

Policy Brief

Engaging Adolescents and Youth with Disabilities as Leaders and Decision-makers: A Policy Imperative to Achieve Inclusive Development in Timor-Leste.

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Executive Summary

Timor-Leste has made important commitments to the rights and inclusion of persons with disabilities, including becoming a State Party to the UN Convention on the Rights of Persons with Disabilities (CRPD).⁴ Adolescents and youth with disabilities (age 10-24)¹, however, remain significantly underrepresented in decision-making processes and underserved across key sectors such as education, employment, health, and protection.

This policy brief outlines the systemic barriers that limit the participation of youth with disabilities and presents actionable recommendations to ensure their full inclusion and empowerment.

Drawing on consultations with adolescents and youth with disabilities, as well as a review of national data and policies, the brief highlights the urgent need for policy action that centers youth leadership and voice.

Key challenges include:

- Deep-rooted stigma and discrimination that silence youth voices.
- Inaccessible environments and services that exclude youth from civic life.
- Limited access to inclusive education, employment, and healthcare.
- Invisibility in national data systems, leading to gaps in planning and accountability.
- Insufficient engagement of youth with disabilities in civic and policy processes.

To address these challenges, the brief recommends six priority actions:

- Shift attitudes through youth-led awareness campaigns and inclusive education.
- Build inclusive environments by enforcing accessibility standards and supporting youth-led audits and the development of inclusive digital systems.
- Expand inclusive services with decentralized, youth-responsive support systems.
- Make youth with disabilities visible in data and decision-making.
- Unlock education and employment pathways through inclusive policies and targeted programs, including social protection systems.
- Ensure protection and participation by strengthening systems and supporting youth-led organizations.

Empowering adolescents and youth with disabilities is a strategic investment in Timor-Leste's development. Their leadership, innovation, and lived experience are essential to building a more inclusive and equitable society.

I. Introduction

Timor-Leste recognises the right of adolescents and youth (age 10-24) to participation, including the right to be heard on all matters and decisions that affect them, and to have those views considered at all levels of society.² Participation is critical, since adolescents and youth are directly affected by the decisions that leaders make, particularly in the education, health, and employment sectors. Timor-Leste also has a significant youth population 'bulge', highlighting even more the need to ensure the energy and perspectives of this population group, including those with disabilities, are captured in decision-making.

This policy brief outlines key issues, considerations, and recommendations for Government policymakers, development partners, and civil society organisations, to enable the participation of adolescents and youth with disabilities as leaders and decision-makers in Timor-Leste.

The content and recommendations derive from a) a desk review of key documents and available data, as well as b) consultations with adolescents and youth with disabilities, including members from the OPDs in Timor-Leste, on their lived experiences, concerns and priorities. Consultations were held in April 2025 during which participants identified with specific challenges and recommendations across four thematic areas: education, employment, health, and protection from violence. Their active participation shaped the recommendations outlined below.

II. Persons with disabilities

As adapted from the Convention on the Rights of Persons with Disabilities (CRPD), ^{4,5} persons with disabilities include those who have long-term physical, psychosocial, cognitive, or sensory impairments which, in interaction with various barriers, may hinder their full and effective participation in society on an equal basis with others. Barriers are factors in a person's environment that limit their participation. They occur when the environment is not designed to be accessible to all and has a significant impact on how effectively persons with disabilities can participate in society.

Persons with disabilities are diverse in their representation and accessibility requirements. The experience of disability is different for each individual and is impacted by the type of impairment they have, the resulting degree of physical, sensory or cognitive functioning, the barriers in their environment that they face, and other factors associated with their identity such as gender, ethnicity and age.

Persons with disabilities in Timor-Leste

The 2022 National Census reports that 1.6 per cent of the population (17,061 people) aged over five years, experience significant disability, with no difference in prevalence between males and females. When considering all levels of disability, 7.9 per cent of the population were recorded as experiencing some form of disability, with prevalence increasing significantly with age and being more common in rural areas.^{6,7} For the adolescent and youth age groups, 2022 prevalence is estimated at 0.4 per cent for ages 10-19 and 0.5 per cent for ages 20-24 (figure 1).7



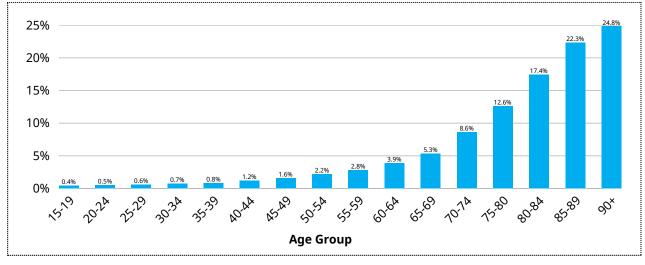


Figure 1: Disability prevalence by five-year age group, 2022⁵

Population-level prevalence data are considerably **lower than the global disability prevalence estimation of 16 per cent**⁸ and regional childhood disability estimates of 8 per cent.⁹ The national data are widely considered by Organisations of Persons with Disabilities (OPDs) and civil society to be an **underestimate of the actual population** of persons with disabilities in Timor-Leste.¹⁰ Although utilising similar data collection tools based on the Washington Group Short Set of questions as the 2022 Census⁷, the older 2016 Demographic and Health Survey (DHS),¹¹ suggests a higher prevalence rate, with 15 per cent of respondents over 5 years reporting some level of difficult in at least one domain of functioning. The United Nations Partnership on the Rights of Persons with Disabilities (UNPRPD)¹² considers the likely national disability prevalence to be somewhere between the 7.9 percent reported in the census (2022) and 15 percent reported in the DHS (2016)¹¹

Timor-Leste became a State Party to the CRPD⁴ in January 2023. Fundamental to the realisation of the rights of persons with disabilities is the principle of full and effective participation and inclusion in society.

III. Adolescents and youth's rights to participation in Timor-Leste

The right of young people (under age 18) to influence decisions affecting them is enshrined in the Convention on the Rights of the Child (Article 12)¹³ and is further detailed under General Comment No. 20 on the implementation of the rights of the child during adolescence.¹⁴ In addition, the Timor-Leste National Youth Policy upholds the right to participation and includes a goal area on civic participation, including youth-led OPDs and advisory councils.¹⁵ In practice, however, adolescents and youth are often excluded from policy and program decision-making processes.

The exclusion of adolescents and youth with disabilities from decision-making is even greater than that of the general population, due to the additional barriers they experience to participation.

Barriers to participation experienced by adolescents and youth with disabilities in Timor-Leste

Systemic barriers limit the participation of adolescents and youth with disabilities as leaders and decision-makers in Timor-Leste, reducing their ability to contribute to critical decision-making processes about issues that directly affect their lives.

Stigma and discrimination

Globally, stigma and discriminatory behaviours are at the root of exclusion. It limits participation, reinforces poverty, and silences the voices of adolescents and youth with disabilities. According to the UN Partnership on the Rights of Persons with Disabilities (UNPRPD), tackling stigma and negative attitudes is a precondition for disability inclusion. Attitudinal barriers are systemic and must be addressed to enable access to education, healthcare, employment, and justice.

In Timor-Leste, stigma and discrimination remain deeply rooted in society and are among the most significant barriers to the inclusion of adolescents and youth with disabilities as leaders and decision-makers. Disability-related stigma and the resulting discrimination are not only amongst communities; they are structural obstacles that undermine national development goals and violate the rights enshrined in the CRPD.

- Youth with disabilities, especially those with psychosocial or cognitive impairments, are often excluded from school, community life, and decision-making.
- Negative attitudes and low expectations from families, communities, and service providers limit opportunities and erode confidence.
- Lack of awareness of disability rights among professionals and the public perpetuates exclusion.

Inaccessible environments and processes

In Timor-Leste, physical and communication barriers continue to exclude persons with disabilities, especially adolescents and youth, from participating in everyday community life and decision-making processes.

- Most public and private buildings lack basic accessibility features, such as ramps, rails, and accessible toilets or handwashing facilities.
- Accessible transport is rarely available, limiting mobility and independence.
- Information is often not provided in accessible formats, excluding adolescents and youth with visual, hearing, or cognitive disabilities from community meetings and public services.
- Reasonable accommodation is poorly understood and rarely implemented, despite being a legal obligation under the CRPD. This includes simple but essential supports such as allowing a carer to accompany a young person to a consultation or providing accessible transport.¹⁰

These barriers are systemic. As with stigma, inaccessible environments are a structural barrier to inclusion and must be addressed as a matter of policy and practice.

Limited provision of support services

Access to disability support services and assistive technology (AT) is essential for enabling adolescents and youth with disabilities to live independently and participate fully in society.

Access to AT, such as wheelchairs, white canes, screen readers, and hearing aids, empowers individuals to navigate their environments safely and independently. Support services, including sign language interpretation and (re)habilitation, are also critical for accessing education, employment, and civic life.¹⁷

In Timor-Leste, access to these services remain limited, centralised, and poorly understood. Despite their importance, only 30 per cent of individuals with identified support needs are referred to the national rehabilitation centre, according to the Centro Nacional de Reabilitação.²³ Service availability is heavily centralised in Dili, with limited outreach or information reaching rural areas.¹⁰

The gap in service provision for young people with disabilities is a structural barrier to inclusion. Without access to AT and support services, adolescents and youth with disabilities are denied opportunities to learn, work, and lead

Invisibility

In Timor-Leste, many adolescents and youth with disabilities remain invisible in official data and public life. This invisibility limits their access to services, their ability to participate in civic life, and Government capacity to plan effectively.¹⁷

- Many adolescents and youth with disabilities are not identified or registered in any formal system, leaving gaps in data and service delivery.
- Lack of disaggregated data (by age, gender, and disability type) makes it difficult for policymakers and service providers to understand needs, allocate resources, or measure progress.
- Globally and locally, invisibility in education, training, and public spaces reduces opportunities for adolescents and youth with disabilities to engage in decision-making and community life.

Without visibility, there is no accountability, meaning inclusion remains out of reach for many.

Limited opportunity to engage in civic participation, including youth-led **OPDs and advisory councils**

OPDs play a vital role in ensuring that the voices of persons with disabilities are heard in civic and policy processes. Led, directed, and governed by persons with disabilities themselves, OPDs are uniquely positioned to represent the lived experiences, priorities, and rights of their communities.

As a State Party to the CRPD, ⁴ Timor-Leste has committed to actively involving persons with disabilities, including adolescents and youth, in decisions that affect their lives. Engagement with OPDs is central to fulfilling this obligation.

- The number of OPDs in Timor-Leste is growing, with most based in Dili and drawing membership from both urban and rural areas.
- Municipality-based OPDs also exist, offering opportunities for more localized representation of youth with disabilities in all stages of policy development.

Current levels of youth participation in OPDs remains unclear, and greater efforts are needed to ensure diversity in membership across age, gender, and geography. Without inclusive representation of adolescents and youth with disabilities in all stages of policy development, policies risk being inequitable.

IV. Issues affecting youth participation in Timor-Leste

Consultations with adolescents and youth with disabilities, and their representative organisations, in Timor-Leste revealed persistent barriers that limit their ability to engage in everyday life and influence decisions that affect them. These barriers are systemic and intersectional.

Participants identified key development issues that directly impact their right to participate on an equal basis with others. Targeted policy action in these areas is critical to fulfilling Timor-Leste's commitments under the CRPD⁴ and National Youth Policy.¹

Invisibility in education: Barriers begin early 10,18

In Timor-Leste, young people with disabilities face persistent and disproportionate barriers to accessing education. These barriers begin early and deepen over time, especially for girls. The consequences are lifelong. Limited access to education leads to reduced opportunities for employment, livelihoods, and full participation in society.

- 76.2 per cent of persons with disabilities have never attended school, with girls facing even greater exclusion than boys.
- Dropout rates are significantly higher for children with disabilities compared to their peers without
- Only twenty-four percent of persons with disability are literate, with literacy rates being lower for girls, and even more so for girls with disabilities.⁶

These challenges reflect broader gaps in developing inclusive education systems that respond to the unique needs and rights of children and youth with disabilities, particularly girls and young women.

What adolescents and youth with disabilities say (In consultations, adolescents and youth with disabilities shared the barriers that most affect their ability to learn and thrive)

- **Stigma and discrimination:** Especially for those with psychosocial disabilities, bullying and social exclusion remain widespread in schools and in public life.
- **Teacher capacity:** Many educators lack the training to support students with disabilities, including skills in braille, sign language, and inclusive teaching methods.
- **Environmental accessibility:** Physical barriers in schools, such as the absence of ramps, accessible toilets, and adaptive infrastructure, limit attendance and participation.

Inaccessible employment: Opportunity is out of reach¹⁰

In Timor-Leste, limited access to education and training creates a ripple effect, reducing the ability of persons with disabilities to participate in the labor market and achieve economic independence. Eighty per cent of persons with disabilities are out of the labor force. For many, especially women with disabilities, formal employment remains out of reach. In addition, persons with disabilities face additional costs associated with accessing livelihoods opportunities, especially in rural areas. Whilst disability-targeted social protection programmes exist, gaps in providing adequate transfer levels to cover additional costs remain.

- Persons with disabilities are significantly less likely to be economically active than their peers without disabilities.
- Women with disabilities face even greater barriers to employment, training, and livelihood opportunities.
- Economic empowerment programs, such as vocational training, seasonal work, and business incentives, are rarely designed to be inclusive or accessible.

What adolescents and youth with disabilities say (In consultations, adolescents and youth with disabilities shared the barriers that most limit their access to employment)

- **Inaccessible information and resources:** Many lack access to information in formats they can use, and the tools and support they need, to pursue training or job opportunities.
- **Discriminatory recruitment criteria:** Standard hiring processes often exclude persons with disabilities from the outset.
- **Unwelcoming workplaces:** Those who do enter the labour market often face environments that are physically inaccessible and socially unwelcoming.

Invisibility in health: Unseen and underserved¹⁰

In Timor-Leste, persons with disabilities face persistent challenges in accessing adequate and appropriate health care. Within a resource constrained health system, these challenges are compounded by a lack of trained personnel and limited specialized services.²¹

- Most health workers lack the basic knowledge and skills to support persons with disabilities.
- There are very few specialists available to deliver or sustain disability-specific health programs.
- Health services often fail to accommodate the diverse needs of adolescents and youth with different disabilities.

Access to adequate health care is not only a systems issue but also a human rights issue. When health care is inaccessible, additional human rights remain unrealised.

What adolescents and youth with disabilities say (In consultations, adolescents and youth with disabilities shared the barriers that most affect their ability to access health care)

- **Environmental accessibility:** Many health facilities lack ramps, accessible signage, or staff trained in sign language, making them physically and communicatively inaccessible.
- **Healthcare staff capacity:** Providers often lack awareness and training to deliver inclusive, youth-responsive services that meet the needs of young people with disabilities.
- **Service availability:** Specialized treatment centers are scarce and services are often inadequate to address the full range of health needs.

Invisibility in protection: Exposure to discrimination and violence

In Timor-Leste, violence and threats of violence against persons with disabilities remain widespread. This includes public bullying, name-calling, physical abuse, and sexual violence. For women and girls with disabilities, the risks are even greater as they face 'double discrimination' at the intersection of gender and disability.^{22,23,24}

- Women and girls with disabilities are at heightened risk of physical and sexual violence.
- Discrimination and abuse occur in both public and private spaces, often going unreported and unaddressed.
- Protection systems are not always equipped to respond to the specific needs of persons with disabilities.

What adolescents and youth with disabilities say (In consultations, adolescents and youth with disabilities shared their experiences and concerns related to violence and discrimination)

- **Bullying and harassment:** Many faces verbal and physical abuse, both online and in person, simply because of their disability.
- **Sexual violence:** There is deep concern about the increased risk of women and girls with disabilities being exposed to sexual violence.
- **Neglect:** Some report being excluded from family decision-making and denied access to family resources.
- **Systemic discrimination:** Discriminatory attitudes in service design and delivery create barriers to protection and participation.



V. Policy Recommendations

In response to the call for targeted policy interventions to improve access to education, healthcare, and employment for persons with disabilities, including youth, this section presents policy recommendations that aim to create inclusive civic spaces where adolescents and youth with disabilities can engage, lead, and shape their communities whilst realising their wider human rights.

When designing and implementing policies and programs, policymakers are encouraged to:

- Allocate sufficient budget for disability inclusion, including inclusive monitoring and evaluation
- Work closely with persons with disabilities and their representative organisations (including OPDs)

Shifting attitudes towards inclusion

- Co-design national awareness campaigns with adolescents and youth with disabilities, ensuring they are visible leaders and spokespeople.
- Integrate disability rights education into school curricula and public service training.
- Promote youth-led storytelling and advocacy through media, arts, and digital platforms.
- Empower adolescents and youth with disabilities to lead the change in mindsets in schools, communities, and with service providers.

Building inclusive environments

- Legally enforce accessibility standards in schools, youth centers, transport, and digital platforms.
- Fund assistive technologies, digital literacy, and mainstream information and communication technologies for adolescents and youth with disabilities, ensuring access to communication tools such as sign language and braille.
- Support youth-led audits of public spaces to identify and advocate for accessibility improvements.

Expanding inclusive services

- Prioritize investments in health services that are physically accessible, affordable, and sensitive to the specific health and well-being needs of adolescents and youth with disabilities, including comprehensive mental health support.
- Decentralize disability support services and expand outreach to rural adolescents and youth with disabilities.
- Train service providers in youth-centered, disability-inclusive, approaches.
- Create youth advisory groups to inform service design and delivery.

Increasing visibility

- Include adolescents and youth with disabilities in all national surveys, censuses, and administrative systems.
- Disaggregate data by age, gender, and disability type to inform targeted policies.
- Engage adolescents and youth in data collection and monitoring through participatory research and use of digital tools.

Unlocking education and employment pathways

- Ensure inclusive education from early childhood through to tertiary and vocational levels.
- Train teachers and employers in inclusive practices and reasonable accommodation.
- Strengthen social protection systems that are responsive to the unique needs and additional costs associated with disability, preventing poverty and promoting economic independence for adolescents and youth with disabilities.
- Develop accessible mentorship, internship, and entrepreneurship programs for adolescents and youth with disabilities.
- Prioritize equitable digital inclusion for youth with disabilities

Ensuring protection and participation

- Strengthen protection systems with youth-friendly, accessible reporting mechanisms.
- Train frontline workers in disability, gender sensitivity and inclusive practice.
- Support youth-led OPDs and advisory councils to influence policy and hold systems accountable.

Notes

² The <u>Timor-Leste National Youth Policy (2016)</u> refers to youth being the 15-24 age groups, with adolescence the sub-set age group of 15-19 years. In this paper, however, 'adolescents and youth' is used to refer to the age group 10-24 years of age. https://timor-leste.unfpa.org/sites/default/files/pub-pdf/NYP%20English.pdf

- ³ UNFPA Timor-Leste. (n.d.). Adolescents and youth. United Nations Population Fund. https://timor-leste.unfpa.org/en/topics/adolescents-and-youth-2
- ⁴ United Nations. (2006). Convention on the Rights of Persons with Disabilities. Treaty Series, 2515, 3. https://www.un.org/disabilities/documents/convention/conventprot-e.pdf
- ⁵ Note updating of the terms 'mental' and 'intellectual' in line with the evolving preferences of the Disability Movement.
- ⁶ National Institute of Statistics Timor-Leste (INETL, I.P.). (2024, September 20). Census 2022 thematic report on disability. https://inetl-ip.gov.tl/2024/09/20/census-2022-thematic-report-on-disability/
- ⁷ The 2022 Census utilised the <u>Washington Group short set of questions</u> to collect disability data, for the population aged 5 years and older.
- ⁸ World Health Organization. (2022). Global report on health equity for persons with disabilities. https://www.who.int/publications/i/item/9789240063600
- ⁹ United Nations Children's Fund (UNICEF). (2022). Seen, counted, included: Using data to shed light on the well-being of children with disabilities. https://data.unicef.org/resources/children-with-disabilities-report-2021/
- ¹⁰ UN Women, UNICEF, & UN Human Rights Adviser's Unit in Timor-Leste. (2023). Situational analysis of the rights of persons with disabilities in Timor-Leste: Country report. UN Partnership on the Rights of Persons with Disabilities (UNPRPD). https://unprpd.org/new/wp-content/uploads/2023/12/CR-Timor-Leste-2023-be4.pdf
- ¹¹ The 2016 Timor-Leste <u>Demographic Health Survey</u> utilised "a series of questions based on the Washington Group on Disability Statistics (WG) questions, which are based on the framework of the World Health Organization's International Classification of Functioning, Disability, and Health. The questions address six core functional domains: seeing, hearing, communication, cognition, walking, and self-care, and provide the basic necessary information on disability, comparable to that being collected worldwide via the WG disability tools." (p. 325).
- ¹² Now known as the Global Disability Fund (GDF)
- ¹³ United Nations. (1989). Convention on the Rights of the Child. Treaty Series, 1577, 3. https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-rights-child
- ¹⁴ United Nations Committee on the Rights of the Child. (2016, December 6). General comment No. 20 (2016) on the implementation of the rights of the child during adolescence (CRC/C/GC/20).
- ¹⁵ Timor-Leste Secretariat of State for Youth and Sports & UNICEF Timor-Leste. (2022). Operational guidance for the rights to participation of adolescents and youth with disabilities in Timor-Leste. https://unicef.org/timorleste/media/1231/file/Operational-Guidance-Youth-Disabilities-TimorLeste-2022.pdf
- ¹⁷ United Nations Partnership on the Rights of Persons with Disabilities (UNPRPD). (2023). The preconditions necessary to ensure disability inclusion across policies, services, and other interventions. https://unprpd.org/new/wp-content/uploads/2023/12/UNPRPD-Preconditions-to-disability-inclusion_1-13e.pdf
- ¹⁸ United Nations Children's Fund (UNICEF). (2023, April 26). Timor-Leste gender and disability programmatic review [Internal document].

² Government of Timor-Leste. (2023). National Action Plan for Youth 2023–2027. UNFPA Timor-Leste.

- ¹⁹ National Institute of Statistics Timor-Leste (INETL, I.P.). (2024). Disability summary of the analytical report: Census 2022. https://inetl-ip.gov.tl/wp-content/uploads/2024/09/Summary-Disability WEB.pdf
- ¹⁸ United Nations Children's Fund (UNICEF). (2023, April 26). Timor-Leste gender and disability programmatic review [Internal document].
- ¹⁹ National Institute of Statistics Timor-Leste (INETL, I.P.). (2024). Disability summary of the analytical report: Census 2022. https://inetl-ip.gov.tl/wp-content/uploads/2024/09/Summary-Disability_WEB.pdf
- ²⁰ Government of Timor-Leste & United Nations Development Programme. (2017). Timor-Leste's roadmap for the implementation of the 2030 Agenda and the SDGs. https://timor-leste.gov.tl/wp-content/uploads/2017/08/UNDP-Timor-Leste SDP-Roadmap doc v2 English 220717.pdf
- ²¹ Wild, K., Ingham, X., Amir, L., Thompson, S., Fernandes, E., & Wohlman, A. (2020). Harmonia Communities ending genderbased violence: Gender Equality and Social Inclusion (GESI) Analysis. Health Alliance International.
- ²² Office of the United Nations High Commissioner for Human Rights (OHCHR). (2023). Timor-Leste country overview and human rights reports. Retrieved from https://www.ohchr.org/en/countries/timor-leste
- ²³ UN Women. (2022, July). Meet Jacinto Ximenes, a champion for women and girls with disabilities. Retrieved from https://asiapacific.unwomen.org/en/stories/feature-story/2022/07/a-champion-for-women-and-girls-with-disabilities
- ²⁴ UN Women. (2024). Timor-Leste country results and strategic programming on gender-based violence and inclusion. Retrieved from https://open.unwomen.org/en/country-results/TL

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