



## ISSUE BRIEF



# MAKING THE SDGS COUNT FOR WOMEN AND GIRLS WITH DISABILITIES

Photo: UN Women/Asfandiyar Khan

Over one billion people worldwide experience some form of disability. Global prevalence is greater for women than men, standing at 19 per cent compared with 12 per cent respectively.<sup>1</sup> In low and middle-income countries, women are estimated to comprise up to three-quarters of persons with disabilities.<sup>2</sup> Poverty and marginalization are compounded when gender and disability intersect. Women and girls with disabilities face multiple barriers to realizing their rights: environmental, physical and informational accessibility issues, including lack of resources and inadequate access to services, as well as widespread discrimination, stereotyping and social stigma.

The 2030 Agenda for Sustainable Development provides the global community with an enormous opportunity and the moral obligation to work towards achieving the Sustainable Development Goals (SDGs) for all women and girls, and address the rights and demands of women with disabilities as a matter of priority. In line with several critical areas under thematic review at the High-level Political Forum on Sustainable Development in 2017, this brief underlines the need to mainstream disability into all efforts to achieve gender equality and women's empowerment

(SDG 5); highlights key issues for ending poverty (SDG 1) and ensuring healthy lives (SDG 3) for women and girls with disabilities; and calls for closing data gaps on gender and disability.

### Women and girls with disabilities: At a glance

- One in five women live with a disability globally.<sup>3</sup>
- An estimated one in four households has a person with disabilities.<sup>4</sup>
- Women are more likely than men to become disabled throughout the course of their lives.<sup>5</sup>
- Women comprise up to three-quarters of persons with disabilities in low and middle-income countries.<sup>6</sup>
- Prevalence of disability is higher among marginalized populations and people in rural areas.<sup>7</sup>

## ONE IN FIVE WOMEN LIVE WITH A DISABILITY GLOBALLY COMPARED TO ONE IN EIGHT MEN



## IN LOW AND MIDDLE-INCOME COUNTRIES, WOMEN COMPRISE THREE QUARTERS OF PERSONS WITH DISABILITIES



### Achieving gender equality and empowerment for all women and girls

Disability, gender inequality, and discrimination are closely interlinked. For example, while a significant portion of women and girls were born with disabilities, others become disabled as a result of exposure to gender-related risk factors, including lack of access to sexual and reproductive health services, exposure to violence and harmful practices, and gender-biased intra-household distribution of resources. Further, as a group of women that is far from homogenous, women with disabilities often experience multiple forms of discrimination based on other factors in addition to gender and disability.

For gender equality and empowerment to become a reality for all women and girls, it is indispensable that the specific concerns of women and girls with disabilities are mainstreamed across the entire SDG framework and considered across all targets for SDG 5. For the latter, it is important to remember that:

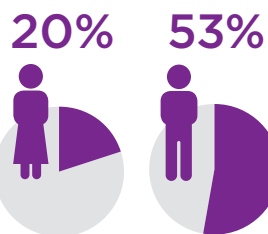
- **Target 5.1:** Women and girls with disabilities often lack legal capacity and have reduced power and status in relationships, households and communities, and are more likely to face **discrimination** than men and boys with disabilities and women and girls without disabilities.<sup>8</sup>
- **Target 5.2:** While affecting women generally, women and girls with disabilities are disproportionately at risk of **violence** due to factors relating to systemic discrimination and stigma.<sup>9</sup> This is compounded by poverty, social isolation and political marginalization; inadequate services and support systems that lack awareness, training and capacity; lack of access to justice, and disabling, inaccessible and hostile environments. Women and girls with disabilities are often targeted for their perceived powerlessness and vulnerability, mostly by men they know and rely on for care, support and companionship in dependent professional and personal relationships.
- **Target 5.3:** Women and girls with disabilities are two to three times more likely to be child brides, experience early pregnancy and female genital mutilation;<sup>10</sup> they are subjected to specific **harmful practices**, like ‘virgin testing’, and ‘virgin rapes’, relating to myths about HIV and AIDS;<sup>11</sup> neglect linked with preferential care and treatment of boys; extreme dietary restrictions; and infanticide, forced sterilization and abortion, commonly justified by ill-informed cultural and paternalistic interpretations of disability.<sup>12</sup>
- **Target 5.4:** Women and girls with disabilities depend on others for care, but are often also caregivers themselves. They are therefore disproportionately affected by the lack of recognition and social support for **unpaid care and domestic work**. In addition, stereotypical views of women with disabilities as “unfit” mothers may lead to the termination of parental rights by social service agencies or in child custody and protection proceedings following divorce.<sup>13</sup>
- **Target 5.5:** Women with disabilities face numerous environmental, attitudinal and other barriers to **political participation**, and consequently remain largely excluded from decision-making and advocacy processes about issues that affect their lives. Their views are often ignored or disregarded in favour of ‘experts’, ‘professionals’, parents, guardians and carers.<sup>14</sup> Enabling environments are essential to promoting political participation, which in turn may result in public policy that is more disability-inclusive.<sup>15</sup>
- **Target 5.6:** The lack of access to **sexual and reproductive health and rights** is among the most pressing concerns for women and girls with disabilities; they are often not enabled to make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care.

### Defining 'women and girls with disabilities'

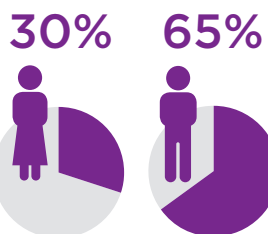
The term 'women and girls with disabilities' refers to all women with disabilities including adolescent girls and young women. 'Disabilities' includes all types of impairment – physical, psychosocial, intellectual or mental, as well as sensory conditions with and without functional limitations. Beyond medical dimensions, disability is understood as 'the social effect of the interaction between individual impairment and the social and material environment'.<sup>16</sup>

## EMPLOYMENT RATES

### PERSONS WITH DISABILITIES



### PERSONS WITHOUT DISABILITIES



## Ending poverty in all its forms everywhere

Approximately one in five of the world's poorest people have a disability.<sup>17</sup> Disability contributes to increased discrimination, marginalization and vulnerability. Evidence indicates that persons with disabilities tend to be significantly poorer, with less access to vital resources and support networks, than persons without disabilities.<sup>18</sup> Women with disabilities face enormous barriers in accessing adequate housing, health, education, training and employment.<sup>19</sup> They also face far-reaching discrimination in the world of work,

including in hiring, retention, promotion, pay and access to training, credit and other productive resources.<sup>20</sup>

Most schools and workplaces are ill-equipped to enable the equal participation of women and girls with disabilities because of entrenched cultural and gender biases, physical inaccessibility and limited resources.<sup>21</sup> Employment rates for women with disabilities are both lower than those of men with disabilities and those of women without disabilities.

Data for 51 countries shows that only 20 per cent of women with disabilities are employed compared with 53 per cent of men with disabilities and 30 per cent of women without disabilities.<sup>22</sup> Of an estimated 58 million out-of-school children at the primary level, one-third have a disability,<sup>23</sup> with girls far less likely than boys to enroll or attend school.<sup>24</sup>

To redress these disadvantages, effective measures are needed to support women with disabilities to find and retain quality employment alongside supportive social protection schemes. Schools and workplaces must be transformed to ensure women and girls with disabilities can access their right to education. Inclusive educational models, for example, are neither prohibitively expensive nor impractical and their benefits extend far beyond children with disabilities themselves.<sup>25</sup> Disability benefits are also important. In recent years, some low and middle-income countries have introduced such benefits where they were previously unavailable. At the same time, however, there are concerns that existing income-support mechanisms are being eroded in the context of austerity, including in high-income countries, with potentially far-reaching implications for poverty among women with disabilities.<sup>26</sup>

## Ensuring healthy lives and promoting well-being

Just as there are strong links between poverty and disability, there are also strong links between health, gender and disability. Poor maternal health care, for example, is a major cause of disability among women.<sup>27</sup> Women experience higher rates of disability than men, commonly resulting from higher rates of depression and anxiety<sup>28</sup> – a fact that has been linked to gender discrimination and gender-based role expectations as well as poverty, hunger, malnutrition, violence, overwork and disproportionate care burdens.<sup>29</sup> Almost 42 per cent of disability from neuropsychiatric disorders among women stems from depressive disorders, compared to 30 per cent among men.<sup>30</sup>

At the same time, women, including adolescent and young women, with disabilities routinely face various barriers to accessing health services. There is evidence, for example, that they receive less screening for breast and cervical cancer than women without disabilities due to a lack of targeted health promotion and prevention campaigns, and a lack of appropriate physical accommodations.<sup>31</sup> Even when services are available, environmental, financial, attitudinal and physical barriers persist, as well



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as information barriers to accessing the knowledge required to demand their rights to access stigma-free and suitable health services.

Health workers may lack the skills and knowledge to address the specific needs of women with disabilities. In the context of sexual and reproductive health, for example, the misconception about women and girls with disabilities being asexual is

widespread, leading to their rights being denied.<sup>32</sup> Just like other women, women with disabilities are sexually active and their fertility rates are similar to those of women without disabilities.<sup>33</sup> Yet, they face significant unmet needs in sexual and reproductive health services, including access to family planning and maternal health care.<sup>34</sup>

Ensuring healthy lives and promoting well-being among women with disabilities requires, among other actions, comprehensive policy reforms underscored by notions of availability, accessibility, affordability and quality,<sup>35</sup> enhanced financing for service delivery, and gender and disability specific awareness-raising and training among health workers and other service providers, as well as improved data collection.

## Making women and girls with disabilities count

Many countries collect disability data in their censuses and surveys. For example, between 2005 and 2014, 125 countries and territories collected data on persons with disabilities in their censuses, 88 countries collected data in labour force surveys and 46 in living standard measurement surveys.<sup>36</sup> The definition of disability, however, is often not harmonized, meaning that data across countries is not comparable and thus inadequate for global monitoring efforts. Moreover, despite a growing number of countries adding questions on disability in censuses and surveys, often the data is not processed and disseminated with simultaneous disaggregation by sex and disability.

The Washington Group on Disability Statistics has developed a short set of internationally comparable census questions for adults and children,<sup>37</sup> identifying functional difficulties in six domains: seeing, hearing, walking, concentrating/remembering, self-care and communicating. Widely considered the most robust way to collect internationally comparable data on disability, the short set has been adopted by statistical offices in at least 69 countries for household surveys and censuses.<sup>38</sup> Still, improved and expanded efforts are needed to better collect sex-disaggregated disability data globally. The inclusion of the Washington Group questions across census and survey data collection could yield significant improvements in data availability on persons with disabilities.

For the 2030 Agenda to live up to its commitment to leave no one behind, it is indispensable to make women and girls with disabilities count by closing data gaps and ensuring their full and equal participation in the design, implementation and monitoring of all efforts to achieve the SDGs.

### ENDNOTES

<sup>1</sup> WHO/World Bank 2011.  
<sup>2</sup> Plan International 2011.  
<sup>3</sup> WHO/World Bank 2011.  
<sup>4</sup> UN DESA 2011.  
<sup>5</sup> GADN 2017.  
<sup>6</sup> Plan International 2011; Mitra and Sambamoorthi 2014.  
<sup>7</sup> WHO/World Bank 2011.  
<sup>8</sup> UN 2016a.  
<sup>9</sup> Ibid.  
<sup>10</sup> UN Women 2016.  
<sup>11</sup> UN 2016a.  
<sup>12</sup> IDA 2011; IDDC/GADN 2015; UN CEDAW 2014; UNICEF 2013.  
<sup>13</sup> UN General Assembly 2016.

<sup>14</sup> Ibid.  
<sup>15</sup> WHO/World Bank 2011.  
<sup>16</sup> UN 2016a and UN 2016b.  
<sup>17</sup> WHO/World Bank 2011.  
<sup>18</sup> UN DESA 2011.  
<sup>19</sup> UN DESA; UN OHCHR 2012.  
<sup>20</sup> UN DESA.  
<sup>21</sup> UN General Assembly 2007.  
<sup>22</sup> WHO/World Bank 2011.  
<sup>23</sup> Sæbønes et al. 2015.  
<sup>24</sup> CBM 2014; UN OHCHR 2010; WHO/World Bank 2011.  
<sup>25</sup> UN General Assembly 2007; UN General Assembly 2011; Porter 2006.  
<sup>26</sup> ILO 2014.

<sup>27</sup> Ashford 2002 and WHO 2013.  
<sup>28</sup> WHO 2017a; 2017b.  
<sup>29</sup> Astbury 2001.  
<sup>30</sup> WHO 2017a.  
<sup>31</sup> WHO 2016.  
<sup>32</sup> WHO/UNFPA 2009 and Ortoleva 2012.  
<sup>33</sup> World Bank 2016.  
<sup>34</sup> WHO/UNFPA 2009.  
<sup>35</sup> WHO/World Bank 2011.  
<sup>36</sup> UN DESA 2015.  
<sup>37</sup> Washington Group on Disability Statistics 2016.  
<sup>38</sup> Golden 2016.