

Achieving gender equality and empowering all women and girls (Goal 5)

Goal 5 calls for the empowerment of all women and girls and for gender equality. The Convention on the Rights of Persons with Disabilities (CRPD) includes a stand-alone article on women and girls with disabilities (article 6) and calls for women-focused legislation and gender-sensitive measures to protect women with disabilities from exploitation, violence and abuse (article 16); for their access to social protection and poverty reduction programmes (article 28); for measures to recognize their right to marry and found a family on the basis of free and full consent, to exercise their reproductive rights and to retain their fertility (article 23), thus protecting women with disabilities against forced or coerced sterilization or contraception.

Over the years, several resolutions of the United Nations General Assembly and the United Nations Economic and Social Council have been adopted on a wide range of issues making specific reference to women and girls with disabilities and calling for gender- and disability-inclusive actions. Recent resolutions have called for measures (i) to eliminate discrimination on any grounds,²⁶⁴ including multiple and intersecting forms of discrimination against women and girls with disabilities through repealing discriminatory laws, policies and practices; (ii) and to remove any other barriers faced by women and girls with disabilities to the full and equal enjoyment of all rights stipulated in the Convention.²⁶⁵ The resolutions have also called for mainstreaming a gender and disability perspective into (i) all relevant national and local institutions, including labour, economic and financial government agencies;²⁶⁶ (ii) disaster risk reduction policies, plans, programmes and financing;²⁶⁷ (iii) the design, implementation, monitoring and evaluating of social protection programmes and systems;²⁶⁸ (iv) all interventions on digital technologies;²⁶⁹ (v) policies and actions on ageing;²⁷⁰ and (vi) actions addressing the needs of children with disabilities.²⁷¹

In 2019, the United Nations Security Council adopted its first resolution on the protection of persons with disabilities in armed conflict, which underlined the benefit of providing inclusive and accessible assistance particularly to women and girls with disabilities affected by armed conflict, including reintegration, rehabilitation and psychosocial support, to ensure that their specific needs are effectively addressed.²⁷² A subsequent Security Council resolution called for the full, equal, and meaningful participation and inclusion of women with disabilities in missions related to peace operations.²⁷³

Other resolutions call for building disability- and gender-sensitive educational facilities,²⁷⁴ increasing the employment of women with disabilities;²⁷⁵ enhancing their participation in the labour market,²⁷⁶ in the economy and in decision-making processes at all levels;²⁷⁷ increasing their leadership in disaster risk reduction policies, plans, programmes and financing;²⁷⁸ ensuring that no women with disabilities in rural areas are left behind;²⁷⁹ and widening access to and ownership of natural and economic resources for women and girls with disabilities in rural areas, including access to financial services.²⁸⁰

Various resolutions also call for the elimination of all forms of violence against women and girls by addressing structural and underlying causes and risk factors, ensuring that services, programmes and facilities are accessible to and inclusive of women and girls with disabilities,²⁸¹ including in situations of risk, armed conflict, humanitarian emergencies and the occurrence of disasters caused by natural hazards.²⁸² They also call to enhance the reception and reintegration assistance for women migrant workers with disabilities who return to their countries of origin, with particular attention to the needs of victims of trafficking,²⁸³ and to address the lack of data disaggregated by sex and disability to inform measures to reduce the vulnerability of women with disabilities to being trafficked.²⁸⁴

Based on available data and evidence, this chapter provides an overview of the situation of women with disabilities with a focus on targets 5.1 (end discrimination), 5.2 (eliminate violence), 5.3 (eliminate child marriage), 5.4 (value unpaid care and domestic work), 5.5 (participation and leadership in political, economic and public life), 5.a (economic resources, land ownership and financial services), 5.b (use of technology) and 5.c (policies and legislation). Target 5.6, which focuses on universal access to sexual and reproductive health and reproductive rights, is addressed in another chapter of this *Report* (see the chapter on targets 3.1, 3.7 and 5.6). The chapter concludes with recommendations on the way forward to achieve Goal 5 by 2030.

Current situation and progress so far

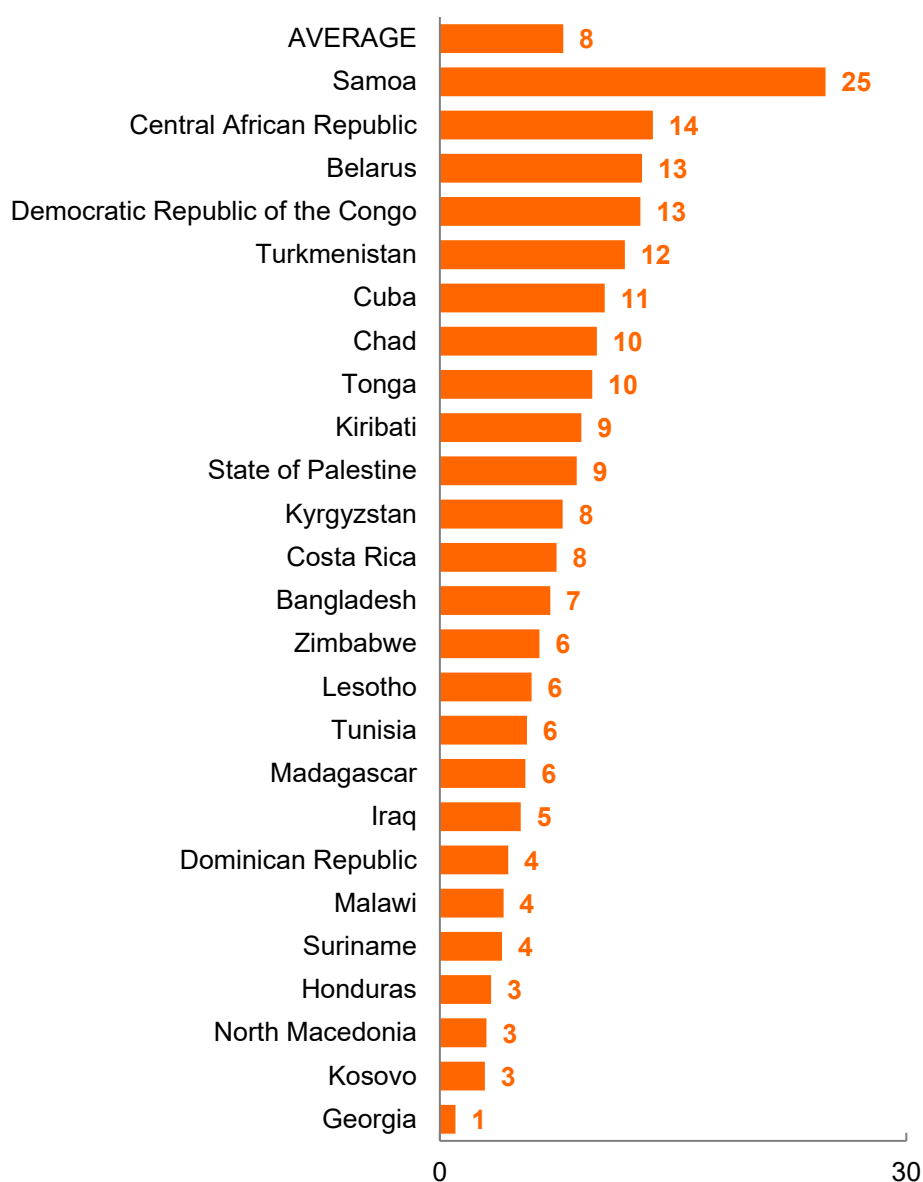
Major gaps and obstacles remain to the empowerment of women and girls with disabilities, including structural barriers and discriminatory practices. Evidence continues to show inequalities based on disability—when comparing women with and women without disabilities—and on gender, generally associated with the exclusion of women and girls with disabilities compared to men and boys with disabilities. As shown throughout this *Report*, women with disabilities face barriers to accessing education, employment, health services – including sexual and reproductive health – and water, sanitation and hygiene. There are also major data gaps on indicators to measure progress towards the SDGs for women and girls with disabilities.

On education, the primary completion rate for girls with disabilities is 65 per cent – higher than the primary completion rate for boys with disabilities (60 per cent), but lower than the rate of 69 per cent for both boys and girls without disabilities (see the chapter on Goal 4). On employment, only 23 per cent of women with disabilities are employed compared to 31 per cent of men with disabilities, 48 per cent of women without disabilities and 64 per cent of men without disabilities. In various countries, more than 50 per cent of women with disabilities do not have the births of their babies attended by skilled health personnel and do not receive a timely postnatal check (see the chapter on targets 3.1, 3.7 and 5.6). Due to a lack of accessible water, sanitation and hygiene facilities, 19 per cent of women and girls with disabilities compared to 13 per cent of women without disabilities do not participate in work, school and social activities during their menstrual period (see the chapter on Goal 6). Only three indicators in the

United Nations SDG Indicators Database have data disaggregated by both sex and disability – compared to seven indicators disaggregated by disability and 49 disaggregated by sex (see the chapter on target 17.18).

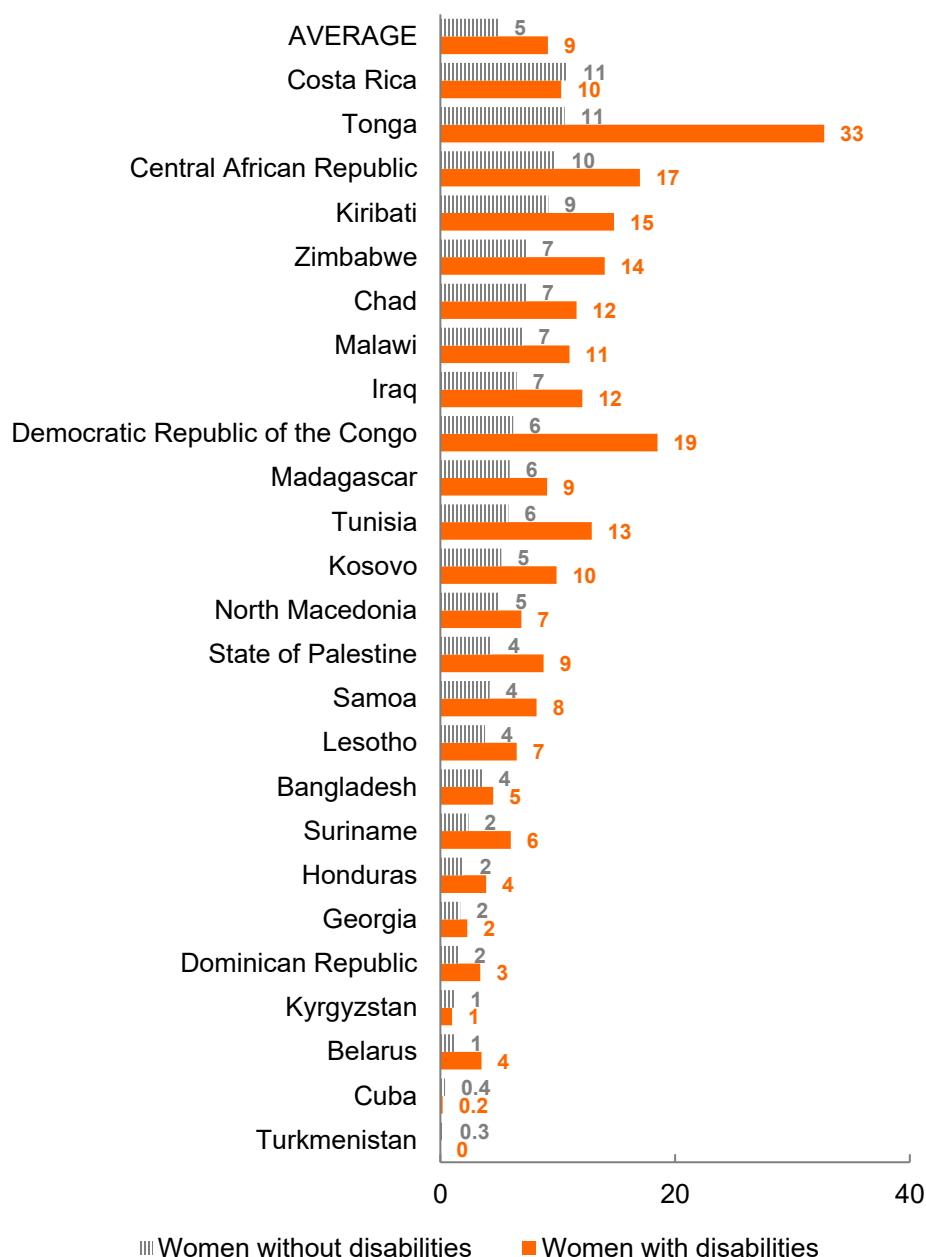
Limited evidence on progress suggests that the gap between women with disabilities and men without disabilities employed has slightly widened from 2015 to 2021 – from 38 percentage points³² to 41 percentage points – as a result of a sharper decrease in the employment of women with disabilities triggered by the COVID-19 crisis.

Figure 73. Percentage of women with disabilities who felt discriminated against due to their disability, in 25 countries or areas, in 2020 or latest year available.



Source: UN SDG Indicators database.²⁸⁵

Figure 74. Percentage of women who felt discriminated against due to their gender, by disability status, in 25 countries or areas, in 2020 or latest year available.



Source: UN SDG Indicators database.²⁸⁵

End all forms of discrimination against all women and girls everywhere (Target 5.1)

Among 25 countries or areas, on average, 8 per cent of women with disabilities feel discriminated on the basis of disability, from 1 per cent in Georgia to 25 per cent in Samoa (Figure 73). Women with disabilities are also more likely to face gender discrimination than other women (Figure 74): 9 per cent of women

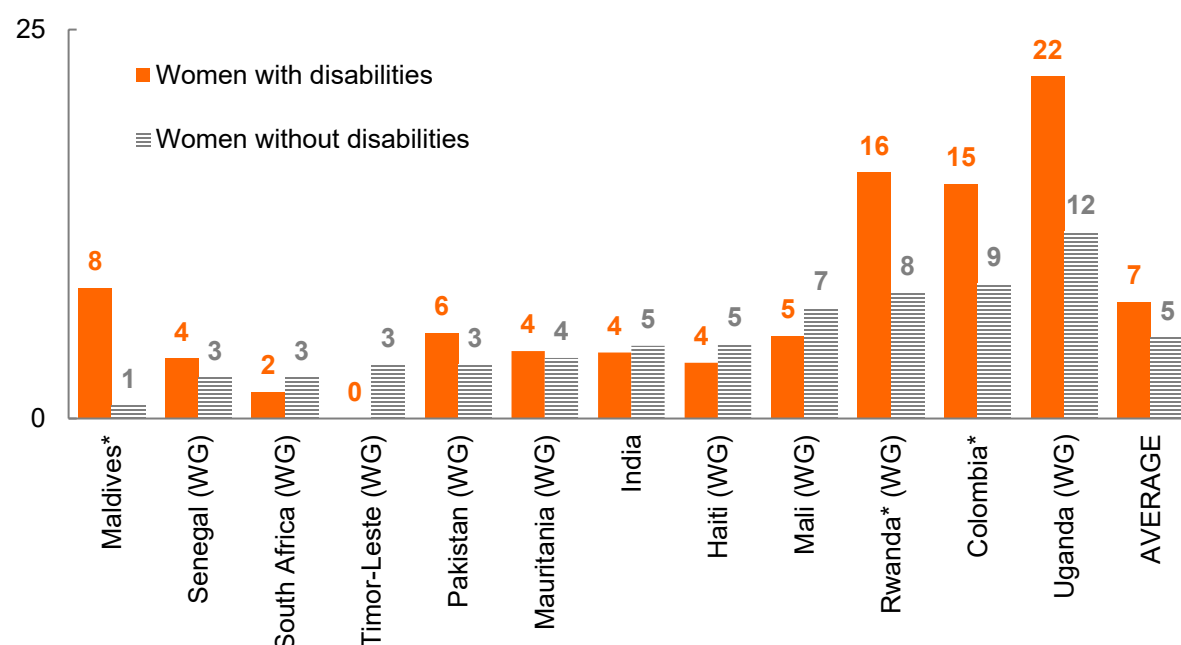
with disabilities report feeling discriminated against on the basis of gender compared to 5 per cent of women without disabilities. Many women with disabilities, like many persons with disabilities, also face discrimination in public services (see the chapter on targets 16.6 and 16.7).

Eliminate all forms of violence against all women and girls (Target 5.2)

Women and girls with disabilities are at particular risk of sexual violence, with 8 per cent of women with disabilities compared to 5 per cent of women without disabilities having suffered sexual violence in the last 12 months (Figure 75). During their lifetime, 13 per cent of women with disabilities compared to 10 per cent of women without disabilities experience sexual violence at least once (see the chapter on targets 16.1 and 16.2).

Women and girls with disabilities are particularly vulnerable to human trafficking and their trafficking for sexual exploitation has been reported on in various countries. In the United States, 12 per cent of girls with severe physical disabilities and 10 per cent of girls with cognitive disabilities have experienced sex trafficking. Girls with severe physical disabilities are six times more likely to experience sex trafficking than girls without disabilities and girls with cognitive disabilities are five times more likely to experience sex trafficking than girls without disabilities (see the chapter on targets 16.1 and 16.2).

Figure 75. Percentage of women aged 15 to 49 who have experienced sexual violence, at least once in the past 12 months, by disability status, in 12 countries, in 2021 or latest year available.



Note: An asterisk () indicates that the difference between girls with and without disabilities is statistically significant at the level of 5 per cent. (WG) identifies data produced using the Washington Group short set of questions on functioning.*

Source: UNDESA (on the basis of data from DHS⁶).

In addition to being subjected to the same violence, exploitation and abuse against women and harmful practices committed against women in general, women and girls with disabilities are also subject to specific manifestations of violence such as the denial of food or water, or threat of any of these acts; removing assistance dogs or assistive devices; restricting access to others; forced medical procedures or interventions without free and informed consent, including in the context of sexual and reproductive health such as forced or coerced sterilization or contraception; economic exploitation, neglect, humiliation, concealment, abandonment, abuse, including sexual abuse and sexual exploitation by state and non-state institutions, within the family or the community; and infanticide.²⁸⁶

While women and girls with disabilities are at a higher risk of violence than others, they have less access to both mainstream and support services and to justice (see the chapter on target 16.3) because of the denial of their privacy and obstacles to their freedom of movement; denial of decision-making and autonomy; obstacles to their access to information about available assistance; and a lack of recognition by national laws of their legal capacity.

Many programmes to eliminate violence against women and girls with disabilities and to provide support to survivors focus on raising awareness, providing training and education opportunities and empowering women with disabilities, providing shelters and safe homes, counselling, legal aid and training for family members. But targeted programmes for women and girls with disabilities are not always available and the programmes to address violence against women in general, regardless of disability status, often suffer from a lack of investment in specialist support services for victims with disabilities, placing significant limits on the types of services provided to them.²⁸⁷ Shelters for victims of violence remain largely inaccessible for women with disabilities (see the chapter on targets 16.1 and 16.2) and women with disabilities may face barriers to accessing healthcare, including sexual and reproductive healthcare (see the chapter on targets 3.1, 3.7 and 5.6), after experiencing sexual violence.²⁸⁸ Moreover, information, communication and services within the justice system as well as gender-based violence prevention and protection services are largely inaccessible to women and girls with disabilities, including information and communication on how to access these services.

Harmful stereotypes and stigma, including that disability may be a curse and that persons with disabilities are not sexual, limit the access of women with disabilities to gender-based violence services.²⁸⁹ Often gender-based violence services do not reach women with disabilities in rural and remote areas or they may not be accessible for women with disabilities (for example, no sign language interpreters).²⁹⁰ In countries that do not have a national sign language or when the national sign language is not widely learned by deaf women and women with hearing disabilities, these women may only communicate with family members through basic gestures and lip-reading, a situation that exacerbates their isolation from others, increases their risk of violence and prevents them from having autonomous access to basic information about their rights, to sexual reproductive health and to gender-based violence services.²⁹⁰ Indigenous women with disabilities may also be at an increased risk of isolation, violence and lack of

access to support services.²⁹¹ There are reports of women in remote areas having to provide police with compensation to come and investigate claims of sexual violence, a major barrier for women and girls with disabilities who lack income.²⁹²

Many women and girls with disabilities rely on support persons such as family members, caregivers and community members in order to access gender-based violence services. But in many cases the perpetrators of sexual and gender-based violence are support persons, making it incredibly challenging for women and girls with disabilities to report violence or abuse and access gender-based violence services, especially if they are reliant on the perpetrator for income, housing and other support.

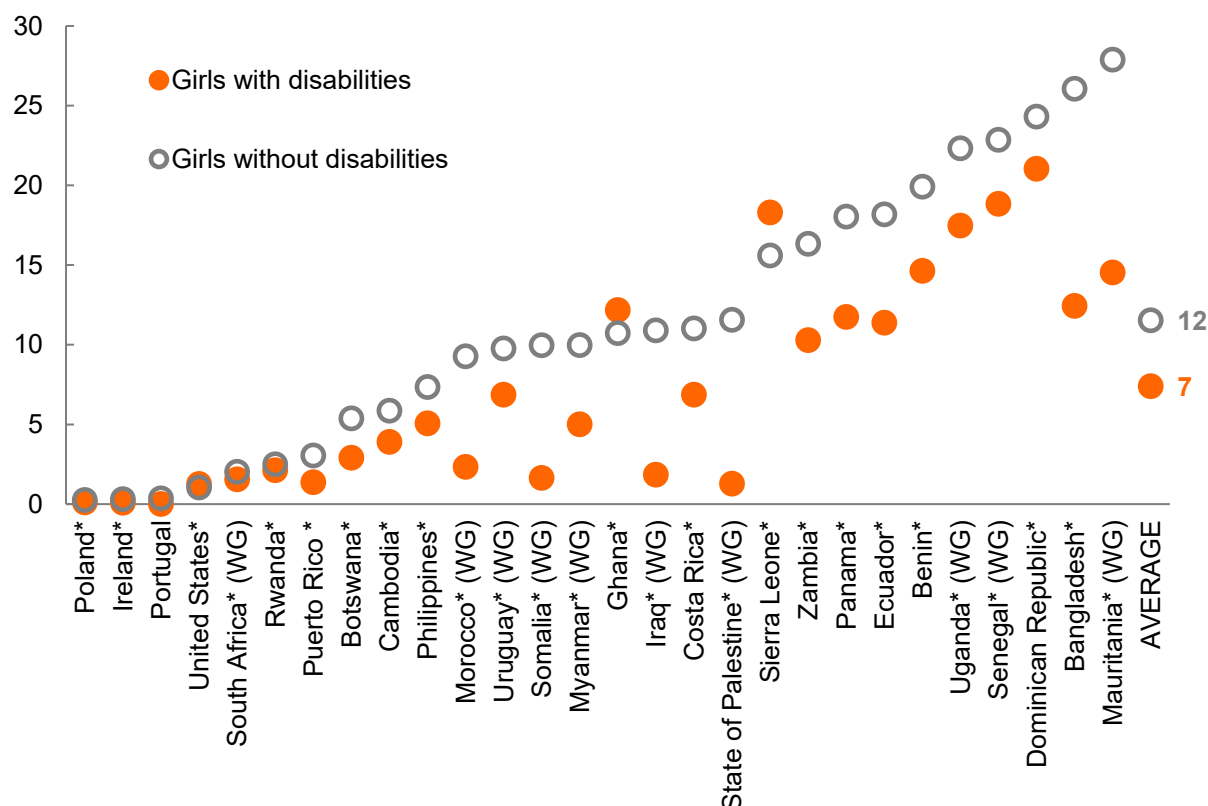
In some countries, legal frameworks continue to treat violence against women with disabilities differently than against other women, with sexual violence against women with disabilities prosecuted as a separate crime (sexual intercourse with a helpless person) rather than as rape.²⁹³ Law enforcement officials are rarely trained to communicate with women with intellectual or hearing disabilities, limiting their opportunities to access justice in cases of violence.²⁹⁴ In some countries, police encourage women with disabilities to engage with the perpetrators in informal “reconciliation” and sexual and gender-based violence cases against women with disabilities are seldom processed through formal justice systems.²⁹⁵

Eliminate child, early and forced marriage (Target 5.3)

Child marriage, that is, marriage under the age of 18, has been linked with negative reproductive and mental health outcomes as well as with intimate partner violence. Women and girls with disabilities continue to face risk factors for child, early and forced marriage, such as higher rates of poverty, lack of access to inclusive education and disability- and gender-based stigma within communities and families. Among 28 countries or areas, on average, 7 per cent of girls with disabilities aged 15 to 18 are or have been married, ranging from zero per cent in Portugal to 21 per cent in the Dominican Republic. In three of these countries or areas, girls with disabilities are more likely to be married than their peers without disabilities (Figure 76).

In fragile states (for example, countries characterized by poverty, conflict, political instability, insecurity and disaster), girls with disabilities are at higher risk of being coerced into early marriage. Among four fragile states, 54 per cent of women with disabilities aged 20 to 24 were under 18 years of age at the time of their first marriage or cohabitation, compared to 44 per cent of women without disabilities.²⁹⁶ Although most of these marriages and cohabitations happened when these women were between 15 and 17 years old, a staggering 12 per cent of women with disabilities aged 20 to 24 were under 15 years of age at the time of their first marriage or cohabitation, compared to 9 per cent of women without disabilities. Women with disabilities that married or cohabitated before their 18th birthday were more likely than others to suffer intimate partner violence: 50 per cent of them compared to 44 per cent of women without disabilities who were married or in cohabitation as children.

Figure 76. Percentage of girls aged 15 to 18 who are or have been previously married, by disability status, in 28 countries, in 2021 or latest year available.



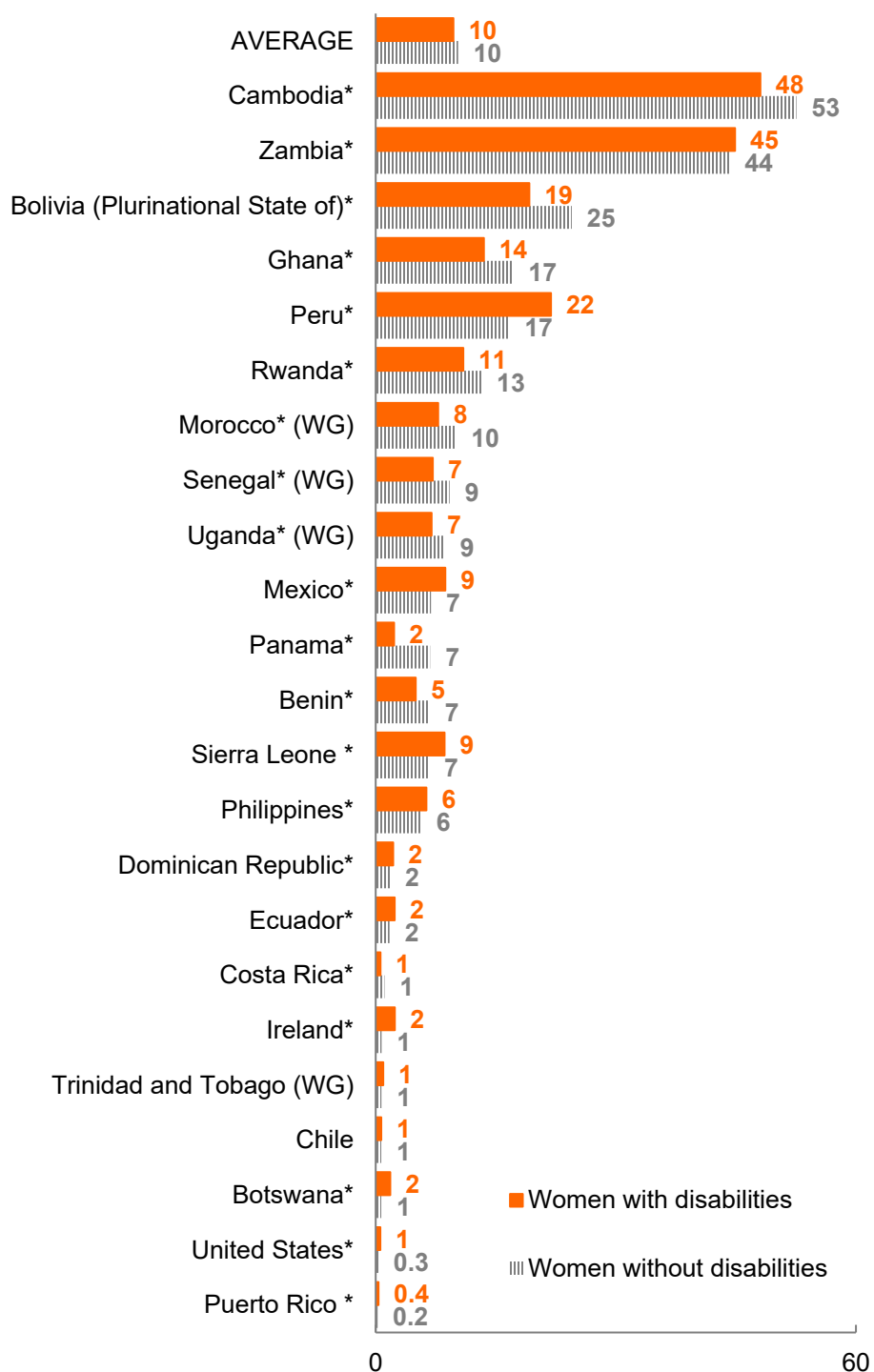
Note: An asterisk () indicates that the difference between girls with and without disabilities is statistically significant at the level of 5 per cent. (WG) identifies data produced using the Washington Group short set of questions on functioning.*

Source: ESCWA and UNDESA (on the basis of data from IPUMS).

Recognize and value unpaid care and domestic work through the provision of public services, infrastructure and social protection (Target 5.4)

Unpaid domestic and care work refers to activities such as the management and preparation of food and meals; cleaning and maintaining of own dwelling and surroundings; do-it-yourself decoration; maintenance and repair of personal and household goods; care and maintenance of clothing and other textiles and footwear; household management; pet care; shopping for own household and family member; childcare and instruction; care of the sick, older persons or household and family members with disabilities; and travel related to these services.

Figure 77. Percentage of employed women aged 15 and over in unpaid work, by disability status, in 23 countries or areas, in 2021 or latest year available.



Note: An asterisk () indicates that the difference between girls with and without disabilities is statistically significant at the level of 5 per cent. (WG) identifies data produced using the Washington Group short set of questions on functioning.*

Source: ECLAC¹³ and UNDESA (on the basis of data from IPUMS).

Contrary to paid work in which women with disabilities participate less than women without disabilities, women with disabilities are engaged in unpaid work at levels that are similar to women without disabilities (Figure 77). In 23 countries or areas, on average, 10 percent of women with disabilities are engaged in unpaid work, the same percentage as that observed for women without disabilities. The percentages of women with disabilities in unpaid work vary from 0.4 per cent in Puerto Rico to 48 per cent in Cambodia. Since women with disabilities have more difficulty finding paid employment in formal or informal sectors than those without disabilities, they may be left with unpaid work as their only option, especially within the household. Women with disabilities, similarly to other women involved in unpaid work, do not receive the services, social protection and basic infrastructure to support, recognize and value this work.

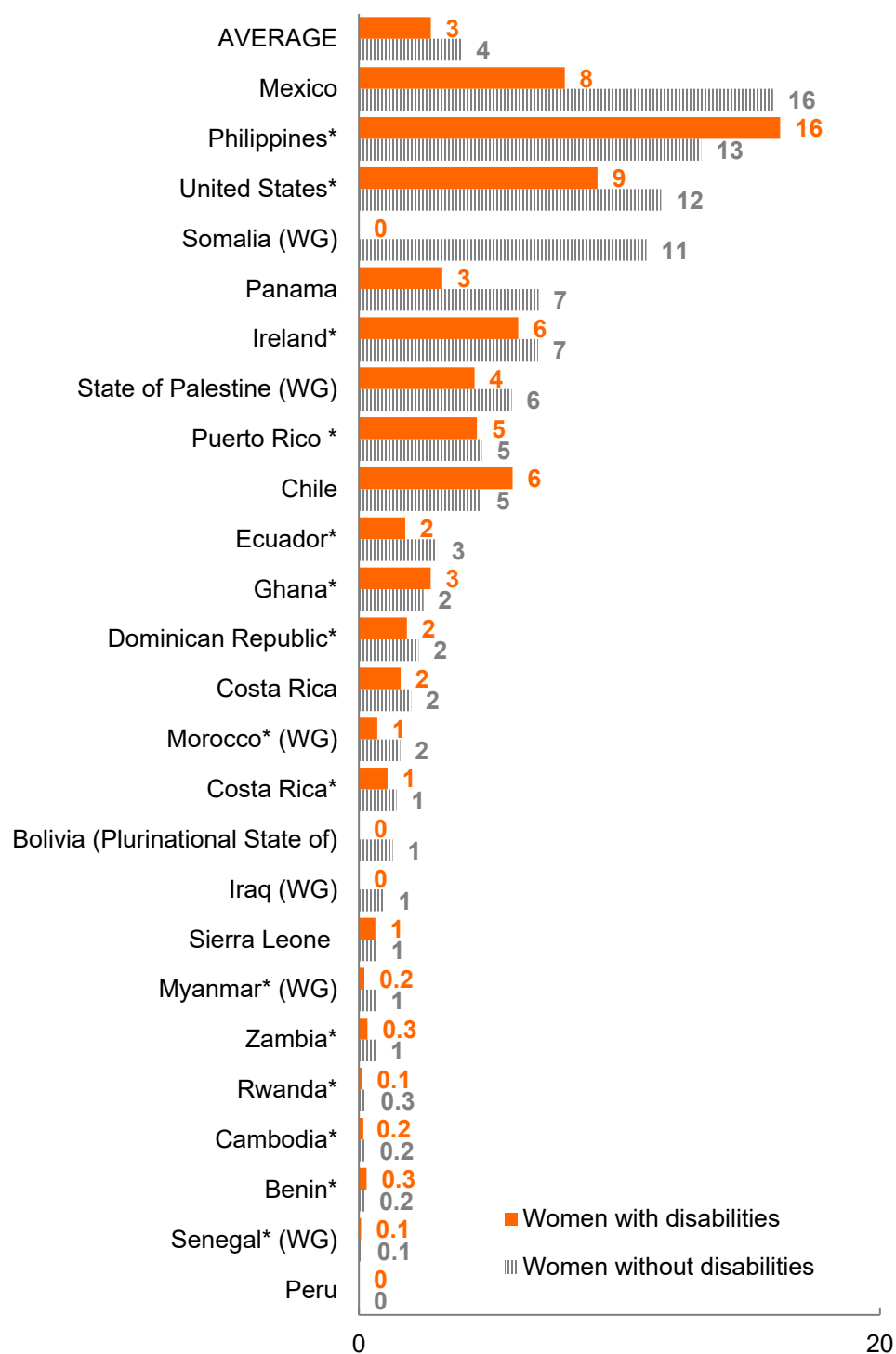
Ensure women's full and effective participation and equal opportunities for leadership at all levels of decision-making in political, economic and public life (Target 5.5)

Cultural norms and legal systems that discriminate based on gender and disability often prevent the participation of women with disabilities in leadership and decision-making positions. In 25 countries or areas, on average, women with disabilities are slightly less likely to assume a position as a legislator, senior official or manager than women without disabilities: 3 per cent of women with disabilities hold these positions compared to 4 per cent of women without disabilities (Figure 78). Women with disabilities are less likely to hold these positions than women without disabilities in 20 out of these 25 countries. In some countries, the gap between women with and without disabilities exceeds 5 percentage points.

There is limited data available on women with disabilities in political leadership roles. The data available suggest that representation remains low. For example, in 2022, only two out of nine countries or areas in the Asia and Pacific region had women parliamentarians with disabilities in the national legislative body – compared to four out of nine for men parliamentarians with disabilities.¹⁴ In the two countries, the percentages of women parliamentarians with disabilities were 4 per cent and 8 per cent, a considerable improvement from 0 and 4 per cent in 2017 (Figure 79). In 2022, of a total 1,896 parliamentarians in the 9 countries or areas, members of parliament with disabilities represented 0.7 per cent, with three times more men with disabilities than women with disabilities (10 men and 4 women).¹⁴

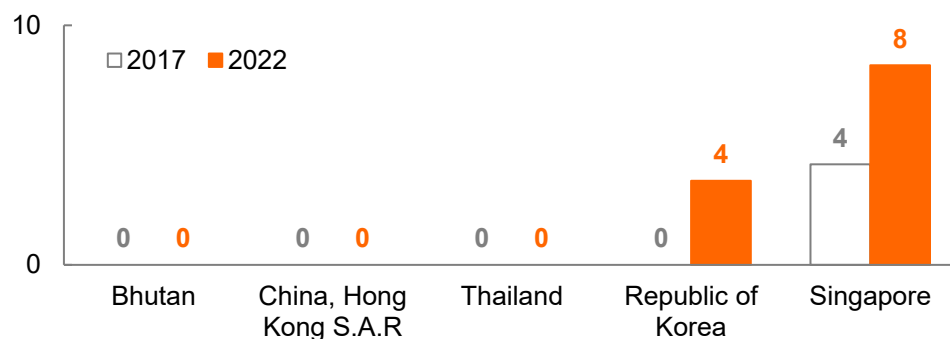
Countries using legislated quotas tend to have a higher representation of women in local government. However, only 44 per cent of 160 countries with elected local deliberative bodies have legislated gender quotas for local elections;²⁹⁷ of those, only Uganda and Zimbabwe specifically require that women with disabilities are included in the electoral lists or in the composition of the elected local deliberative bodies.²⁹⁸

Figure 78. Percentage of employed women aged 15 and over who work as legislators, senior officials, and managers, by disability status, in 25 countries or areas, in 2021 or latest year available.



Source: ECLAC,¹³ ESCWA, and UNDESA (on the basis of data from IPUMS).

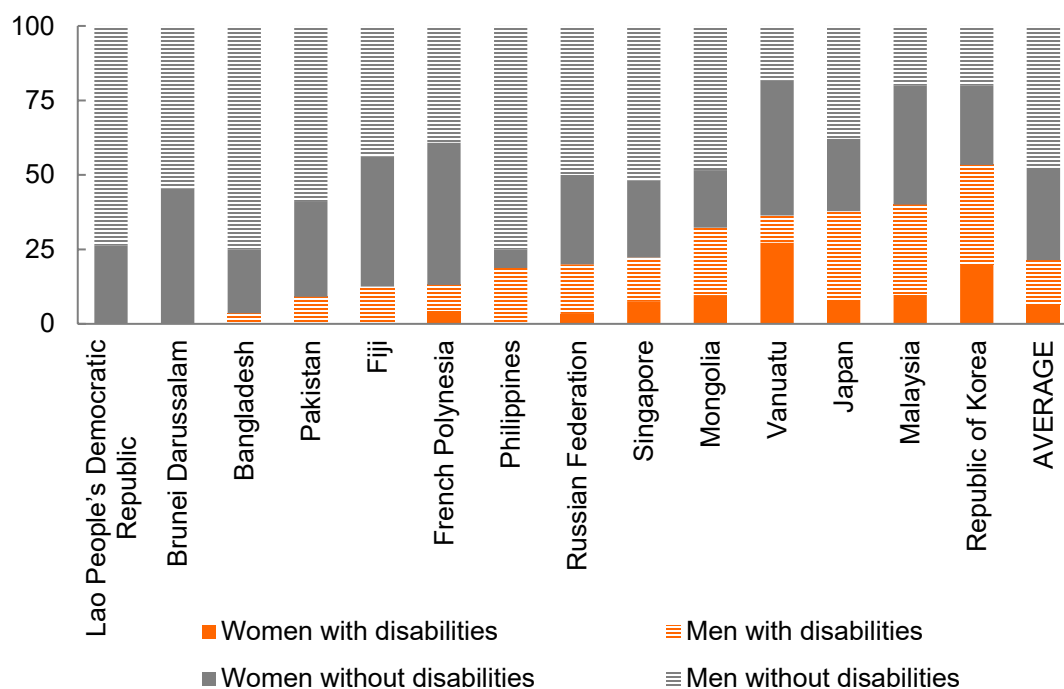
Figure 79. Percentage of seats held by women with disabilities in the national parliament or similar legislative body, in 5 countries or areas in Asia, in 2017 and 2022.



Note: S.A.R. refers to Special Administrative Region.

Source: 2022 data provided by ESCAP,¹⁴ 2017 data from ESCAP (2018).²⁹⁹

Figure 80. Percentage of members of national coordination mechanisms on disability, by disability status and sex, in 14 countries or areas, in 2022.

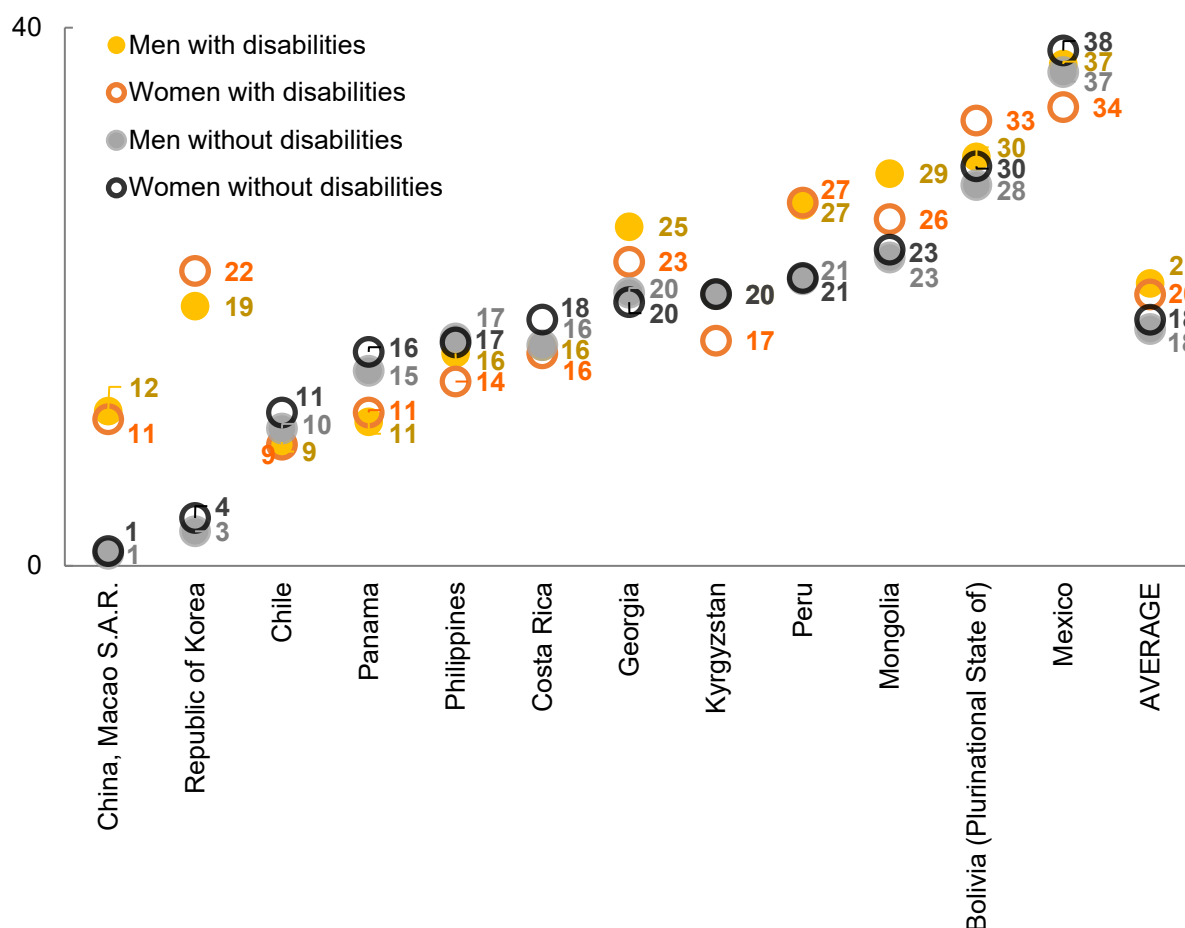


Source: ESCAP.¹⁴

The representation of women with disabilities tends also to be low in national coordination mechanisms on disability matters, the consultative and coordination bodies that oversee national disability policies and programmes and that usually consist of representatives of relevant government ministries, representative organizations of persons with disabilities and other stakeholders. For instance, among 14 countries or

areas from the Asia and Pacific region, the percentage of women with disabilities is on average 6 per cent, compared to 15 per cent for men with disabilities, 31 per cent for women without disabilities and 48 per cent for men without disabilities (Figure 80). In six of these countries, there are no women with disabilities represented. Vanuatu has the highest representation of women with disabilities (27 per cent) and is also the only country where the percentage of women with disabilities in these mechanisms is higher than men with disabilities.

Figure 81. Percentage of persons living under the national poverty line, by disability status and sex, in 12 countries or areas, in 2021 or latest year available.



Note: S.A.R. refers to Special Administrative Region.

Source: ECLAC¹³ and ESCAP.¹⁴

The participation and leadership of women with disabilities is essential in development, peacebuilding and humanitarian action. During conflicts, women with disabilities face multiple and intersecting forms of discrimination related to their gender and disability, which significantly increases their risk of gender-based violence. The loss of community support and protection mechanisms exacerbates the risk of

violence against women and girls with disabilities and hinders their access to critical protections and essential services, including sexual and reproductive healthcare. However, interventions during and after conflict situations and humanitarian emergencies often fail to recognize the needs and perspectives of women with disabilities. Among six countries in conflict and post-conflict situations, only 41 per cent of local interventions by international agencies, governments or civil society addressed both gender and disability together.³⁰⁰

The provision of services for persons with disabilities is not always informed from a gender perspective. The leadership of formal care and support systems for persons with disabilities tends to be occupied by men which may pose barriers to integrating a gender perspective and the perspectives of women with disabilities in particular. An analysis of social media data in 2022 indicated that the percentage of women directors or managers in services for persons with disabilities was 37 per cent compared to 63 per cent of directors or managers who are men (see the chapter on target 10.2).

To promote equality and the empowerment of women and girls with disabilities, trainings provided by United Nations country teams on disability-inclusive development, gender equality and the rights of women and girls with disabilities have been actively encouraging the participation of women with disabilities. In such a training in the United Republic of Tanzania in 2021, 28 per cent of participants were women with disabilities.³⁰⁰

Give women with disabilities equal rights to economic resources and access to financial services (target 5.a)

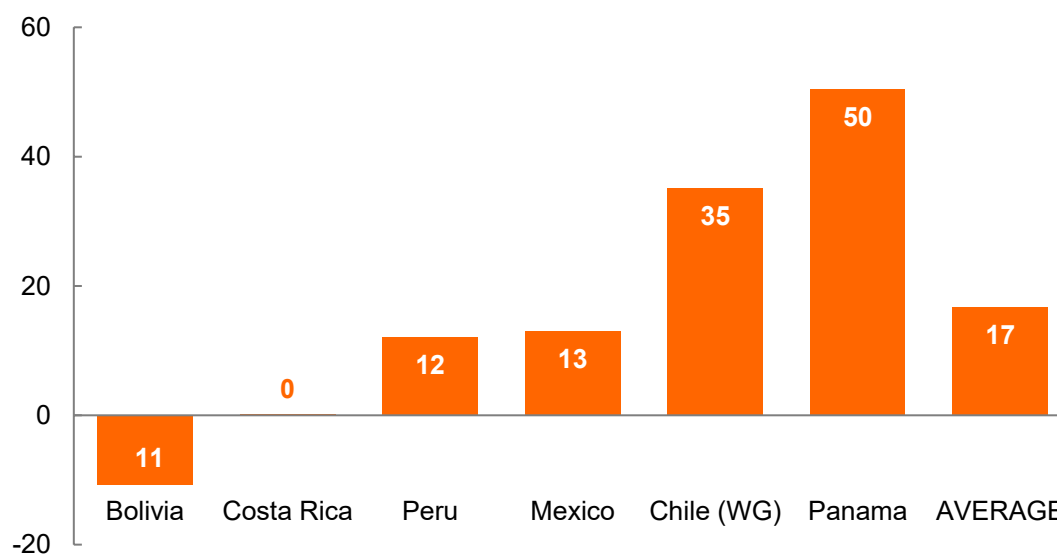
Women with disabilities face barriers to accessing economic resources. Among 12 countries or areas, 20 per cent of women with disabilities live in poverty, compared to 21 per cent of men with disabilities and 18 per cent of both women and men without disabilities (Figure 81). In some countries, such as the Plurinational State of Bolivia and the Republic of Korea, the poverty rates for women with disabilities are higher than the poverty rates for men with disabilities.

Women with disabilities often have lower wages than men with disabilities and both women and men without disabilities. Among six countries, the wages for men with disabilities are on average 17 per cent higher than the wages for women with disabilities (Figure 82). In Costa Rica and Peru, progress has been made in reducing this wage gap (Figure 83). In 2015, in Costa Rica, wages for men with disabilities were 9 per cent higher than wages for women with disabilities, and in Peru they were 20 per cent higher. In 2021, there was no difference between the wages for women and men with disabilities in Costa Rica, and in Peru the wages for men with disabilities were only 12 per cent higher.

Online banking has become an essential tool for accessing financial services. Yet, women with disabilities face barriers to access these services. Among nine countries, 15 per cent of women with disabilities compared to 20 per cent of men with disabilities conduct financial transactions with a mobile phone

(Figure 84). In some countries, the gap between women and men with disabilities is larger than 10 percentage points.

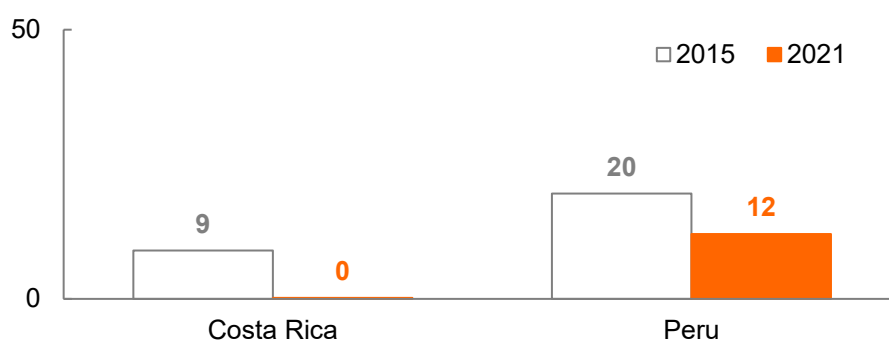
Figure 82. Wage gaps between women and men with disabilities, in percentage, in 6 countries, in 2021 or latest year available.



Note: (WG) identifies data produced using the Washington Group short set of questions on functioning. Bolivia refers to the Plurinational State of Bolivia.

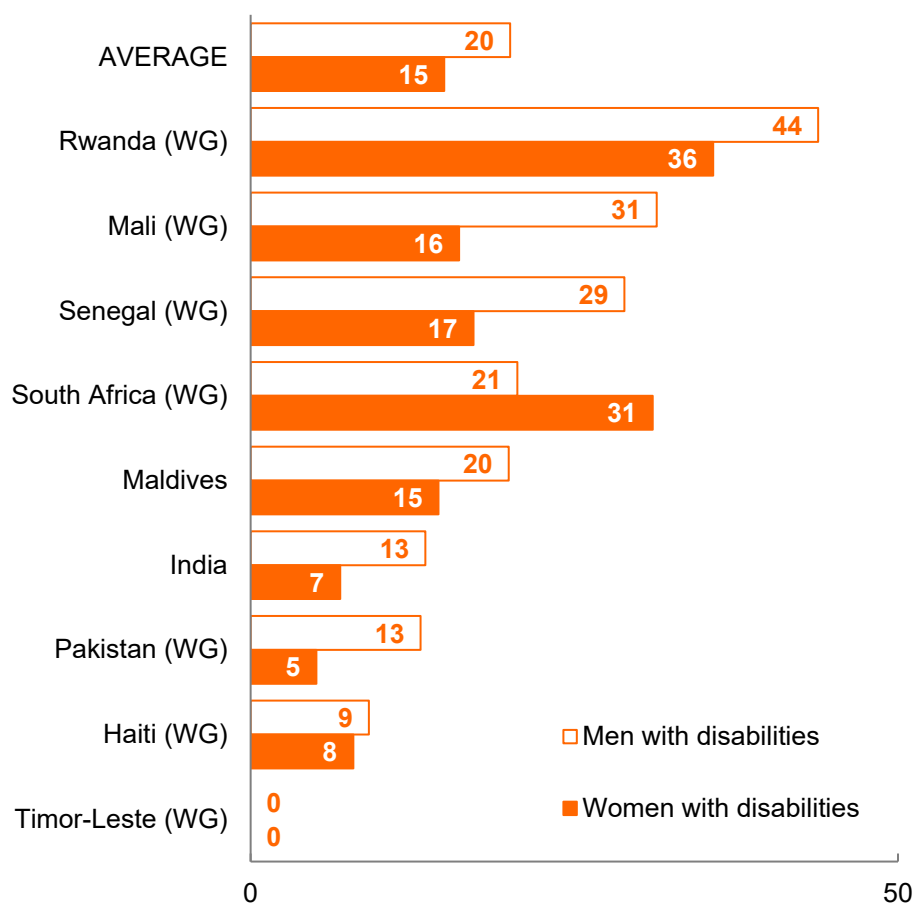
Source: ECLAC.¹³

Figure 83. Progress in wage gaps between women and men with disabilities, in percentage, in 2 countries, from 2015 to 2021.



Source: ECLAC.¹³

Figure 84. Percentage of persons with disabilities who use a mobile phone for financial transactions, by sex, in 9 countries, in 2021 or latest year available.

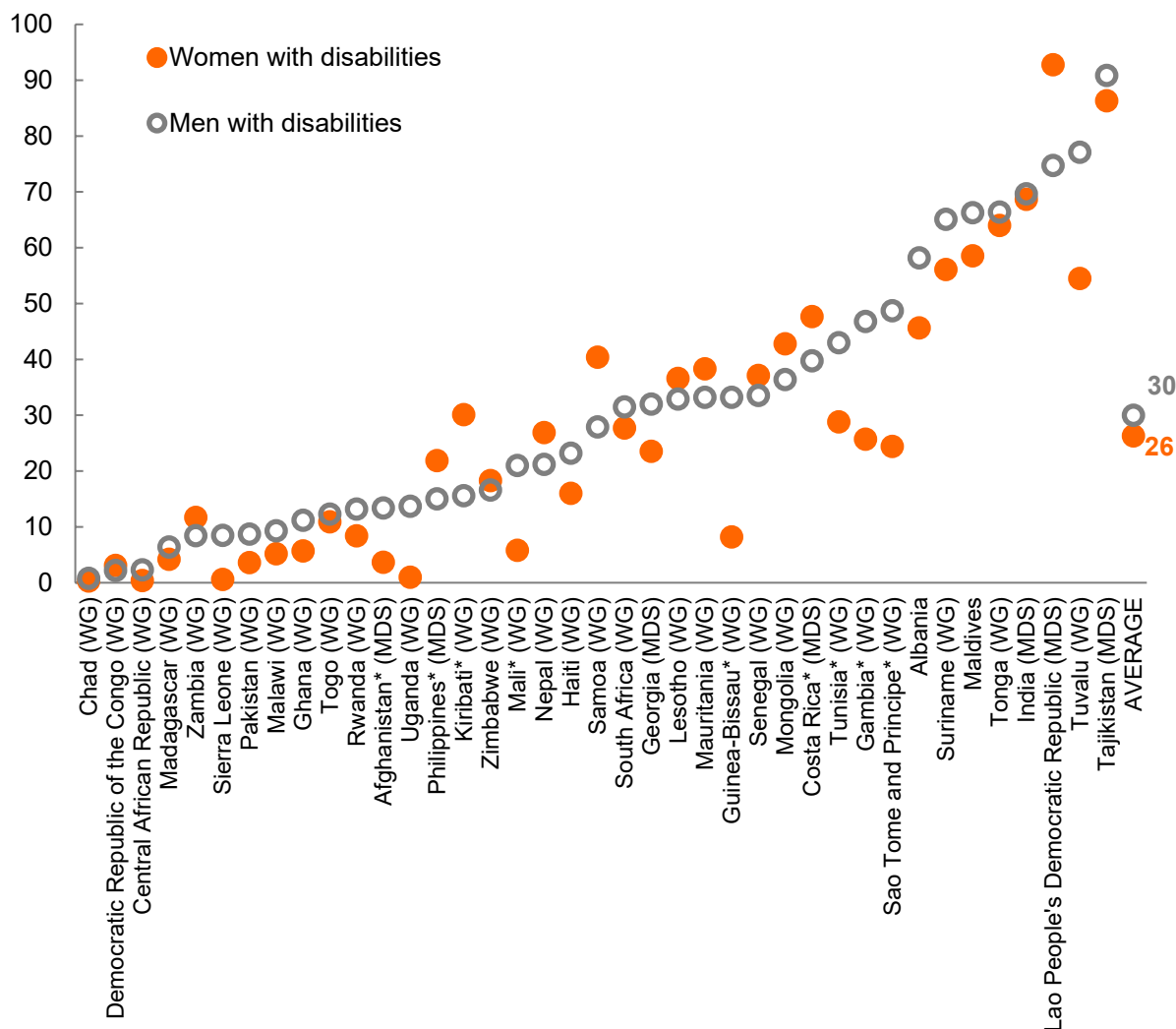


Note: (WG) identifies data produced using the Washington Group short set of questions on functioning.
Source: UNDESA (on the basis of data from DHS⁶).

Enhance the use of enabling technology, in particular information and communications technology, to promote the empowerment of women with disabilities (target 5.b)

Women with disabilities on average have slightly lower rates of Internet use than men with disabilities, with 26 per cent of women with disabilities and 30 per cent of men with disabilities using the Internet (Figure 85). Gaps in Internet use between women and men depend on the country, with use among women with disabilities being higher than among men with disabilities in some countries and lower in others. In Gambia, Sao Tome and Principe and Tuvalu, Internet use among women with disabilities is considerably lower than among men with disabilities, with gaps of over 20 percentage points.

Figure 85. Percentage of persons with disabilities who use the Internet, by sex, in 39 countries, in 2021 or latest year available.

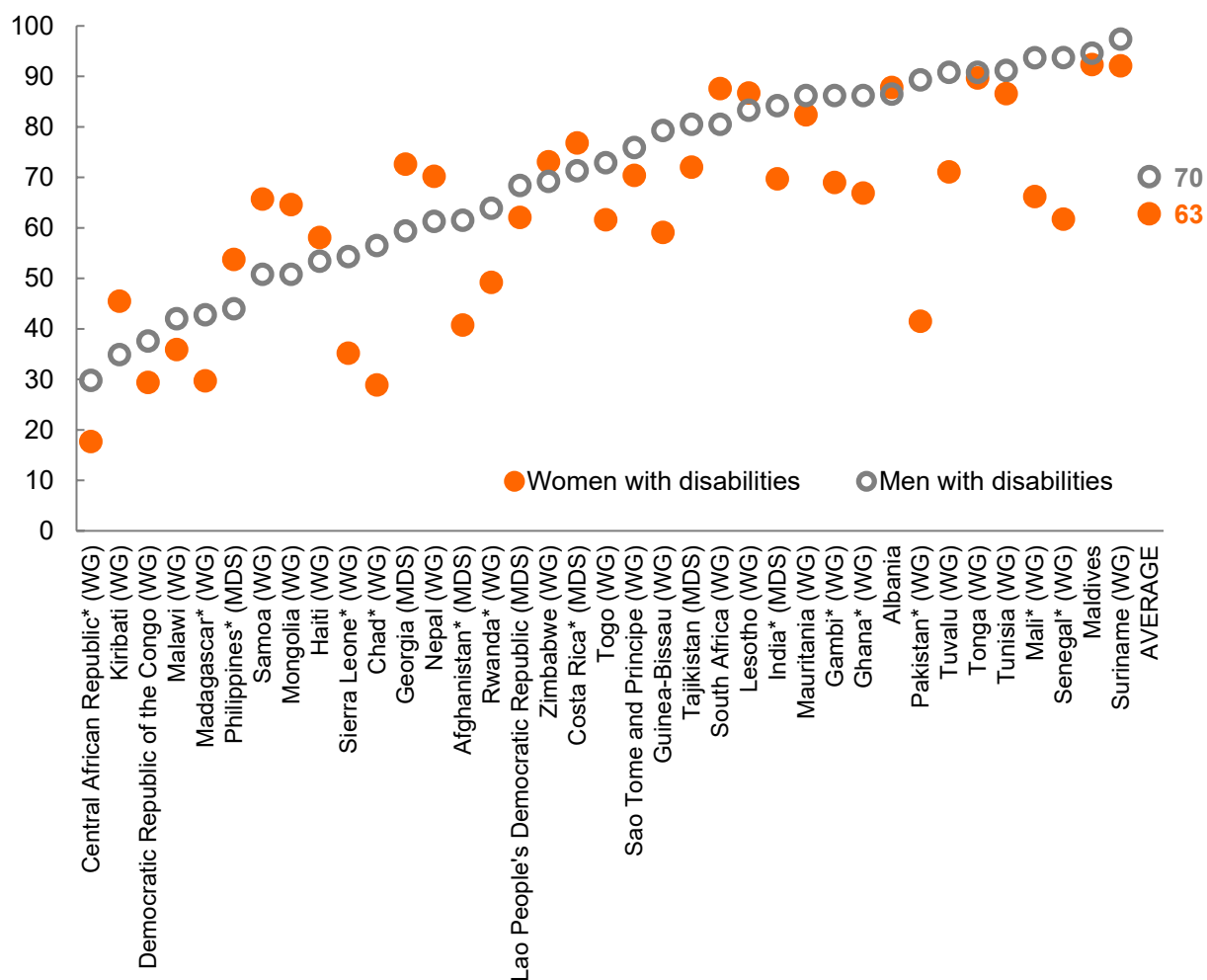


Note: (MDS) identifies data produced with the Model Disability Survey. (WG) identifies data produced with the Washington Group Short Set of Questions. An asterisk () indicates that the difference between men and women with disabilities is statistically significant at the level of 5 per cent. Data on men with disabilities from Senegal are based on 25 to 49 observations and should be interpreted with caution. Source: ECLAC,¹³ UNDESA (on the basis of data from DHS⁶ and SINTEF⁹) and World Bank (on the basis of data from DHS⁶ and MICS).*

Women with disabilities are the least likely to own a mobile phone, lagging behind women and men without disabilities and men with disabilities. Among 37 countries, 63 per cent of women with disabilities and 70 per cent of men with disabilities own a mobile phone (Figure 86). Gender gaps in mobile phone ownership vary across countries, with ownership being more common among women with disabilities in some countries and less common in others. In Afghanistan, Chad, Mali, Pakistan and Senegal, mobile

phone ownership among women with disabilities is considerably lower than among men with disabilities, with gaps of over 20 percentage points.

Figure 86. Percentage of persons with disabilities who own a mobile phone, by sex, in 37 countries, in 2021 or latest year available.



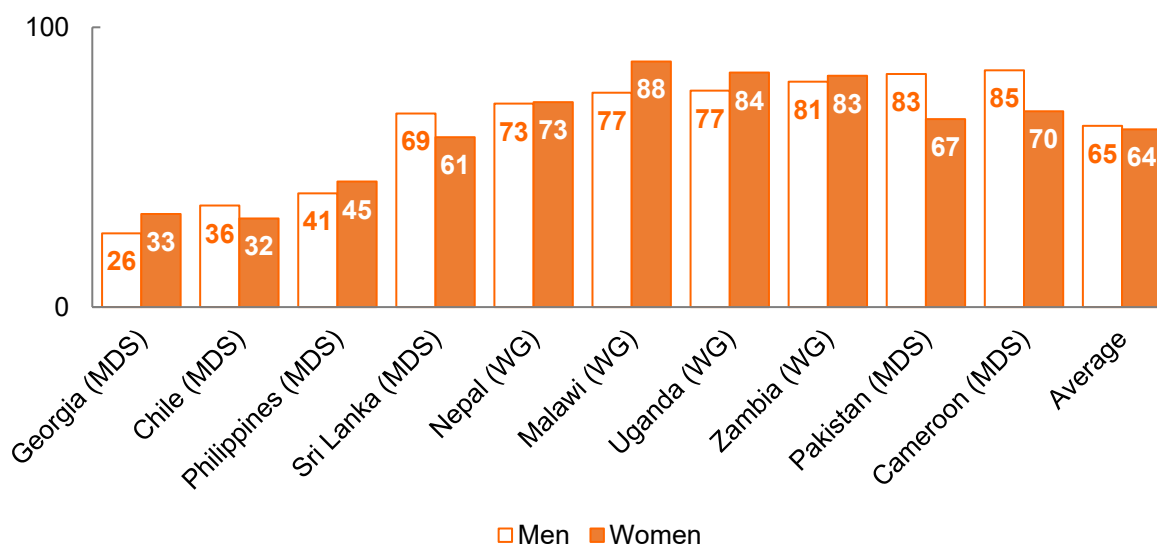
Note: (MDS) identifies data produced with the Model Disability Survey. (WG) identifies data produced with the Washington Group Short Set of Questions. An asterisk () indicates that the difference between men and women with disabilities is statistically significant at the level of 5 per cent.*

Source: UNDESA (on the basis of data from DHS⁶), WHO (on the basis of data from MDS) and World Bank (on the basis of data from DHS⁶ and MICS).

Among 10 countries or areas, 64 per cent of women with disabilities report not having the assistive technology they need, similar to the level observed among men with disabilities (Figure 87), but there are variations among countries. Depending on the country, women with disabilities are more or less likely than men with disabilities to access the assistive products they need. The highest gap between women and men with disabilities is observed in Malawi, with 88 per cent of women and 77 per cent of men with

disabilities not having the assistive technology they need. Assistive technology is not always gender-friendly and women with disabilities may also face other barriers accessing assistive technology because of financial and cultural factors.³⁰¹

Figure 87. Percentage of persons with disabilities who need but do not have assistive products (e.g., sign language interpreter, wheelchair, hearing/visual aids, braille), by sex, in 10 countries or areas, in 2021 or latest year available.



Note: (MDS) identifies data produced with the Model Disability Survey. (WG) identifies data produced with the Washington Group Short Set of Questions.

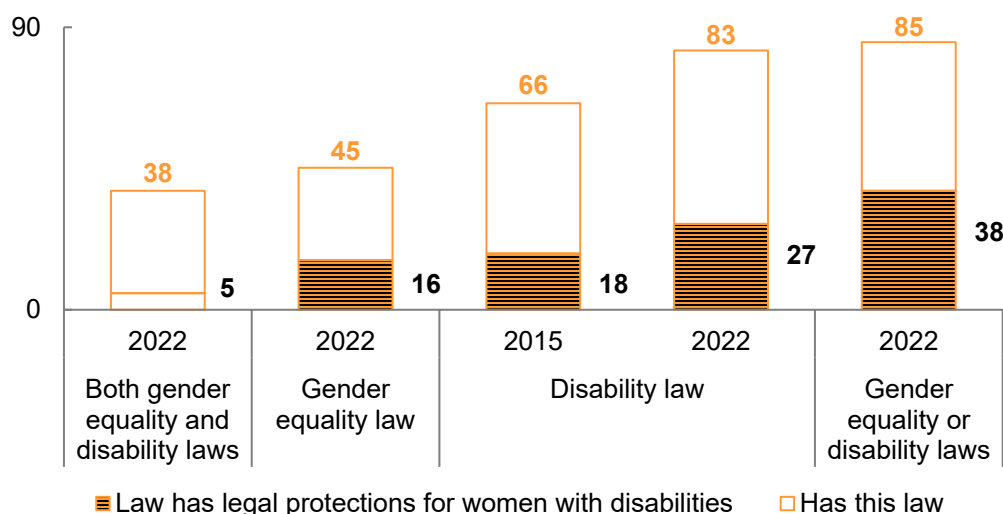
Source: UNDESA (on the basis of data from SINTEF⁹) and WHO (on the basis of data from MDS).

Adopt and strengthen sound policies and enforceable legislation for the promotion of gender equality and the empowerment of all women and girls with disabilities at all levels (target 5.c)

Specific recognitions and protections of the rights of women with disabilities exist in various national laws but not in constitutions. Among 176 countries, while some countries have a constitutional provision that guarantees equal rights for persons with disabilities, none of these constitutions mentions women with disabilities.³⁰² Legal guarantees for women with disabilities appear in gender equality laws and in disability laws in various countries (Figure 88). Among 190 countries, 16 per cent have gender equality laws with specific legal protections for women with disabilities, and 27 per cent have disability laws that specifically promote and protect the rights of women with disabilities. In only 5 per cent of these countries, both gender equality laws and disability laws exist and mention women with disabilities. Overall, in 38 per cent of countries there is either a gender equality law or a disability law with specific legal protections for women with disabilities. Since 2015, there has been progress in the percentage of countries with specific

legal protections for women with disabilities in their disability laws, from 18 per cent in 2015 to 27 per cent in 2022.

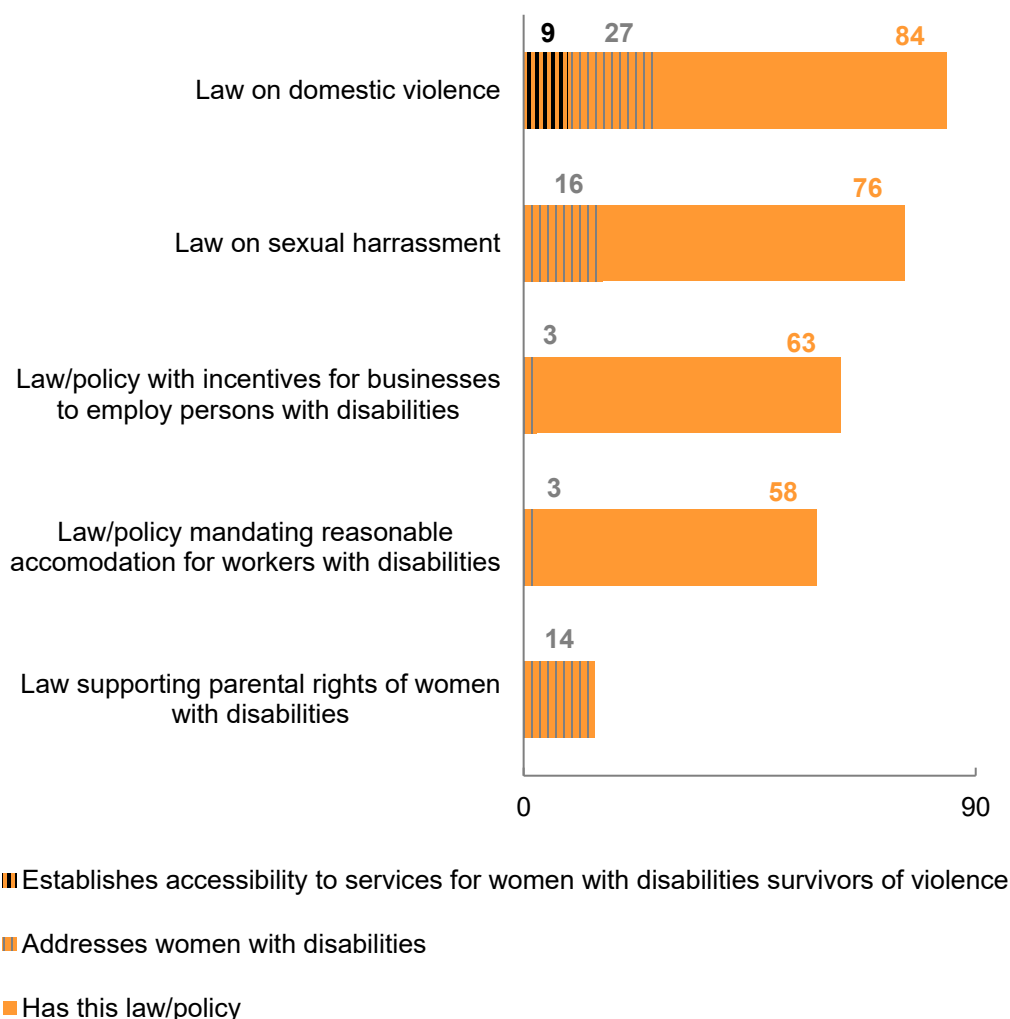
Figure 88. Percentage of countries that have legal protections specifically for women with disabilities in their gender equality or disability laws, in 190 countries, in 2015 and 2022.



Source: Braunmiller and Dry (2022)³⁰³ and UNDESA (on the basis of data from the World Bank Group³⁰⁴).

Several countries have laws or policies to specifically protect the rights of women with disabilities with regard to family life, labour inclusion and a life free from violence (Figure 89). Among 190 countries, 27 per cent explicitly address women with disabilities in their domestic violence law and 9 per cent of countries have domestic violence laws that establish accessibility to services for women with disabilities who are survivors of violence; 16 per cent of countries have specific legislation on sexual harassment against women with disabilities. Fewer countries have specific laws or policies for women with disabilities in regard to labour inclusion. While 63 per cent of countries have laws or policies on incentives to promote the employment of persons with disabilities (such as quotas, tax breaks and wage replacement), only 3 per cent mention women with disabilities in these laws or policies. The same percentage of countries, 3 per cent, has a law or policy on reasonable accommodation for workers with disabilities that mentions women with disabilities. In 14 per cent of the 190 countries, the law provides specific support to women with disabilities in the exercise of their parental rights and responsibilities (such as extension of maternity leave, financial aid and legal protection to keep custody of their children).

Figure 89. Percentage of countries that have legislation or policies specifically addressing women with disabilities, by type of legislation/policy, in 190 countries, in 2022.



Source: Braunmiller and Dry (2022).³⁰⁵

Impact of the COVID-19 pandemic

The COVID-19 pandemic has increased gender inequality, discrimination and violence against women with disabilities. During the pandemic, women with disabilities were more likely to lose earnings than women without disabilities: 74 per cent of women with disabilities compared to 68 per cent of women without disabilities lost their earnings – a 6 percentage point gap (Figure 90). This gap was even more pronounced for younger women with disabilities, reaching 11 percentage points: 79 per cent of women with disabilities aged 25 to 59 lost earnings compared to 68 per cent of women without disabilities of the same age group.³⁰⁶ Working-aged women with disabilities aged 25 to 59 were slightly more likely to lose

their jobs (33 per cent) than women without disabilities (31 per cent). In the European Union in particular, the COVID-19 crisis had a profound impact on the employment of women with disabilities, as 32 per cent of women with disabilities who were employed before the pandemic lost their jobs during the pandemic (Figure 91). The impact was much bigger on women with disabilities than on men with disabilities (16 per cent lost their jobs), on women without disabilities (15 per cent) and on men without disabilities (8 per cent).

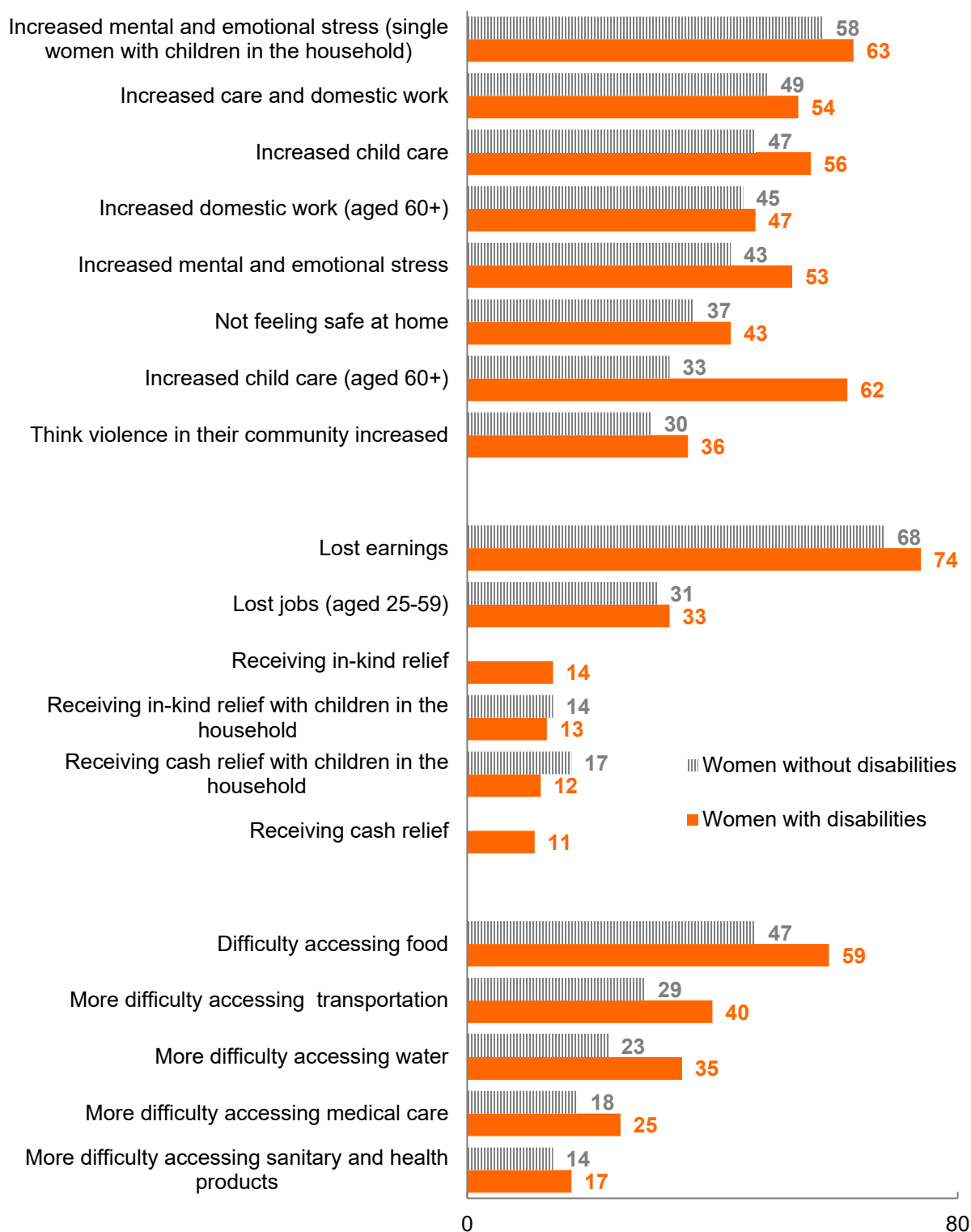
Yet, women with disabilities received less cash or in-kind relief than women without disabilities (Figure 90). For women with children in the household, 12 per cent of women with disabilities versus 17 per cent of women without disabilities received cash relief; and 13 per cent of women with disabilities versus 14 per cent of women without disabilities received in-kind relief. Overall, for all women with disabilities, with or without children, only 11 per cent received cash relief and only 14 per cent received in-kind relief.

Additionally, during the pandemic, more women with disabilities saw an increase in their care and domestic work (54 per cent) compared to women without disabilities (49 per cent), men with disabilities (47 per cent) and men without disabilities (44 per cent). This held true also for childcare (56 per cent of women with disabilities, 50 per cent of men with disabilities, 47 per cent of women without disabilities, and 45 per cent of men without disabilities).³⁰⁶ The impact of additional childcare responsibilities particularly impacted older women with disabilities aged 60 and over: 62 per cent of them reported an increase in childcare compared to 33 per cent of their peers without disabilities.

The pandemic had a disproportionate impact on the mental health of women with disabilities and their access to health services, sanitation and transportation. A higher percentage of women with disabilities of all ages reported increased mental and emotional stress compared to women without disabilities (53 per cent versus 43 per cent), as did single women with disabilities with children in the household compared to their peers without disabilities (63 per cent versus 58 per cent). Compared to women without disabilities, women with disabilities reported more difficulty accessing medical care (25 per cent versus 18 per cent), sanitary and health products (17 per cent versus 14 per cent), water (35 per cent versus 23 per cent), food (59 per cent versus 47 per cent) and transportation (40 per cent versus 29 per cent).

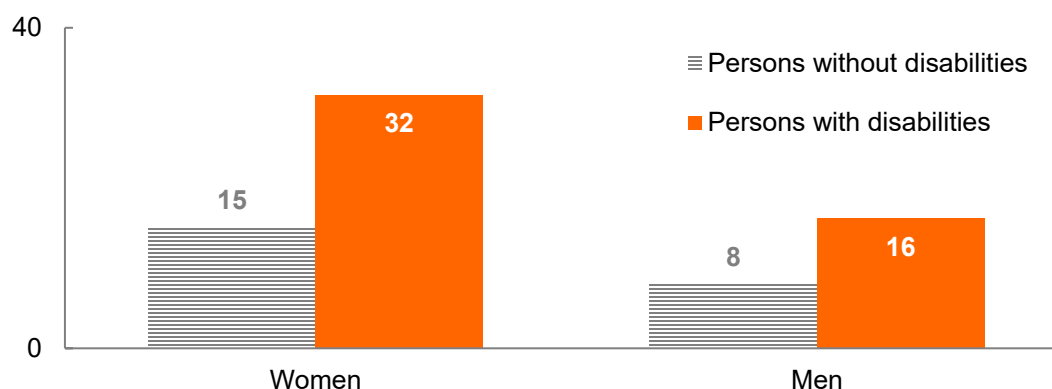
The pandemic also compromised the safety of women with disabilities. They were more likely than women without disabilities to not feel safe at home (43 per cent versus 37 per cent) and to think that violence in their community had increased (36 per cent versus 30 per cent). Some women with disabilities reported additional challenges in protecting themselves during the pandemic. Lockdowns lead to a lack of the usual support services, the perception by the perpetrators that women with disabilities would not have the power to leave and resist abuse³⁰⁷ or that police would not pursue their allegations of violence, as police were reallocated towards enforcing social distancing measures.³⁰⁸ During the pandemic, female parents and caregivers with disabilities were more likely to report an unmet need to access domestic violence services (14 per cent), compared to male caregivers with disabilities (11 per cent).¹⁶

Figure 90. Percentage of women impacted by the COVID-19 pandemic, by area impacted and disability status, in 26 countries, between March 2020 and March 2021.



Source: UN Women (2022).³⁰⁶

Figure 91. Percentage of persons who were employed before the start of the COVID-19 pandemic and unemployed in March 2021, by disability status and sex, in the European Union.



Source: ILO (on the basis of data from EUROFOUND Living, working and COVID-19 e-survey).

Summary of findings and the way forward

Major gaps and obstacles remain to the achievement of Goal 5 for women with disabilities, including discrimination, violence and early marriage: 8 per cent of women with disabilities feel discriminated against due to their disabilities and 9 per cent due to their gender; 8 per cent of women with disabilities experienced sexual violence in the past 12 months; and 7 per cent of girls with disabilities aged 15 to 18 are or have been married. While women and girls with disabilities are at a higher risk of violence than others, they tend to lack access to victim support services and to justice.

Women with disabilities are often pushed into unpaid work and barred from leadership positions. Although women with disabilities are much less likely than others to be given paid work (23 per cent of women with disabilities compared to 31 per cent of men with disabilities, 48 per cent of women without disabilities and 64 per cent of men without disabilities), they are engaged in unpaid work at levels similar to women without disabilities (10 per cent of both women with and without disabilities). For this unpaid work, women with disabilities receive no infrastructure support, no pay and no social protection. Moreover, women with disabilities are less often given opportunities to work as legislators, senior officials or managers: 3 per cent of women with disabilities versus 4 per cent of women without disabilities. And they are severely underrepresented in national parliaments, local governments and national coordination mechanisms on disability. For example, in Asia and the Pacific, women with disabilities constitute only 0.7 per cent of all parliamentarians and 6 per cent of the representatives in national coordination mechanisms on disability. Worldwide, only two countries specifically require that women with disabilities are included in electoral lists or in the composition of elected local deliberative bodies.

Women with disabilities also face more barriers than others in accessing economic resources, with 20 per cent of women with disabilities living in poverty. They also receive lower wages for their work than others, with the wages of men with disabilities being 17 per cent higher than the wages of women with

disabilities. They face obstacles to accessing financial services and technology. Only 15 per cent of women with disabilities compared to 20 per cent of men with disabilities conduct financial transactions with a mobile phone; only 26 per cent of women with disabilities compared to 30 per cent of men with disabilities use the Internet; only 63 per cent of women with disabilities and 70 per cent of men with disabilities own a mobile phone; and 64 per cent of women with disabilities do not have access to the assistive technology that they need.

Legislation and policies to address these gaps are still inexistent in many countries. Only 38 per cent of countries have a gender equality law or a disability law with specific legal protections for women with disabilities; only 27 per cent address women with disabilities in their domestic violence laws and 16 per cent in their sexual harassment laws; only 9 per cent of countries have legal requirements for accessibility to services for women with disabilities who are survivors of violence; and only 14 per cent legally protect the parental rights of women with disabilities, their right to keep the custody of their children and provide support through inter-alia the extension of maternity leave and financial aid. Fewer countries have specific laws or policies for women with disabilities regarding labour: only 3 per cent mention women with disabilities in their laws on incentives to promote the employment of persons with disabilities and on reasonable accommodation for workers with disabilities.

The COVID-19 pandemic exacerbated these gaps, as 74 per cent of women with disabilities lost their earnings, 59 per cent had difficulties accessing food, 55 per cent had additional unpaid care and domestic work, 43 per cent did not feel safe at home and 33 per cent lost their jobs. These drawbacks took a toll on the wellbeing of women with disabilities: 53 per cent of women with disabilities reported increased mental and emotional stress during the pandemic. Yet, only 11 per cent of women with disabilities received cash relief and 14 per cent received in-kind relief.

Limited evidence to assess progress since 2015 suggests improvements in some countries in increasing the representation of women with disabilities in parliament and decreasing wage gaps between women and men with disabilities. Worldwide, the gap between women with disabilities and men without disabilities who are employed has slightly widened from 2015 to 2021 – from 38 percentage points to 41 percentage points – as a result of a sharper decrease in the employment of women with disabilities triggered by the COVID-19 crisis. This trend needs to be reversed in order to close the gap by 2030. There has been progress in the percentage of countries with specific legal protections for women with disabilities in their disability laws, from 18 per cent in 2015 to 27 per cent in 2022. If the same rate of progress continues, only 38 per cent of countries will have these legal protections by 2030. Progress should be four times faster in order to reach all countries by 2030.

There are major gaps in research and data on women with disabilities: only three indicators in the United Nations SDG Indicators Database have data disaggregated by both sex and disability – compared to seven indicators disaggregated by disability and 49 disaggregated by sex.

To fully achieve Goal 5 for women and girls with disabilities, the following actions should be considered:

1. Develop legislation and policy responses that protect the rights and promote the inclusion of women and girls with disabilities.

Ensure that laws and policies on disability inclusion are gender responsive. Amend existing laws and policies to promote equality for women and girls with disabilities and prohibit discrimination on the basis of gender and disability. Mainstream the rights of women and girls with disabilities as a cross-cutting issue in national laws, policies, programmes and services. In particular, address and target women and girls with disabilities in policies that relate to aging, gender, health, poverty, work, access to ICT, child marriage, political participation, discrimination and violence. Laws, policies and systems must ensure women and girls with disabilities have access to services and support to ensure their rights to participation on an equal basis. Use a gender-sensitive approach in all initiatives on disability inclusion. Involve women with disabilities with diverse experiences and perspectives as well as representative organizations of women with disabilities in the development of laws, policies and other interventions about them. Develop both mainstream and targeted interventions for the equality, participation and empowerment of women and girls with disabilities.

2. Amend laws, policies and regulatory provisions to prohibit forced or coerced reproductive health interventions and to guarantee free and informed consent in accessing health services.

Replace laws that place women and girls with disabilities under guardianship or other substituted decision-making schemes with laws and policies that prohibit forced reproductive health interventions and provide support to women and girls with disabilities to receive quality healthcare and make decisions for themselves in sexual and reproductive health contexts.

3. Fund interventions to support the equality and empowerment of women and girls with disabilities and recognize and empower women and girls with disabilities as experts and leaders.

Provide dedicated funding and resources to promote the empowerment of women and girls with disabilities. Invest in activities that make visible the diversity of perspectives, knowledge and leadership of women and girls with disabilities. Provide grants targeted to the inclusion and empowerment of women and girls with disabilities. Use gender-responsive and disability-inclusive budgeting. Build the capacity of girls and women with disabilities at local levels and ensure their access to information. Undertake and increase awareness-raising campaigns with and about women and girls with disabilities and their rights to equality and to not be discriminated against. Remove barriers to the full and effective participation of women and girls with disabilities in the planning, implementation, monitoring, evaluation and reporting on of policies and programs. Promote gender equality for persons with disabilities and establish gender- and disability-sensitive organizational policies in all national bodies and in official communication materials.

4. Build the capacity of non-governmental organizations to promote the equality and empowerment of women and girls with disabilities.

Strengthen the capacity of organizations of women, organizations of persons with disabilities and other relevant organizations to address the intersectionality between gender and disability, to be inclusive and to support the leadership of women with disabilities. Support the creation of organizations of women with disabilities and their inclusion in wider networks to

influence political frameworks for the inclusion and effective participation of women and girls with disabilities. Strengthen partnerships between representative organizations of women with disabilities and mainstream rights organizations. Encourage development organizations to mainstream the experience and analysis of women with disabilities into their programmes, including by making it a requirement to receive funding.

5. Increase women with disabilities' leadership, recognition and participation in decision-making in the context of peace and humanitarian actions. Given that participation and protection are intertwined, establish mechanisms of protection for women with disabilities during and after conflicts or humanitarian emergencies. Involve representative organizations of women with disabilities and women-led organizations of persons with disabilities in peace, security and humanitarian actions. Promote the leadership of women with disabilities in peace and humanitarian actions.

6. Guarantee women with disabilities' access to vote and their right to participate as candidates, electoral observers and to be elected or designated to office. Ensure that women with disabilities have access to information and mechanisms related to political participation and that these are provided in disability-accessible formats. Ensure that women with disabilities can exercise their capacity to make choices.

7. Put in place mechanisms to eliminate violence against women with disabilities and ensure that women and girls with disabilities have access to gender- and disability-responsive services and support. Make sexual and reproductive healthcare, gender-based violence prevention and response services accessible, inclusive, affordable and designed to meet the specific needs of women and girls with disabilities. Ensure that legal frameworks treat violence against women with disabilities as equal in status to other gender-based violence. Adopt guidelines for the accessibility of justice mechanisms and gender-based violence support services for women and girls with disabilities who are victims of violence. Develop these guidelines in conjunction with women with disabilities and their representative organizations. Make the guidelines available in accessible formats for persons with disabilities and widely distribute these guidelines among women with disabilities, including within institutions. Monitor the implementation of these guidelines.

8. Address the data and knowledge gap on women and girls with disabilities. Facilitate innovative practices, such as the use of big data, and increase investments for the collection of statistics and data on issues faced by women and girls with disabilities, including simultaneous disaggregation of data by gender and disability as well as other dimensions relevant to national contexts such as race, ethnicity, migratory status and geographic location. In order to inform urgently needed policies to tackle the discrimination and violence experienced by women and girls with disabilities, produce data on women and girls with disabilities and their experiences of discrimination, violence, child marriage, female genital mutilation, health including sexual and reproductive health, access to land ownership and access to justice. Encourage national coordination mechanisms on disability and on gender to establish

accountability frameworks, with goals and indicators, to monitor the rights, participation and empowerment of women and girls with disabilities. Support research on the situation of women and girls with disabilities.