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People with Disabilities in the Tea Sector

ETP Factsheet

Overview

Disability arises when people with long-term physical, sensory, intellectual, or mental health conditions face barriers in society, for example inaccessible buildings or negative attitudes and discrimination, that limit their ability to take part in everyday life and realise their rights on an equal basis with others.

People with disabilities are more likely to live in developing countries, work in agriculture, and experience poverty,[1] yet they remain largely invisible within the tea supply chain. This factsheet draws on available data to begin addressing this gap and to highlight the importance of disability inclusion within the tea sector.

ETP takes a rights-based and intersectional approach, and is committed to working with partners to uphold and advance the rights of tea-growing communities in all their diversity, including people with disabilities.

Key trends

Box 1: Disability prevalence rates in tea-producing countries

Kenya: 2.2% (0.9 million people)[2]
India: 2.2% (26.8 million people) [3]
Indonesia: 4.3% (10.1 million people)[4]
Rwanda: 3.4% (390,000 people)*, [5]
Sri Lanka: 8.7% (1.6 million people)[6]
Malawi: 10.4% (1.5 million people)*, [7]

These figures should be interpreted with caution. Disability data is often underreported and not directly comparable across countries due to differences in definitions, survey questions, and methodologies. The Washington Group Questions represent international best practice for collecting comparable, rights-based disability data.

- The World Health Organisation (WHO) estimates that **16% of the world's population experience significant disability**.[8]
- **Disability is closely linked to poverty.** It is estimated that 80% of people with disabilities live in developing countries[9] and people with disabilities are more likely to have low or very low incomes.[10]
- **Disability prevalence rates across tea-producing countries range from around 2% to 10%**, as shown in Box 1. However, this is likely to be based on underreporting and the use of methodologies which do not reflect best practice.
- **Disability prevalence is higher in rural areas** than urban areas, a pattern of particular significance for the tea industry, given its predominantly rural workforce. In Kenya, disability prevalence in rural areas is 2.6% whereas in

* Based on surveys only covering people aged 5 years and above.

urban areas it is 1.4%.[2] In Rwanda, these figures are 3.7% and 2.8% respectively.[5]

- Localised data specific to tea-producing areas is limited but where available, **disability prevalence is often higher in key tea-producing districts**. In Sri Lanka, the highest national prevalence rates are found in Kandy (10.1%) and Nuwara-Eliya (10%), both tea producing districts.[6] In Malawi, prevalence in the tea-growing districts of Thyolo (11.2%) is above the national average of 10.4%, whereas prevalence in Mulanje (9.8%) is below.[7] In Kenya, a recent survey of 360 people working in the tea sector for the Our Tea Our Voice programme found a disability prevalence rate of 12.4%, ranging 18.8% in Gitugi to 8.3% in Nyansiongo.
- **Disability prevalence increases sharply with age.** In Malawi, less than 10% of people under 39 years of age live with a disability, compared to 71% of people aged 95 years and over.[7] This trend is particularly significant given that tea-growing communities in several countries are characterised by ageing populations.
- **Women are more likely to live with a disability than men**, with 19.2% of women globally living with a disability, compared to 12% of men.[9] This is largely driven by structural gender inequalities such as limited access to education and health care, poorer nutrition and gender-based violence, as well as longer life expectancy.[11] This is particularly significant for the tea sector, which relies heavily on women workers.

Policies and legal frameworks

United Nations Convention on the Rights of Persons with Disabilities (UNCRPD)

The UNCRPD, adopted in 2006, is an international human rights treaty to promote, protect, and ensure the full and equal human rights and dignity of all people with disabilities. It represents a shift from medical or charity-based approaches to a rights-based model[†] that recognises people with disabilities as rights holders and agents of change. Key principles include non-discrimination, equal opportunity, and full participation in society.

All tea-producing countries where ETP works have ratified the UNCRPD: India (2007), Kenya (2008), Rwanda (2008), Malawi (2009), Indonesia (2011), and Sri Lanka (2016).

National policies on disability inclusion

All tea-producing countries where ETP works have adopted, or are in the process of adopting, national-level legislation and policies to increase alignment with the UNCRPD and strengthen disability inclusion. In 2016, India enacted The Rights of Persons with Disabilities Act and Indonesia passed Law No. 8 of 2016 on Persons with Disabilities. In 2021, Rwanda adopted the National Policy of Persons with Disabilities. In 2025, Kenya updated the Persons with Disabilities Act and Malawi published the National Disability Policy. Sri Lanka is currently in the process of

[†] See: What are models of disability - Inclusive Participation Toolbox

drafting and enacting a new Disability Rights Bill, to update the Protection of The Rights of Persons With Disabilities Act, No. 28 of 1996.[12]

While these laws and policies are critical, their impact depends on effective implementation. Without this, they risk remaining aspirational rather than delivering meaningful change.

Stigma, discrimination and violence

Despite legal protections, people with disabilities continue to experience significant social exclusion and discrimination, driven by negative attitudes and cultural stigma, including beliefs in some contexts that disability is a curse, burden, witchcraft, or punishment from God. These dynamics underpin people with disabilities' reduced access to employment, education, health care, and other services, as outlined below.

Women and girls with disabilities face intersecting forms of discrimination based on both gender and disability, often compounded by factors such as age, ethnicity, social status, religion, sexuality, and location.[11] As a result, they face substantially higher risks of emotional, economic, sexual, and physical violence. Contributing factors include physical and communication barriers to reporting violence, more limited personal and social support networks, and restricted access to information, legal protection, and services.[11] Evidence from Sri Lanka indicates that sexual harassment and exploitation of women and girls with disabilities is common but significantly underreported, with limited access to appropriate legal and medical support.[13] In tea estate settings around the world, where risks of gender-based violence, including sexual exploitation, abuse and harassment (SEAH), are already often high, women and girls with disabilities are likely to be disproportionately affected.

Employment and livelihoods

Globally, people with disabilities experience significantly lower employment rates and poorer economic outcomes than those without disabilities. In Rwanda, 30% of people with disabilities are employed, compared to 48% of people without disabilities,[5] while in Malawi, 13% of people with disabilities are employed compared to 20% of those without.[7] These employment gaps contribute directly to lower household incomes and higher poverty rates amongst people with disabilities.

People with disabilities are overrepresented in agricultural employment, and their numbers are increasing. This increase is partly due to rural-urban migration of younger and middle-aged people, with children, older people, and people with disabilities being left behind in rural areas.[14] In Malawi, 91% of people with disabilities work in agriculture, forestry, or fishing,[7] compared to 88% of people without disabilities; in Rwanda, the figures are 80% and 68% respectively.[5] Physical strain, exposure to agrochemicals, and injuries associated with tea work can contribute to long-term impairments, particularly where access to protective equipment services is limited.

Many tea-producing countries have established legal measures to ensure non-discrimination in employment and promote inclusive employment. For example, the Kenyan Persons with Disabilities Act (2025) includes a 5% disability

quota, provides tax incentives to private sector employers, and mandates employers to formulate policies and programmes to promote disability inclusion. As outlined above, effective implementation of legal frameworks and policies is key.

Evidence from multiple sectors shows that companies investing in disability inclusion can also see strong business benefits.[15] A survey of US companies across various major industries found that companies who invested in disability inclusion in the workforce and supply chains had 28% higher revenue, doubled their net income, and had a 30% increase in profit margins.[16]

Access to education

Across tea-producing countries, people with disabilities face persistent and significant barriers to accessing education, resulting in lower school participation, higher illiteracy, and poorer educational attainment. In Rwanda, only 14% of people with disabilities are currently in education, compared to 33% of those without disabilities, and illiteracy rates among people with disabilities are double those of people without (44% vs 21%).[5] In Sri Lanka, many children with disabilities are excluded from formal education, particularly in rural areas, due to challenges such as inadequate infrastructure, limited inclusive education services, shortages of trained teachers, and poor accessibility.[12]

Access to healthcare services

People with disabilities are more likely to need health care and simultaneously more likely to face barriers in accessing it, including physical and communication barriers and negative attitudes among health-care providers. Access to health care on tea plantations is often more challenging than in surrounding areas. For example, tea estates in Assam have been found to have major gaps in health service provision, including shortages of trained personnel at estate clinics and poor road infrastructure that limits access to government hospitals for more serious cases.[17] As a result, people with disabilities living and working on tea estates are highly likely to experience unmet health care needs.

Climate change

Tea-growing communities are highly vulnerable to climate change due to poverty and the sensitivity of tea production to climatic conditions.[18] People with disabilities are likely to be disproportionately affected, due to higher poverty rates and barriers to accessing climate-smart agriculture training, early-warning systems, and disaster response mechanisms.[19] Climate policy often fails to account for the specific needs and capacities of people with disabilities. Notable exceptions include the national climate policies of Indonesia and Sri Lanka, and climate adaptation policies in Malawi and Kenya, which do explicitly reference people with disabilities.[20]

People with disabilities in tea estates in Assam
In 2023, the ETP Plantation Community Empowerment Programme (PCEP) conducted a landscape study covering 5,301 people living and working across 19 tea estates in Assam. The study included 688 respondents from a specific target group of people with disabilities and older people. Key findings include:

- **Access to education:** Education emerged as the most significant concern across tea estates. School visits found that 37% of schools lacked a functional ramp, creating a major barrier to access for students with physical disabilities.
- **Protection related issues:** People with disabilities and older people were more likely than other respondents to raise concerns related to protection. For example, in seven tea estates, they raised the issue of a lack of acceptance of people with disabilities.
- **Access to social protection:** A quarter of respondents with disabilities raised concerns about a lack of access to government social protection schemes. Key barriers to accessing schemes included low awareness of the schemes and a lack of the required documentation.
- **Access to health care:** Older people and people with disabilities raised significant concerns about access to health care, noting that essential services such as physiotherapy and occupational therapy often require long-distance travel, with financial and physical barriers.
- **Confidence, agency, and mental health:** People with disabilities described significant challenges related to self-confidence, social isolation and emotional distress. Increased dependency and limited economic opportunities leads to feelings of guilt, loneliness, and neglect. Respondents reported experiences of stigma, ridicule, and fear of abuse, including within family and community settings, contributing to poor mental health and a sense of exclusion from society.

ETP's approach

ETP takes an intersectional, human rights-based and systems-change approach to disability inclusion, grounded in the principles of the UNCRPD. We recognise people with disabilities as rights holders and agents of change and work to address the structural and systemic barriers that limit their full and effective participation in the tea sector. We understand disability inclusion as a cross-cutting issue that intersects with gender, age, poverty, and other forms of inequality, which we address as part of our Equality strategic objective.

ETP works in partnership with tea-growing communities, tea companies, governments, and civil society organisations, including organisations of persons with disabilities (OPDs), to promote inclusive policies, practices, and programmes across tea supply chains. We are committed to strengthening the evidence base on disability in tea-growing communities, including by disaggregating our programmatic data by disability in line with international best practice where possible. Through programming, collaboration, learning, and accountability, ETP aims to build a socially just tea sector that is inclusive, equitable, and responsive to the rights and needs of everyone working in tea.

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