

Disability and women and girls in displacement

A factsheet on refugees and asylum seekers from Myanmar



UNHCR
The UN Refugee Agency



UN WOMEN

Since its independence in 1948, Myanmar has suffered deep political contestation, internal conflict and instability. Over the years, there have been numerous clashes, subsequent ceasefires and attempts at the creation of autonomous areas for self-administration, yet the lack of consensus among the parties has resulted in continuing conflict. The military takeover on 1 February 2021 exacerbated existing conflict in Rakhine State and the south-east and led to new conflict in the north-west and north-east, regions that had not been subject to recent conflict. As of February 2024, the United Nations reported that more than 2.6 million people within Myanmar had been internally displaced and were in need of humanitarian assistance to meet their basic needs. Persons with disabilities, in particular, were disproportionately impacted.

According to the Convention on the Rights of Persons with Disabilities, the concept of disability includes those who have long term physical, mental, intellectual or sensory impairments, which in interaction with various attitudinal and environmental barriers hinder their full participation in society on an equal basis with others. While persons with disabilities may face discrimination and marginalization, women and girls with disabilities may also face multiple forms of gender-based discrimination, which significantly increase their vulnerability and likelihood of exposure to violence, sexual abuse, neglect, maltreatment and exploitation. Forced displacement places additional barriers and challenges on persons with disabilities. Disrupted support

networks, discrimination, limited resources and scant access to basic services, among others, all contribute to heightened vulnerability.

Today, an estimated 1.3 billion people, or 16 per cent of the world's population, experience disability.¹ Some of these are refugees from Myanmar, largely of Rohingya ethnicity, and who constitute one of the world's largest displaced population groups. This factsheet examines available disability data, focusing on forcibly displaced populations from Myanmar, and sheds light on gender gaps in disability prevalence, related care provision and protection needs. Box 1 contains an overview of the methodology and box 2 contains a glossary of terms.

Myanmar is second only to Afghanistan among countries in Asia and the Pacific countries in the number of refugees by country of origin, and it is sixth in the world. An estimated 1.3 million refugees and asylum-seekers from Myanmar live in Asia and the Pacific. Of these, 1.2 million are registered by the Office of the United Nations High Commissioner for Refugees (UNHCR) alone, or jointly with national governments. Refugees from Myanmar reside predominantly in Bangladesh.

Of the total 1.5 million refugees and asylum-seekers registered by UNHCR in Asia and the Pacific, only 2 per cent (32,000 people) experience disabilities. Among registered Myanmar refugees and asylum seekers, 1 per cent (13,941 people) have one or more disabilities recorded.

1. [WHO Factsheet on Disability](#), 7 March 2023.

Box 1. Methodology and data sources

Data presented in this brief has largely been obtained from the registration database of UNHCR, accessed in July 2023. Asylum registration is primarily the responsibility of host Governments, but UNHCR carries out this registration when host Governments are unable to do so. The registration data are from countries in the region hosting refugees from Myanmar, including Bangladesh, Thailand, Malaysia, Indonesia, India, and others.

Since 2019, UNHCR has enhanced its data collection on people with disabilities among the refugee and asylum-seeker communities, including through the use of the [Washington Group short set of questions](#) in asylum registration and other case management processes. These include questions pertaining to respondents' functionality to see, hear and move, as well as their cognition, emotions, ability to look after themselves and communicate. To identify people with disabilities at the time of registration, each household is first asked if any members experience difficulties and, if so, the Washington Group questions are posed directly to the affected individual, where possible, although proxy respondents – adult members of a family, respond often on behalf of children. If the person with disabilities responds that he or she has “a lot of difficulty” or “cannot do at all”, to at least one of the questions, they are registered as having disabilities. This classification may differ from estimates obtained from surveys and censuses, which classify a person as having a disability if they respond “some difficulty”, “a lot of difficulty” or “cannot do it at all”.

The data used in this document include only those that disclosed their functional difficulties. Disclosure may be hindered by cultural, social, or other barriers, which may not be a full representation of the population with disabilities. Despite progress in the use of Washington Group questions to identify and record disabilities at registration, significant capacity-development is still required to improve identification and ensure that people with disabilities are effectively included in displacement statistics and related protection interventions.

For brevity, many graphs in this publication use the term “refugees” to refer to both refugees and asylum seekers.

Box 2. Glossary of terms

Asylum seeker: Individuals who are seeking international protection and their request for refugee status, or complementary protection status, has yet to be processed, or they may not yet have requested asylum but they intend to do so. For this publication, only registered asylum seekers are considered in the calculations.

Disability: People who have long-term physical, mental, intellectual or sensory impairments, which, in interaction with various barriers, hinder their participation in society on an equal basis with others. Across this factsheet, all disability estimates refer only to people who responded “a lot of difficulty” or “cannot do it at all” to at least one of the Washington Group Questions.

Household: In this publication, a household is a group of persons who live together and identify as a family, and for whom a relationship of either social, emotional or economic dependency is presumed.

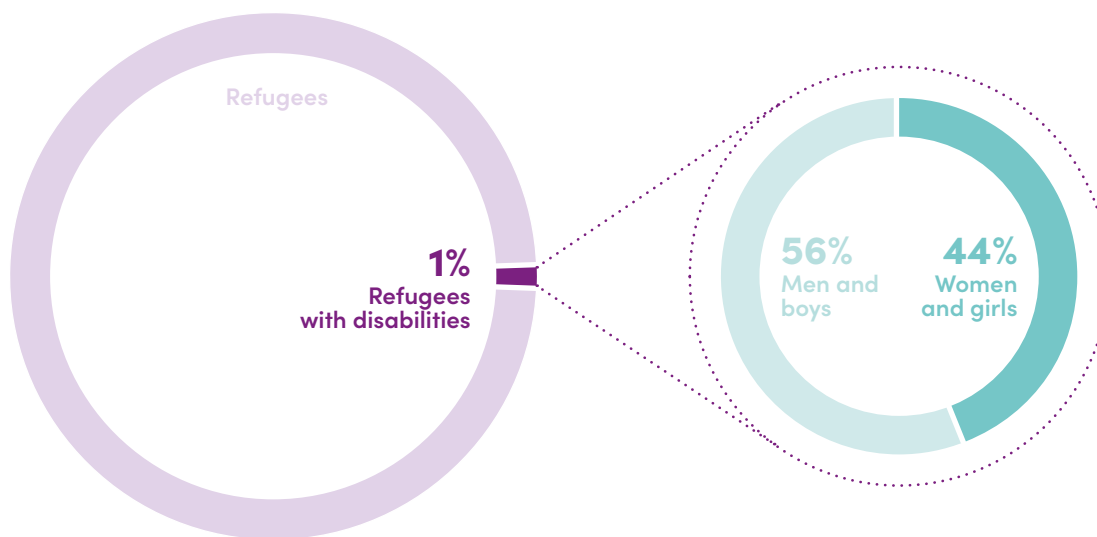
Refugee: Individuals who are forced to flee their own country and seek safety in another country. They are unable to return to their own country because of feared persecution as a result of who they are, what they believe in or say, or because of armed conflict, violence or serious public disorder.

Disabilities affect women and men differently. More women suffer vision-related and emotional difficulties, while more men have impaired mobility.

An estimated 44 per cent of the registered refugee population with disabilities from Myanmar are women and girls, and the remaining 56 per cent are men and boys (figure 1). This imbalance occurs partly because there are more men than women refugees, and partly because displaced men are slightly likelier to be affected by a disability: 1.17 per cent of displaced men experience a disability, compared to 0.97 per cent of displaced women. They are largely located in Bangladesh and Thailand, host countries with a large population of refugees and asylum seekers from Myanmar.² Among these, an estimated 10 per cent of men and 9 per cent of women experience disabilities (figure 2)³.

Disabilities related to vision and emotional/behavioural issues are the most prevalent among both women and men, with women likelier than men to suffer these types of difficulties.⁴ Men, however, are more likely to experience complete impairment in vision and acute behavioural and communication-related difficulties. Men are also more likely than women to suffer lower- and upper-body mobility impairments, while women experience hearing loss more frequently (figure 3).

Figure 1. Proportion of Myanmar refugees with disabilities, by sex (percentage)

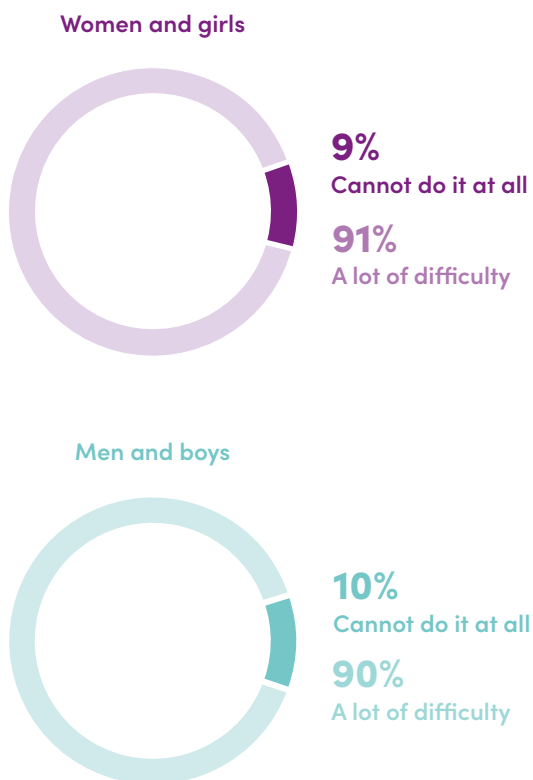


2. UNHCR, 2022, [Asia and the Pacific Regional Trends 2022](#).

3. A person was recorded as having a disability if they responded "a lot of difficulty" or "cannot do it at all". This classification may differ from estimates obtained from surveys and censuses, which classify a person as having a disability if they respond "some difficulty, "a lot of difficulty" or "cannot do it at all"

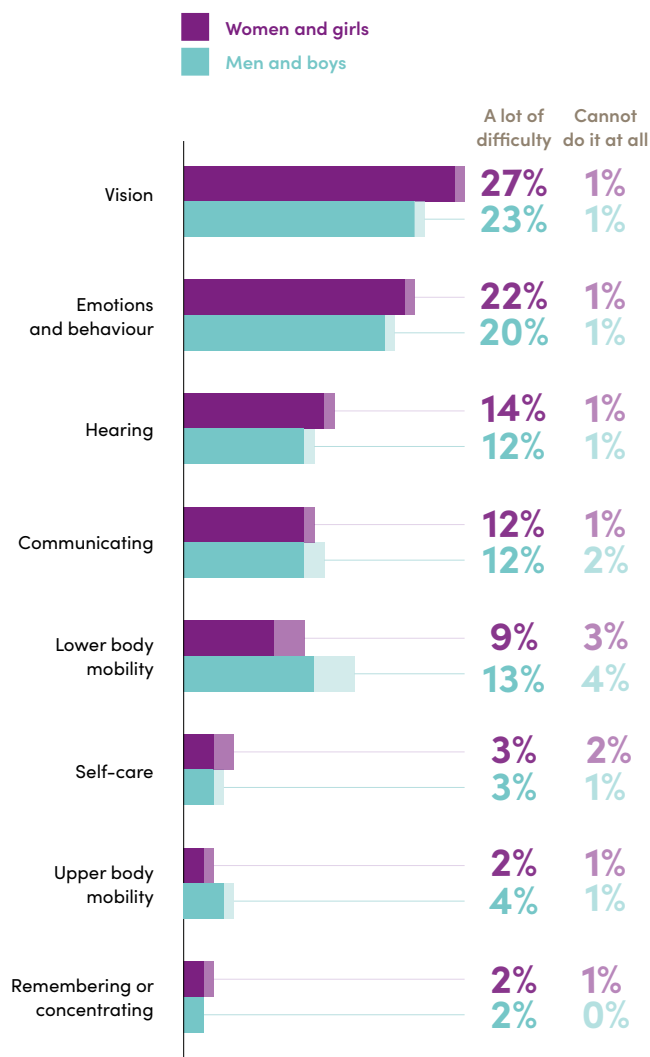
4. Age and Disability Assessment in Cox's Bazar conducted by REACH (May 2021) shows high prevalence of those with difficulty controlling emotions and behaviours (i.e. difficulties functioning in anxiety and depression), while prevalence for vision impairment was low.

Figure 2. Proportion of Myanmar refugees with disabilities, by sex and level of difficulty (percentage)



Note: A person was recorded as having a disability if they responded "a lot of difficulty" or "cannot do it at all". This classification may differ from estimates obtained from surveys and censuses, which classify a person as having a disability if they respond "some difficulty, "a lot of difficulty" or "cannot do it at all".

Figure 3: Proportion of Myanmar refugees with disabilities, by sex and functional domain (percentage)



Most refugees are of Rohingya ethnicity. Their likelihood of experiencing disabilities is lower than groups from south-east Myanmar.

Although the Rohingya population made up less than 2 per cent of the people that resided in Myanmar prior to 2017, they account for an estimated 88 per cent of all registered refugees from Myanmar in the region. This is the single largest ethnic group among Myanmar refugees, followed distantly by ethnic groups from south-east Myanmar (8 per cent). However, the Rohingya’s share among refugees from Myanmar that experience disabilities stands roughly at 72 per cent, while that of groups from south-east Myanmar stands at slightly more than 20 per cent. This shows that the disability prevalence among Rohingya refugees is lower than that of groups from south-east Myanmar, highlighting that the latter are disproportionately affected (figure 4).

Figure 4. Proportion of Myanmar refugees with disabilities, by sex and ethnicity (percentage)

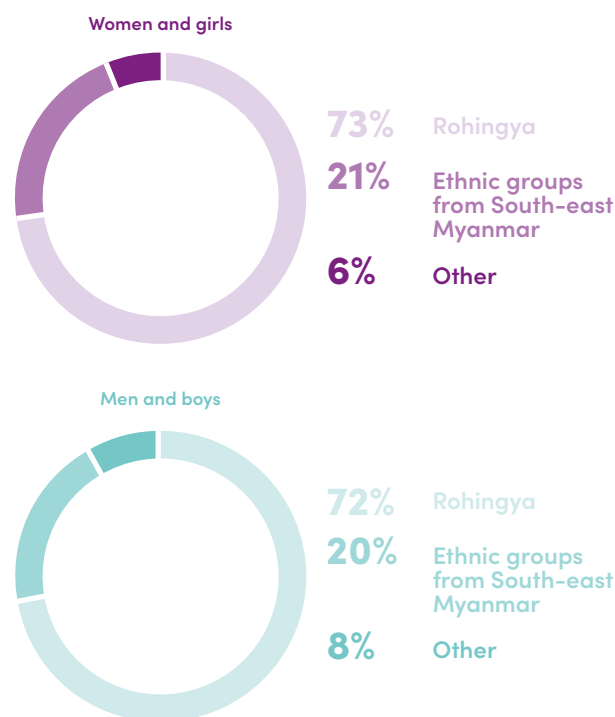
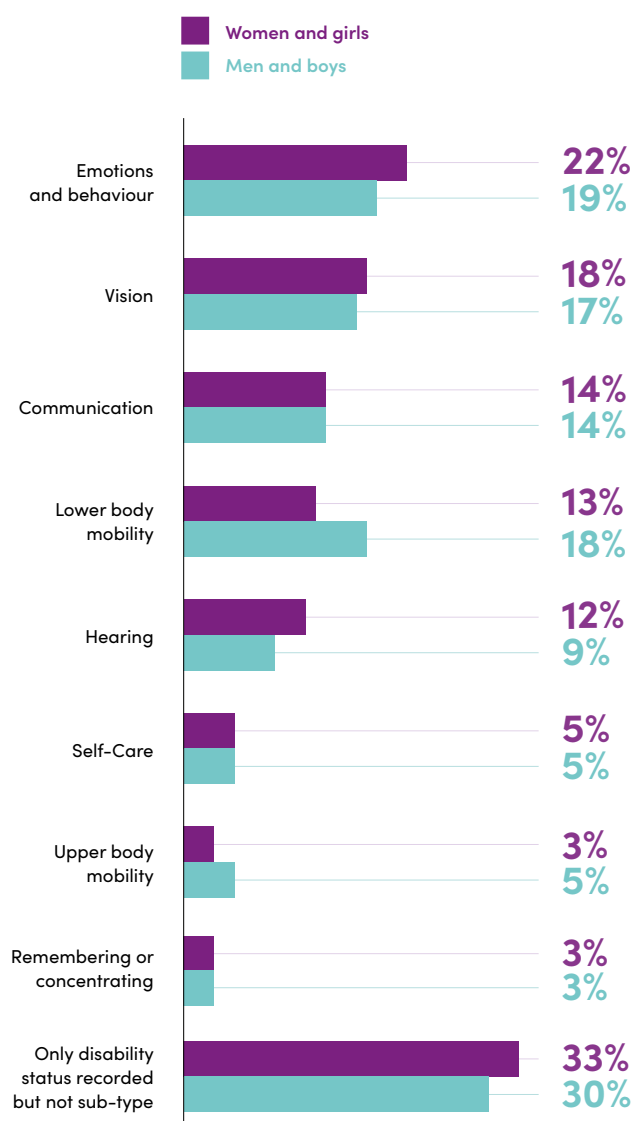


Figure 5: Proportion of Rohingya refugees with disabilities, by sex and functional domain (percentage)



Note: Some people may have multiple disabilities. Thus, the percentages may add up to more than 100.

Emotional and behavioural issues, coupled with vision-related impairments are the two most prevalent functional difficulties among Rohingya refugees, with more women affected than men. These may pose important challenges for people living in displacement settings, as they may limit opportunities to access key information or livelihood opportunities. Men, on the other hand, are more likely than women to experience mobility issues, both upper- and lower-body related, which may limit their ability to move around camps

and access hygiene facilities. People with severe mobility impairment will require care provision from family members or others, which is often provided by women.

It is important to note, however, that data quality limitations may hinder accurate estimates by type of difficulty. Although interviewers recorded the existence of disabilities for 33 per cent of women and 30 per cent of men, the type of impairment was not specified (figure 5).

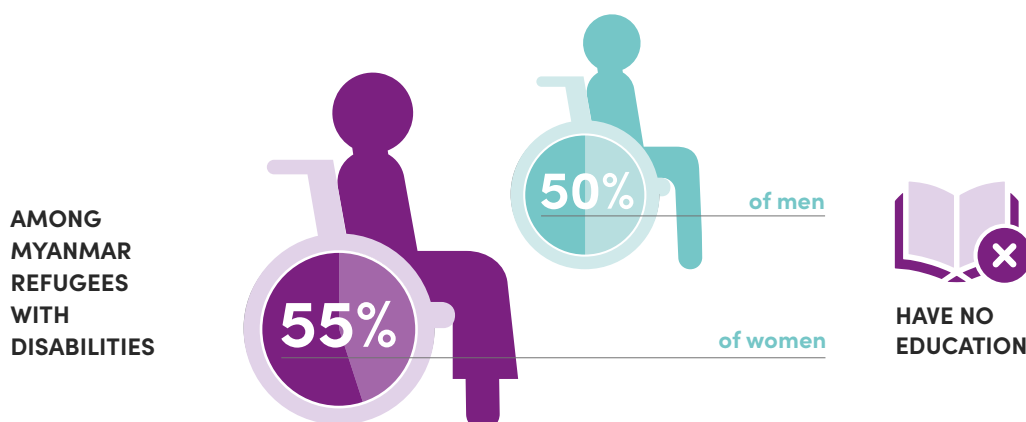
Limited access to education may thwart livelihood opportunities in displacement settings, especially for women with disabilities.

Lower levels of educational attainment may be barriers to decent livelihood opportunities.⁵ Those who have not completed primary or secondary education may encounter challenges joining skill development programmes in displacement settings and in host countries. Among refugees with disabilities, women are more likely than men to lack an education, including among Rohingya populations (infographic 1). While educational attainment is low for Myanmar refugees with disabilities overall, more men than women completed primary and secondary educa-

tion (figure 6). These gaps were even wider among Rohingya populations, which have overall lower levels of educational attainment, particularly among women.

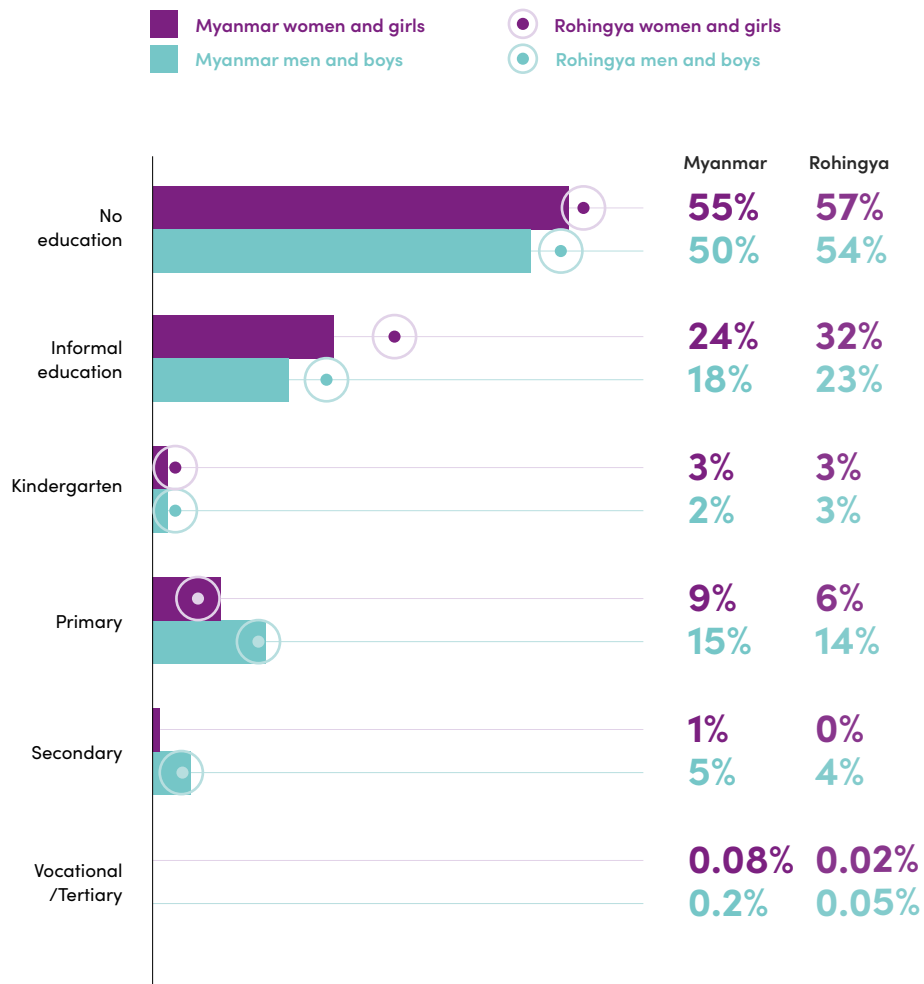
For Myanmar refugees with disabilities, the three most common impairments include vision (25 per cent), lower-body mobility (15 per cent) and difficulties in controlling emotions and behaviour (11 per cent); all of which may pose additional barriers to accessing livelihood opportunities, compounding educational limitations.

Infographic 1. Education and disabilities in displacement settings



5. Chulalongkorn University and UNICEF Thailand, 2022, [Investing in a Global Future: A Situational Analysis of Migrant Children's Education in Thailand](#).

Figure 6: Proportion of Myanmar refugees with disabilities, by sex and educational attainment (percentage)



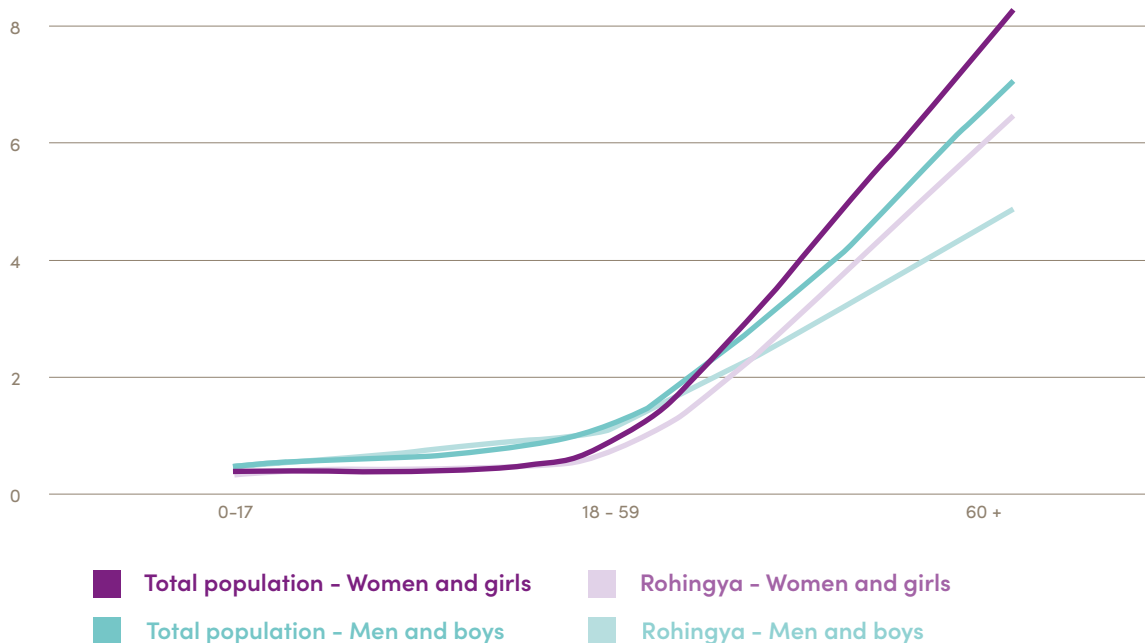
Note: Some people may have multiple disabilities. Thus, the percentages may add up to more than 100. Primary school includes grades 1–6; Secondary school includes grades 7–14. Blank and unknown categories have been excluded from the graph.

Older women are more likely than men to have disabilities, and require additional support.

Most refugees with disabilities require care and targeted social protection systems. Their needs are exacerbated by age, as older populations typically require additional special attention. Older women with disabilities are slightly overrepresented among the population of older refugees with disabilities, making up slightly more than 50 per cent of refugees with disabilities aged 60 and older, and 52 per cent of older Rohingya refugees with disabilities. These shares are higher than their representation in their overall registered refugee population (44 and 43 per cent, respectively).

The chances of experiencing disabilities increase over a person's lifetime. Thus, although less than 1 per cent of children in displacement have disabilities, the percentage increases to 9 per cent of women and 7 per cent of men aged 60 and older (figure 7). Rohingya refugees are less likely than the overall refugee population from Myanmar to experience disabilities. As women and girls with disabilities face systematic discrimination and marginalization, both on the basis of gender and disability status, protection measures against abuse, neglect, violence, exploitation and trafficking are necessary.^{6,7} This is especially critical for older women, who may suffer further discrimination and abuse because of their age.

Figure 7: Proportion of Myanmar refugees with disabilities, by sex, age group and ethnicity (percentage)



Note: The responses from those who chose the sex category 'other' have been omitted as the number of respondents was too small to generate accurate estimates.

- UNHCR highlights that many forcibly displaced children will spend their entire childhoods away from home, sometimes separated from their families. See: UNHCR, 2022, [Asia and the Pacific Regional Trends. Forced displacement and statelessness](#).
- Girls with disabilities are subject to multiple and intersecting forms of discrimination and violence, which constitute violations of their rights. See: UNICEF, UN Women, WHO, ILO, FAO, UNDP, UNFPA and UNPRPD, 2023, [Working together to ensure the rights of girls with disabilities to live free from violence](#) (New York, UNICEF).

Women in displacement shoulder heavier care burdens, especially in households with at least one person with disabilities.

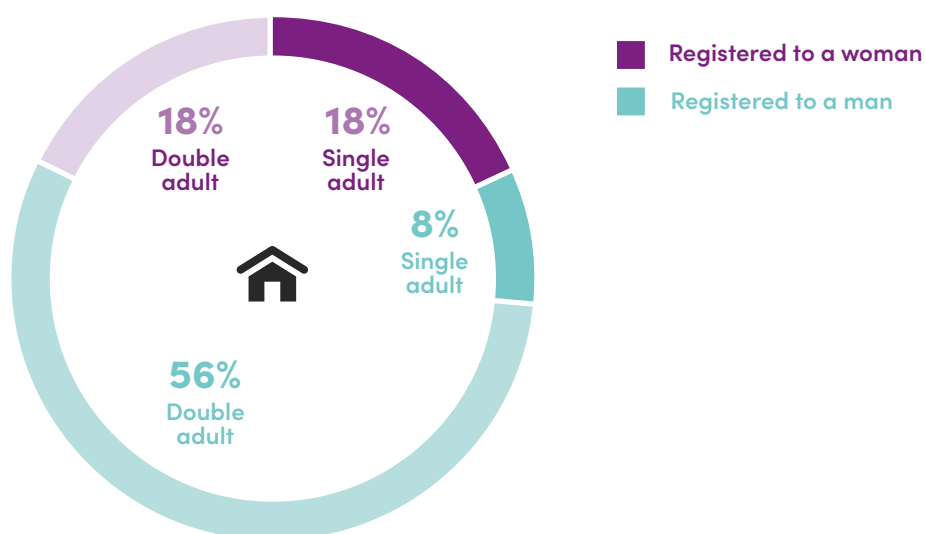
The provision of care is key for meeting the basic needs of refugees with disabilities. This is particularly important when people with disabilities flee alone or on small household groups that place too much care strain on one or two people, such as single adult households with children and/or older people with disabilities. While information on marital status at the time of displacement may not equate to the actual composition of each household, the analysis is still useful to inform targeted policies that reach vulnerable groups for further protection.

Overall, 12,969 Myanmar refugee households include at least one person with disabilities. Most of these are double adult⁸ households, with adults married or in a union (74 per cent). The remaining households are run by a single adult woman or man. Single adult households registered to women make

up 18 per cent of households with people with disabilities, and 8 per cent are registered to men (figure 8).⁹ This roughly aligns with the overall household composition for populations in displacement, as single adult women are typically more likely than single adult men to take children or other household members with them when they flee.

Single women may particularly struggle to provide care services to family members with disabilities, especially since they likely have to balance these responsibilities with earning an income. Given that more men than women have severe mobility-related difficulties, and in light of social norms that typically put women in charge of caregiving chores, women in double-adult households are also likely to carry much heavier care provision burdens if a household member has a disability.

Figure 8: Proportion of households with people with disabilities, by type of household and sex of the registration focal point (percentage)



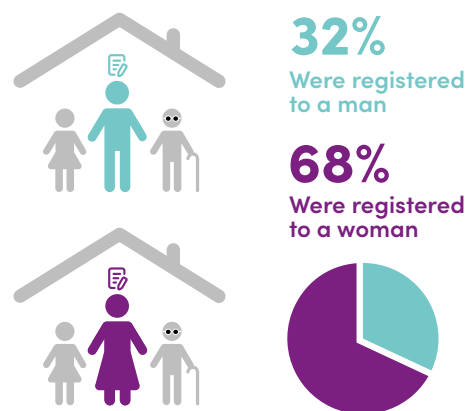
- Double adult households are groups of people with more than one adult, regardless of their sex. They may include groups with a married couple, groups with an adult with their parent, or any groups with more than one adult family member
- At the time of registration for asylum seeker status, a representative for the household is identified by the family. Depending on cultural context, this has commonly been identified as an adult male representative if present within the household.

Infographic 2. Composition of households hosting people with disabilities in displacement settings

AMONG **DOUBLE ADULT** HOUSEHOLDS WITH PEOPLE WITH DISABILITIES:



AMONG **SINGLE ADULT** HOUSEHOLDS WITH PEOPLE WITH DISABILITIES:

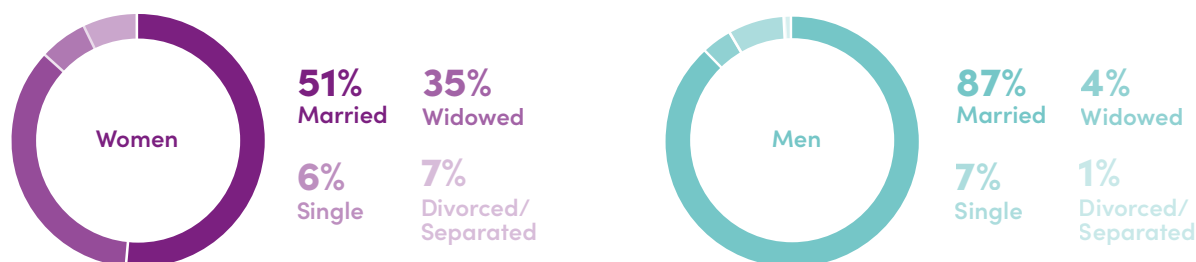


Refugee women are more likely than men to cope with disabilities alone, as half of them are not married.

Most refugee households registered to men include a married couple (87 per cent). For women, however, this figure only amounts to 51 per cent, meaning that roughly half of refugee households registered to women have women caring alone for someone with a disability, or the woman herself has a disability. Traditionally, widowers are more likely than widows to remarry, which explains why only 4 per cent of households where someone has a disability are registered to widowed

men, compared to 35 per cent in the case of women (figure 9). The same is true for remarriage after divorce. For refugee women with disabilities, living without a partner may pose significant challenges, both associated with care burdens (if they have to care for dependents with disabilities), with access to services (if they have disabilities themselves), and with the double stigma associated with having disabilities and being widowed, divorced or separated.

Figure 9: Marital status distribution in households with people with disabilities, by sex of the registration focal point (percentage)



In households where someone has a disability, single women are almost twice as likely as single men to have children under their care. This multiplies the care burdens.

Most refugee double-adult households with people with disabilities have children (82 per cent of those registered to men, and 79 per cent of those registered to women). In households with a single adult, however, women are more likely than men to have children living with them (44 per cent of single women households, compared to 26 per cent) (figure 10). For them, disability-specific care provision (such as helping with mobility or communication), coupled with other care work for household members (feeding, washing, cooking) may be particularly taxing, as they are likely performing it alone. In displacement settings, this may leave them little time for essential tasks, such as accessing services, benefitting from training programmes or earning an income.

Not only are single, divorced, separated and widowed women more likely to live in households with children, but they also have more children under their care compared to men (figure 11). The average size for refugee households registered to these women is consistently higher than that of households registered to single, divorced, separated and widowed men. Considering that this refers to households where at least one person has disabilities, women’s care burdens are likely to be substantial in these single-adult households.

Figure 10: Proportion of refugee households with people with disabilities, with and without children, by marital status and sex of the registration focal point (percentage)

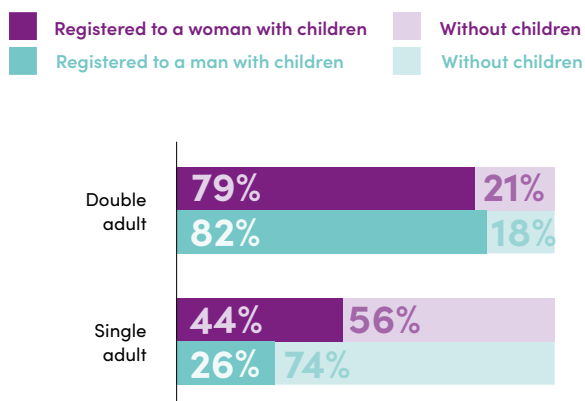
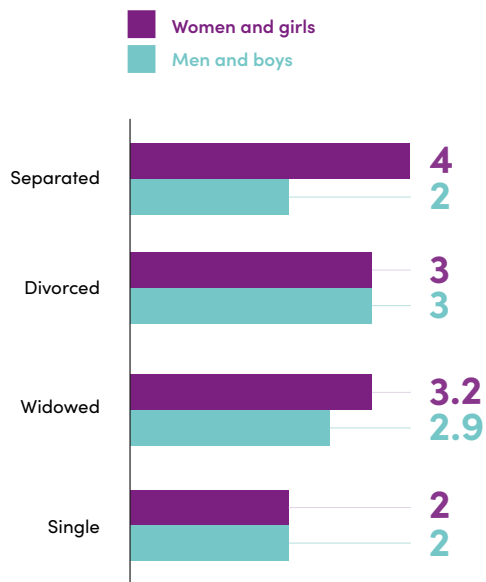


Figure 11: Average size of refugee households where someone has a disability, by sex of the registration focal point and marital status (average number of people)

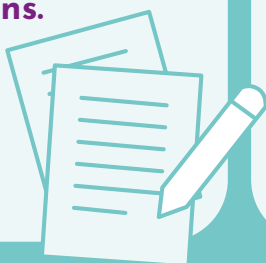


LEAVING NO REFUGEES WITH DISABILITIES BEHIND

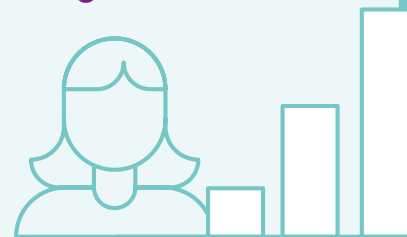
Ensure the protection of refugees with disabilities, especially girls and older women, from the risk of violence, abuse and exploitation.



Strengthen skills for using the Washington Group standard disability questions during registration of asylum seekers and in subsequent protection interactions.



Enhance the production of sex-disaggregated data on refugees with disabilities and use it to inform decision-making.



Ensure that care strategies and policies address humanitarian contexts, including the needs of people with disabilities.



Ramp up financing to address challenges faced by refugees with disabilities particularly women, girls and members of vulnerable groups.



