



# THE DISABILITY DATA REPORT 2022

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## ACRONYMS

ADL	Activity of Daily Living
CRPD	Convention on the Rights of Persons with Disabilities
DHS	Demographic and Health Survey
ESS	Ethiopia Socioeconomic Survey
FAO	Food and Agriculture Organization
GNI	Gross National Income
HDI	Human Development Index
HFPS	High Frequency Phone Survey
HFPS-HH	High Frequency Phone Survey Household (Ethiopia)
HIC	High-Income Country
HIV	Human Immunodeficiency Virus
HH	Household
IADL	Instrumental Activity of Daily Living
ICT	Information and Communication Technology
LMIC	Low- and Middle-Income Country
LSMS	Living Standard Measurement Study
MICS	Multiple Indicator Cluster Survey
MICS6	Multiple Indicator Cluster Survey round 6
NA	Not available
NS	Not statistically significant
OPDs	Organizations of Persons with Disabilities
Rep.	Republic
SD	Standard deviation
SDG	Sustainable Development Goals
SILC	Survey of Income and Living Conditions
UNICEF	United Nations Children's Fund
WG-SS	Washington Group Short Set of questions

## 1. SUMMARY

Realizing the rights of persons with disabilities Achieving rights as stipulated in the United Nations Convention on the Rights of Persons with Disabilities (CRPD) and the Sustainable Development Goals (SDGs) requires quality, timely and policy-relevant disability data.

This Report first reviews disability questions in national population censuses and household surveys globally from 2009 to 2021 to assess if they can identify persons with disabilities. Only 21% of the datasets under review have disability questions that meet international standards of comparability, i.e., those that collect information on functional difficulties (e.g. difficulty seeing, hearing, walking). Only 10% of datasets have the internationally-tested and comparable Washington Group Short Set (WG-SS) of questions. Including the WG-SS in many MICS6 (round 6 of the Multiple Indicator Cluster Survey) datasets has improved data availability for many countries.

Much work remains for national surveys and population censuses to have functional difficulty questions. International programs, for instance, through COVID-19 High-Frequency Phone Surveys or the Survey of Income and Living Conditions, could help to improve the availability of disability questions in many countries and inform policy.

Second, this Report disaggregates 32 indicators by disability status using data from MICS6 for women aged 18 to 49 in 35 countries. Disability

status is measured through the functional difficulty questions of the WG-SS.

We find inequalities associated with functional difficulties in all areas of wellbeing, particularly educational attainment, information and communication technology, sexual and reproductive health, multidimensional poverty, reporting being discriminated against, feeling safe, and subjective wellbeing. While most of the countries under study have ratified the CRPD, results suggest that more data collection, research and policy work are needed to address intersectional disadvantages and improve the situation of women with disabilities worldwide.

For some indicators, there is a graded association between the severity of functional difficulty and of disadvantage. In other words, women with some functional difficulty are, on average worse off than women with no difficulty but better off than women who report a lot of difficulty or unable to do in at least one domain.

In the countries under study, less than 20% of women with seeing difficulties use glasses, while only 2% of women with hearing difficulties use hearing aids. This result suggests a lack of assistive technology and related services that requires policy attention.

Overall, the disadvantages that women with disabilities face within their economies and societies highlight the need for policies, data and research that support their rights and wellbeing.



## 2. INTRODUCTION

A human rights approach to data is necessary to achieve human rights. For persons with disabilities, this requires (a) questions that identify persons with disabilities in censuses and household surveys; (b) that such questions are based on a functional approach to disability such as that adopted by the Washington Group on Disability Statistics, and; (c) that indicators of wellbeing can be disaggregated at the individual and household levels by disability (OHCHR 2021a).

The 2022 Disability Data Report (this Report) aims to inform the extent to which this human rights approach to data is in place through a review of national censuses and household surveys to identify those that include questions to identify persons with disabilities and, in particular, those that use a functional approach to disability (Section 3). Thus, this Report helps inform whether Article 31 of the Convention on the Rights of Persons with Disabilities (CRPD) requiring States Parties to “collect appropriate information, including statistical and research data, to enable them to formulate and implement policies to give effect to the present Convention” is being implemented.

In addition, this Report adopts a human rights approach to data by providing a disaggregation of indicators in 35 countries using data on women from round 6 of the UNICEF Multiple Indicator Cluster Survey (MICS6) (Section 4). This

helps determine whether equal rights have been respected for women with disabilities as per the CRPD. Additionally, it helps monitor the United Nations (UN) Sustainable Development Goals (SDGs) adopted by Heads of States in 2015 as part of the 2030 Agenda for Sustainable Development for women with disabilities. SDG 5’s focus is to end all forms of discrimination and violence against women and girls, ensure women’s participation and equal opportunities for leadership, and provide universal access to sexual and reproductive health and reproductive rights.

More than two decades after the landmark Fourth World Conference on Women in Beijing, the global consensus on the need to achieve gender equality is strong (UN Women 2019). In that context, we need to determine if women with disabilities are disadvantaged within their economies and societies. This Report presents our findings on inequalities between women with and without functional difficulties in multiple areas: education, personal activities, health, standard of living, multidimensional poverty, insecurity, and subjective wellbeing (Sections 5 through 11). More background is included in the Method briefs (Appendix 3), and more results are available in Country briefs (Appendix 4) and Results Tables on the Disability Data Initiative (DDI) website (<https://disabilitydata.ace.fordham.edu/2022-report/>).



### 3. REVIEW OF NATIONAL SURVEYS AND CENSUSES

#### 3.1: BACKGROUND AND MOTIVATION

Disability is a complex and evolving concept that can be defined in various ways. Definitions shape the questions that are used in household surveys and censuses to identify persons with disabilities (The 2021 Disability Data Report Appendix 3 Method briefs [#1](#) and [#2](#)). This section provides an analysis of the disability questions in national censuses and household surveys globally between 2009 and 2021.

Although there are tools and recommendations to collect self-reported disability data (Altman 2016; United Nations 2017), the lack of disability questions in surveys in data sets collected before the COVID 19 pandemic (Mitra et al. 2022a, Mitra and Yap 2021) may have continued during the pandemic. This could explain the lack of attention to the impact of the pandemic on persons with disabilities.

With the onset of the COVID-19 pandemic, face-to-face survey data collection efforts came to a halt. As a response, many countries launched longitudinal COVID-19 High-Frequency Phone Surveys (HFPS) programs to track their populations' situation and evaluate the impacts of restricted mobility (or lockdowns) and other COVID-19 related policies. Some were conducted with the support of The World Bank, which now has a COVID-19 Household Monitoring Dashboard (World Bank 2022). In addition, UN Women conducted rapid gender assessments in at least 52 countries between March 2020 and March 2021 (UN Women 2022).

Even as face-to-face surveys resume in 2022, phone surveys may continue to be more commonly implemented. Therefore, it is

important to assess the extent to which HFPS programs have been disability-inclusive during the pandemic.

This section builds upon the work of the 2021 Disability Data Report (the 2021 Report thereafter) (Mitra and Yap 2021) and reviews 532 additional dataset-waves: these datasets include recent datasets for 2019 to 2021 and any additional datasets that were found for the 2009-2018 period. We zoom in on HFPS datasets, given their potential for providing insights into the effects of the pandemic and related policies. We also consider recently collected datasets under MICS6. MICS is a major source of internationally comparable data on children and women ages 15 to 49 worldwide. For some countries, data on men ages 15 to 49 is also available.

#### 3.2: METHODS

Survey and census questionnaires from 2009 to 2021 were retrieved via online repositories from various sources: the International Household Survey Network Microdata, the World Bank Microdata Library catalog, the International Labor Organization, the repository of census questionnaires maintained by the United Nations Statistics Division, the Food and Agriculture Organization (FAO) Microdata catalog, and websites of individual National Statistical Offices.

Among the datasets under review, a pool of 71 HFPS data sets and 223 dataset-waves from 55 countries were screened for disability questions. We also reviewed 42 MICS 6 surveys from 41 countries with available and

unrestricted data as of December 2021<sup>1</sup>. Other reviewed datasets included national censuses, labor force surveys, European Union Surveys of Income and Living Conditions (SILC), and miscellaneous surveys.

First, to identify if a survey asked any question at all on disability, each questionnaire is searched looking for several disability-related words: disability, difficulty in seeing, hearing, walking, concentrating, self-care, communicating, impairment (blind, deaf, dumb, mental, physical), limited in usual activit(y/ies), limited in the amount of work or type of work or activities related to work, Activities of Daily Living (ADL)s (walking, dressing, bathing, eating, walking, toileting, urination, and defecations) and questions related to limitations in Instrumental ADLs (IADLs) (housework, shopping, cooking, managing money, and taking medicine, phone).

If disability questions are found, they are categorized as follows:

- (i) questions of the Washington Group (WG) Short Set (WG-SS) covering six domains (seeing, hearing, walking, cognition, self-care, communication);
- (ii) other functional difficulty questions (only four or five of the domains<sup>2</sup> in (i), or not the exact wording as in the WG-SS questions and/or answers); and
- (iii) other disability questions that include the following: ADLs, IADLs, broad activity limitation question (e.g. “are you limited in the kind of, or amount of, work you do due to a health condition or impairment?”), general disability question (e.g. “do you have a disability?”), other types of questions (e.g. disability benefits, impairments).

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<sup>1</sup> Two MICS surveys covered two regions of one country.

<sup>2</sup> Questions need to cover at least the four essential domains of functional difficulties (seeing, hearing,

Only questions per (i) WG-SS and (ii) other functional difficulty questions are considered internationally comparable questions on disability as recommended by the United Nations Principles and Recommendations for Population and Housing Censuses (2017, p. 207). Together, (i) and (ii) are referred to as functional difficulty questions. <sup>2</sup>

Altogether, including earlier results of the 2021 Report, the pool of censuses and surveys under review includes 1,032 datasets from 184 countries and territories (countries thereafter). Of course, this review of datasets is not without limitations. First, the list of search terms is not exhaustive: terms that seem outdated but might continue to be used in surveys, such as handicap or crippled, were excluded from the list.

Second, while comprehensive, the list of datasets reviewed is not exhaustive. Some surveys were not covered as their questionnaires were not available or were not in a language that the contributors could read (the review includes English, French, Portuguese, or Spanish). Some surveys may have been missed and were not covered, such as surveys focusing mainly on children. National data sets were prioritized, thus missing subnational data collection efforts.

Finally, a note of caution is needed in that we focused only on reviewing the questionnaires and had no information on how surveys were implemented in the field. It is possible that while certain questions may have been in a questionnaire, they may not have been asked during the field survey or fieldwork staff may not have been able to communicate with households headed by persons with disability. We also did not consider survey staff training on asking disability-related questions to the

walking, cognition) and may also cover the self-care and/or the communication domain.

respondents. Despite these limitations, this study has important results.

### 3.3: RESULTS

The entire set of results is available in the Dataset Review Results Tables (<https://disabilitydata.ace.fordham.edu/2022-results-table/>). Table 3.1 shows the share of countries and datasets with functional difficulty questions based on our review: 123 countries and 216 datasets under review have functional difficulty questions in their surveys or censuses. Separating countries and surveys with the WG-SS and other functional difficulty questions, 68 countries<sup>3</sup> and 100 datasets have the WG-SS while 77 countries and 116 datasets have other functional difficulty questions.

Figure 3.1 below maps countries with data on functional difficulties, i.e. with the WG-SS or other functional difficulty questions from 2009 to 2021. As shown in Figure 3.1, functional difficulty questions tend to be available in Asia, North and Latin America, and many countries in Sub-Saharan Africa. Most countries in Europe and Central Asia do not have national datasets with functional difficulty questions.

Table 3.2 shows results for HFPS. Only 19 of the 55 the countries with HFPS under review and 21 of the 71 HFPS datasets under review had at least one disability question. More than half of the HFPS data sets with disability questions have questions that are not about functional difficulties; in fact, they often had a general

disability question or a question about diagnosed health conditions (not shown in the table). These question types are unable to capture the population with disabilities because of either cultural stigma associated with general disability questions or limited health care access that can hinder clinical diagnosis (Mont 2007).

As HFPS are often longitudinal surveys with multiple waves, Table 3.2 also includes the number and share of dataset-waves with relevant questions. Only 17% of dataset-waves have at least one disability question and 7% of dataset-waves have functional difficulty questions. Only a handful of countries are found to have multiple waves of functional difficulty questions.

There are some HFPS datasets that can be merged with datasets collected before the pandemic that contain the WG-SS. To our knowledge, this is the case for three Living Standards Measurement Survey (LSMS) datasets: Ethiopia, Malawi and Nigeria. However, such data does not reflect onsets or changes in functional difficulty during the pandemic. In addition, the HFPS may inadvertently miss households with functional difficulties as they are less likely to have a phone. It may thus focus on a subsample of households with functional difficulties that are less disadvantaged than the broader samples interviewed prior to the pandemic and may thus not be suitable to identify households with functional difficulties. We explored if this was the case and results are in Box 1.

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<sup>3</sup> This is less than the 111 countries that have reported to the Washington Group that they have adopted the WG-SS in their surveys or censuses (U. N. Statistical Commission 2022). To our knowledge, some countries may have

modified the WG-SS questions and still reported using the WG-SS. This Report would then consider their questions as other functional difficulty questions and not as the WG-SS per se.

Table 3.3 shows results for 42 MICS6 datasets. We find that most of them (35) have the WG-SS and the remaining six did not have any disability questions for adults.

We do not breakdown results for other types of surveys separately. It should be noted that one large survey program, the Survey on Income and Living Conditions

(SILC), was found to consistently have disability questions but not functional difficulty questions. The questions under use are a broad activity limitation known as the Global Activity Limitation Indicator<sup>4</sup> and a chronic health condition question, which are problematic in cross-country comparisons and in contexts with limited health care access.

**Table 3.1: Overall results of the dataset review**

<b>Countries or datasets</b>	<b>Number of countries</b>	<b>Share of countries</b>	<b>Number of datasets</b>	<b>Share of datasets</b>
<b>Under review in the study</b>	184	100.0%	1032	<b>100.0%</b>
<b>With functional difficulty questions</b>	123	66.8%	216	<b>20.9%</b>
- <b>With the Washington Group Short Set (WG-SS)</b>	68	37%	100	<b>9.7%</b>
- <b>With other functional difficulty questions</b>	77	41.8%	116	<b>11.2%</b>

Source: Authors' calculations based on dataset review

Notes: Functional difficulty questions could be the WG-SS or other functional difficulty questions. The number of countries with functional difficulty questions is not the sum of the numbers of countries with the WG-SS and with other functional difficulty questions as some countries or datasets have both.

**Table 3.2: Results of the dataset review for COVID-19 High Frequency Phone Surveys (HFPS)**

<b>Countries or datasets</b>	<b>Number of countries</b>	<b>Share of countries</b>	<b>Number of datasets</b>	<b>Share of datasets</b>	<b>Number of dataset-waves</b>	<b>Share of dataset-waves</b>
<b>COVID 19 High Frequency Phone Surveys under review</b>	55	100.0%	71	100.0%	223	100.0%
<b>With at least one disability question of any kind</b>	19	34.6%	21	29.6%	37	16.6%
<b>With functional difficulty questions</b>	9	16.4%	9	12.7%	15	6.7%
- <b>With the Washington Group Short Set (WG-SS)</b>	2	3.6%	2	2.8%	5	2.2%
- <b>With other functional difficulty questions</b>	7	12.7%	7	9.9%	10	4.5%

Source: Own calculations based on dataset review described in the text.

Notes: Functional difficulty questions could be the WG-SS or other functional difficulty questions. Countries with HFPS with the WG-SS are Ghana and the United States. Countries with HFPS with other functional difficulty questions are Côte d'Ivoire, Eswatini, Ethiopia, Guinea, Malawi, Mali and Senegal and all conducted rapid gender assessments.

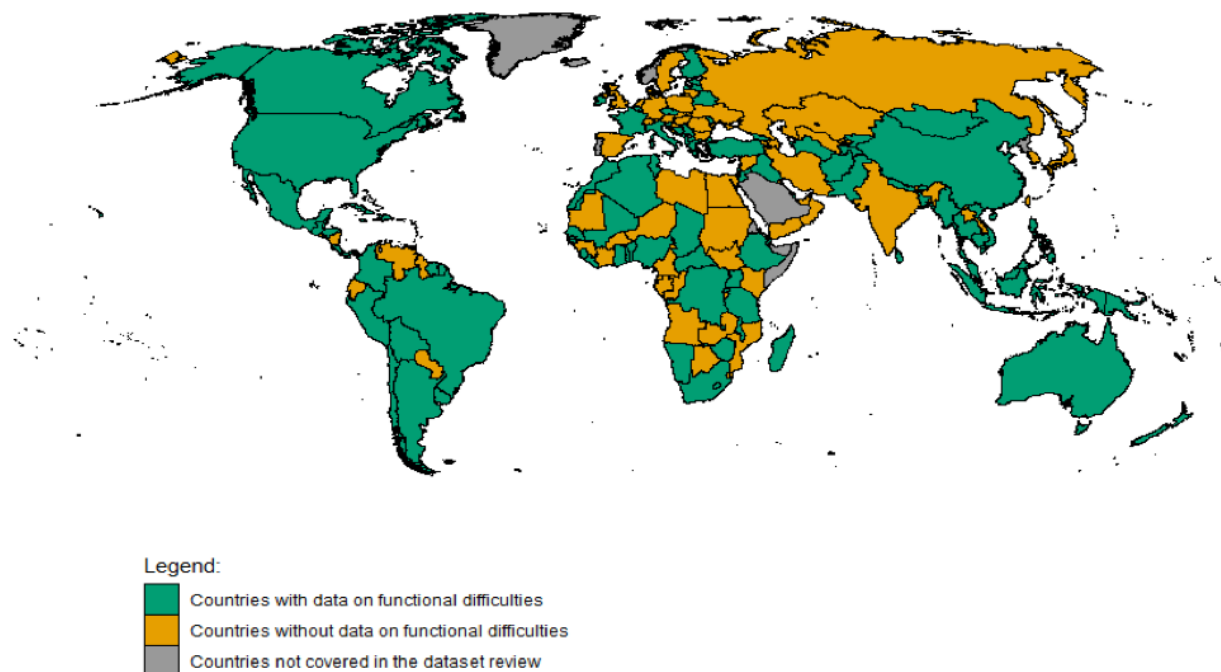
<sup>4</sup> “For at least the past 6 months, to what extent have you been limited because of a health problem in activities people usually do?”

**Table 3.3: Results of the dataset review for MICS6**

<i>Countries or datasets</i>	<b>Number of countries</b>	<b>Share of countries</b>	<b>Number of datasets</b>	<b>Share of datasets</b>
<b><i>MICS6 under review</i></b>	41	100.0%	42	100.0%
<b><i>With at least one disability question of any kind</i></b>	35	85.4%	35	83.3%
<b><i>With functional difficulty questions</i></b>	35	85.4%	35	83.3%
<b><i>- With the Washington Group Short Set (WG-SS)</i></b>	35	85.4%	35	83.3%
<b><i>- With other functional difficulty questions</i></b>	0	0.0%	0	0.0%

*Source: Authors' calculations based on dataset review*

**Figure 3.1: Countries with and without functional difficulty questions in national censuses or surveys (2009-2021)**



**Box 1: Can HFPS data matched with pre-pandemic data on functional difficulty be used to track households with disabilities during the pandemic?**

Ethiopia's High Frequency Phone Survey of Households (HFPS-HH) did not collect any information on the functional difficulty status of household members. HFPS-HH is based on a subsample of the respondents of the 2018/2019 round of the Ethiopia Socioeconomic Survey (ESS) (LSMS), who had phones and left phone numbers as part of the ESS and could be reached on the phone in 2020.

Can the information collected in the ESS on functional difficulties be used to identify the disability status of households during the pandemic with HFPS-HH? The answer to such a question has implications for Ethiopia and maybe for other countries with similar HFPS and LSMS data with functional difficulties (Nigeria and Malawi).

The 2018/19 ESS had collected functional difficulty information from individual respondents about a year prior to the pandemic and can be matched to the HFPS-HH using household identifiers. A sample of 2,390 households with a known functional difficulty status as of 2018/19 and that could be matched with HFPS and tracked during the first six rounds of HFPS.

Of course, the matched sample has disability identification errors in that households who had functional difficulties in 2018/19 but no longer did in 2020 would still be considered as having a difficulty and those with new onsets of functional difficulties since 2018/19 would not be identified as having a disability.

In addition, a main concern for HFPS-HH is the low phone penetration rate, especially in rural areas. The HFPS-HH sample is therefore only representative of households who have access to phones in urban and rural Ethiopia (Ambel et al 2020).

We compared households with functional difficulties in the matched sample of HFPS-HH and ESS 2018/19 (Appendix 2.1). Functional difficulty prevalence is five percentage points lower in HFPS-HH (23.5%) compared to ESS (28.7%). In addition, while households with functional difficulties in HFPS-HH are demographically overall similar to those in ESS 2018/19 (e.g., household size), they are socioeconomically less disadvantaged for a number of indicators, in particular food insecurity, clean fuel, electricity, adequate housing, and cell phone ownership. The concern is thus that the HFPS-HH respondents may be socioeconomically better off compared to the nationally representative ESS and may thus not be a valid sample to work with in order to track the situation of households based on functional difficulty status during the pandemic.

### 3.4: DISCUSSION

Compared to the results of the 2021 Report, more than 50 additional countries were found to have functional difficulty questions in

national datasets. In particular, the availability of the WG-SS has improved in the countries under review, especially thanks to MICS6

datasets collected between 2017 and 2021. Yet, the MICS6 data collected for disability could be improved. Indeed, they are not adequate to measure prevalence among all adults as the WG-SS is only asked among women in each household age 18 to 49 who can answer for themselves. There is a men's questionnaire with the WG-SS only for some countries. When available, only one man aged 18 to 49 per household is randomly selected to answer the WG-SS questions.

A key finding is the quasi-absence of disability questions in COVID-19 High Frequency Phone Surveys. This makes it impossible to track the situation of households with disabilities during the pandemic or capture the onsets of disabilities that may result from the pandemic (Spinney 2022). One suggestion for countries that continue to conduct HFPS is to adopt internationally-comparable disability questions such as the WG-SS in their ongoing HFPS to monitor the impact of the pandemic and to inform policy responses on disability prevalence and on persons with disabilities. This result highlights the importance during

crises of other forms of data collection such as with mixed methods and by stakeholders other than national statistics offices: for persons with disabilities, organizations of persons with disabilities (OPDs) played an important role during the pandemic in documenting the situation of their members (IDA 2021).

Overall, results suggest there has been progress in recent years with the growing availability of functional difficulty questions in national datasets and the use of WG-SS in particular. Of course, a lot of work remains to be done to implement Article 31 of the CRPD for States Parties "to collect appropriate information, including statistical and research data, to enable them to formulate and implement policies to give effect to the CRPD." During the 2022 Global Disability Summit, national governments, multilateral organizations, organizations of persons with disabilities made 1,413 commitments related to disability inclusion (GDS 2022). The 96 disability inclusion commitments about data are steps in this direction.



## 4. DISAGGREGATION OF WELLBEING INDICATORS

### 4.1: DATA AND METHODS

This study uses data from MICS6 for 35 countries. The MICS program is a household survey program supported by the United Nations Children’s Fund (UNICEF). Its main objective is to monitor the situation of children and women. MICS operates in multiyear rounds, generally adding new tools with each round. The program is currently in the sixth and largest round of surveys, with many surveys in Europe and Central Asia and West and Central Africa (Khan and Hancioglu 2019). MICS is designed to provide estimates for a large number of indicators for children and women at national and regional levels, for urban and rural areas. Interviews are conducted using tablet computers.

MICS6 uses several questionnaires: household, women aged 15–49 years, men aged 15–49 years (in selected countries only), children under age 5, children 5–17 years, and water-quality testing. For many countries, round 6 added the WG-SS in an Adult Functioning module for

women aged 18-49 and the Child Functioning Module for children age 2 to 17. The women questionnaire is administered to all women in a household aged 15 to 49. In some countries, the MICS6 men’s questionnaire was administered to eligible households. The households were randomly selected and one aged 15 to 49 was randomly selected to complete the questionnaire.

We selected MICS6 datasets available for public use as of December 2021 and that includes the WG-SS in the women’s questionnaire. We use MICS6 datasets collected from 2017 to 2020 in the following 35 countries: Algeria, Bangladesh, Belarus, Central African Republic, Chad, Costa Rica, Cuba, Dominican Republic, Democratic Republic of Congo, Georgia, Ghana, Guinea Bissau, Gambia, Guyana, Honduras, Iraq, Kiribati, Kosovo, Kyrgyz, Lesotho, Madagascar, Malawi, Mongolia, Montenegro, Nepal, North Macedonia, Palestine, Sao Tome, Sierra Leone, Suriname, Togo, Tonga, Tunisia, Turkmenistan, Zimbabwe.

### A. DISABILITY MEASUREMENT

In the MICS6 datasets used in this Report, the WG-SS is included in the women questionnaire and not in the roster. Only women who are not considered to be ‘incapacitated’ by the survey staff at the start of the women’s questionnaire were administered the questionnaire. Women with functional difficulties that might interfere with answering the questionnaire were not given the opportunity to have a proxy

respondent and did not answer the questionnaire.<sup>5</sup>

Women 50 years old and older do not answer functional difficulty questions, nor do adult men in most countries.<sup>6</sup> Hence, MICS cannot be used to assess prevalence among adults. This study, therefore, does not present prevalence estimates among individuals and

<sup>5</sup> In fact, the answer scale for the sixth question of the WG-SS on difficulty communicating does not have level 4 (cannot do at all).

<sup>6</sup> Here are the countries where we found the Adult Functioning questionnaire for men: Belarus, Central

African Republic, Chad, Cuba, Democratic Republic of Congo, Georgia, Ghana, Guinea Bissau, Gambia, Guyana, Honduras, Iraq, Kiribati, Kosovo, Lesotho, Madagascar, Malawi, Mongolia, Montenegro, Nepal, Sao Tome, Sierra Leone, Suriname, Togo, Tonga, Tunisia, Zimbabwe

households. Instead, it focuses on assessing inequalities between women with and without functional difficulties.

It should be noted that the WG-SS has been slightly modified by first asking two questions on whether the person uses glasses and hearing aids. In this setting, seeing difficulties are captured as follows: we consider a person to have seeing difficulties whether they use glasses or not but report having difficulty seeing. Similarly, we consider a person to have difficulty hearing whether they use a hearing aid or not, but report having difficulty hearing.

Disability is only measured based on six functional difficulties. Therefore, it does not capture all persons with disabilities, particularly persons with psychosocial and mental health disabilities. Given the incomplete nature of the measure used in this study, we refer to 'persons with functional difficulties' and not persons with disabilities that constitute a wider group.

To identify a specific 'functional difficulty status' group, a threshold among functional difficulties needs to be defined. Recognizing that identification and categorization could lead to varying results depending on the threshold, the Results tables available on the disability data initiative website include results for the three categorizations below for women age 18 to 49 (Appendix 3 Method brief #1).

**A.** First, individuals are in two categories:

- 'No difficulty' for all domains.
- Any difficulty in at least one domain (respondents report at 'Some difficulty', or 'A lot of difficulty' or 'Unable to do' in at least one domain).

**B.** Second, individuals are in three categories:

- 'No difficulty' for all domains.

- 'Some difficulty' in at least one domain but no 'A lot of difficulty' or 'Unable to do' responses across all domains.

- At least a lot of difficulty: 'A lot of difficulty' or 'Unable to do' in at least one domain.

**C.** Finally, following the recommendation of the Washington Group, individuals are grouped as follows:

- 'No difficulty' or 'Some difficulty' for all domains
- At least a lot of difficulty: 'A lot of difficulty' or 'Unable to do' in at least one domain.

The analysis below highlights more often categorization B above as it provides the most information and allows us to continue to explore if there is a gradient in the severity of functional difficulties and deprivations.

At the same time, to disaggregate indicators by functional domain (e.g., seeing), we focus on persons with any difficulty (categorization A) and do not separate persons with some or at least a lot of difficulty, given small sample sizes (below 50) for many countries for persons with at least a lot of difficulty.

## B. INDICATORS

This Report uses indicators to capture the situation of persons with disabilities in various dimensions of wellbeing. The indicators are in Table 4.1 and described in Appendix 3 Method Brief #2. The list of indicators was developed by reviewing the MICS6 questionnaire and MICS indicators (UNICEF 2021a) considering the provisions of the CRPD and the SDGs that they inform (OHCHR 2021b).

This report and Results Data Tables on the DDI website compare indicators across groups by functional difficulty status to establish the size of the gap that may be associated with functional difficulties. For each dataset and indicator, we set 50 observations as the minimum requirement to produce estimates disaggregated across functional difficulty status.

This minimum sample size of 50 has constrained the indicators that could be covered in this Report. Indeed, we did not include indicators that had missing data and brought the number of observations below 50 for many countries. For instance, this is the case for the share of women who were first married or in union before age 18. In addition, several MICS6 indicators (UNICEF 2021a) are based on subsamples of women, such as women with a live birth in the last two years. In many countries, such subsamples had under 50 observations for women with functional difficulties.

Results are presented in tables at country and cross-country levels. Data analysis takes into account the complex survey design of MICS6. In

the Results Tables, the difference across functional difficulty status and its statistical significance is noted in a separate column. Statistical significance is based on a t-test (\*, \*\*, and \*\*\* at the 10%, 5% and 1% levels respectively). The tables and figures below do not report statistical significance but this is occasionally noted in the text.

We use the term disability gap to refer to a difference that is statistically significant and refers to a disadvantage for persons with functional difficulties. There may be patterns of disadvantage that affect subgroups of persons with disabilities and their households, such as rural residents. Disability disaggregation of subgroups of the population by rural/urban and by age groups are reported in the DDI website for sample size greater than 50 observations.

Cross-country estimates are weighted averages of country estimates using population statistics for women ages 18 to 49 for 34 countries under study<sup>7</sup> (United Nations 2019a). Cross-country estimates do not represent the situation of all women globally. Instead, they reflect overall the situation of women in 34 countries.

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<sup>7</sup> Population statistics were not available for Kosovo, which is therefore not included in cross country estimates.

## C. DESCRIPTIVE STATISTICS

The countries under study are described in Appendix 2.2 and represented in Figure 4.1. They are heterogeneous in terms of life expectancy at birth, Gross National Income (GNI) per capita and human development index (HDI). For instance, life expectancy ranges from a low of 53 in Central African Republic to a high of 80 in Costa Rica. All but four countries have ratified the CRPD (OHCHR 2022).

Descriptive statistics are in Appendix 2.3 for the sample of 418,527 women in 35 countries: the mean age of women in the sample ranges from 30 to 36. The share of women in rural areas varies from 21% in Belarus to 82% in Malawi.

Among women with any functional difficulties, the share with a difficulty in each domain is shown in Appendix 2.4 for each country and in Figure 4.2 for all countries. The most common difficulties are seeing (51%), cognition (47%), walking (38%) followed by hearing (12%), communication (7%) and selfcare (5%). (The total adds up to more than 100% as some women have difficulties in multiple domains.)

Among women with seeing and hearing difficulties respectively, glasses and hearing aid use is presented in Appendix 2.5. As per cross-country estimates, 19% of women with seeing difficulties use glasses and 2% of women with hearing difficulties use hearing aids. This is consistent with recent results from WHO-UNICEF (2022) on unmet needs for assistive products worldwide.

## D. LIMITATIONS

This analysis has limitations. First, we acknowledge the limitation of MICS data in identifying the functional difficulty status at the household level as only women ages 18 to 49 were administered the adult functioning questionnaire. Children were administered the child functioning module in the MICS6 under study, but we do not consider the functional status of children in this Report. In addition, our data does not capture the functional status of men of all ages<sup>8</sup> and women 50 and older and thus is not adequate to capture the functional status of adults in a household. It does not identify persons with a variety of disabilities, including psychosocial, neurological, and mental

health ones, which are counted under persons with no difficulty.

Of course, the data does not include individuals who are not in a household, such as those who are homeless or institutionalized who may be at a disproportionate risk of functional difficulties and deprivations.

The data may be affected by a mortality bias, as adults with functional difficulties may be disproportionately affected by premature mortality (Mitra 2018).

Second, although data comes from a single international survey program, results may not be perfectly comparable across countries. What persons may understand from the questionnaire

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<sup>8</sup> In some countries, a randomly chosen male respondent aged 18 to 49 also answered.

across countries on various topics, on adult functioning in particular, and how they reply can differ given different languages, cultures, interviewer training, and other contextual factors in ways that are beyond the purview of the researchers.

The analyses presented in succeeding sections consider only two factors that may contribute to intersectional disadvantages for women with disabilities (area of residence (rural vs urban) and age group (age 18 to 29 and age 30 to 44)<sup>9</sup>, while others are not covered (e.g. immigration status, ethnicity, indigeneity, gender identity or

sexual orientation). Finally, this Report provides descriptive statistics and bivariate analysis. It is silent on the causal effects of functional difficulties and the pathways that drive the deprivations and inequalities that are highlighted. This should be the subject of further research.

Nonetheless, results from this Report contribute to a growing international literature on disability and gender inequalities by providing estimates for women in 35 countries right before the COVID-19 pandemic broke out.

**TABLE 4.1: Indicators under study**

Indicator	CRPD Article	SDG indicator	Results table
<b>Education</b>			
Women who have ever attended school	24		E1
Women who have less than primary school completion	24		E2
Women who have completed primary school	24		E3
Women who have completed secondary school or higher	24		E4
Literacy rate	24	4.6.1	E5
<b>Personal activities</b>			
Women who, at least once a week, read a newspaper or magazine, listen to the radio, and watch television	9		P1
Women who used a computer during the last 3 months	9		P2
Women who used the internet during the last 3 months	9		P3
Women who own a mobile phone	9	5.b.1	P4
<b>Health</b>			
Women in households using safely managed drinking water	25	6.1.1	H1
Women in households using safely managed sanitation services	25	6.2.1	H2
Women with family planning needs met	6, 25	3.7.1/5.6.1	H3

<sup>9</sup> The 30 to 44 age bracket is consistent with the age categories analyzed in the 2021 Report and was maintained for comparability.

Women reporting they did not participate in activities due to menstruation	25		H5
Women who think husband is justified to hit wife	16, 25	16.1.3	H6
Women reporting having heard of HIV	25		H7
Women who correctly identified all three means of mother-to-child transmission of HIV	25		H8
Women who have ever been tested for HIV	25		H9
<b>Standard of living</b>			
Women in households with electricity	28	7.1.1	S1
Women in households with clean cooking fuel	28	7.1.2	S2
Women in households with adequate housing	28		S3
Women in households owning assets	28		S4
Women in households with a mobile phone	28	5.b.1	S5
<b>Multidimensional poverty</b>			
Women who experience multidimensional poverty, i.e. deprivations in more than one dimension of wellbeing (education, health, standard of living)	24, 25, 28		M1
<b>Insecurity</b>			
Women covered by health insurance	28	1.3.1/3.8.1	I1
Women in households receiving social protection	28	1.3.1	I2
Women years feeling safe walking alone in their neighborhood after dark	16	16.1.4	
Women having personally felt discriminated against or harassed on the basis of disability	5	10.3.1 /16.b.1	I3
Women having personally felt discriminated against or harassed on the basis of a gender	5	10.3.1 /16.b.1	I4
Women having personally felt discriminated against or harassed on the basis of any ground	5	10.3.1 /16.b.1	I5
<b>Subjective wellbeing</b>			
Women who are very or somewhat happy			SW1
Women whose life improved during the last one year and who expect that their life will be better after one year			SW2
Mean life satisfaction ladder for women: women were asked to consider where they situate their life on a ladder with steps numbered from 0 at the bottom (worst possible life) to 10 at the top (best possible life).			SW3

*Notes: Indicators are described in Appendix 3 Method Brief #2. Indicator H4 is not available in this Report (it was available in the 2021 Report). Attitude toward domestic violence is the share of women who state that a husband is justified in hitting or beating his wife in at least one of the following circumstances: (1) she goes out without telling him, (2) she neglects the children, (3) she argues with him, (4) she refuses sex with him, and/or (5) she burns the food.*

FIGURE 4.1: Countries covered in this study

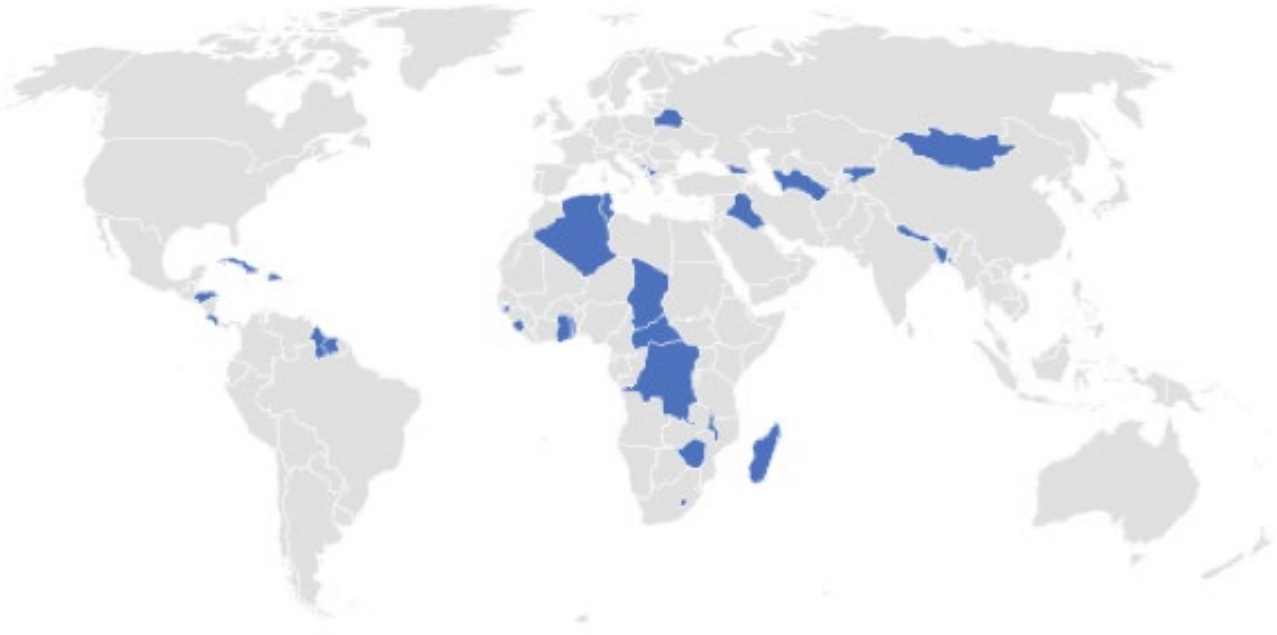
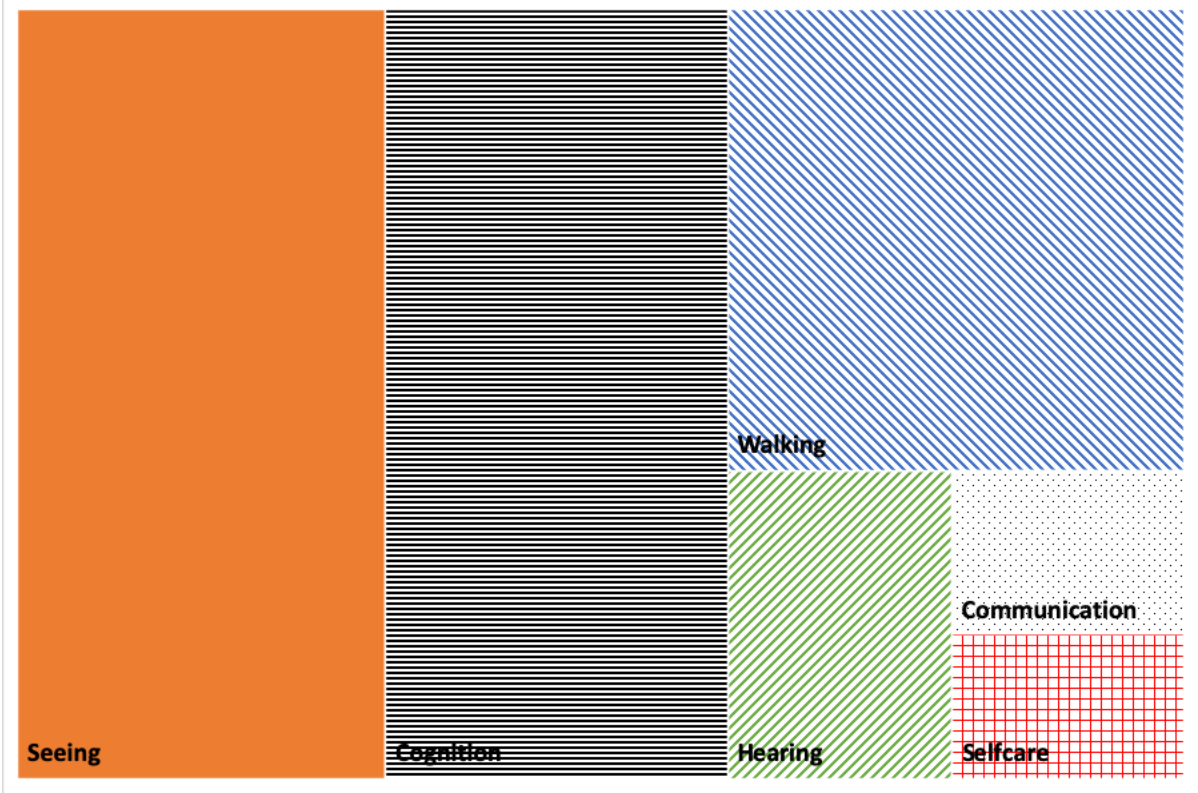


Figure 4.2: Among those with any functional difficulties, share with difficulty by domain (%)





## 5. EDUCATION

This report uses several indicators on education outcomes for women aged 18 to 49. First is the share of women who have ever attended school. Next, the highest level of educational attainment achieved is measured through the following: shares of women with 1) less than primary school completion, 2) primary school

completion, and 3) secondary school completion or higher. Finally, literacy rate is defined as the share of women with the ability to read a short simple statement about everyday life or who attended secondary or higher education (SDG indicator 4.6.1).

### A. RESULTS

The entire set of results on education is available in the Education Results Tables (<https://disabilitydata.ace.fordham.edu/2022-results-table/>). In most countries and in cross-country estimates,<sup>10</sup> women with functional difficulties tend to be worse off in terms of education outcomes compared with women without functional difficulties. Cross-country estimates are shown in Figure 5.1 for all education indicators. For example, the share of women with less than primary school stands at 27%, 35% and 44% for women with no difficulty, some difficulty, and at least a lot of difficulty respectively. In addition, in cross-country estimates and in many individual country-level estimates, there is a gradient in the disability gap for outcomes, i.e. persons with some difficulties are worse off than persons with no difficulty, but better off than persons with at least a lot of difficulty. Compared to middle-aged women (age 30 to 44), younger women (age 18 to 29) tend to have higher levels of educational attainment, captured in the lower share of women with less than primary school completion.

Table 5.1 contains the cross-country estimates for the less than primary school completion indicator. Women who live in rural areas as well as those who are middle-aged are less likely to have completed primary school compared to their urban and younger counterparts. Among women with functional difficulties, those with self-care and communication difficulties are less likely to have completed primary school.

Figure 5.2 presents the share of women who have completed secondary school or higher at the country level. It is significantly lower for women with at least a lot of difficulty in 28 out of 35 countries. The disability gap between women with at least a lot of difficulty and no difficulty is widest at 62 percentage points (p.p.) in North Macedonia where 23% of women with at least a lot of difficulty have completed secondary school or higher compared to 85% for women with no difficulty.

Relatedly, we find a larger disability gap for the share of women who have completed secondary school or higher among younger women aged 18 to 29 compared to middle-aged women age 30

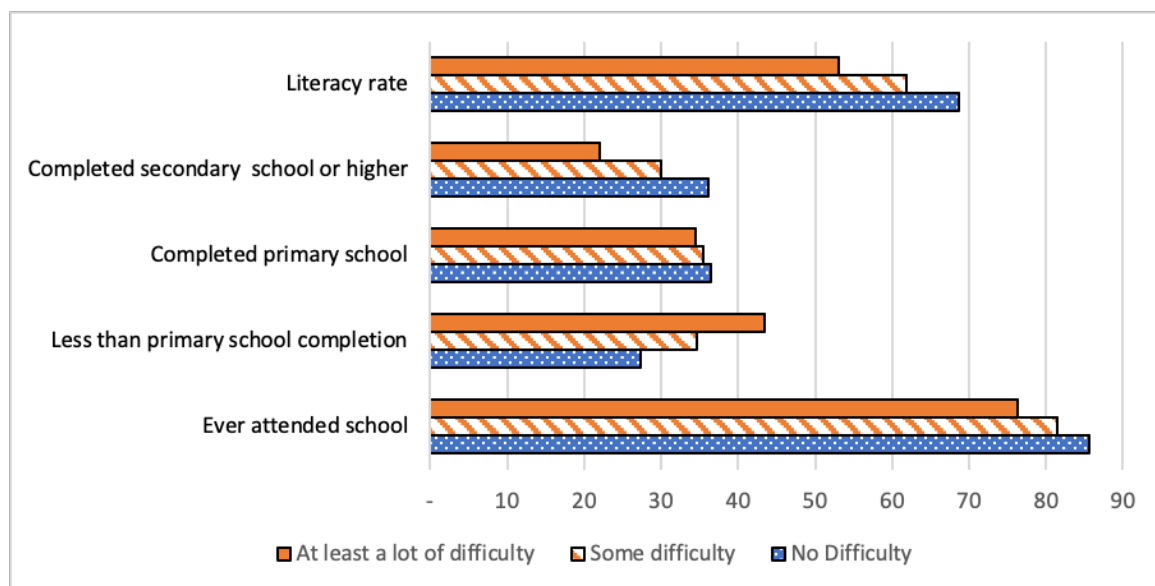
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<sup>10</sup> Cross-country estimate is calculated using the weighted average of countries where the indicator is available.

to 44 in several countries (Democratic Republic of Congo, Gambia, Ghana, Iraq, Kiribati, Mongolia, Palestine, Tunisia) (Tables E4.4 and E4.5 in Education Results Tables).

This may be due to progress in education outcomes over time with universalization efforts for primary and secondary education that may be less effective for children with disabilities.

**Figure 5.1: Cross-country estimates for education indicators among women (%)**



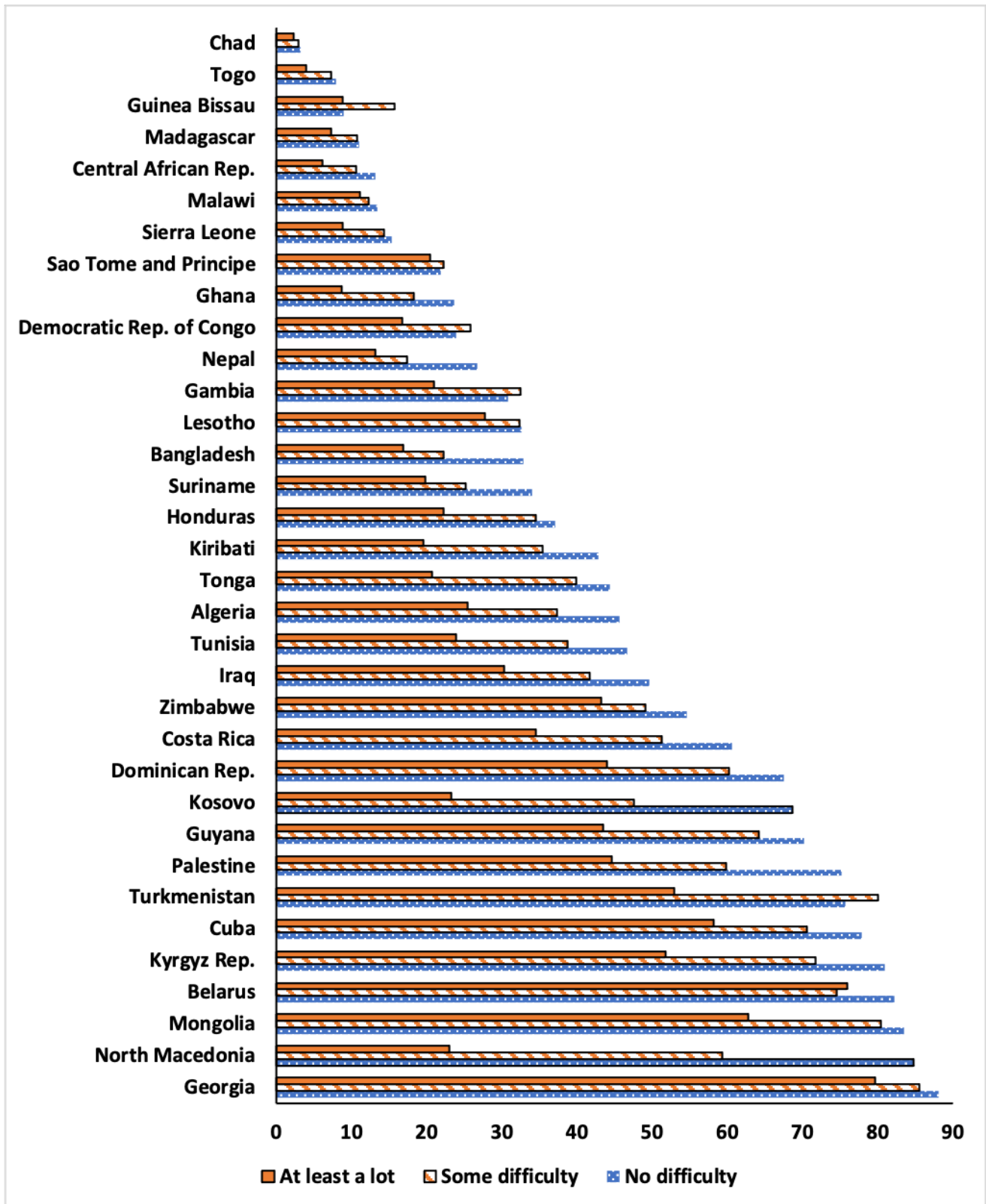
Source: Authors' calculations based on MICS6 data for 34 countries

**Table 5.1: Women with less than primary school completion (%)**

Sample	No Difficulty	Some difficulty	At least a lot of difficulty	Any difficulty
<b>All women</b>	27.4	34.6	43.5	35.9
<b>Rural</b>	37.5	47.8	55.4	48.9
<b>Urban</b>	17.8	22.1	30.2	23.3
<b>Age 18 to 29</b>	20.3	21.6	29.7	22.5
<b>Age 30 to 49</b>	35.8	39.1	45.7	40.2
<b>With seeing difficulties</b>	-	-	-	36.2
<b>With hearing difficulties</b>	-	-	-	42.4
<b>With walking difficulties</b>	-	-	-	39.2
<b>With cognitive difficulties</b>	-	-	-	38.0
<b>With selfcare difficulties</b>	-	-	-	44.9
<b>With communication difficulties</b>	-	-	-	45.5

Note: '-' refers to not applicable for 'No difficulty' and not available for 'Some difficulty' and 'At least a lot of difficulty' due to small sample sizes in many countries

Figure 5.2: Women who have completed secondary school or higher (%)



Source: Authors' calculations based on MICS6 data

## B. DISCUSSION

This Report finds that gaps in education outcomes for women are found in most of the sample countries. Overall, results are consistent with the findings in the 2021 Report and in earlier literature (United Nations 2019b, pp.81-83) that women with functional difficulties tend to have lower educational attainment and literacy rates.

The disability gaps in education found in this report could be due to several factors. For instance, extreme hunger and poverty may make it difficult for children to stay in school and the lack of adequate nutrition and exposure to poverty may also lead to functional difficulties. Having lower education and poorer literacy skills may limit women's working options to occupations with harsh working conditions that may contribute to the onset of functional difficulties.

In addition, having a functional difficulty as a child or adolescent may make attending school challenging, notably due to environmental barriers in the community and in schools, a lack of teacher training or a lack of resources preventing access to medical services or goods (e.g., glasses) which can impede learning. Using MICS6 data on child functioning, UNICEF (2021b) shows that children with functional difficulties are more likely to be out of school than children with no difficulty and that out-of-school rates increase during secondary school.

## 6. PERSONAL ACTIVITIES

The activities people have matter for their wellbeing. Stiglitz et al. (2009) put forward a wide range of personal activities to be considered to assess wellbeing, in particular paid work, unpaid work, commuting, and leisure time. MICS6 does not have information on such activities but has information on access to information and communication technologies (ICT) which are determinants of how people spend their time and the activities they have. They are also determinants of their autonomy. SDG 9C aims at significantly increasing access to information and communications technology and providing universal and affordable access to the internet in low-income countries by 2020. The shorter timeline compared to other goals in the 2030 Agenda highlights the significant role of ICT in achieving the other SDGs.

In addition, mobile phone ownership is important for gender equality since a mobile phone is a personal device that, if owned and not just shared, may provide women with a degree of independence and autonomy, including for work. Several studies have highlighted the link between mobile phone ownership and empowerment, and productivity growth (Hossain and Samad 2021).

Article 21 of the CRPD has the goal to ensure that persons with disabilities can exercise the right to freedom of expression and opinion, including the freedom to seek, receive and impart information and ideas on an equal basis with others. In addition, to

achieve the goal to “enable persons with disabilities to live independently and participate fully in all aspects of life,” Article 9 provides that States Parties take appropriate measures to ensure that persons with disabilities have access to a wide of range of services, including ICT and systems, including internet service. Therefore, information and ICT need to be accessible as well as affordable to persons with disabilities.

During the COVID-19 pandemic, access to crucial information became more challenging as people were more isolated. ICT became a way to access information – information such as the constantly updating COVID-19 restrictions, health and safety campaigns, and access to essential healthcare services such as telemedicine. ICT became highly integrated with daily life – in schools and in many workplaces as classes were taught remotely and meetings and communications among workers were conducted online. With restrictions imposed on physical social gatherings, ICT became a way to remain in touch with relatives and friends.

For our analysis, we use four MICS indicators available in 28 countries on access to information and ICT to explore disability gaps among women . These are the shares of women who 1) read a newspaper or magazine, listen to the radio, or watch television at least once a week; 2) used the internet in the past three months; 3) used a computer in the past three months; and 4) own a mobile phone (SDG indicator 5.b.1.).

## A. RESULTS

The entire set of results is available in the Personal Activities Tables (<https://disabilitydata.ace.fordham.edu/2022-results-table/>). In most countries and in cross-country estimates, results point at women with at least a lot of functional difficulties being worse off. Cross-country estimates are shown in Figure 6.1. For all four indicators, cross-country estimates point towards a disability gap for women with at least a lot of difficulties. For women with some difficulties the gap is small and not statistically significant. For instance, rates of mobile phone ownership stand at 69%, 68% and 60% among women with no, some, and at least a lot of difficulty respectively.

Table 6.1 zooms into the cross-country estimates for the share of women owning a mobile phone, showing younger women and women in rural areas less often owning cellphones. Women with self-care difficulties have the lowest rates of cellphone ownership.

At the country level, there is a disability gap in the three ICT indicators for most of the

countries. This is illustrated in Figure 6.2 for internet use.

Overall, there are two main findings regarding ICT usage. First, when rates of computer, internet, or mobile phone access are low such as in Central African Republic, Chad, Democratic Republic of Congo, Guinea Bissau, and Togo, there is no disability gap. Second, among countries with higher ICT access rates, there is a gradient for some countries. For example, for computer usage, in 16 out of 28 countries, women with some difficulties are worse off than women with no difficulty but better off than women with at least a lot of difficulty. The case of Bangladesh is an illustration of this gradient with mobile phone ownership at 63%, 72%, and 77% for women with at least a lot of difficult, some difficulty, and no difficulty.

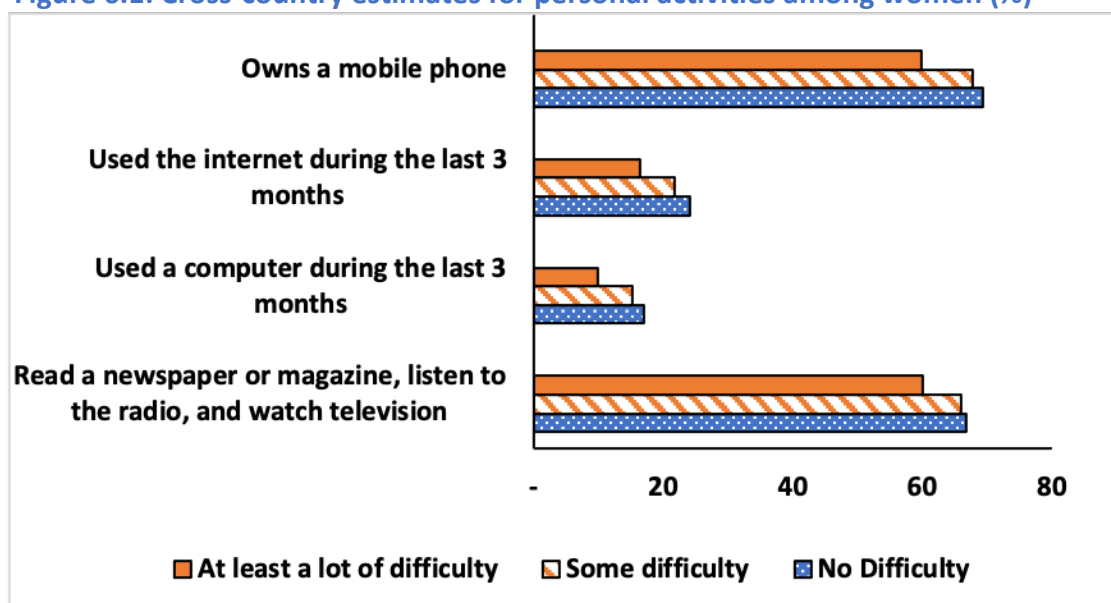
For the share of women who read a newspaper or magazine, listen to the radio, or watch television at least once a week, the disability gap is present in 14 countries for those with at least a lot of difficulties<sup>11</sup>. The median value of this gap is seven percentage point.

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<sup>11</sup> These countries are: Algeria, Bangladesh, Chad, Gambia, Ghana, Kyrgyz Rep., Madagascar,

Mongolia, Nepal, Sierra Leone, Suriname, Tunisia, Turkmenistan, Zimbabwe.

Figure 6.1: Cross-country estimates for personal activities among women (%)



Source: Authors' calculations based on MICS6 data for 27 countries

Table 6.1: Cross-country estimates for mobile phone ownership among women (%)

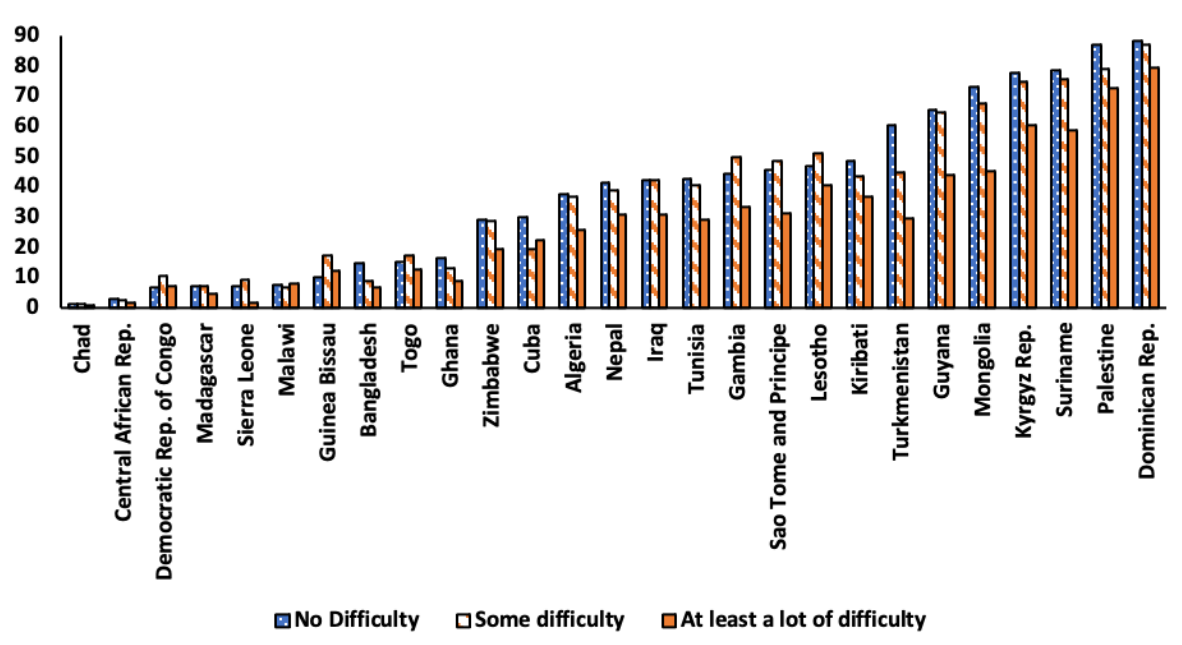
Sample	No Difficulty	Some difficulty	At least a lot of difficulty	Any difficulty
All women	69.4	67.7	59.9	66.6
Rural	58.7	56.0	48.6	55.2
Urban	81.6	80.4	75.0	80.0
Age 18 to 29	66.6	67.3	56.4	66.5
Age 30 to 49	71.0	68.8	62.5	68.1
With seeing difficulties	-	-	-	68.2
With hearing difficulties	-	-	-	58.6
With walking difficulties	-	-	-	65.9
With cognitive difficulties	-	-	-	63.9
With selfcare difficulties	-	-	-	55.8
With communication difficulties	-	-	-	58.8

Source: Authors' calculations based on MICS6 data for 27 countries

Note: '-' refers to not applicable for 'No difficulty' and not available for 'Some difficulty' and 'At least a lot of difficulty' due to small sample sizes in many countries.



Figure 6.2: Internet use among women (%)



Source: Authors' calculations based on MICS6 data

## B. DISCUSSION

Results on activities related to ICT demonstrate a digital divide between women with and without functional difficulties in most countries as reflected in disability gaps in computer use, internet use and mobile phone ownership. This digital divide may be due to a variety of reasons. For example, many persons with functional difficulties have lower educational attainment in terms of rates of secondary school completion or higher have significantly lower rates of ICT usage. Other reasons may be that women with functional difficulties may not be able to afford a computer and internet access or have limited access to ICT in their households. This may explain to some extent the disability gaps in computer use, internet use and mobile phone ownership.

A recent study found that in most countries in the global south, the gender gap in smart phone ownership has reduced (GSMA 2021). The accessibility of internet in terms of availability and affordability of internet varies considerably across countries and within countries. Several studies find that women in the global south are significantly less likely to use the Internet than men (e.g., Antonio and Tuffley 2014). In this context, the disability gap we find for ICT indicators in many countries points towards the dual penalty stemming from the intersection of gender and disability in many countries which warrants further research and policy attention.

## 7. HEALTH

Health is a multidimensional notion. This section tries to capture several aspects of health through nine indicators. The first two are indicators that are proxies for health and capture some of the living conditions of the household that are socio-economic determinants of health: the share of adults living in households with safely managed drinking water (CRPD Article 25, SDG indicator 6.1.1) and the share of adults living in households with safely managed sanitation (CRPD Article 25, SDG indicator 6.2.1). We also include the share of women who report having their family planning needs met through modern contraceptive

methods (CRPD Article 23, SDG indicator 5.6.1).

While we do not have actual information on the experience of violence, we capture attitudes towards domestic violence with the share of women who think a husband is justified to hit his wife.<sup>12</sup> In addition, we also present the share of women who report non-participation in activities due to menstruation and three different indicators related to HIV awareness and testing: the shares of women who (i) report having previously heard of HIV (awareness); (ii) correctly identify all three means of mother-to-child transmission of HIV; and, (iii) have ever been tested for HIV.

### A. RESULTS

The entire set of results on health is available in the Health Results Tables. Cross country estimates are shown in Figure 7.1 for all indicators.

For the share of adults with safely managed drinking water and the share with safely managed sanitation, cross-country estimates suggest that there is no significant difference among women by functional difficulty status. This holds for country-level estimates for most countries. For the share of women who have their family planning needs met, cross-country estimates stand at 46.5%, 43% and 39% for women with no, some, and at least a lot of difficulty respectively. At the country level, a gap is found in under half of the countries under study.

In all the countries under study, the share of women who missed activities due to

menstruation are at 18%, 20% and 23% for women with no, some, and at least a lot of difficulty respectively. A statistically significant difference across functional difficulty status is found in 21 out of 33 countries.

Table 7.1 gives cross-country estimates for the share of women who think a husband is justified to hit his wife for the entire sample and subsamples. Overall, 30%, 35% and 37% of women with no difficulty, some difficulty, and at least a lot of difficulty respectively think that a husband is justified in hitting his wife. A significant difference across functional difficulty status is found in 25 out of 33 countries. Across functional difficulty status, the share of women who think a husband is justified to hit his wife tends to be larger among women age 30 to 44 compared to women age 18 to 29.

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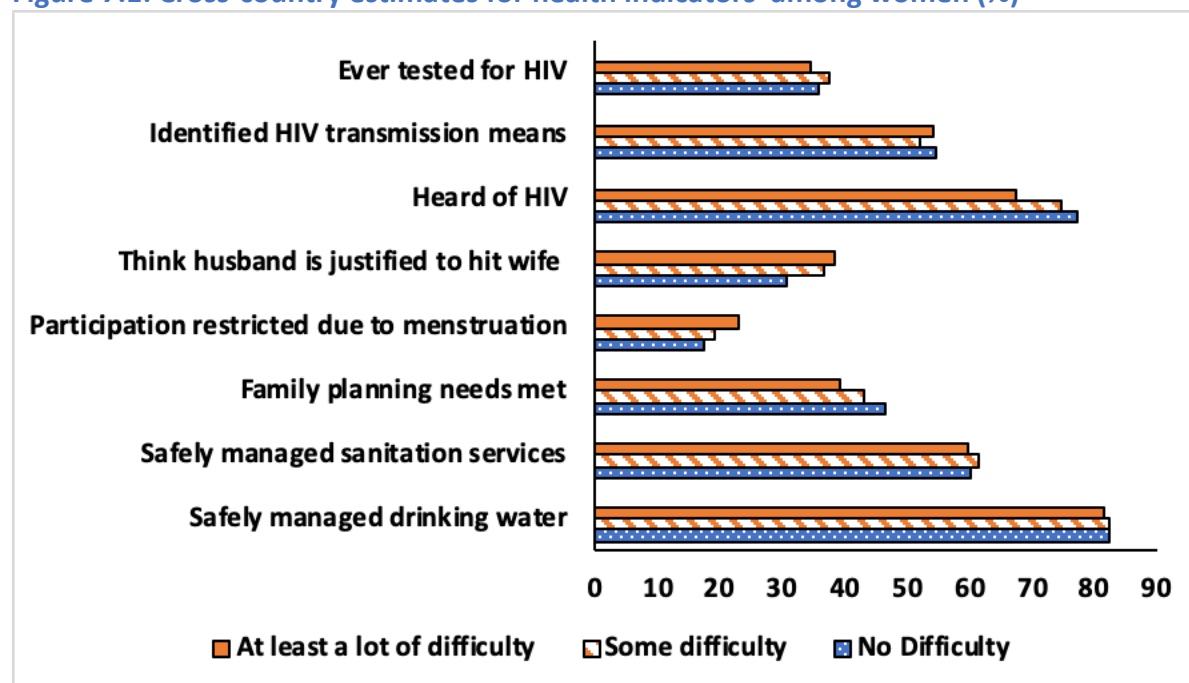
<sup>12</sup> Hitting or beating his wife in relation to at least one of the following circumstances: (1) she goes out without telling him, (2) she neglects the children, (3)

she argues with him, (4) she refuses sex with him, and (5) she burns the food.

Finally, in cross country estimates, women with functional difficulties are found to be significantly less likely to have heard of HIV. For the other two indicators related to HIV (identify all three means of mother-to-child

transmission of HIV and ever been tested), no difference is found in cross-country estimates and for most country-level estimates.

**Figure 7.1: Cross-country estimates for health indicators among women (%)**



Source: Authors' calculations based on MICS6 data

**Table 7.1: Women who think husband is justified to hit wife (%)**

Sample	No Difficulty	Some difficulty	At least a lot of difficulty	Any difficulty
All women	30.7	36.6	38.3	36.9
Rural	35.0	41.8	42.9	41.6
Urban	26.9	32.3	33.9	31.6
Age 18 to 29	32.2	37.3	40.3	37.0
Age 30 to 49	32.2	38.3	39.3	37.1
Seeing difficulties	-	-	-	35.1
Hearing difficulties	-	-	-	39.0
Walking difficulties	-	-	-	38.8
Cognitive difficulties	-	-	-	39.1
Selfcare difficulties	-	-	-	36.9
Communication difficulties	-	-	-	45.0

Source: Authors' calculations based on MICS6 data

Note: '-' refers to not applicable for 'No difficulty' and not available for 'Some difficulty' and 'At least a lot of difficulty' due to small sample sizes in many countries

## B. DISCUSSION

Results vary across health indicators. Unlike in the 2021 Report, we found no difference with respect to living in a household with safely managed water or sanitation for most countries. This may be due in part to the composition of our sample with some countries at higher levels of development that have safely managed water and sanitation for their entire population or close (e.g., Belarus).

Having a functional difficulty status is associated with higher rates of family planning needs not being met, missing activity due to menstruation, thinking a

husband is justified to hit his wife, and not having heard of HIV. These results suggest that disability inclusion is needed in health services and in public health interventions. SDG Target 3.7 aims for universal access to sexual and reproductive health-care services, including for family planning, information, and education. SDG target 5.6 calls for access to sexual and reproductive health and reproductive rights (United Nations 2019b). Our results suggest that work is needed for these targets to be achieved by 2030.

## 8. STANDARD OF LIVING

This section describes and discusses the main results using five indicators related to the standard of living of women's households by functional difficulty status. They inform CRPD Article 28 on "Adequate standard of living and social protection" and

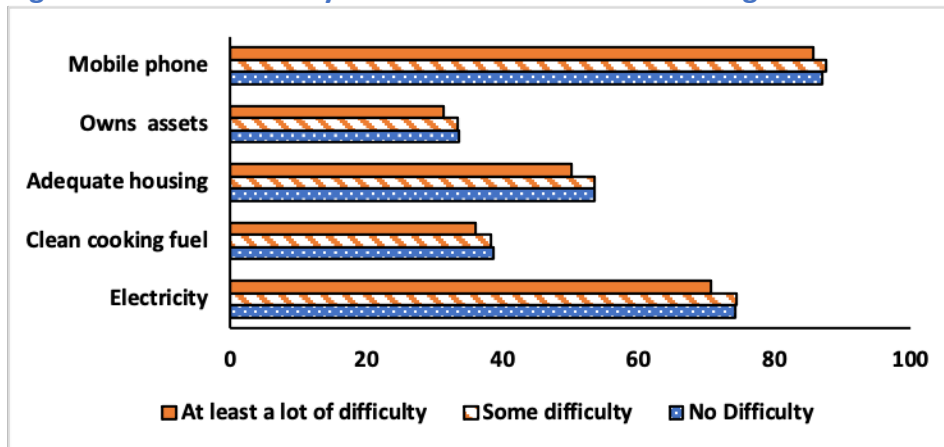
include the share of women in households with electricity (SDG 7.1.1); using clean fuel for cooking (SDG 7.1.2); with adequate housing; who own assets; who own a cell phone (SDG 5.b.1).

### A. RESULTS

The entire set of results is available in the Standard of Living Results Tables. At the country level, results are somewhat mixed with gaps in standard of living indicators found only for some countries. Figure 8.1 presents the cross-country estimates for the five indicators. Differences across functional difficulty status are small (under five percentage points). Women with at least a lot of difficulty are significantly worse off than women with no difficulty with respect to

electricity, cooking fuel, adequate housing, and asset ownership. There is no significant difference between women with some difficulty and no difficulty in the cross-country estimates for all five indicators. Table 8.1 presents the cross-country estimates for owning assets for different subgroups. Across functional domains, women with selfcare and communication difficulties have the lowest rates of asset ownership.

**Figure 8.1: Cross-country estimates for standard of living indicators for women (%)**



Source: Authors' calculations based on MICS6 data for 34 countries

Note: These indicators stand for the share of women who live in households with specific living conditions or assets

**Table 8.1: Cross-country estimates for asset ownership among women (%)**

Sample	No Difficulty	Some difficulty	At least a lot of difficulty	Any difficulty
All women	33.6	33.5	31.3	33.2
Rural	25.3	24.7	23.3	25.3
Urban	40.6	40.8	39.1	42.0
Age 18 to 29	31.1	31.2	29.4	32.1
Age 30 to 49	32.5	32.1	30.3	33.4
With seeing difficulties	-	-	-	33.7
With hearing difficulties	-	-	-	30.6
With walking difficulties	-	-	-	32.9
With cognitive difficulties	-	-	-	32.3
With selfcare difficulties	-	-	-	30.1
With communication difficulties	-	-	-	30.1

Source: Authors' calculations based on MICS6 data for 34 countries

Note: '-' refers to not applicable for 'No difficulty' and not available for 'Some difficulty' and 'At least a lot of difficulty' due to small sample sizes in many countries. This indicator is the share of women who live in households with specific assets

## B. DISCUSSION

Most of the countries under study in this report are in Low- and Middle-Income Countries (LMICs) where income is volatile as many workers are in the informal sector and poverty is often measured through assets and living conditions. Our results suggest that in terms of assets and living conditions, there are some differences across functional difficulty status. However, they tend to be small (under five percentage points) and mostly affect women with a lot of difficulties.

Compared to the 2021 Report, the differences across functional difficulty status are less consistent across countries. This is due in part to the composition of our sample countries wherein we have countries with higher levels of development that have achieved adequate living conditions universally. For instance, the share of women in households with electricity is above 99% for all women, irrespective of their functional difficulty status in Costa Rica, Cuba, Dominican Rep. and the Kyrgyz republic, among others.

## 9. MULTIDIMENSIONAL POVERTY

Poverty is understood multidimensionally as it can take various forms (e.g. poor living conditions, low educational attainment). It can be measured by counting the number of deprivations experienced by an individual or a household (Alkire and Foster 2011). We identify multidimensional poverty by

highlighting the share of women with more than one deprivation among three dimensions of wellbeing (education, health, standard of living).<sup>13</sup> We aim to contribute to a large and growing literature on the association between disability and multidimensional poverty (United Nations 2019b; Mitra et al 2022b).

### A. RESULTS

The entire set of results is available in the Multidimensional Results Tables (<https://disabilitydata.ace.fordham.edu/2022-results-table/>). Table 9.1 shows cross-country estimates of the headcount or the share of women in multidimensional poverty. Persons with functional difficulties have a higher share of adults in multidimensional poverty, with a gradient by level of difficulty. The headcount stands at 57%, 49%, and 44% for persons with at least a lot of difficulty, some difficulty and no difficulty and differences across groups are statistically significant. It is also higher for women who reside in rural areas, for middle-aged women, and for women who have difficulties in two domains: hearing and

communication. This result is driven by disproportionately lower education attainment, sanitation and standard of living indicators.

As shown in Figure 9.1, at the country level, the higher multidimensional poverty rate among persons with functional difficulties is also found for almost all countries<sup>14</sup>. The median disability gaps across countries stand at eight percentage points for at least a lot of difficulties and two percentage points for some difficulties. The gap tends to be larger in countries with higher levels of development, which is explored further in Box 2.

### B. DISCUSSION

Results suggest that persons with functional difficulties, on average, experience multiple deprivations at higher rates than persons without. The disability gaps found above are smaller than those in the 2021 Report,

perhaps due to a lack of information on employment in the data and in the measure used in this Report. Indeed, the multidimensional poverty measure used above has two dimensions measured at the household level (health and standard of

<sup>13</sup> Details on the indicators and thresholds are described in Appendix 3 Method brief #3.

<sup>14</sup> Exceptions are São Tomé & Príncipe and Guinea-Bissau.



living) and only one measure at the individual level (education). This is likely to underestimate the level of deprivations at the individual level as we have no information on how resources are distributed within the household. Further research is needed with multidimensional poverty measures based on individual level indicators (Clausen and Barrantes 2020) or with more of a balance between household and individual level indicators.

This Report adds to a growing literature that has considered the association

between disability and the experience of multiple deprivations such as low educational attainment, non-employment, social isolation, poor psychological well-being, recently reviewed in United Nations (2019b). This result suggests that multidimensional poverty indicators should be disaggregated by disability status and that persons with disabilities should be explicitly incorporated in policymaking and research agendas related to poverty

### **Box 2: Do disabilities inequalities grow with development?**

Inequalities may grow as countries develop. Groce and Kett (2013) coined the term “disability and development gap” to refer to the hypothesis that countries and communities may develop in such ways that persons with disabilities are left behind. For instance, in education, as secondary school becomes within the reach of a growing share of the population, practices and policies may not be inclusive and children with disabilities may not be able to access secondary schooling.

Results for multiple countries in this Report and in the 2021 Report<sup>15</sup> make it possible to consider if the disability gaps for various indicators are associated with higher levels of development. Our analysis partially supports the disability and development gap hypothesis: inequalities related to education, personal activities (employment, cell phone ownership), feeling discriminated against, subjective wellbeing, and multidimensional poverty are found to be significantly larger in countries at higher levels of development. However, no clear pattern emerges for standard of living indicators (e.g., adequate housing), perhaps due to adequate living conditions being achieved universally as countries develop.

Figure 9.2 plots a measure of development, the Human Development Index (HDI), against the disability gap in the multidimensional poverty headcount for women in 34 countries using MICS6 data<sup>16</sup>. HDI is a continuous variable that ranges between 0 and 1, with values closer to 1 reflecting higher levels of development (UNDP 2020a). It illustrates a positive correlation between disability gaps in the multidimensional poverty headcount and levels of human development.<sup>17,18</sup>

Further research is needed to understand the factors that contribute to this association for some indicators. Development may relate to inclusion patterns in different sectors (e.g., employment, education). It may also impact the prevalence of functional difficulties due to changes in healthcare access. Given the risk of a disability and development gap, there is an

<sup>15</sup> An analysis of the 2021 Report results in light of the disability and development gap hypothesis is in Lewis et al 2022.

<sup>16</sup> HDI was not available for Kosovo.

<sup>17</sup> The result holds when using Gross National Income (GNI) per capita as development measure. A similar pattern is also found if we consider

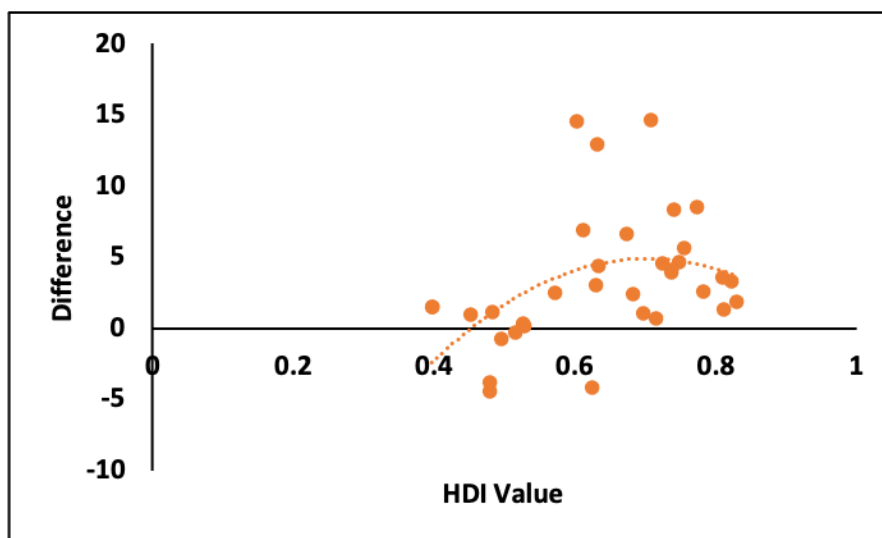
inequalities in relative terms with the ratio in the multidimensional poverty headcount for women with functional difficulties relative the headcount for women without functional difficulties.

<sup>18</sup> A similar result was reached by Lewis et al (2022) for education and employment, and multidimensional poverty outcomes using differences across functional difficulty status from the 2021 Report.

urgent need to adopt a disability-inclusive vision and practice of development for human development to be achieved for all.

**Figure 9.2: Human Development Index (HDI) and difference in multidimensional poverty headcount**

Source: Authors' calculations based on MICS6 data for 34 countries for the difference and UNDP (2020) for HDI



Note: The difference in multidimensional poverty headcount is in percentage points. HDI is on a scale of 0 to 1. The higher the HDI value, the higher the level of human development.

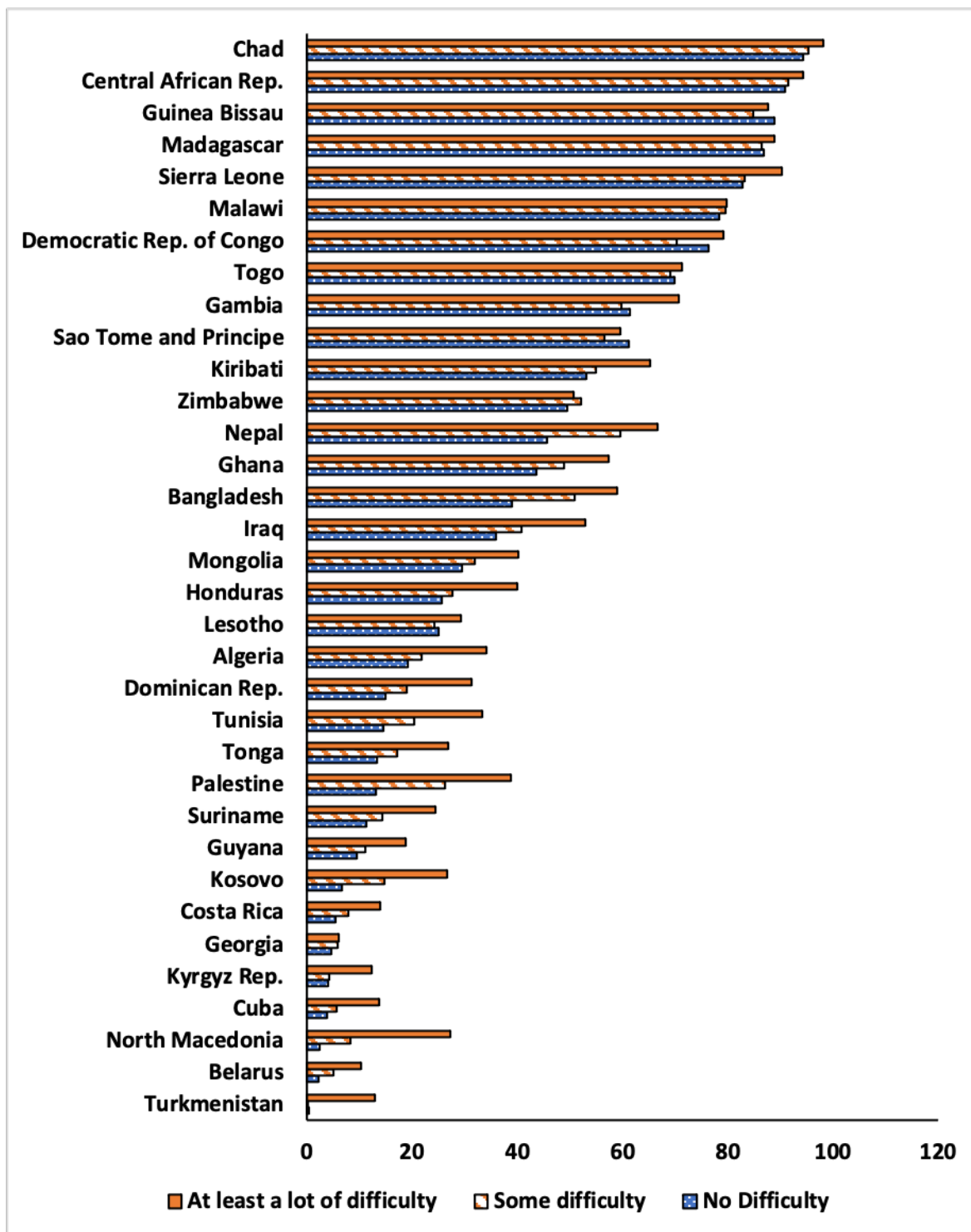
**Table 9.1: Cross-country estimates for multidimensional poverty headcount among women (%)**

Sample	No Difficulty	Some difficulty	At least a lot of difficulty	Any difficulty
All women	43.7	48.8	56.8	50.0
Rural	59.7	66.6	72.2	65.9
Urban	28.7	32.6	40.4	32.1
Age 18-29	43.0	43.3	51.3	42.2
Age 30 to 49	50.9	56.4	51.5	50.7
With seeing difficulties	-	-	-	49.7
With hearing difficulties	-	-	-	57.3
With walking difficulties	-	-	-	52.2
With cognitive difficulties	-	-	-	52.7
With selfcare difficulties	-	-	-	53.3
With communication difficulties	-	-	-	63.8

Source: Authors' calculations based on MICS6 data for 34 countries

Note: '-' refers to not applicable for 'No difficulty' and not available for 'Some difficulty' and 'At least a lot of difficulty' due to small sample sizes in many countries

Figure 9.1: Multidimensional poverty headcounts among women (%)



Source: Authors' calculations based on MICS6 data

## 10. INSECURITY

Insecurity, or lack of safety, is a source of fear and anxiety that negatively affects wellbeing. To devise approaches to its measurement, Stiglitz et al (2009) distinguish between personal and economic insecurity. Personal insecurity includes external factors that put at risk people's physical integrity, such as crimes and accidents. Economic insecurity covers uncertainty about the material conditions that may prevail in the future. For instance, uncertain income or out-of-pocket-medical expenses may generate stress and anxiety and make it harder for families to spend on other expenditures such as housing or education. The social right to economic security is United Nations' Universal Declaration of Human Rights is generally enforced through the protections attached to jobs and granted through social policies.

We consider six indicators related to insecurity: the share of women who 1) are covered by health insurance (SDG indicator 1.3.1/3.8.1); 2) are in households with social protection (SDG indicator 1.3.1); 3) feel safe walking alone in their neighborhood after dark (SDG indicator 16.1.4); 4) have personally felt discriminated against or

harassed within the past 12 months on the basis of (a) a ground of discrimination prohibited by international human rights law<sup>19</sup> (SDG indicator 16.b.1 & 10.3.1); (b) disability; (c) gender. The prevalence of discrimination or harassment is captured through three indicators that consider respondents' self-reported experiences of discrimination or harassment. They rely on respondents having perceived and being aware of acts of discrimination or harassment of a direct or systemic nature as part of their personal experience (OHCHR 2021b). For (b) disability, it also relies on the persons self-identifying as having a disability which may not be the case for all persons with functional difficulties and could be the case for some persons with no reported functional difficulties. As noted earlier, the WG-SS does not capture all disabilities, but only a small set of functional domains.

The indicators on insecurity are relevant to several articles of the CRPD. In particular, under Article 5, "States Parties shall prohibit all discrimination on the basis of disability and guarantee to persons with disabilities equal and effective legal protection against discrimination on all grounds."

### A. RESULTS

The entire set of results is available in the Insecurity Tables (<https://disabilitydata.ace.fordham.edu/2022-results-table/>). Cross-country estimates

are shown in Figure 10.1. Starting with the share of women covered by health insurance, we find no significant difference across functional difficulty status in cross-

<sup>19</sup> There is a list of over 20 grounds as follows: race, color, sex, language, religion, political or other opinion, national origin, social origin, property, birth status, disability, age, nationality, marital and family status, sexual orientation, gender identity, health status, place of residence, economic and social situation, pregnancy, indigenous status, and other

status (OHCHR 2021b). For MICS6, the most commonly asked grounds across the countries were ethnic or immigration origin, gender, sexual orientation, age, disability and others. Only the most common were used in constructing the indicator to allow for comparability across countries.

country estimates and in almost all countries. Next, we consider the share of women in households who have received social protection benefits in the past year or currently receive them (e.g. cash benefits, in kind transfers). Based on cross-country estimates, 23.5% of women with functional difficulties received social protection benefits compared to 21.5% of women with no functional difficulties. At the country level, results vary with about half of countries with similar shares across functional difficulty status and nine countries with a significantly higher share for women with functional difficulties.

Next, we find that fewer women with functional difficulty report feeling safe walking alone in their neighborhood after dark as compared to women without functional difficulty. At the country level, the difference is statistically significant in all but one country (Zimbabwe) with a median disability gap at 6 percentage points.

Cross-country estimates suggest that persons with functional difficulties more often feel discriminated or harassed based on disability, gender, or on any ground. For the broader definition of discrimination based on any ground, 22.9%, 17.4%, and 10.4% of women with at least a lot, some, and no difficulty feel discriminated against (Table 10.2). Among subgroups of women with functional difficulties, those who live in rural areas, are between ages 18 and 29, and those with communication difficulties have a higher share of reported feeling discriminated against.

The prevalence of discrimination or harassment on any ground varies widely across countries (Figure 10.2). In all 27 countries, women with functional difficulties have a significantly larger share who have personally felt discriminated against or harassed within the past 12 months with a sizeable median disability gap of eight percentage points.

## B. DISCUSSION

The similar rates of coverage for social protection found in this Report for many countries across functional difficulty status suggest that access to social protection programs may be a concern given well established disability gaps in several economic insecurity indicators such as food insecurity and out-of-pocket medical expenses (United Nations 2019b, Mitra and Yap 2021). Access to social protection has been shown to be central to the economic wellbeing of women with disabilities (Chaudhry 2016) and restricted by a variety of barriers, including unclear eligibility criteria (Banks et al 2017). Thus, further

evaluation and research to assess social protections' accessibility and effectiveness in alleviating poverty is needed.

Relatedly, the similar rates of health insurance coverage found for women with and without functional difficulties is cause for concern as persons with disabilities have more healthcare needs but are less likely to be able to meet these needs (United Nations 2019b, WHO-World Bank 2011).

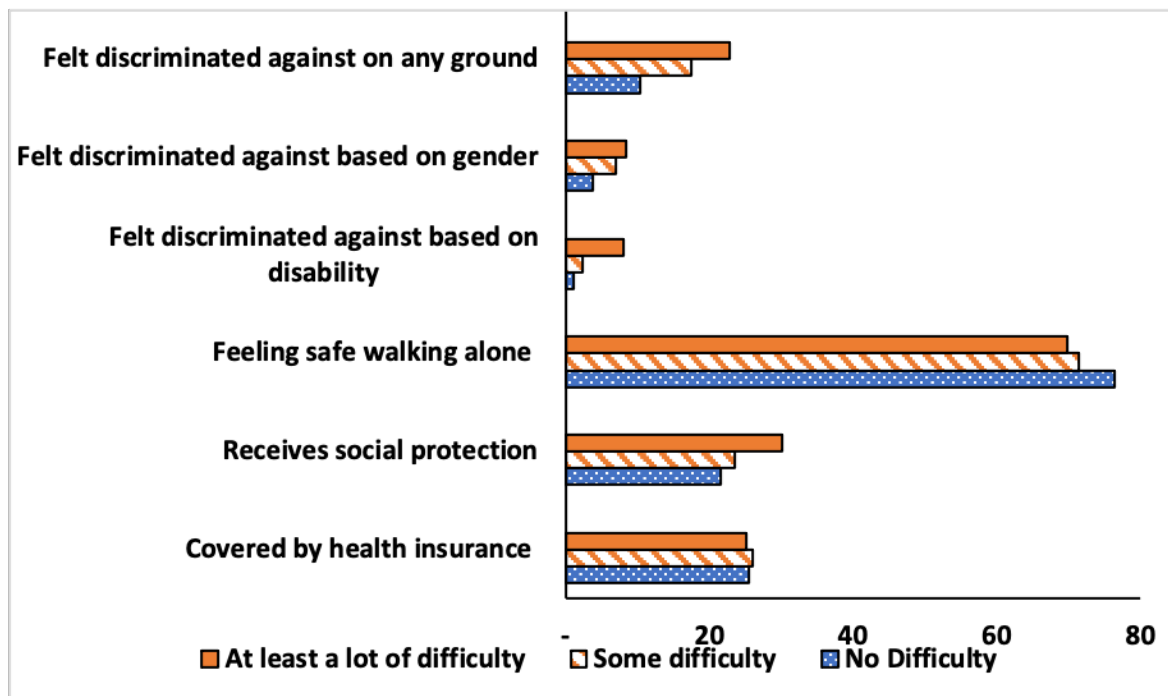
To our knowledge, this report provides new insights on the associations between functional difficulty and feeling unsafe in one's neighborhood and feeling

discriminated against or harassed. Feeling unsafe affect women in various ways, especially when fear might hinder access to essential services (Jayachandran 2015).

The data collected through MICS on discrimination gives information on the perception of discrimination or harassment. The disproportionately higher share of

women with functional difficulties reporting feeling discriminated against highlights the need for efforts to understand discrimination and harassment for women with disabilities (e.g. World Bank 2020) and to examine policy responses. It reflects the importance of examining intersectionality with women with disabilities experiencing double discrimination (Habib 1995).

**Figure 10.1: Cross-country estimates for insecurity indicators among women (%)**



Source: Authors' calculations based on MICS6 data for 27 countries (discrimination), countries for walking alone, 24 countries for social protection, 26 countries for health insurance and feeling safe walking alone.

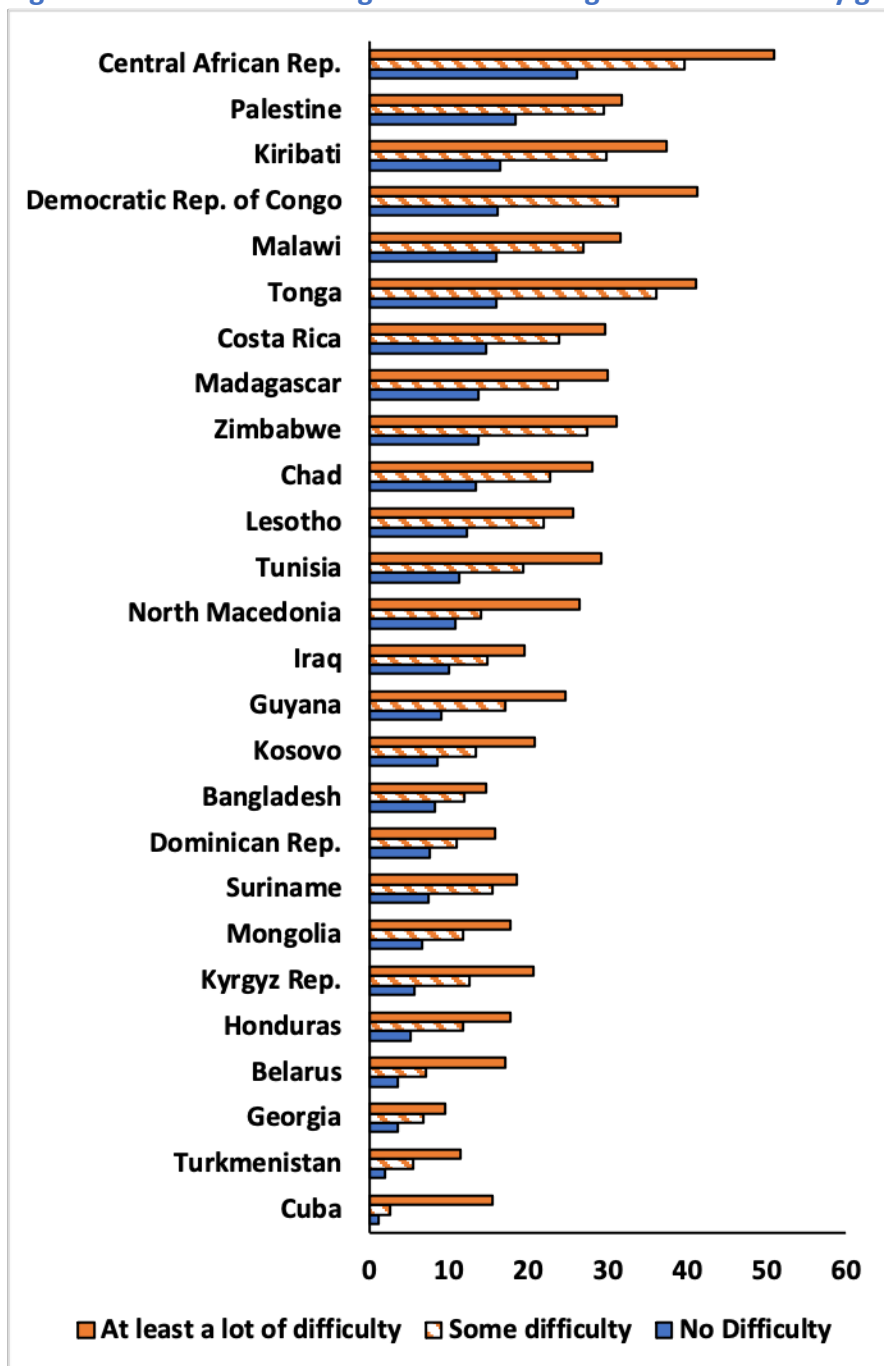
**Table 10.1: Women who felt discriminated based on any ground (%)**

<b>Sample</b>	<b>No Difficulty</b>	<b>Some difficulty</b>	<b>At least a lot of difficulty</b>	<b>Any difficulty</b>
All women	10.4	17.4	22.9	18.3
Rural	11.3	19.1	25.1	19.8
Urban	10.1	16.6	20.3	16.6
Age 18-29	12.1	21.6	30.7	21.9
Age 30 to 49	10.1	17.2	22.2	17.2
With seeing difficulties	-	-	-	16.8
With hearing difficulties	-	-	-	21.2
With walking difficulties	-	-	-	20.1
With cognitive difficulties	-	-	-	21.3
With selfcare difficulties	-	-	-	12.2
With communication difficulties	-	-	-	28.4

*Source: Authors' calculations based on MICS6 data for 26 countries (discrimination), countries for walking alone, 24 countries for social protection, 26 countries for health insurance and feeling safe walking alone.*

*Note: '-' refers to not applicable for 'No difficulty' and not available for 'Some difficulty' and 'At least a lot of difficulty' due to small sample sizes in many countries*

Figure 10.2: Women feeling discriminated against based on any ground (%)



Source: Authors' calculations based on MICS6 data.



## 11. SUBJECTIVE WELLBEING

Interest in subjective wellbeing has risen in recent years, both in academic research and government initiatives. In many countries, happiness has become an objective of public policy (Helliwell et al 2022). Subjective wellbeing encompasses different aspects: cognitive evaluation of one's life, happiness, satisfaction, positive emotions such as joy and pride, and negative emotions such as pain and worry (Stiglitz et al 2009). Despite measurement challenges, subjective measures nevertheless provide important information about wellbeing and several questions have been included in large-scale surveys such as MICS6 and are thus considered in this report.

Persons with disabilities and disability more broadly have been largely absent in this growing international subjective wellbeing literature and discourse (Sunderland et al 2009). There is, however, a literature considering whether persons with disabilities have lower levels of subjective wellbeing. Some studies report similar levels of life satisfaction (Schulz and Decker 1985) but more studies show lower levels of subjective wellbeing (e.g. Hsieh and Waite 2019; van Campen and Cardol (2009); Oswald and Powdthavee 2008). Recently, studies in Iraq and Sierra Leone which used MICS6 find that having a functional difficulty

is associated with lower life satisfaction, perception of a better life, and happiness (Pengpid and Peltzer 2019, 2020).

This report estimates three subjective wellbeing indicators by functional difficulty status using MICS6 for 25 countries. We start with a happiness indicator that is the share of women who report being very happy or somewhat happy. To assist respondents in answering the question on happiness, they were shown a card with smiling faces (and not so smiling faces) that correspond to the response categories 'very happy', 'somewhat happy', 'neither happy nor unhappy', 'somewhat unhappy' and 'very unhappy'. Second, we use an optimism or perception of a better life indicator that is the share of women who report their life has improved during the last one year and that they expect that their life will be better after one year. Third, MICS uses a visual ladder-of-life scale, with explicit reference points (10, for the best possible life, and 0 for the worst possible life) and respondents are asked on which step of the ladder they feel they stand at this time. The visual aids used for the happiness question and the ladder of life measure maybe inaccessible to persons with seeing difficulties and thus introduce some bias in answer patterns based on functional difficulty types.

### A. RESULTS

Results are available in the Subjective Wellbeing Tables (<https://disabilitydata.ace.fordham.edu/2022-results-table/>). Cross-country estimates for the happiness and perception of a better life indicators are in Figure 11.1 and those for the mean life satisfaction ladder score

are in Figure 11.2. Women with functional difficulties have significantly lower average levels of reported wellbeing than women with no functional difficulties for all three measures of subjective wellbeing. We also find a gradient: women with some difficulty report lower subjective wellbeing than

women with no difficulty but higher wellbeing than women with at least a lot of difficulty. As shown in Table 11.1, wellbeing reported on the ladder is, on average, higher among women in urban areas and in the younger age group. Results do not differ across functional domains.

Results are consistent across countries. In each of the 25 countries, having any functional difficulty is significantly associated with a lower mean score and a lower share of women very happy or

somewhat happy. For the share of women who report their life improved and will be better, that is the case for 23 out of 25 countries<sup>420</sup>. There is a gradient for the three subjective wellbeing indicators with a declining rate or declining scores found from no difficulty, some difficulty and at least a lot of difficulty. There are three exceptions with no gradient found: Central African Republic, Kiribati, and Malawi. This is illustrated in Figure 11.3.

## B. DISCUSSION

To our knowledge, this report provides a first look into differences in wellbeing across functional difficulty status across countries. We find consistent patterns, with women with functional difficulties reporting, on average, lower levels of subjective wellbeing than women with no functional difficulties. This trend holds for different measures of subjective wellbeing and disaggregation methods and across rural and urban areas, younger, and middle-aged women.

The results could be due to two reasons: first, having a functional difficulty might directly affect women's subjective wellbeing. At the same time, there may be a range of mediators linking functional difficulties and subjective wellbeing, such as barriers to educational, work, and social opportunities. Discrimination, and more broadly insecurity may also contribute to this relationship, which needs to be investigated further. More research is needed to understand the effects of environmental and policy conditions on subjective wellbeing.

Collecting data on functional difficulties using the WG-SS is key to make progress in the field of subjective wellbeing in both longitudinal and cross-sectional datasets. For instance, the World Gallup Poll is a major regular source of data on subjective wellbeing in over 150 countries. It uses fresh annual samples of 1,000 respondents aged 15 and older. Given an average disability prevalence rate of 15% among adults worldwide (WHO-World Bank 2011), it may provide enough of a sample size annually to track the subjective wellbeing of persons with disabilities. This seems particularly important as disability rights policies evolve worldwide (World Policy Analysis Center 2022) and such policy changes may impact subjective wellbeing.

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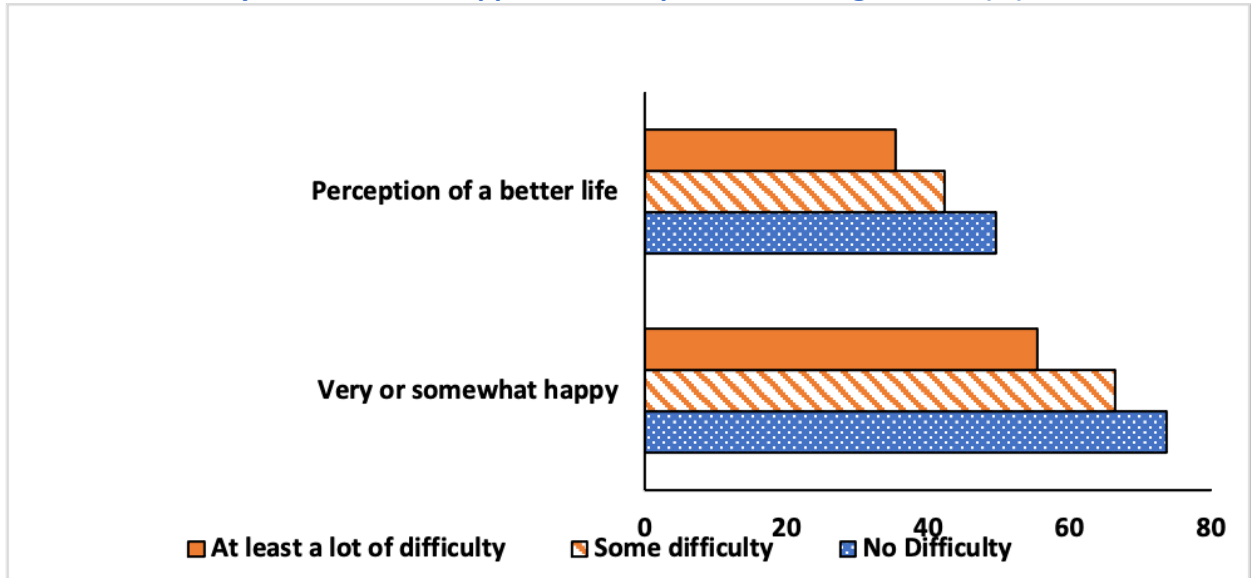
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<sup>20</sup> Exceptions are Lesotho and Montenegro.

15 and older. Given an average disability prevalence rate of 15% among adults worldwide (WHO-World Bank 2011), it may provide enough of a sample size annually to track the subjective wellbeing of persons

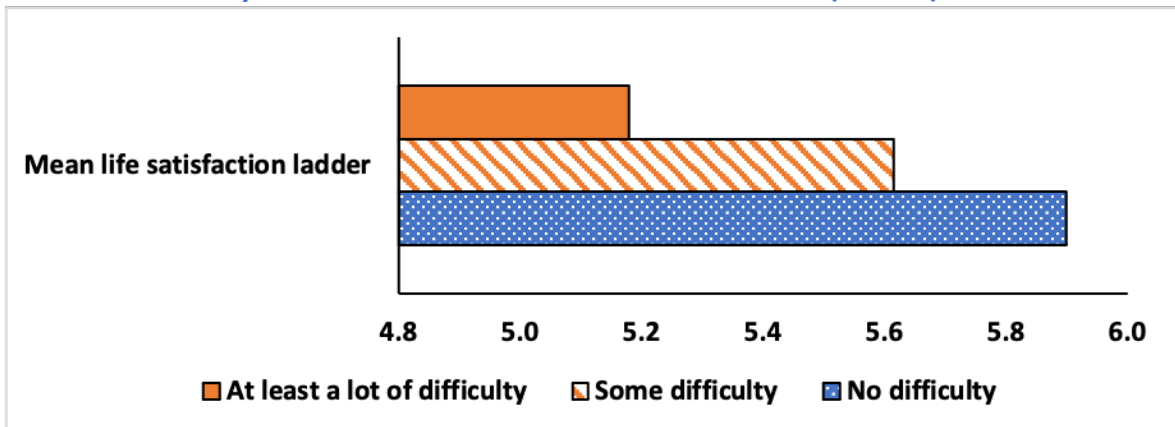
with disabilities. This seems particularly important as disability rights policies evolve worldwide (World Policy Analysis Center 2022) and such policy changes may impact subjective wellbeing.

**Figure 11.1: Cross-country estimates for happiness and optimism among women (%)**



Source: Authors' calculations based on MICS6 data for 25 countries.

**Figure 11.2: Cross-country estimates for mean life satisfaction ladder (0 to 10)**



Source: Authors' calculations based on MICS6 data for 25 countries.

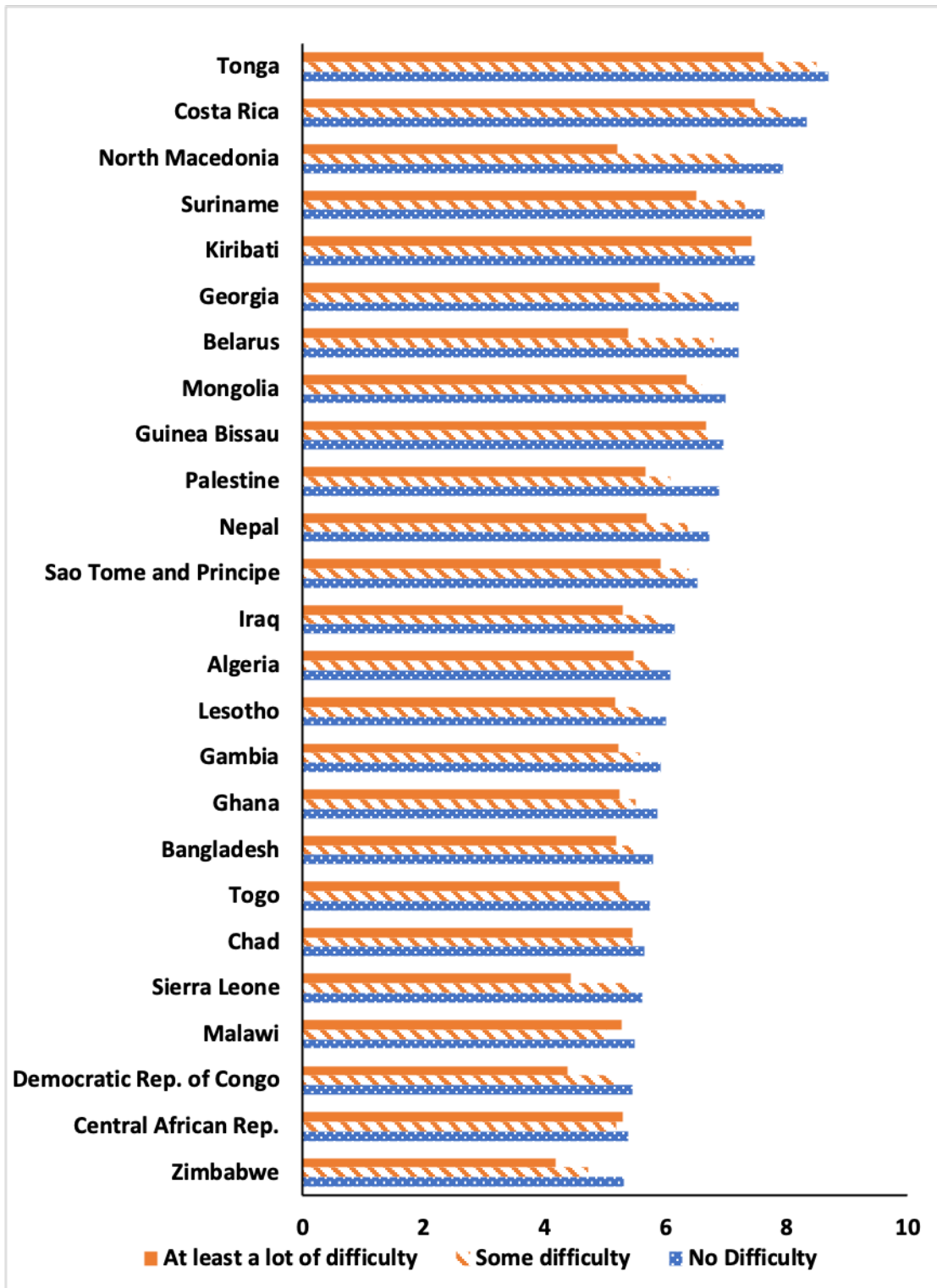
**Table 11.1: Mean score on the life satisfaction ladder among women (0 to 10 scale)**

<b>Sample</b>	<b>No Difficulty</b>	<b>Some difficulty</b>	<b>At least a lot of difficulty</b>	<b>Any difficulty</b>
All women	6.0	5.6	5.2	5.6
Rural	5.8	5.3	4.9	5.3
Urban	6.1	5.9	5.5	5.9
Age 18-29	6.0	5.7	5.2	5.7
Age 30 to 49	5.8	5.5	5.1	5.5
With seeing difficulties	-	-	-	5.1
With hearing difficulties	-	-	-	4.8
With walking difficulties	-	-	-	5.0
With cognitive difficulties	-	-	-	5.0
With selfcare difficulties	-	-	-	4.9
With communication difficulties	-	-	-	5.8

*Source: Authors' calculations based on MICS6 data for 25 countries.*

*Note: '-' refers to not applicable for 'No difficulty' and not available for 'Some difficulty' and 'At least a lot of difficulty' due to small sample sizes in many countries*

Figure 11.3: Mean score on the life satisfaction ladder among women (0 to 10 scale)



Source: Authors' calculations based on MICS6 data.

## 12. CONCLUSION

The object of This Report is two-fold: first, it conducts a comprehensive review of disability questions in national censuses and household surveys globally from 2009 to 2021; second, it

presents analyses on 32 socioeconomic indicators for 35 countries disaggregated by disability status, where disability is measured through WG-SS using MICS6 data.

### A. KEY FINDINGS

#### DATASET REVIEW

This Report examines the questionnaires of 531 surveys and censuses to identify those with functional difficulty questions. Based on this review and the results from the 2021 Report,

only 21% of the datasets have functional difficulty questions. Only 10% of datasets have the internationally tested and comparable WG-SS. This is however an improvement compared to results of the 2021 Report due largely to the inclusion of the WG-SS in MICS6 in many countries in recent years.

#### DISAGGREGATION

Among women aged 18 to 49 in 35 countries, disaggregation by functional difficulty status is feasible using MICS6 data. We find inequalities associated with functional difficulties in all areas of wellbeing studied, particularly educational attainment, ICT, sexual and reproductive health, multidimensional poverty, discrimination, safety and subjective wellbeing.

As in the 2021 Report, for some indicators, there is a graded association between functional difficulty and disadvantage. For instance, for educational attainment and subjective wellbeing, women with some functional difficulties are, on average, worse off than women with no difficulties, but better off than women who report at least a lot of difficulty.

In the countries included in the study, less than 20% of women with seeing difficulties use

glasses while 2% of women with hearing difficulties use hearing aids.

For some indicators, the interaction of functional difficulties with certain demographic factors such as age and residence amplify deprivations. For instance, in terms of educational attainment, women who live in rural areas and middle-aged women seem to be worse off than their urban and younger counterparts.

For some indicators, larger disability gaps are associated with higher levels of human development. Inequalities related to education, personal activities (cell phone ownership), feeling discriminated against, subjective wellbeing, and multidimensional poverty are found to be significantly larger in countries at higher levels of development.

## B. IMPLICATIONS

### **Implications for Data Collection**

The inclusion of WG-SS in MICS6 for many countries has made a significant impact in terms of data availability worldwide. However, much work remains for the inclusion of functional difficulty questions in national socioeconomic surveys and population censuses in all countries. For instance, HFPS datasets, critical in documenting the situation of households during the pandemic, should include functional difficulty questions. Large survey programs such as SILC could also improve the availability of data in Europe with the inclusion of functional difficulty questions. This way, we can gain more insight on the situation of persons and households with disabilities and inform policies for the implementation of the CRPD and the attainment of the SDGs.

### **Implications for Data Analysis and Research**

Like the 2021 Report, this Report demonstrates that for many countries, measuring disability inequalities and disaggregating socioeconomic indicators is feasible. In this Report, this is done with data from an international data collection program, MICS6.

This Report finds a positive relationship between the severity of functional difficulties and the magnitude of the disability gap, what we refer to as a gradient. The recommendation by the Washington Group to separate analyses of persons with at least a lot of difficulty, on the one hand, from persons with some and no difficulty, on the other hand, may therefore underestimate inequalities. Analyses should try to incorporate the degree of functional difficulties through three different categories: no vs. some vs. at least a lot of difficulty.

Studies on subjective wellbeing should consider functional difficulties given the strong correlations found in this report. In addition, the disproportionately higher share of women who report being discriminated against should prompt further research in this area to document such discriminations and derive policy implications. The larger disability gaps found in countries at higher levels of development for instance for multidimensional poverty warrant further research as such a pattern may suggest that development processes are not disability inclusive.

Overall, the inequalities presented in this Report should serve only as a starting point. More in-depth investigation within countries is necessary to determine the environmental and resource factors that drive these results in order to inform policy.

### **Implications for Policy**

Results from this Report suggests there is a very large unmet need for assistive technology including glasses and hearing aids. The lack of assistive technology may drive some of the inequalities that are highlighted in this report and requires policy attention to strengthen the supply and access to assistive technology and related services.

For women, functional difficulties are associated with deprivations, in particular with respect to education, ICT, sexual and reproductive health, multidimensional poverty, discrimination, safety and subjective wellbeing. While most of the countries under study have ratified the CRPD, more work is needed to address intersectional disadvantages and improve the situation of women with disabilities.

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## 14. APPENDICES

### APPENDIX 1: TABLES SUPPORTING GRAPHS

(i) Table supporting Figure 3.1

Country	Any functional difficulty questions
Afghanistan	1
Albania	1
Algeria	1
Andorra	2
Angola	0
Antigua and Barbuda	1
Argentina	1
Armenia	0
Australia	1
Austria	0
Azerbaijan	0
Bahamas	0
Bahrain	0
Bangladesh	1
Barbados	0
Belarus	1
Belgium	1
Belize	1
Benin	1
Bhutan	1
Bolivia	1
Bosnia and Herzegovina	1

Botswana	0
Brazil	1
Brunei Darussalem	0
Bulgaria	0
Burkina Faso	0
Burundi	0
Cabo Verde	2
Cambodia	1
Cameroon	0
Canada	1
Central African Rep.	1
Chad	1
Chile	1
China	1
Colombia	1
Comoros	0
Congo, Dem. Rep.	1
Congo, Rep.	0
Costa Rica	1
Côte d'Ivoire	0
Croatia	0
Cuba	1
Cyprus	1
Czech Rep.	1
Denmark	0
Djibouti	1
Dominica	0
Dominican Rep.	1
Ecuador	0
Egypt, Arab Rep.	0
El Salvador	0
Equatorial Guinea	0
Eritrea	2
Estonia	1
Eswatini	0
Ethiopia	1
Fiji	1
Finland	1
France	1
Gabon	0

Gambia, The	1
Georgia	1
Germany	0
Ghana	1
Greece	1
Grenada	0
Guatemala	1
Guinea	0
Guinea-Bissau	1
Guyana	0
Haiti	1
Honduras	1
Hungary	0
Iceland	2
India	0
Indonesia	1
Iran	0
Iraq	1
Ireland	1
Israel	1
Italy	1
Jamaica	1
Japan	0
Jordan	1
Kazakhstan	0
Kenya	0
Kiribati	1
Korea, Dem. Rep.	2
Korea, Rep.	0
Kosovo	1
Kuwait	0
Kyrgyz Rep.	1
Laos	0
Latvia	1
Lebanon	1
Lesotho	1
Liberia	1
Libya	0
Liechtenstein	2
Lithuania	0
Luxembourg	1
Madagascar	1
Malawi	1

Malaysia	0
Maldives	1
Mali	1
Malta	1
Marshall Islands	1
Mauritania	0
Mauritius	1
Mexico	1
Micronesia, Fed. Sts.	1
Moldova	1
Mongolia	1
Monaco	2
Montenegro	1
Morocco	1
Mozambique	0
Myanmar	1
Namibia	1
Nauru	1
Nepal	1
Netherlands	0
New Zealand	1
Nicaragua	0
Niger	0
Nigeria	1
Niue	0
North Macedonia	1
Norway	2
Oman	0
Pakistan	1
Palau	1
Panama	1
Papua New Guinea	1
Paraguay	0
Peru	1
Philippines	1
Poland	0
Portugal	2
Qatar	1
Romania	0
Russian Federation	0
Rwanda	1
Samoa	1
San Marino	2

São Tomé and Príncipe	1
Saudi Arabia	2
Senegal	1
Serbia	1
Seychelles	0
Sierra Leone	1
Singapore	0
Slovak Rep.	0
Slovenia	1
Solomon Islands	1
Somalia	2
South Africa	1
South Sudan	0
Spain	0
Sri Lanka	1
St. Kitts and Nevis	0
St. Lucia	0
St. Vincent and the Grenadines	2
Sudan	0
Suriname	1
Sweden	0
Switzerland	0
Syria	0
Taiwan	0
Tajikistan	1
Tanzania	1
Thailand	1
Timor Leste	1
Togo	1
Tonga	1
Trinidad and Tobago	0
Tunisia	1
Turkey	1
Turkmenistan	1
Tuvalu	1
Uganda	1
Ukraine	0
United Arab Emirates	0
United Kingdom	0
United States	1
Uruguay	1
Uzbekistan	0
Vanuatu	1



Vatican City	2
Venezuela	0
Vietnam	1
West Bank/Gaza	1
Yemen	0
Zambia	0
Zimbabwe	1

*Source: Authors' determination based on dataset review*

*Notes: the categories are as follows:*

*0 is for countries without functional difficulty questions*

*1 is for countries with functional difficulty questions*

*2 is for countries where no survey/census questionnaire was reviewed*

(ii) Table Supporting Figure 4.1 Countries covered in this study

<b>Country</b>
Georgia
North Macedonia
Mongolia
Belarus
Kyrgyz Rep.
Cuba
Turkmenistan
Palestine
Guyana
Kosovo
Dominican Rep.
Costa Rica
Zimbabwe
Iraq
Tunisia
Algeria
Tonga
Kiribati
Honduras
Suriname
Bangladesh
Lesotho
Gambia
Nepal
Democratic Rep. of Congo
Ghana

Sao Tome and Principe
Sierra Leone
Malawi
Central African Rep.
Madagascar
Guinea Bissau
Togo
Chad

(iii) Table supporting Figure 4.2: Among those with any functional difficulties, share with difficulty by domain (%)

Seeing	Hearing	Walking	Cognition	Selfcare	Communication
51	12	38	47	6	7

(iv) Table supporting Figure 5.1 Cross-country estimates for education among women (%)

Education	No Difficulty	Some difficulty	At least a lot of difficulty
<i>Ever attended school</i>	85.4	81.3	76.1
<i>Less than primary school completion</i>	27.3	34.6	43.5
<i>Completed primary school</i>	36.4	35.4	34.4
<i>Completed secondary school or higher</i>	35.9	29.7	21.8
<i>Literacy rate</i>	68.3	61.6	52.8

Source: Authors' calculations based on MICS6 data for 34 countries

(v) Table supporting Figure 5.2 Women who have completed secondary school or higher (%)

Country	No difficulty	Some difficulty	At least a lot
<i>Georgia</i>	88	86	80
<i>North Macedonia</i>	85	59	23
<i>Mongolia</i>	84	80	63

<i>Belarus</i>	82	75	76
<i>Kyrgyz Rep.</i>	81	72	52
<i>Cuba</i>	78	71	58
<i>Turkmenistan</i>	76	80	53
<i>Palestine</i>	75	60	45
<i>Guyana</i>	70	64	44
<i>Kosovo</i>	69	48	23
<i>Dominican Rep.</i>	68	60	44
<i>Costa Rica</i>	61	51	35
<i>Zimbabwe</i>	55	49	43
<i>Iraq</i>	50	42	30
<i>Tunisia</i>	47	39	24
<i>Algeria</i>	46	37	25
<i>Tonga</i>	44	40	21
<i>Kiribati</i>	43	35	20
<i>Honduras</i>	37	35	22
<i>Suriname</i>	34	25	20
<i>Bangladesh</i>	33	22	17
<i>Lesotho</i>	33	32	28
<i>Gambia</i>	31	32	21
<i>Nepal</i>	27	17	13
<i>Democratic Rep. of Congo</i>	24	26	17
<i>Ghana</i>	24	18	9
<i>Sao Tome and Principe</i>	22	22	21

<b>Sierra Leone</b>	15	14	9
<b>Malawi</b>	13	12	11
<b>Central African Rep.</b>	13	11	6
<b>Madagascar</b>	11	11	7
<b>Guinea Bissau</b>	9	16	9
<b>Togo</b>	8	7	4
<b>Chad</b>	3	3	2

Source: Authors' calculations based on MICS6 data

(VI) Table supporting Figure 6.1 Cross-country estimates for personal activities among women (%)

<b>Personal activities</b>	<b>No Difficulty</b>	<b>Some difficulty</b>	<b>At least a lot of difficulty</b>
Read a newspaper or magazine, listen to the radio, and watch television	66.8	65.9	60
Used a computer during the last 3 months	17	15.2	9.9
Used the internet during the last 3 months	24.1	21.8	16.4
Owns a mobile phone	69.4	67.7	59.9

Source: Authors' calculations based on MICS6 data for 27 countries

(vii) Table Supporting Figure 6.2: Internet Use Among Women (%)

<b>Country</b>	<b>No Difficulty</b>	<b>Some difficulty</b>	<b>At least a lot of difficulty</b>
Chad	1	1	1
Central African Rep.	3	3	2
Democratic Rep. of Congo	7	10	7
Madagascar	7	7	4
Sierra Leone	7	9	2
Malawi	7	7	8
Guinea Bissau	10	17	12
Bangladesh	15	9	7
Togo	15	17	13
Ghana	16	13	9
Zimbabwe	29	29	20
Cuba	30	19	22
Algeria	37	37	26
Nepal	41	39	31
Iraq	42	42	31
Tunisia	43	40	29

Gambia	44	50	33
Sao Tome and Principe	46	48	31
Lesotho	47	51	40
Kiribati	49	43	37
Turkmenistan	60	45	30
Guyana	65	65	44
Mongolia	73	67	45
Kyrgyz Rep.	78	75	60
Suriname	79	76	58
Palestine	87	79	73
Dominican Rep.	88	87	79

Source: Authors' calculations based on MICS6 data

(viii) Table supporting Figure 7.1: Cross-country estimates for health indicators among women (%)

Health	No Difficulty	Some difficulty	At least a lot of difficulty
Safely managed drinking water	82.2	82.3	81.6
Safely managed sanitation services	60.2	61.2	59.6
Family planning needs met	46.5	43.0	39.1
Did not participate in activities due to menstruation	17.6	19.0	23.2
Think husband is justified to hit wife	30.7	36.6	38.3
Heard of HIV	77.0	74.5	67.2
Identified three means of HIV mother-to-child transmission	54.4	52.1	54.1
Ever tested for HIV	36.0	37.4	34.3

Source: Authors' calculations based on MICS6 data

(ix) Table supporting Figure 8.1: Cross-country estimates for standard of living indicators for women (%)

Standard of living	No Difficulty	Some difficulty	At least a lot of difficulty
Electricity	74.2	74.4	70.6
Clean cooking fuel	38.8	38.2	36.0
Adequate housing	53.6	53.6	50.1
Owns assets	33.6	33.5	31.3
Mobile phone	87.1	87.6	85.7

Source: Authors' calculations based on MICS6 data for 34 countries

Note: These indicators stand for the share of women who live in households with specific living conditions or assets

(x) Table supporting Figure 9.1: Multidimensional poverty headcounts among women (%)

Country	No Difficulty	Some difficulty	At least a lot of difficulty
Turkmenistan	0	0	13
Belarus	2	5	10
North Macedonia	2	8	27
Cuba	4	6	14
Kyrgyz Rep.	4	4	12
Georgia	5	6	6
Costa Rica	6	8	14
Kosovo	7	15	27
Guyana	9	11	19
Suriname	11	14	24
Palestine	13	26	39
Tonga	13	17	27
Tunisia	15	20	33
Dominican Rep.	15	19	31
Algeria	19	22	34
Lesotho	25	24	29
Honduras	26	28	40
Mongolia	29	32	40
Iraq	36	41	53
Bangladesh	39	51	59
Ghana	44	49	57
Nepal	46	60	67
Zimbabwe	49	52	51
Kiribati	53	55	65
Sao Tome and Principe	61	56	60
Gambia	61	60	71
Togo	70	69	71
Democratic Rep. of Congo	76	70	79
Malawi	78	79	80
Sierra Leone	83	83	90
Madagascar	87	86	89
Guinea Bissau	89	85	88
Central African Rep.	91	92	94
Chad	94	95	98

Source: Authors' calculations based on MICS6 data

(xi) Table supporting Figure 9.2: Human Development Index (HDI) and difference in multidimensional poverty headcount

Country	HDI value	Difference
Algeria	0.7	4.6
Bangladesh	0.6	12.9
Belarus	0.8	3.2
Central African Republic	0.4	1.4
Chad	0.4	1.5

Costa Rica	0.8	3.5
Cuba	0.8	2.5
Democratic Republic of Congo	0.5	-4.4
Dominican Republic	0.8	5.6
Gambia	0.5	-0.7
Georgia	0.8	1.3
Ghana	0.6	6.9
Guinea Bissau	0.5	-3.8
Guyana	0.7	2.3
Honduras	0.6	4.3
Iraq	0.7	6.6
Kiribati	0.6	3.0
Kyrgyz Republic	0.7	1.0
Lesotho	0.5	0.3
Madagascar	0.5	0.2
Malawi	0.5	1.1
Mongolia	0.7	3.9
Montenegro	0.8	1.8
Nepal	0.6	14.6
North Macedonia	0.8	8.6
Palestine	0.7	14.6
Sao Tome and Principe	0.6	-4.2
Sierra Leone	0.5	1.0
Suriname	0.7	4.1
Togo	0.5	-0.3
Tonga	0.7	4.6
Tunisia	0.7	8.3
Turkmenistan	0.7	0.7
Zimbabwe	0.6	2.5

Source: Authors' calculations based on MICS6 data

(xii) Table supporting Figure 10.1: Cross-country estimates for insecurity indicators among women (%)

<b>Insecurity</b>	<b>No Difficulty</b>	<b>Some difficulty</b>	<b>At least a lot of difficulty</b>
Covered by health insurance	25.5	26.0	25.1
Receives social protection	21.5	23.5	30.1
Feeling safe walking alone	76.3	71.4	69.8
Felt discriminated against based on disability	1.1	2.3	8.0
Felt discriminated against based on gender	3.8	7.0	8.4

Felt discriminated against on any ground	10.4	17.4	22.9
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Source: Authors' calculations based on MICS6 data for 27 countries (discrimination), countries for walking alone, 24 countries for social protection, 26 countries for health insurance and feeling safe walking alone.

(xiii) Table supporting Figure 10.2: Women feeling discriminated against based on any ground (%)

Country	No Difficulty	Some difficulty	At least a lot of difficulty
Cuba	1	3	15
Turkmenistan	2	6	11
Georgia	4	7	10
Belarus	4	7	17
Honduras	5	12	18
Kyrgyz Rep.	6	13	21
Mongolia	7	12	18
Suriname	7	15	19
Dominican Rep.	8	11	16
Bangladesh	8	12	15
Kosovo	9	13	21
Guyana	9	17	25
Iraq	10	15	20
North Macedonia	11	14	26
Tunisia	11	19	29
Lesotho	12	22	26
Chad	13	23	28
Zimbabwe	14	27	31
Madagascar	14	24	30
Costa Rica	15	24	30
Tonga	16	36	41
Malawi	16	27	32
Democratic Rep. of Congo	16	31	41
Kiribati	16	30	37
Palestine	18	29	32
Central African Rep.	26	40	51

Source: Authors' calculations based on MICS6 data.

(xiv) Table supporting Figure 11.1: Cross-country estimates for happiness and optimism among women (%)

Subjective wellbeing	No Difficulty	Some difficulty	At least a lot of difficulty
Very or somewhat happy	73.8	66.5	55.5
Perception of a better life	49.5	42.4	35.5



(xv) Table supporting Figure 11.2: Cross-country estimates for mean life satisfaction ladder (0 to 10)

<b>Subjective wellbeing</b>	<b>No difficulty</b>	<b>Some difficulty</b>	<b>At least a lot of difficulty</b>
Mean life satisfaction ladder	5.9	5.6	5.2

(xvi) Table supporting Figure 11.3: Mean score on the life satisfaction ladder among women (0 to 10 scale)

<b>Country</b>	<b>No Difficulty</b>	<b>Some difficulty</b>	<b>At least a lot of difficulty</b>
Zimbabwe	5.3	4.7	4.2
Central African Rep.	5.4	5.2	5.3
Democratic Rep. of Congo	5.4	5.1	4.4
Malawi	5.5	5.0	5.3
Sierra Leone	5.6	5.4	4.4
Chad	5.7	5.5	5.5
Togo	5.7	5.4	5.2
Bangladesh	5.8	5.5	5.2
Ghana	5.9	5.5	5.2
Gambia	5.9	5.6	5.2
Lesotho	6.0	5.6	5.2
Algeria	6.1	5.8	5.5
Iraq	6.1	5.9	5.3
Sao Tome and Principe	6.5	6.4	5.9
Nepal	6.7	6.4	5.7
Palestine	6.9	6.1	5.7
Guinea Bissau	6.9	6.7	6.7
Mongolia	7.0	6.6	6.3
Belarus	7.2	6.8	5.4
Georgia	7.2	6.8	5.9
Kiribati	7.5	7.1	7.4
Suriname	7.6	7.3	6.5
North Macedonia	7.9	7.2	5.2
Costa Rica	8.3	8.0	7.5
Tonga	8.7	8.5	7.6

Source: Authors' calculations based on MICS6

APPENDIX 2: ADDITIONAL TABLES

Appendix 2.1: Comparison of households in Ethiopia's HFPS-HH (2020) and ESS 2018/19 samples by functional difficulty status

Variable/Sample	All households (2020)	No Difficulty (2020)	Some difficulty (2020)	At least a lot of difficulty (2020)	All households (2018/19)	No Difficulty (2018/19)	Some difficulty (2018/19)	At least a lot of difficulty (2018/19)
Household with any functional difficulty	0.235 (0.01)	0	1	1	0.287 (0.01)	0	1	1
Households with some difficulty	0.15 (0.01)	0	1	0	0.186 (0.01)	0	1	0
Households with at least a lot of difficulty	0.085 (0.01)	0	0	1	0.1 (0.00)	0	0	1
Age of the HH head	41.52 (0.29)	38.83 (0.29)	48.6 (0.75)	53.31 (1.28)	42.89 (0.19)	39.41 (0.19)	51.51 (0.47)	51.55 (0.67)
HH head is married	0.74 (0.01)	0.74 (0.01)	0.72 (0.03)	0.71 (0.03)	0.74 (0.01)	0.75 (0.01)	0.73 (0.01)	0.72 (0.02)
HH head has had no schooling	0.46 (0.01)	0.43 (0.01)	0.59 (0.03)	0.56 (0.04)	0.51 (0.01)	0.45 (0.01)	0.66 (0.01)	0.64 (0.02)
HH head is male	0.75 (0.01)	0.77 (0.01)	0.70 (0.03)	0.69 (0.03)	0.74 (0.01)	0.75 (0.01)	0.70 (0.01)	0.72 (0.02)
HH size	4.97 (0.05)	4.91 (0.05)	5.23 (0.13)	5.12 (0.18)	4.68 (0.03)	4.53 (0.03)	4.90 (0.07)	5.36 (0.10)
Share of members under age 15	0.37 (0.01)	0.40 (0.01)	0.31 (0.01)	0.29 (0.02)	0.36 (0.00)	0.36 (0.00)	0.34 (0.01)	0.33 (0.01)
Share of members over age 64	0.03 0.00	0.02 0.00	0.07 (0.01)	0.10 (0.01)	0.05 (0.00)	0.03 (0.00)	0.11 (0.01)	0.13 (0.01)
Urban	0.36 (0.01)	0.36 (0.01)	0.34 (0.03)	0.35 (0.03)	0.33 (0.01)	0.36 (0.01)	0.23 (0.01)	0.25 (0.02)
HH has electricity	0.43 (0.01)	0.435 (0.01)	0.4 (0.03)	0.44 (0.04)	0.378 (0.01)	0.413 (0.01)	0.289 (0.01)	0.302 (0.02)
HH uses clean fuel	0.10 (0.01)	0.09 (0.01)	0.10 (0.02)	0.12 (0.02)	0.08 (0.00)	0.09 (0.00)	0.06 (0.01)	0.06 (0.01)

HH has adequate housing	0.14 (0.01)	0.13 (0.01)	0.18 (0.02)	0.14 (0.03)	0.13 (0.00)	0.14 (0.00)	0.12 (0.01)	0.13 (0.01)
HH is food insecure	0.20 (0.01)	0.18 (0.01)	0.23 (0.02)	0.26 (0.03)	0.21 (0.00)	0.18 (0.01)	0.27 (0.01)	0.31 (0.02)
HH owns mobile phone	0.696 (0.01)	0.732 (0.01)	0.587 (0.03)	0.563 (0.04)	0.476 (0.01)	0.528 (0.01)	0.337 (0.01)	0.366 (0.02)
Observations	2,390	1,875	321	194	6,758	4,999	1,127	632

*Notes: Standard errors are in parentheses. Estimates are weighted. For the HFPS-HH sample merged with ESS 2018/19, weights are from HFPS-HH round 2. For the 2018/19 ESS sample, we use weights from 2018/19 ESS. Electricity variable is based on cooking and lighting, so it is only a proxy for electricity. Adequate housing based on high wall quality: Stone, Stone and mud/cement, Blocks plastered/unplastered, Bricks, Mud Bricks, Steel, Corrugated iron sheet. '-' stands for not available. Food Insecurity based on whether respondent reported yes to "did you worry that your household would not have enough food in last seven days?"*

## Appendix 2.2: Countries in the microdata analysis

Country	Life expectancy at birth (years)	GNI per capita	HDI Rank	CRPD ratification year
Algeria	76.9	11,174	91	2009
Bangladesh	72.6	4,976	133	2007
Belarus	74.8	18,546	53	2016
Central African Rep.	53.3	993	188	2016
Chad	54.2	1,555	187	2019
Costa Rica	80.3	18,486	62	2008
Cuba	78.8	8,621	70	2007
Democratic Rep. of Congo	60.7	1,063	175	2015
Dominican Rep.	74.1	17,591	88	2009
Gambia	62.1	2,168	172	2015
Georgia	73.8	14,429	61	2014
Ghana	64.1	5,269	138	2012
Guinea Bissau	58.3	1,996	175	2014
Guyana	69.9	9,455	122	2014
Honduras	75.3	5,308	132	2008
Iraq	70.6	10,801	123	2013
Kiribati	68.4	4,260	134	2013
Kosovo	N/A	N/A	N/A	
Kyrgyz Rep.	71.5	4,864	120	2019

Lesotho	54.3	3,151	165	2008
Madagascar	67	1,596	164	2015
Malawi	64.3	1,035	174	2009
Mongolia	69.9	10,839	99	2009
Montenegro	76.9	21,399	48	2009
Nepal	70.8	3,457	142	2010
North Macedonia	75.8	15,865	82	
Palestine	74.1	6,417	115	
Sao Tome and Principe	70.4	3,952	135	2015
Sierra Leone	54.7	1,668	182	2010
Suriname	71.7	14,324	97	2017
Togo	61	1,602	167	2011
Tonga	70.9	6,365	104	Signed in 2007
Tunisia	76.7	10,414	95	2008
Turkmenistan	68.2	14,909	111	2008
Zimbabwe	61.5	2,666	150	2013

*Notes: N/A stands for not available. CRPD stands for the Convention on the Rights of Persons with Disabilities; GNI is the Gross National Income per capita in constant 2017 purchasing power parity (PPP) terms; HDI stands for the Human Development Index.*

*Sources: UNDP (2020), OHCHR (2021b), World Bank (2021)*

### Appendix 2.3: Descriptive Statistics

Country	Sample Size	Age (Mean)	Age 18-29 (%)	Age 30-44 (%)	Rural (%)
Algeria	32,044	33	39	48	36
Bangladesh	57,608	31	44	45	76
Belarus	5,270	36	25	56	21
Central African Rep.	8,109	30	53	39	63
Chad	19,280	30	53	40	80
Costa Rica	6,899	33	41	45	26
Cuba	8,399	35	32	47	35
Democratic Rep. of Congo	18,978	30	51	42	52
Dominican Rep.	20,021	32	45	43	23
Gambia	11,780	30	53	41	28
Georgia	6,446	34	33	52	36
Ghana	12,516	32	43	46	49
Guinea Bissau	9,601	30	54	39	60
Guyana	5,284	32	46	40	75
Honduras	17,119	32	47	43	51
Iraq	26,741	31	47	43	30
Kiribati	3,805	31	48	42	41
Kosovo	4,743	33	41	43	57
Kyrgyz Rep.	5,164	33	40	46	60
Lesotho	5,630	31	48	43	51
Madagascar	14,868	30	51	39	74
Malawi	21,114	30	52	41	82
Mongolia	9,872	34	33	52	30
Montenegro	2,106	34	33	51	31
Nepal	13,317	31	46	43	30

North Macedonia	2,966	34	34	48	37
Palestine	9,783	31	51	40	22
Sao Tome and Principe	2,635	31	45	46	32
Sierra Leone	15,645	30	53	40	51
Suriname	6,247	33	41	45	24
Togo	6,408	31	45	45	53
Tonga	2,487	32	45	43	76
Tunisia	9,784	33	36	50	31
Turkmenistan	6,969	32	44	46	56
Zimbabwe	8,889	31	45	46	60

Appendix 2.4: Among those with any functional difficulties, share of women with difficulty in each domain (%)

Country	Seeing	Hearing	Walking	Cognition	Selfcare	Communication
Algeria	44	9	52	48	7	8
Bangladesh	58	12	39	43	6	3
Belarus	50	7	41	41	6	5
Central African Rep.	43	20	40	60	6	15
Chad	36	19	56	40	11	18
Costa Rica	51	12	19	64	3	13
Cuba	75	12	15	26	6	9
Democratic Rep. of Congo	43	14	37	49	4	10
Dominican Rep.	60	12	26	40	4	13
Gambia	35	8	30	52	2	7
Georgia	45	7	36	60	3	3
Ghana	42	13	42	51	3	5
Guinea Bissau	53	9	33	34	5	7
Guyana	51	13	19	57	6	21
Honduras	55	13	24	59	5	13
Iraq	48	11	45	54	7	6
Kiribati	36	26	36	52	4	8
Kosovo	48	11	42	48	4	8
Kyrgyz Rep.	32	8	43	63	5	6
Lesotho	62	17	14	35	3	4
Madagascar	41	12	19	72	5	9

Malawi	42	17	27	47	5	8
Mongolia	57	20	33	47	6	5
Montenegro	45	8	38	41	4	7
Nepal	55	16	30	36	9	6
North Macedonia	42	9	50	47	5	8
Palestine	52	13	38	39	3	4
Sao Tome and Principe	61	14	20	48	3	13
Sierra Leone	33	13	41	38	11	21
Suriname	50	9	29	45	3	15
Togo	54	11	39	46	4	5
Tonga	35	9	45	41	7	8
Tunisia	43	11	52	63	9	5
Turkmenistan	45	4	42	51	8	3
Zimbabwe	46	14	29	43	3	7
Cross-country estimates	51	12	38	47	6	7

Appendix 2.5: Glasses and hearing aid use among those with seeing and hearing difficulties respectively (%)

Country	Uses glasses	Uses hearing aids
Algeria	32.43	4.34
Bangladesh	18.80	2.04
Belarus	35.91	5.09
Central African Rep.	3.69	2.74
Chad	6.82	6.18
Costa Rica	45.15	2.14
Cuba	59.07	1.99
Democratic Rep. of Congo	7.83	1.23
Dominican Rep.	34.57	1.95
Gambia	12.50	2.05
Georgia	26.75	0.46
Ghana	8.05	0.46
Guinea Bissau	9.98	1.42
Guyana	42.12	2.65
Honduras	20.83	1.81
Iraq	20.60	4.28
Kiribati	20.62	2.46
Kosovo	12.24	1.11
Kyrgyz Rep.	26.22	1.57
Lesotho	18.82	1.84
Madagascar	12.77	0.78

Malawi	5.97	1.58
Mongolia	27.04	5.25
Montenegro	35.29	1.12
Nepal	21.67	2.42
North Macedonia	22.20	2.86
Palestine	25.40	5.69
Sao Tome and Principe	16.58	6.46
Sierra Leone	7.73	4.30
Suriname	41.68	1.08
Togo	7.34	3.08
Tonga	33.19	6.86
Tunisia	27.89	2.13
Turkmenistan	15.78	1.97
Zimbabwe	6.94	0.65
Cross-country estimates	19.02	2.38



### APPENDIX 3: METHOD BRIEFS

Method briefs can be found at: ([https://disabilitydata.ace.fordham.edu/twentymethod\\_brief/](https://disabilitydata.ace.fordham.edu/twentymethod_brief/))

#### APPENDIX 4: COUNTRY BRIEFS

Country briefs can be found at: ([https://disabilitydata.ace.fordham.edu/twentycountry\\_brief/](https://disabilitydata.ace.fordham.edu/twentycountry_brief/))



disability data initiative