

Disability Inclusion Helpdesk Report No: 38

Query title	Disability and Child Marriage
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Query	<p>1) Is there evidence that suggests children with disabilities are more/less vulnerable to child marriage than children without disabilities? If yes, what are the driving factors for this?</p> <p>2) What are some of the evidence-based interventions we could think about to ensure that children with disabilities affected by child marriage are not left behind? How can we better mainstream disability inclusion in the programme?</p>
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1. Overview

There is insufficient data and evidence to conclude whether children with disabilities are more or less at risk of child marriage compared to children without disabilities. Data sets, programme evaluations and research on child marriage have not disaggregated data by disability, resulting in a significant evidence gap.¹ The available evidence suggests that negative attitudes, stigma and discrimination against people with disabilities interacts with other drivers of child marriage. Negative attitudes and stigma about disability can also lead to assumptions amongst community members and programme practitioners that women and girls with disabilities do not marry, leading to a lack of attention to the issue. This suggests that there may be disproportionate impacts on children with disabilities that have not been recognised. The extremely limited evidence that is available is highly contextualised, therefore further research on this topic is needed to make more robust conclusions about the prevalence of, drivers for and effective approaches to address

¹ This rapid review identified only one child marriage programme that had documented a disability mainstreaming approach. This rapid review examined 18 evaluations of child marriage programmes and found cursory references to disability in six.

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child marriage of children with disabilities.

Despite a lack of data and evidence, in the last few years the UN has noted the need for disability mainstreaming in interventions addressing child marriage. In June 2017 the UN Human Rights Council adopted a resolution on child, early and forced marriage in humanitarian settings. The resolution highlighted the “need for States to improve the collection and use of quantitative, qualitative and comparable data on violence against women and harmful practices, disaggregated by sex, age, disability, civil status, race, ethnicity, migratory status, geographical location, socioeconomic status, education level and other key factors, as appropriate, to enhance research and dissemination of evidence-based and good practices relating to the prevention and elimination of child, early and forced marriage and to strengthen monitoring and impact assessment of existing policies and programmes as a means of ensuring their effectiveness and implementation” (UNHRC, 2018).

Box 1: Key definitions

Persons with disabilities are:

‘...those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.’
(Article 1, UN Convention on the Rights of Persons with Disabilities)

Child Marriage is:

Any formal or informal union in which at least one of the parties is under the age of 18.

The available research suggests that the drivers of child marriage for children with and without disabilities are similar, including poverty, and social norms. In addition, it is possible that conflict and crisis, including epidemics such as COVID-19 and a lack of access to basic services are driver of child marriage for children with disabilities, though these have not yet been evidenced. There are suggestions that drivers of child marriage can be exacerbated for children with disabilities due to negative attitudes and stigma against children with disabilities and other barriers to their access to public services. For example, the limited evidence suggests that:

- Negative attitudes towards people with disability may exacerbate poverty as a driver of child marriage where children with disabilities are seen as an economic burden. Social norms around the value of girls may, in some contexts, combine with poverty and attitudes towards disability as drivers of child marriage.
- Negative attitudes towards disability appear to also combine with social norms around gender and marriage. This may lead to parents and carers engaging in child marriage to ‘normalise’ a child or overcome the stigma associated with disability. The limited available research shows that children with disabilities may be at particular risk where marriage is considered a social convention that must be adhered to.
- The specific and unique barriers to basic services for children with disabilities may contribute as an additional set of drivers of child marriage of children with disabilities. For example, children with disabilities often experience barriers to sexual and reproductive health, child protection and education services, including discrimination by service providers or community members; physically inaccessible services; and inaccessible reporting

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mechanisms.

The below bullet points suggest a number of ways in which child marriage programmes can be more disability-inclusive. Given the lack of data and evidence, these are based on DFID's Disability Inclusive Development Strategy, expert input, and Helpdesk knowledge from previous queries on other sectors and themes.

- Take a rights-based approach to disability inclusion, recognising that children with disabilities can experience environmental, attitudinal and institutional barriers that hinder their inclusion in programmes and access to services. During design, programmes should conduct barrier analyses together with women, men, girls and boys with disabilities to understand the barriers to inclusion to be addressed.
- Include disabled people's organisations (DPOs) and organisations representing women with disabilities in programme implementation.
- Take a life cycle and intersectional approach which examines and addresses the interaction between gender and disability and associated factors driving child marriage and associated barriers to participating in child marriage programmes.
- Value accessibility. Ask programme participants if any reasonable adjustments are required to ensure their active and meaningful participation in programme activities.
- Take a twin-track approach to disability mainstreaming by including people with disabilities across all activities, while also providing targeted interventions to address specific barriers to inclusion.
- Collect disability-disaggregated data (both qualitative and quantitative)², using the Washington Group Questions.³
- Conduct further research on disability and child marriage in different contexts to better understand the drivers of child marriage amongst children with disabilities and effective interventions.

2. Methodology

This rapid research query has been conducted as systematically as possible within 4 combined days of researcher and expert time.

Evidence was identified through a variety of search strategies:

- The review prioritised existing syntheses, evidence reviews, and systematic reviews where possible in order to draw on the fullest range of evidence possible (UNFPA, 2018; Jones et al. 2018)
- Relevant experts were contacted for evidence recommendations (see section 7 for experts who responded).
- Google and relevant electronic databases (PubMed, Science Direct, and Google Scholar)

² DFID's data disaggregation action plan is available here:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/582315/Data-disaggregation-action-plan-Jan-2017.pdf

³ The Washington Group Short Set of questions is available here: <http://www.washingtongroup-disability.com/washington-group-question-sets/short-set-of-disability-questions/>

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for priority sources using a selection of key search terms.⁴

- Criteria for inclusion: To be eligible for inclusion in this rapid review of the literature, programmes studies had to fulfil the following criteria:
 - Focus: Evidence reviews, evaluations, standalone studies on child marriage and disability, child marriage. Evidence reviews on child protection and disability, VAWG and disability, SRH and disability.
 - Time period: 2006 – 2020.
 - Language: English.
 - Publication status: Publicly available – in almost all cases published online.
 - Geographical focus: LMICs.

3. Is there evidence that suggests children with disabilities are more/less vulnerable to child marriage than children without disabilities?

There is extremely limited evidence available on the links between disability and child marriage. Available data sets on child marriage do not disaggregate data by disability, and research and data on forced marriage of people with disabilities does not always differentiate data by age. This rapid research query reviewed 18 child marriage programme evaluations, of which six made cursory mentions of disability. There is also a significant gap in research and evidence on disability inclusion and child protection systems, and violence against children with disabilities (UNICEF and Campbell Collaboration, 2020). We found no research on how boys with disabilities are affected by child marriage, and no intersectional analysis of how child marriage affects children from for example particular socio-economic backgrounds, ethnicities and geographic contexts. The available evidence is therefore insufficient to conclude whether children with disabilities are at more or less risk of child marriage compared to children without disabilities, and more research is needed.

However, there are a small number of studies that highlight important links between disability and child marriage. Findings from this handful of studies show:

- **Disability is commonly referenced as a consequence of child marriage for girls who give birth at an early age.** To date, disability has often been referred to as a result of child marriage, particularly due to injuries amongst girls during childbirth (see for example, Nour, 2006). However, we found no publicly available research on the types, amount and effectiveness of support to girls who acquire a disability as a result of child marriage. UNICEF Niger (2012) has noted that women and girls who experience obstetric fistula (a condition in which a hole develops in the birth canal as a result of childbirth) as a result of early childbirth can experience stigma, social isolation, depression and infertility, which suggests a need for support to women and girls who acquire disabilities through child marriage in child marriage programming.
- **Children with disabilities do experience child marriage** despite there being stigma, negative attitudes and misconceptions around disability, gender, sexual and reproductive

⁴ Key search terms included: child marriage AND disability OR impairment OR disabled AND child protection, sexual and reproductive health rights, deaf, blind, learning disability, intellectual disability, Afghanistan, Bangladesh, India, Nepal, Burkina Faso, Cameroon, Central African Republic, Chad, Democratic Republic of Congo, Ethiopia, Guinea, Mali, Mauritania, Niger, Nigeria, Sudan.

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health and marriage in some contexts. A recent study in Nepal found 23% female respondents with disabilities were married, 83% of whom had been married during adolescence (Rana et al., 2008, cited in Jones et al., 2018). Girls with disabilities are, in some contexts, widely considered to be asexual or unfit for marriage, according to recent literature reviews (Braathen et al., 2017; Jones et al., 2018). Having a child with a disability has also been reported to affect their siblings' marriage prospects, according to qualitative research with parents in Ethiopia (Jones et al., 2018). According to recent qualitative research, parents reportedly worry that their children with disabilities will not marry, however this is highly gendered, with parents in Bangladesh and the Occupied Palestinian Territories noting that boys with disabilities may be more likely to find a marriage partner (Jones et al., 2018).

- Decisions about marriage are often made by parents and caregivers of adolescents with disabilities, and marriage of adolescence with disabilities reportedly often results in intimate partner violence (IPV) (Jones et al., 2018).

4. What are the potential driving factors for child marriage of children with disabilities?

The limited available data and evidence highlights that the underlying drivers of child marriage of children with disabilities are similar to those of children without disabilities⁵ but these drivers are likely to be exacerbated for children with disabilities. Common drivers include poverty, social norms and negative attitudes, conflict and crisis, and lack of access to services. These are likely to be exacerbated for children with disabilities for two reasons: due to negative attitudes, stigma and discrimination against children with disabilities; and barriers to their access to public services. In particular, when norms, attitudes, stigma and discrimination related to disability and gender intersect, creating a unique combination of complex drivers for child marriage, as outlined below.

Negative attitudes, stigma and discrimination towards children with disabilities may exacerbate poverty as a driver of child marriage. Poverty and attitudes and norms around gender and disability appear to combine in LMICs to drive child marriage of children with disabilities. Children with disabilities, and particularly girls with disabilities, are sometimes viewed as economic burdens if they require health and rehabilitation services, if they are considered economically unproductive or unable to contribute to the family either financially or through household chores (Priestley, 2003; expert contribution from Karen Andrae). In some contexts, parents of women and girls with disabilities are also expected to pay higher dowries to compensate prospective husbands for what is perceived as their daughters' 'imperfection' (Groce et al., 2014; Burns and Oswald, 2015; NGDO et al., 2015). A number of studies suggest that this perception of women and girls with disabilities can lead families to use child marriage as a way of transferring the responsibility and

⁵ There are many different and complex causes of child marriage that are highly contextualised across regions and countries. Experiences of child marriage amongst children with disabilities are also likely to be very diverse across regions and countries, different impairment types and age groups. Therefore, broad conclusions should not be drawn from the limited evidence on child marriage and children with disabilities presented in this report.

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cost of care for children with disabilities to others, or provide a form of financial or social security for the child. For example:

- **Nepal:** a Plan International qualitative study on child marriage amongst children with disabilities in Nepal found that amongst family members for children with disabilities, child marriage was seen as a solution to a family's problems, an opportunity to improve the situation of the family, and/or a way of securing the child's future (Plan International, 2017).
- **Sierra Leone:** a scoping study for a child marriage programme in Sierra Leone provided support specifically to teenage girls with disabilities because partner organisation highlighted they were often pressured by their parents to enter in to informal unions with older men, as a way of removing the responsibility of care from their families (Hodgkinson et al. 2016).
- **Somalia:** in 2015, women and girls with disabilities in Mogadishu told Amnesty International researchers that their families force them to marry older men in order to remove the perceived burden of having a child with a disability, and that these men often ended up abusing them (Disabled World, 2015).
- **Tanzania:** Peer research led by ADD International (2017) found that young women with disabilities were forced by their families to marry to transfer caring responsibilities.
- **Sudan:** ADD International in Sudan has reported that girls with vision and hearing impairments are more likely to be forced into child marriages as a second or third wife, to transfer the responsibility of care to families with more resources. They have also reported that because children with disabilities in Sudan often do not attend school they are expected to marry rather than staying at home (expert contribution from ADD International Sudan, 2020).
- Situational analysis by Save the Children in **Rwanda and Uganda** and a 2014 discussion paper on forced marriage of people with intellectual disabilities has shown that in settings where polygamous marriages/unions are common adolescent girls with disabilities can become second or third wives (Yousafzi and Edwards, 2004; Groce et al., 2014).
- **India:** conversely, a 2014 mixed methods study highlighted that some men reportedly chose to marry women with disabilities expecting a higher dowry. It was reported that these men frequently became violent during these marriages, however less than half of the women surveyed (45%) sought help in response to the violence (Hasan et al., 2014, cited in Braathen et al., 2017).

Negative attitudes, stigma and discrimination towards children with disabilities appear to also combine with social norms around gender and marriage to drive child marriage. These norms and attitudes include marriage as a social convention, low status of girls, the high value placed on women's and girls' roles as wives and caregivers, lack of decision-making power for girls and stigma and negative attitudes towards disability, for example disability as shameful (Addlakha

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Box 2: COVID-19, child marriage and children with disabilities

The United Nations Population Fund (UNFPA) estimates that **the pandemic will lead to an additional 13 million child marriages** because social distancing measures will limit child marriage prevention programming, and because the global economic downturn will have a significant impact on poverty in countries where poverty is a key driver of child marriage (UNFPA, 2020). A recent Disability Inclusion Helpdesk query on the impact of COVID-19 and other pandemics on education for children with disabilities (Query No. 37, Annex A) found that during the Ebola outbreak in Sierra Leone while schools were closed there were significant increases in sexual exploitation and abuse of girls, and early pregnancies, including amongst girls with disabilities, and girls who became pregnant were banned from returning to school (Denny et al. 2015; UNDP, 2015; Humanity & Inclusion, 2020). School closures during the COVID-19 pandemic could lead to similar risks unless mitigated. Amongst other recommendations, the Disability Inclusion Helpdesk recommended monitoring the extent to which children with disabilities (particularly girls) are safe from risks of abuse, neglect and exploitation while isolated and away from schools; and the extent to which parents and carers of children with disabilities are supported during the pandemic.

et al., 2017).⁶ These combined norms and attitudes may lead to parents and carers engaging in child marriage to overcome the stigma associated with disability. In some contexts women and girls with disabilities are stigmatised or wrongly perceived as undesirable, incapable of having children, incapable of fulfilling the expected roles of marriage, or asexual (Addlakha et al., 2017; Plan International, 2017; Plan International and LSHTM, 2016; Abu-Habib, 1997; Jones et al. 2018; UNFPA, 2018; UNICEF, 2005; ACPF, 2011; Ellery et al., 2011; UNGA, 2012; NGDO et al., 2015; Cockram, 2003). While this stigma can lead to assumptions that women and girls with disabilities do not marry or should not marry (Plan International, 2017; Human Rights Watch, n.d.; Stubbs and Tawake, 2009), it can also lead families of children with disabilities to force their children to marry in order to meet the social conventions of marriage, or to attempt to ‘normalise’ them. Three studies point to this as a potential unique driver, although it should be highlighted that two of these come from the UK:

- **Lebanon:** a programme needs assessment in 2017 found that girls with ‘minor’ disabilities were more likely to be pressured into child marriage before they were perceived as less desirable due to both their age and disability (Women’s Refugee Commission and UNICEF Lebanon, 2018).
- **UK:** A discussion paper by Groce et al. (2014)⁷ found that forced marriages in some South Asian communities in the UK occurred when parents of children with intellectual disabilities had the motive of ‘normalising’ children with disabilities or removing stigmatisation, or when marriage was seen to be a way of curing or reducing disability. Women with intellectual

⁶ Social norms and stigma related to gender, marriage and disability are highly contextual, and more research is needed from different contexts to understand how they relate to child marriage amongst children with disabilities.

⁷ Methodology was not clear in this report but appears to be based on a light-touch literature review.

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disabilities were also expected to serve as a carer and wife as the husband aged (Groce et al. 2014). A separate UK desk-based review on forced marriage of people with severe mental illness or intellectual disabilities (including children) to inform Forced Marriage Unit guidelines found that most families did not perceive the marriages to be forced, but rather as a positive means of protecting their children's future care or financial security, protecting cultural traditions of marriage, or ensuring their children participate in marriage as a rite of passage (Clawson and Vallance, 2010). In both of the UK studies, the impacts of forced marriage were found to be severe on people with disabilities, their partners and families (Groce et al. 2014; Clawson and Vallance, 2010).

Whilst there is extremely limited evidence, conflict and crisis, including epidemics, may also act as drivers of child marriage of children with disabilities, as is the case for non-disabled children (see box 2 on COVID-19 and child marriage amongst children with disabilities). Conflict and crisis is likely to exacerbate a number of issues for women and girls with disabilities, including marriage, whilst humanitarian actors may ignore these because of a focus on health concerns and rehabilitation (Rohwerder, 2017).

The specific and unique barriers to basic services for children with disabilities may contribute as an additional set of drivers of child marriage of children with disabilities. For example, children with disabilities often experience barriers to sexual and reproductive health, child protection and education services, including discrimination by service providers or community members; physically inaccessible services; and inaccessible reporting mechanisms. It is important to note that these are possible drivers for child marriage of children with disabilities; evidence is needed to confirm these. For example:

- **Barriers to child protection services could lead children with disabilities to experience particular risk.** Barriers can include discrimination by service providers; physically inaccessible services; unwillingness to report abuse or inaccessibility of reporting mechanisms, particularly when family members or caregivers are perpetrators; and social isolation of children with disabilities (Plan International and LSHTM, 2016; UNICEF, 2005; ACPF, 2011; Ellery et al., 2011; UNGA, 2012; NGDO et al., 2015; Cockram, 2003). Where formal child protection systems are not used, sexual violence against girls with disabilities has reportedly sometimes led to child marriage as an informal dispute settlement. One survey in Bangladesh found that in 61% of cases of sexual abuse of girls with disabilities, the dispute was settled outside of court by forcing the girl to marry the man who raped her to preserve family honour (CREA, 2012; NGDO et al., 2015; Burns and Oswald, 2015). Research has shown that children and adolescents with disabilities are nearly three times more likely to experience sexual violence than their peers without disabilities (Jones et al., 2012; ACPF, 2011; WHO and World Bank, 2011), which suggests they could also be at particular risk of child marriage. However, there is a significant gap in research on violence, child protection systems and disability inclusion, therefore more research is needed (UNICEF and Campbell Collaboration, 2020).
- **Barriers to inclusion in education may exacerbate the risks of child marriage for children with disabilities.** Given that lack of access to education and employment

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opportunities for girls is known to be a driver of child marriage more generally (Bell et al., 2013), further research on how this impacts children with disabilities is needed. Children with disabilities are significantly less likely to attend and complete school. In 2016 it was estimated that one-third of all out-of-school children at the primary school level had a disability (UNESCO, 2016). There is not enough evidence to conclude whether this puts children with disabilities at particular risk of child marriage, however ADD International Uganda has reported that some girls with disabilities whose parents have prevented them from attending school have experienced abuse, become pregnant, and then forced to marry (expert contribution from ADD International Uganda).

- **Barriers to inclusion in SRH services may exacerbate the risks of child marriage of children with disabilities.** Barriers for children with disabilities in accessing SRH services include negative attitudes of service providers, particularly towards young women with disabilities (Burke et al. 2017; Mavuso and Maharaj, 2015); assumptions that people with disabilities are not sexually active (Becker et al. 1997; Bremer et al. 2010); healthcare facilities that are inaccessible (Bremer et al. 2010); exclusion from SRH and rights education, particularly for girls with disabilities and especially for girls with intellectual disabilities (Braathen et al. 2017); lack of sign language interpretation or other support, and in some cases, the need to be accompanied by a caregiver (Burke et al. 2017). Considering the linkages between the provision of SRH services and child marriage (Tanzania Ministry of Health, 2017; Jones et al., 2018; UNICEF, 2017) and the possible links with disability, more research is required on how this affects children with disabilities, recognising these barriers to services.

5. Evidence-based interventions to ensure children with disabilities affected by child marriage are not left behind

There is not enough evidence available to make specific evidence-based recommendations for disability-inclusive child marriage programming.⁸ This rapid evidence review identified 18 evaluations of child marriage programmes, only one of which presented substantial evidence on disability inclusion. Six of the 18 made references to disability however these were only cursory. A mid-term evaluation of a child marriage programme implemented by Plan International in Tanzania is the exception. The evaluation found that including children with disabilities and their families across programme activities led to broader outcomes for disability inclusion. The programme raised community awareness of forms of abuse against children with disabilities and harmful stigma against people with disabilities (Kweka, 2018). Child protection committees' work with parents of children with disabilities led to more children with disabilities being enrolled in school (Kweka, 2018). Plan International (2017) also found that in Nepal, service providers falsely assumed that child

⁸ Policymakers and implementers working on child marriage could look to VAWG and SRH programming for evidence-based interventions which could be applied to child marriage programmes, however it was not within the scope of this query to examine these in detail. Entry points might include raising awareness amongst children with disabilities, parents/caregivers, teachers and other duty bearers; working with child protection agencies to ensure that response services are accessible and inclusive.

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marriage does not affect children with disabilities because of stigma related to disability, gender and marriage, therefore the issue had not been monitored. Their research highlighted that assumptions and stigma relating to people with disabilities and marriage can lead to exclusion of people with disabilities from programme implementation and monitoring, potentially leaving them at risk. Ensuring that people with disabilities participate in programme design, implementation, monitoring and evaluation is important in order to better understand and address the ways in which child marriage affects children with disabilities.

7. How can child marriage programmes better mainstream disability inclusion?

As a result of the lack of data and evidence in this area, the following recommendations are based on the limited literature available as well as DFID's Disability Inclusive Development Strategy, minimum and higher achievement standards, as well as expert input and knowledge from Disability Inclusion Helpdesk queries on other sectors and themes, particularly from DFID's flagship What Works to Prevent VAWG which has generated knowledge and evidence on what works to prevent VAWG against women and girls with disabilities (van der Heijden & Dunkle, 2017) and SRH (Jones et al., 2018):

Take a rights-based approach to disability inclusion, recognising that children with disabilities can experience environmental, attitudinal and institutional barriers that hinder their inclusion in programmes and services. During design, programmes should conduct barrier analyses together with women, men, girls and boys with disabilities to understand the barriers to inclusion to be addressed, and unique risk factors for children with disabilities.

Include disabled people's organisations (DPOs) and organisations representing women with disabilities in programme implementation. In addition to implementing programme activities directly, DPOs can effectively:

- Enhance disability inclusion capacity and coordinate with government departments and other implementing organisations;
- Support the identification of children with disabilities and their families through their existing relationships and data;
- Monitor and evaluate the inclusivity of programmes;
- Provide training to service providers including child protection, education, and SRH service providers; and subsequently shift attitudes towards disability.

This is likely to be particularly important in the context of the COVID-19 pandemic, during which social distancing measures and lockdowns may limit visibility of children with disabilities and their families.

Take a life cycle and intersectional approach which examines and addresses the interaction between gender and disability and associated factors driving child marriage and associated barriers to participating in child marriage programmes.

Take a twin-track approach to disability mainstreaming. Once barriers have been analysed, work with DPOs and other implementing organisations to ensure children with disabilities and their

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families are included across activities, and to identify targeted and specific support to make programme activities and services disability-inclusive.

Value accessibility. Ask programme participants if any reasonable adjustments are required to ensure their active and meaningful participation in programme activities.

Collect disability-disaggregated data (both qualitative and quantitative)⁹ and use the Washington Group Questions.¹⁰ The Washington Group Questions are the most commonly used tool to identify people with disabilities and analyse data to be able to adapt programmes. The Short Set of 6 questions may not be appropriate for use with children, therefore programme implementation organisations should seek advice from DPOs or other organisations using the Washington Group Questions on whether the short or extended set of questions is more appropriate in the particular local context.

Invest in further research on child marriage and disability in different contexts. to better understand the links between child marriage and disability, the drivers of child marriage for children with disabilities, and effective interventions. Research should be conducted in collaboration with DPOs and organisations specialising in child marriage programming to help mainstream disability inclusion and provide support to children with disabilities and their families.

⁹ DFID's data disaggregation action plan is available here:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/582315/Data-disaggregation-action-plan-Jan-2017.pdf

¹⁰ The Washington Group Short Set of questions is available here: <http://www.washingtongroup-disability.com/washington-group-question-sets/short-set-of-disability-questions/>

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Helpdesk services are provided by a consortium of leading organisations and individual experts on disability, including Social Development Direct, Sightsavers, Leonard Cheshire Disability, ADD International, Light for the World, Humanity & Inclusion, BRAC, BBC Media Action, Sense and the Institute of Development Studies (IDS). Expert advice may be sought from this Group, as well as from the wider academic and practitioner community, and those able to provide input within the short time-frame are acknowledged. Any views or opinions expressed do not necessarily reflect those of DFID, the Disability Inclusion Helpdesk or any of the contributing organisations/experts.

For any further request or enquiry, contact enquiries@disabilityinclusion.org.uk

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