

Realising the rights of women and girls with disabilities

1. Introduction: women, girls and disability

According to the World Health Organization, more than 1 billion people worldwide (15% of the world's population) have a disability.¹ More than half are female.

Women and girls with disabilities are subject to double discrimination. Marginalised both on account of their disability and their gender, they face social isolation and rejection, and are taught that they are inferior to their peers. This has a clear impact on both their own aspirations and their family's aspirations for them in the future.²

Over 200 million women with disabilities live below the poverty line.³ Although there is a specific Millennium Development Goal (MDG) to promote gender equality and empower women, there is no mention of disability in any of the eight MDGs, corresponding 21 targets or 60 indicators. Moreover, progress that has been made on the MDGs is based on global and national averages, masking the gaps in achievement for the most excluded such as women and girls with disabilities.

Women are at an increased risk of becoming disabled because of ongoing gender

inequalities. Lack of equal access to food, inadequate healthcare and unsafe working conditions increase the number of women who live with a disability. Female genital mutilation, child marriage, early pregnancy, exposure to HIV/AIDS and violence against women also increase the risk. The World Health Organization (WHO) estimates that more than 30 women every minute are seriously injured or disabled during labour.⁴

Once disabled, women are less likely to receive the health and rehabilitative care they need to remain economically or socially independent, and they face reduced access to education, employment or social inclusion compared to both disabled men or non-disabled women. Older women with pre-existing disabilities or who become disabled as they age, women with disabilities who are also members of ethnic or linguistic minority groups, are gay or bisexual, or live in remote rural communities, are at even greater risk of marginalisation and discrimination.

Despite these clear links, gender and disability have persistently been treated separately in development discourse.

1 World Report on Disability, World Health Organisation and World Bank. 2011

2 The United Nations Fourth World Conference on Women, Beijing, China - September 1995

3 World Report on Disability, World Health Organisation and World Bank. 2011

4 World Bank, Reproductive Health and Disability, <http://bit.ly/1bzLBn9>



2. The rights of women with disabilities: the international legal framework

The UN Convention on the Rights of Persons with Disabilities (CRPD) recognises that women and girls with disabilities are subject to multiple discrimination. The CRPD demonstrates a commitment to gender equality by devoting a specific article to women with disabilities (Article 6), as well as addressing issues specific to gender in several other Articles.

However, the CRPD is unique in recognising women and girls with disabilities as a distinct group. While they are included, in principle, in all human rights agreements, the reality is that they are rarely referenced specifically and are therefore often overlooked when these frameworks are implemented or enforced. When States report under human rights

agreements they fail to give these issues attention. Similarly, they tend to be overlooked by mainstream development organisations and those focused on gender.

In September 2013 the UN High Level Meeting on Disability and Development called for disability inclusive development for the advancement of the rights of all people with disabilities. In order to achieve this, both mainstream and targeted interventions must involve women and girls with disabilities in the design, implementation and monitoring of disability-specific strategies as well as in all mainstream development objectives. This will ensure that outcomes and indicators reflect the impact on women and girls with disabilities.



3. Poverty, gender and disability

Disability causes poverty, and poverty can lead to disability. This is particularly the case for women and girls, who in the face of limited resources are more likely to be deprived of basic necessities and unable to access their rights.⁵ In this section we explore how disability and gender can intensify the effects of poverty in the areas of education, employment, healthcare and violence.

3.1 Education

Girls with disabilities are far less likely than either disabled boys or non-disabled girls to attend primary school. If they do attend, they are less likely to complete primary school and progress to secondary education or undertake vocational training that would enable them to become economically self-sufficient.

The UNDP reports that the literacy rate for women with disabilities is extremely low, and they are rarely reached by adult literacy campaigns or outreach efforts.⁶

Table 1: Completion of primary school⁷

	Not disabled	Disabled
Boys	61%	51%
Girls	53%	42%

3.2 Employment

Disabled women are far less likely to find employment, be paid equally for the work they do, advance in their careers, be included in micro-credit schemes or establish their own businesses.

Studies on women with disabilities in rural areas of many countries in the Asia Pacific region have found that more than 80% have no independent means of livelihood, and are totally dependent on others.⁸ They are frequently denied equal rights to hold and to inherit productive assets.

Table 2: Employment rates⁹

	Not disabled	Disabled
Men	65%	53%
Women	30%	20%

6 Groce N. Bakshi P. 2011. Illiteracy among Adults with Disabilities in the Developing World: A Review of the Literature and a Call for Action. *Journal of Inclusive Education*. 15:101153-1168

7 World Report on Disability, World Health Organisation and World Bank. 2011

8 Final report, UNESCAP Workshop on Women and Disability: Promoting Full Participation of Women with Disabilities in the Process of Elaboration on an International Convention to Promote and Protect the Rights and Dignity of Persons with Disabilities, Bangkok, 18-22 August 2003, www.wwda.org.au/unescapwwd1.doc

9 World Report on Disability, World Health Organisation and World Bank. 2011

3.3 Health

Women and girls with disabilities face significant barriers to accessing healthcare on an equal basis with others. Families, communities and societies often do not consider them a priority and are unwilling to dedicate resources to their care.

For example, they are far less likely to receive basic health services such as immunizations and screening for chronic health conditions,¹⁰ and they often struggle to access clean water and basic sanitation. They are even denied access to basic antibiotics and medications.¹¹ They are also far less likely to be screened for common female health issues such as breast and cervical cancer.¹² They are often far less likely than disabled men to receive rehabilitative care or assistive devices (such as wheelchairs and hearing aids).¹³

Despite the fact that the majority of women with disabilities will themselves become mothers, they are regularly denied information on reproductive health or access to maternal/child health services. They are less likely to receive information about HIV prevention and safer sex, and to have access to condoms or other prevention methods.

3.4 Gender-based violence

Women and girls with disabilities experience higher rates of gender-based violence, sexual abuse, neglect, maltreatment and exploitation.¹⁴ They are more likely to be raped, trafficked,¹⁵ and put into exploitative situations. They are particularly vulnerable to forced sterilization and abortion.¹⁶ And in many countries, they are at risk of being institutionalized against their consent with little or no recourse.

10 <http://www.who.int/disabilities/policies/actionplan/faq.pdf?ua=1>

11 Officer A, Groce N. Key Concepts in Disability. Global Disability. Special Issue, The Lancet. 2009. 374-9704-1795.

12 Equality treatment: closing the gap: a formal investigation into the physical health inequalities experiences by people with learning disabilities and/or mental health problems. London, Disability Rights Commission. 2006.

13 World Report on Disability, World Health Organisation and World Bank. 2011

14 In-Depth Study on All Forms of Violence against Women. UN Secretary-General. 2006 <http://bit.ly/MMX2vS>

15 Disability as a risk factor. US Department of State <http://1.usa.gov/MEudSo>

16 Center for Reproductive Rights: Submission to the Committee on the Rights of Persons with Disabilities <http://bit.ly/1hodJZH>

4. Recommendations for addressing inequalities

Inequalities and injustice experienced by women and girls with disabilities can no longer remain in the shadows. Transformative changes in laws, social norms, social institutions, and public policies are required.

Our recommendations:

General

- **Develop specific development targets and indicators to measure impact on women and girls with disabilities.** These should be a cross-cutting aspect of all global and national development goals including the post-2015 development agenda. Targets must be evidenced with accurate data that is disaggregated by gender and disability.
- **Ensure access to all mainstream services.** Bring changes to laws, policies, institutions and society to ensure that women and girls with disabilities have access to all mainstream education, health, employment, transportation, information/communication and social services equally and with dignity.
- **Empower women and girls with disabilities** with information about their rights and how they can claim them. They must have access to the legal system and have equal rights to hold property and inherit.

Education

- **Ensure good quality education is available and accessible for all girls with disabilities** on an equal basis with others, especially those from low income families. This includes provisions for accessible school infrastructure, sanitation facilities, learning materials and safe transport, and provisions for support within the education system to offset inequalities based on disability and gender.

Employment

- **Promote the employment of women with disabilities in all sectors,** and support entrepreneurship development. Where necessary develop specific initiatives for women with disabilities aimed at overcoming the barriers they face in seeking employment, including vocational training.

Health and rehabilitation

- **Ensure women and girls with disabilities have equal access to health and rehabilitation services** that respect their physical and mental integrity and dignity. This includes providing information, services and counselling on sexual and reproductive health issues specifically directed at women and girls with disabilities. They must not be subjected to medical procedures, such as forced sterilization and unwanted abortions.

Gender-based violence

- **Prevent violence against women and girls with disabilities.** Address the root causes of gender- and disability-based violence such as discriminatory social norms and attitudes, and improve access to the justice system for women and girls with disabilities.



About Leonard Cheshire Disability

More than one billion people with disabilities, 15% of the world's population, make up one of the most disadvantaged and marginalised groups within society. They are routinely denied their most basic human rights – cut off from education, employment and healthcare. Many live in extreme poverty.

At Leonard Cheshire Disability, we work to change this. With over 65 years' experience and a deeply rooted network of over 200 Leonard Cheshire Global Alliance members in 54 countries, we have a powerful understanding of disability.

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We take a unique approach to global development through:

- **Innovative programmes** that transform the lives of people with disabilities through Education, Livelihoods and Healthcare
- **Cutting edge campaigns** that empower people with disabilities to bring about lasting change
- **World class research** at our world renowned disability and inclusive development centre at University College London that improves policy, practice and programmes