
Summary

Background
Child disability is an emerging global health priority. To address the need for internationally comparable information about the frequency and situation of children with disabilities, UNICEF has recommended that countries include the Ten Questions screen for disability in the Multiple Indicator Cluster Survey (MICS) programme. We examined child disability screening and its association with nutrition and early learning in countries with low and middle incomes.
Methods

Cross-sectional data for the percentage of children screening positive for or at risk of disability were obtained for 191,199 children aged 2–9 years in 18 countries participating in the third round of MICS in 2005–06. Screening results were descriptively analysed according to sociodemographic, nutritional, early-learning, and schooling variables. We constructed a weighted analysis to account for the sampling design in every country and tested for differences within countries using $\chi^2$ analyses.

Findings

A median 23% (range 3–48) of children aged 2–9 years screened positive for disability in the 18 participating countries. For children aged 2–4 years, screening positive for disability was significantly more likely in children who were not breastfed versus those who were (median 36% [9–56] vs 26% [4–51]) in eight of 18 countries, in children who had not received vitamin A supplementation versus those who had (36% [7–53] vs 29% [4–50]) in five of ten countries assessed, in children who met criteria for stunting (26% [6–54]) or being underweight (36% [3–61]) versus those who did not (25% [3–42] and 26% [4–43], respectively) in five of 15 countries assessed for stunting and in seven of 15 countries assessed for being underweight, and in those who participated in few early-learning activities versus others (31% [7–54] vs 24% [4–51]) in eight of 18 countries. Children aged 6–9 years who did not attend school screened positive for disability more often than did children attending school (29% [2–83] vs 22% [3–47]) in eight of 18 countries.

Interpretation

Our results draw attention to the need for improved global capacity to assess and provide services for children at risk of disability. Further research is needed in countries with low and middle incomes to understand and address the role of nutritional deficiencies and restricted access to learning opportunities as both potential antecedents of childhood disability and consequences of discrimination.

Funding

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