice**

In teacher and leader preparation programs, this module emphasizes designing learning environments that promote agency, not only access to education. Students can co-design and dynamically participate in decision-making to create opportunities for leadership for learners with disabilities (demonstrating empowerment in practice).

### **Contemporary Classroom Example**

The course can invite a local disability rights advocate to discuss pathways through education and activism. Students can develop a lesson plan that centers women with disabilities as knowledge-producers and agents of change (students as teachers).

## Gender and Disabilities: A Small Wins Approach

### **Discussion Prompts**

- How does disability complicate the realization of education as a human right?
- What classroom structures support agency, not just inclusion?
- How do inclusive practices contribute to SDG 10 in addition to SDGs 4 and 5?

### **Activity Guide**

After students draft a micro-unit (a lesson plan) centered on women with disabilities (individually or in small groups), they can develop a rubric based on UDL and inclusive pedagogy principles, and use the rubric to peer-review other lesson plans and reflect on how their unit represents a “small win” for inclusion.

## Unit 5: Implementation Pathways: From Policy to Practice

### Learning Outcomes

- 1) Examine key policy, institutional, and pedagogical mechanisms that advance inclusive education for women/girls with disabilities.
- 2) Construct a small-wins-based implementation plan aligned with global frameworks and inclusive design principles.
- 3) Critically evaluate sustainability and monitoring approaches for inclusive reforms.

### Content

- Policy frameworks include CRPD ratification, inclusive education legislation, and national resource allocation for accessible infrastructure and teacher preparation.
- Institutional and pedagogical strategies include professional learning on gender-sensitive and inclusive practices, investment in assistive technologies, and community partnerships.
- A small-wins pathway integrates micro-level interventions with broader policy structures.
- Monitoring and evaluation require both qualitative and quantitative indicators aligned with SDG targets.
- Sustainability hinges on cultivating inclusive culture, stakeholder engagement, and coherent scaling strategies.

### Real World Examples

#### *Example 1:*

Judy Heumann contracted polio as a child and used a wheelchair for mobility. She was initially denied a teaching license because officials claimed she could not safely evacuate students. Instead, she became a major leader in the disability rights movement and helped secure enforcement of Section 504 of the Rehabilitation Act.

#### *Example 2:*

Malala Yousafzai is a Pakistani activist for girls' education and the youngest recipient of the Nobel Peace Prize. After surviving a Taliban attack in 2012 for advocating girls' schooling, she became a global symbol for educational rights. Through the Malala Fund, she promotes access to education worldwide, emphasizing gender equality and the empowerment of marginalized learners.

### Relevance to Classroom Practice

Students preparing for educational leadership roles learn to design realistic and contextually grounded action plans. UDL and culturally sustaining principles inform decisions to ensure that interventions are equitable and responsive.

### Contemporary Classroom Example

Students role-play stakeholders negotiating the launch of an inclusive pilot program for girls with disabilities, analyzing tensions, resource constraints, and decision-making dynamics.

### Discussion Prompts

- What initial actions can institutions realistically take to become more inclusive?
- How can teacher education programs prepare educators to meet the needs of women and girls with disabilities?

- What barriers arise when scaling from small pilots to systemic change?

### **Activity Guide**

Students can develop a near-future (for example, six-month) implementation plan for SDG- and UDL-aligned goals, three small and achievable wins, envision stakeholder roles, and plan for monitoring indicators (how can the small wins be measured before and after the six-month period of planning). Peer critique and reflective writing will deepen the understanding of leadership and systems change (dividing the class into smaller groups and providing opportunities for feedback after each plan is presented).

### **Conclusion**

This education resource demonstrates that advancing education for women and girls with disabilities requires integrating global human rights commitments, intersectional analysis, inclusive pedagogical design, and strategic incremental change. The Small Wins approach provides a theoretically informed and practical pathway for embedding inclusive and equitable practices across educational systems.

**Advancing Equity for Women and Girls with Disabilities: A Small Wins Approach for  
Inclusive and Rights-Based Education**

**An Open Educational Resource (OER) for Professors and Educators**

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