

# Measuring Children's Disability via Household Surveys: The MICS Experience

Edilberto Loaiza, Ph.D.  
UNICEF, New York

One of the main recent priorities for UNICEF has been to improve protection of children from violence, abuse, exploitation and discrimination. Children with disabilities are particularly prone to discrimination from the very individuals and institutions with an obligation to protect them, including families, health and education services, and the state. This discrimination often leads to reduced access to basic social services, especially education, as well as a lack of recognition of their equal humanity by their families, peers and communities. They are also especially vulnerable to abuse, exploitation and neglect, due to the same misperceptions which result in other forms of discrimination, and due also to their increased vulnerability as a result of their specific physical or intellectual difference.

To allow children with disabilities to claim their rights, the discrimination which stands in their way must be addressed. This approach is very much in line with the 'social model' of disability. This model recognizes that disability is not caused simply by a medical condition, but also by the social restrictions which result from discrimination. In some cases, addressing discrimination against children with disabilities requires working towards the provision of services that meet their special needs. This includes early detection and intervention in health, and specialized education for children with intellectual or sensory disabilities. Efforts to address discrimination against children with disabilities will also have the positive effect of preventing the development of discriminatory attitudes towards those with disabilities in subsequent generations.

In trying to identify the disability problem, one of UNICEF's common features of rights-based situation analysis and common country assessments is the identification of disparities, based on geography, sex, age groups, ethnicity and other factors. A limiting factor in such efforts, however, is the lack of data on children's disability. To address this difficulty, UNICEF as the named UN agency to monitor progress towards the goals of the 1990 World Summit for Children and in the 2002 World Fit for Children, developed the Multiple Indicator Cluster Survey (MICS methodology. UNICEF has coordinated the implementation of two rounds of MICS (1995-96 and 2000-2001). During the second round of MICS, UNICEF included an optional module on to measure children's disabilities and was included in over 20 of the 65 countries conducting the survey. The analysis of this experience and its results is the main objective of this paper.

The disability module provides data mostly on the type of impairments children have (e.g. seeing, hearing, muscle movement impairments, language production and reception, etc.) or about actual health conditions (e.g. epilepsy). A few questions ask about activity limitations (difficulties doing activities required or desired for everyday living (e.g. walking, learning).

The proposed analysis will look at what seems to be available in the data and what questions could be asked to look for indication as to the possible causes of some of the impairments.

**a) disabled vs. non-disabled children**

Comparison of the proportion of each group that: Have been immunized, are the correct height/weight etc. for their age, had an illness recently, come from overcrowded and low socio-economic status homes, orphan or not, knowledge of caregiver on seeking care, education level of caregiver, crowding levels in households, level of salt iodization, level of nutrition (undernourished below 5 yr olds, breastfeeding patterns), sex and age differences, level of registration.

**b) Type and severity of disability**

Some analysis will be devoted to try and separate out those children with problems on one domain (1 question) vs. on more than one domain. However, the domains are related and we would expect, for example, some children with problems walking, standing or sitting to also have problems with moving arms and legs, or with stiffness in the limbs. Similarly children with problems in hearing will often also have problems with speech. The more problems a child has the more severe the rating will be of disability.

**c) participation of children in activities of everyday life**

The analysis here is to look at school attendance or attendance at preschool facilities. The analysis will compare disabled vs. non-disabled children to see whether non-disabled children are at school/preschool or not.

**d) intra- and between country comparisons**

We know from the UN Statistics database on disability that the rates across countries vary enormously. This variation is in part attributable to different ages structures of populations in developed vs. developing countries, varying levels of industrialization and health care access, cultural factors, and some others we might not understand as yet. This analysis might provide some indications of what factors do seem to play a role in determining when a problem is reported or not. The further analysis will be focus on both intra-country and between country comparisons.

Intra-country comparisons would include: disabled vs. non-disabled children, rural vs. urban, boy vs. girl children, etc. Between country comparisons would compare rates of disability measured in relation to: level of health care service provision (impregnated bed nets, immunization coverage, respiratory infection treatment, ORS or other treatment, malaria treatment, etc.), water and sanitation access, level of salt iodization, overall SES level of the country, level of disparities between girls and boys in the country, level of birth registrations, etc.