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Intersecting Vulnerabilities:

Data brief on
Child Marriage and Disability in
Southeast Asia and the Pacific



Child marriage continues to affect girls across East Asia and the Pacific, yet girls with disabilities have remained largely absent from regional evidence and policy dialogue.

This gap is due to several factors, including limited availability of disability-disaggregated data, inconsistent inclusion of disability modules in household surveys, small sample sizes, and the limited integration of disability inclusion within child marriage programmes and monitoring systems.

The Washington Group on Disability Statistics (WG) was established in 2001 to improve the availability of internationally comparable disability statistics through censuses and national surveys. The WG developed several standardized tools to measure disability. One of the most widely used is the WG Short Set on Functioning (WG-SS), a set of six questions that capture functional difficulties across key domains and is recommended for measuring disability among adults. Within the sixth round of the Multiple Indicator Cluster Survey (MICS), this tool

is reflected in the Adult Functioning module¹. For children, the Child Functioning Module (CFM) was developed by the WG in collaboration with UNICEF to measure disability among children aged 2–17².

To address these evidence gaps, a secondary data analysis was conducted using data from recent Multiple Indicator Cluster Surveys (MICS) and Demographic and Health Surveys (DHS). This analysis explores whether women with disability were more exposed to child marriage than women without disability³. Out of 19 MICS or DHS surveys in the region in the last 10 years, 10 included disability-disaggregated data and were therefore included in the analysis. **These 10 surveys cover Cambodia, Fiji, Kiribati, Mongolia, Nauru, Samoa, Timor-Leste, Tonga, Tuvalu and Vanuatu.**

FINDING 1

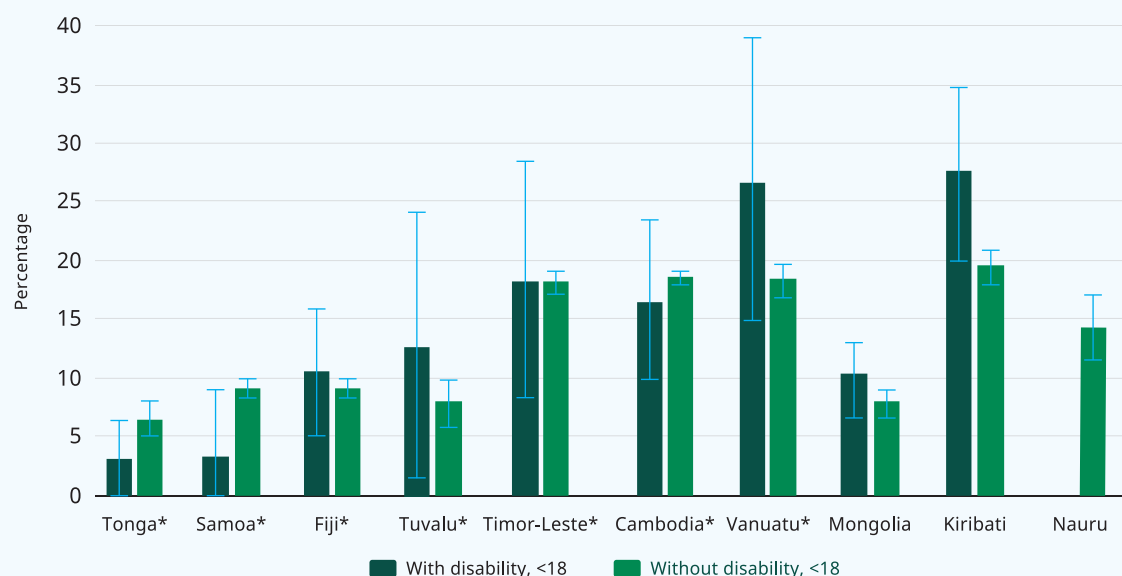
Girls with disability face higher exposure to child marriage in some contexts and are not less affected in any country analyzed; although disability itself does not consistently increase child marriage risk

*** While the visual trends suggest variation in child marriage prevalence between women with and without disabilities within countries, the observed differences are not statistically significant. This means that the data does not support a clear conclusion that one group consistently experiences higher or lower prevalence.*

The prevalence of child marriage among women with disabilities in Tuvalu is based on 25–49 unweighted cases.

The prevalence of child marriage among women with disabilities in Nauru is suppressed, as it is based on fewer than 25 unweighted cases. Nevertheless, statistical tests showed significant differences between prevalence estimates.

Graph 1. Child marriage prevalence, disaggregated by age and disability status



Among the 10 countries analyzed, **3 countries** (Kiribati, Mongolia and Vanuatu) show a higher prevalence of child marriage among women with disability than among women without disability. In **6 countries** (Cambodia, Fiji, Tonga, Timor-Leste, Tuvalu and Samoa), there is no statistically significant difference in the prevalence of child marriage between the two groups. It was not possible to conduct the comparison for Nauru due to the very small number of women with disability in the sample. No country shows a lower prevalence of child marriage among women with disability. These findings suggest that **while disability does not consistently increase the risk of child marriage across contexts, where disparities exist they tend to place girls with disability at a disadvantage.**

In Kiribati, Mongolia and Vanuatu, the prevalence of child marriage among women with disability is higher than among women without disability. However, this does not imply a causal relationship. Disability may not be the primary driver of child marriage, but rather one factor interacting with social and economic

vulnerabilities that increase the risk of child marriage. To better understand the drivers of risk, further analysis was conducted to identify which factors are more strongly associated with child marriage^{iv}.

Having a disability alone does not appear to determine the risk of child marriage in any country. Instead, factors such as low levels of education, poverty and geographic location are more strongly associated with child marriage⁴. For example, in Mongolia, the risk of being married before age 18 among women who reached upper secondary education is half that of women who did not. In Samoa, a woman in the richest wealth quintile faces only one-third of the risk of child marriage compared with a woman in the poorest quintile. In Cambodia, women living in Kampot, Koh Kong, Mondul Kiri, Preah Vihear, Ratanak Kiri, Stung Treng, Otdar Meanchey and Pailin face higher risks of child marriage than women living in other regions..


FINDING 2

Exclusion from education and other opportunities is a strong predictor of child marriage. Girls with disability are more likely to experience such exclusion due to discrimination, stigma and structural barriers, increasing their vulnerability

*The wealth index is a composite measure of household wealth. It is constructed using principal components analysis, drawing on information related to household ownership of consumer goods, dwelling characteristics, water and sanitation, and other indicators associated with household wealth. This process generates weights (factor scores) for each of the items included.

First, initial factor scores are calculated for the full sample. Separate factor scores are then calculated for households in urban and rural areas. These urban and rural factor scores are subsequently regressed on the initial factor scores to produce combined, final factor scores for the full sample. This step is undertaken to minimize urban bias in the wealth index values.

Each household in the sample is then assigned a wealth score based on the assets it owns and the final factor scores obtained through this process. The household population is ranked according to these wealth scores and divided into five equal groups (quintiles), ranging from the lowest (poorest) to the highest (richest).

The wealth index is intended to capture underlying long-term wealth based on household assets and to provide a relative ranking of households from poorest to richest. It does not measure absolute poverty, nor does it reflect current income or expenditure levels. The wealth scores generated are applicable only to the specific dataset on which they are based.

Table 1. Determinants of child marriage risks

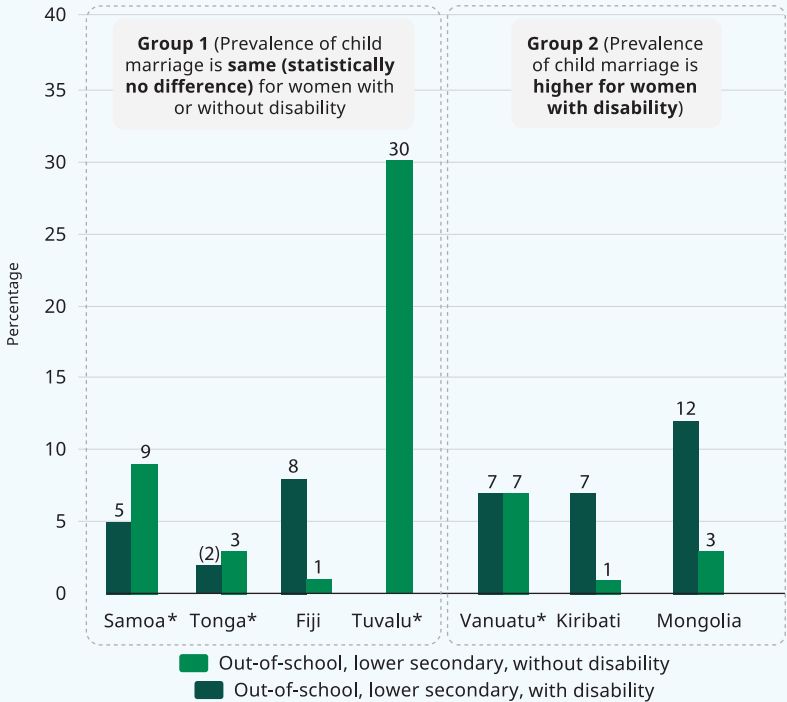
Country	What are the determinants of child marriage risk?			
	Education	Wealth*	Region/Province	Disability
Cambodia	X		X	
Fiji	X	X	X	
Kiribati	X	X	X	
Mongolia	X		X	
Nauru			X	
Samoa	X	X		
Timor-Leste	X		X	
Tonga		X		
Tuvalu	X			
Vanuatu	X	X	X	

The analysis also illustrates how multiple risk factors interact. In Kiribati, for example, a woman aged 20–24 in the poorest wealth quintile, who has not completed primary education and lives in the Central region faces a risk of child marriage 40 times higher than a woman aged 18–19 in the richest wealth quintile who completed senior secondary education and lives in another region. Environmental barriers—including attitudinal, physical, communication and

information barriers—often contribute to lower educational attainment among girls with disability⁵, particularly when combined with economic disadvantage. These intersecting factors can increase vulnerability to child marriage. This suggests that pathways to child marriage are often indirectly mediated by exclusion from schooling, limited access to SRH information and services, and heightened economic vulnerability.

FINDING 3 In contexts where disability is associated with higher out-of-school rates, girls with disability are more likely to experience isolation from peers and services—factors that may increase vulnerability to child marriage.

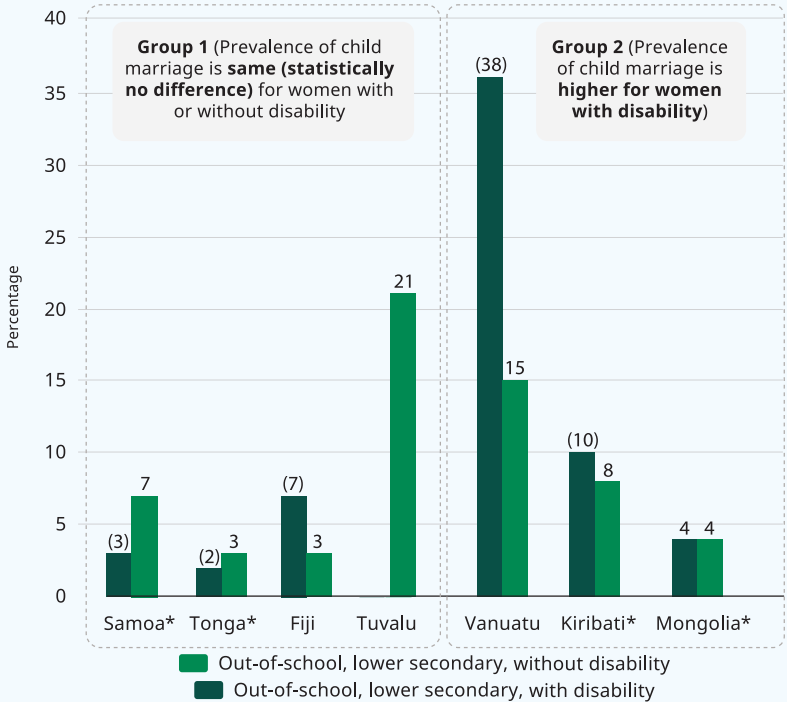
Graph 2. Percentage of girls of primary-school age who are not attending primary school or higher, disaggregated by disability status



Note: The out-of-school rates have been computed for the subsample of children with data on child functioning and according to ISCED definitions⁶. Hence figures differ from what has been published in MICS reports.

* While the visual trends suggest variation in out of school rate between girls with and without disability within countries, the observed differences are not statistically significant. This means the data does not support a clear conclusion that one group consistently experiences higher or lower rate.

Graph 3. Percentage of girls of lower-secondary school age who are not attending primary, lower- or upper-secondary or higher, disaggregated by disability status



Values () are based on 25-49 unweighted cases

Value for children with disability in Tuvalu was suppressed as it is based on less than 25 unweighted observations.

Recommendations

Ending child marriage for all girls requires ensuring that girls with disability are no longer invisible in data, policy and practice. Investing in inclusive education, accessible SRH information and targeted social protection can help break the cycle of exclusion that drives both disability-related disadvantage and child marriage.

1. **Ensure that girls with disability are explicitly included in child marriage prevention and response.** Child marriage laws and national action plans should reference girls with disability, and service delivery standards should include accessibility as a core requirement. This includes resourcing outreach, investing in accessibility and reasonable accommodation, and ensuring laws, policies and procedures respect the evolving capacities and legal capacities of children and young people with disability. Accessible SRHR programmes, health services, and case management and referral systems should deliberately identify and support girls with disability at risk of child marriage.
2. **Make education systems genuinely inclusive.** As education strongly mediates child marriage risk, ministries of education should remove practical and attitudinal barriers that keep girls with disability out of school. This includes accessible school infrastructure (including accessible WASH and menstrual hygiene management), accessible transport, reasonable accommodations, assistive devices, learning support, and teacher training on inclusive classroom practices. Efforts should also address stigma, low expectations and discriminatory norms within schools and communities that limit girls' perceived future prospects, backed by adequate budgets and clear accountability.
3. **Use disability as a deliberate lens in research on child marriage.** Studies on drivers, pathways and social norms should systematically include adolescents with disability and analyze findings by disability status. This will help unpack how stigma, "protection" concerns, economic pressures and misconceptions about sexuality shape marriage decisions for girls with disability and inform more inclusive social and behavioural change strategies.
4. **Strengthen data systems to capture disability consistently.** Household surveys and routine monitoring should include the UNICEF/Washington Group Child Functioning Module (CFM) and the Washington Group Short Set or Enhanced Set questions to capture disability among children and adults. This enables disaggregation of child marriage indicators by disability, age and sex and supports tracking of disparities over time to inform disability-inclusive national responses
5. **Strengthen meaningful participation of girls with disability and organizations of persons with disability (OPDs).** Child marriage prevention and response efforts should be designed, implemented and reviewed with girls and young women with disability and their representative OPDs. This includes creating safe and accessible spaces to share priorities, resourcing OPDs to participate in coordination and policy forums, and ensuring consultations and feedback mechanisms are available in accessible formats.

About the Analysis

This analysis was conducted as part of the UNICEF-UNFPA joint programme "Hidden in Plain Sight: Ending Child, Early and Forced Marriage in Southeast Asia", with support from the Towards Universal Sexual and Reproductive Health and Rights initiative of the Australian Government.

The analysis includes only the countries within the East Asia and Pacific region with available data as of 2025.

Data sources: Cambodia DHS 2021-22; Fiji MICS 2021; Kiribati MICS 2018-19; Mongolia MICS 2018; Nauru MICS 2023; Samoa MICS 2019-20; Timor-Leste DHS 2016; Tonga MICS 2019; Tuvalu MICS 2019-20; Vanuatu MICS 2023.

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Acknowledgements

This data brief was prepared by Young Hwa Choi and Ranto Ramananjato (UNICEF East Asia and Pacific Regional Office) with technical support from Shreyasi Jha, Sreerupa Mitra (UNICEF East Asia and Pacific Regional Office), Claudia Cappa, Colleen Murray (UNICEF Data & Analytics Section), Valentina Volpe and Sujata Tuladhar (UNFPA Asia-Pacific Regional Office).

Cover photo: © UNICEF/UN0631654/Raab

Photo caption: Chin Kimheng is a 10-year-old with an intellectual disability. She lives in the suburbs of Phnom Penh. The restrictions due to Covid-19 temporarily impacted her learning progress, but since the reopening of schools, she has been returning to school and is regaining confidence in her relationship with other children.

Endnotes

1. In DHS, the WG-SS is included in the household questionnaire, meaning information on disability is reported by an adult household member who is knowledgeable about the household. In MICS, the Adult Functioning module is included in individual questionnaires for men and women aged 18–49, so eligible respondents report their own functioning. In the seventh round of MICS, the Adult Functioning module is aligned with the WG-SS Enhanced, which expands the six WG-SS domains to also include anxiety and depression.
2. The Child Functioning Module (CFM) includes two versions: one for children aged 2–4 and another for children aged 5–17. Each version contains questions on functional difficulties tailored to the developmental stage of the respective age group.
3. The standard indicator for monitoring progress toward SDG 5.3.1 is the “proportion of women aged 20–24 years who were first married or in union before age 15 and before age 18”. In this analysis, we are focusing on first marriage and union before 18 since prevalence of marriage before 15 is very low in some countries, especially among women with disability. Due to the limited availability of disability-disaggregated data in most countries, this data brief analyses **women aged 18–49 years** who were first married or in union before the age of 18. This broader age range allows for a larger sample size to enable comparison by disability status but may **not fully reflect recent changes or generational shifts in the prevalence of child marriage within each country**. Moreover, the modules used to collect data on disability do not capture the moment the women started having disability. Hence, there might be some women who had disability after getting married. The findings should therefore be interpreted as **approximate, indicative estimates** of the relationship between disability and child marriage. For the most up-to-date national and global estimates following the SDG standard methodology, please visit <https://childmarriagedata.org/>.
4. To assess the determinants of child marriage, a logistic regression of child marriage before the age of 18 was implemented for each country using area (urban/rural), age groups, education level, wealth, disability status and region/province as factors.
5. UNICEF, 2025. [Children with Disabilities in Asia and the Pacific: A statistical overview of their well-being](#).
6. [ISCED Mappings and Diagrams](#).



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