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Towards Brighter Futures

Children with Disabilities in the Asia-Pacific Region

RESEARCH SUMMARY:
DATA, EDUCATION AND HEALTH

Introduction

Children with disabilities in the Asia-Pacific region are 'among the most marginalised, excluded and vulnerable children'[1] in the world. They often have limited access to basic services, including education, health services and psychosocial support.

Research in four Asian countries[2] found that children with disabilities are markedly more disadvantaged in the majority of indicators of well-being, including education, health and adequate standard of living.

There is limited data available on the situation for children with disabilities in the Pacific. However, available evidence suggests that children across the Pacific face disadvantage and exclusion, often live in poverty, and do not have full access to education, health and other services. They 'lack access to goods, services and facilities, and often face stigma, social exclusion and lack of opportunities for meaningful participation in the community'.[3]

With the impacts of the COVID-19 pandemic still reverberating around the region and increasing incidences of extreme weather driven by climate change, it is those already marginalised and excluded who are feeling the effects most harshly and children, perhaps most of all.

Little more than seven years before the 2030 deadline for achievement of global commitments to 'leave no one behind' as part of the Sustainable Development Goals, it is essential that governments and other actors in the region ensure that children with disabilities are seen and supported, so that truly, no one is left behind.

This paper provides a summary of research utilising publicly available data on the situation for children with disabilities in the Asia-Pacific region, with a focus on what is knowable, based on the data available, in education and health. The paper identifies key recommendations for action by governments in the region, the Australian Government and other development actors.

There are an estimated **107.5 million children with disabilities** in the Indo-Pacific region, or approximately **9.5%** of children in the region (disability prevalence rate of 9.5% for children).[4]

45% of the world's children with disabilities are in the Asia-Pacific region.[5]

Childhood disability is likely under-reported in many countries and **official prevalence rates vary** widely, from 1.7% in India to 21% in Kiribati.[6]

Globally, **on average, one in three children with disabilities of primary school age is out of school**, compared with one in seven children without disabilities.[7]

Children with disabilities in some parts of the Indo-Pacific are more than twice as likely to be **underweight**, and 50% more likely to have **stunted growth**, than those without disabilities.[8]

Convention on the Rights of Persons with Disabilities

Although most countries in the region have ratified the Convention on the Rights of Persons with Disabilities (CRPD),[9] delays in implementation mean that national legislation and policy frameworks are not set up to support children with disabilities in many countries. For example, while the CRPD uses a rights-based model of disability, national legislation is often still based on a medical model.[10]

As part of their commitment to addressing the barriers faced by people with disabilities, governments in the Pacific have jointly adopted the 2016–2025 Pacific Framework on the Rights of Persons with Disabilities (PFRPD). Different countries have made some progress in a range of areas but as noted in the latest Pacific Disability Forum SDG-CRPD Monitoring Report 2018:

'Most countries have prioritised only [a] few issues and there [have been few] steps taken towards the comprehensive regulatory changes, service development and public resource allocations required to ensure full and effective participation and inclusion of persons with disabilities.'

The accelerated implementation of the PFRPD across the region should be supported, including through a regional partnership for disability inclusion. Such a partnership would provide greater coordination of resources and priorities, better sharing of lessons from examples of good practice, and economies of scale for service provision. A strong partnership approach – seeking buy-in from a range of donors, implementing partners and Pacific Island governments – will enhance coordination, scale and efficiency in how resources are allocated, and further the rights realised for people with disabilities in the Pacific.

RECOMMENDATIONS

1. **Countries in the Asia-Pacific that have not yet ratified the Convention on the Rights of Persons with Disabilities (CRPD) should by encouraged to do so.**
2. **Countries that have ratified the CRPD should be supported to develop and implement legislation and policies that meet their obligations under the CRPD, promote a rights-based approach to disability, and improve legal protections for children with disabilities.**
3. **In the Pacific, this support should include the formation of a regional partnership on disability inclusion, to advance obligations under the CPRD through the implementation of the PFRPD.**

Little is known about the number and characteristics of children with disabilities. Even less is known about their living conditions and quality of life, or the barriers they face in attending school, accessing services and participating in cultural and recreational activities.[11]

Under-reported and Under-supported

An increasing amount of evidence about the experience of children with disabilities is being generated at global or regional levels. However, national-level information is often lacking, particularly about the situation of children with different types of impairments, or across different spheres or sectors.

The prevalence of disability within a population (the prevalence rate) has typically been under-reported, and there is a continuing lack of reliable estimates for many countries in the Asia-Pacific region. However, reliable data is gradually becoming available, as use of the Child Functioning Module (CFM)[12] becomes more widespread. Based on the CFM data that is currently available, Pacific countries have higher prevalence rates of disability than Asian countries.[13] This may be due to higher rates of disability in the Pacific than in Asia; the way the CFM questions have been administered in these contexts; or some combination of these and other factors.

While these gradual improvements are welcome, the lack of reliable data on children with disabilities is a continuing challenge in the region. Data is often inconclusive, fragmentary and inconsistent, particularly looking beyond prevalence rates to areas such as school enrolment, educational achievement, access to WASH (water, sanitation and hygiene), access to sufficient food and shelter, or disaggregation of general statistics.

This lack of reliable information means we don't know enough about the lives of children with disabilities, including their living conditions and quality of life. There tends to be less data available in low-resource Pacific Island countries with small populations, compared to larger countries in Asia where more research has been done. Even where data is available it is often not disaggregated by other characteristics like age and sex. This means that the needs of diverse children with disabilities are missed by governments, schools and other bodies, and their needs are unlikely to be met.

RECOMMENDATIONS

4. **Governments, donors and other development actors should support research and data collection to fill gaps in knowledge about the experiences and conditions for children with disabilities in the Asia-Pacific region. This research should examine the specific needs and experiences of diverse children with disabilities including those of different genders, those with varying impairments including intellectual disability, and ensure inclusion of other vulnerable or hard-to-reach groups.**

5. **Use of the Child Functioning Module (CFM) should be expanded as a tool to gather accurate and comparable prevalence data on children with disabilities at the national level. Asia-Pacific countries should be supported to use the CFM.**

Aleya's early progress brings renewed hope

Through a CBM-funded early education program in the Philippines, a 4-year-old girl is developing the skills to start her life-long learning journey.

Aleyah was born with Down syndrome and struggled to speak, eat and use the bathroom. Her parents worried that Aleyah would never make friends or go to school in her village.

In the last few months her family and community have seen how critical early education is to ensure children with disabilities are not be left behind. Thanks to home-based training and speech therapy, she has made great improvements in her motor skills and other daily living activities. She is learning numbers, letters and colours, and her family are hopeful she can attend pre-school next year.

CBM's partner also provides specialist training for teachers of children with disabilities. This includes modifications to classrooms like desks, seating arrangements and large-print learning books. These all support a strong start in life for children like Aleyah.

CBM acknowledges the support of the Australian Government through the Australian NGO Cooperation Program (ANCP) and thanks NORFIL.

Education

One in three children with disabilities of primary school age **is out of school**, compared with one in seven children without disabilities.[14]

Globally, children with disabilities are **less likely to read books or be read to at home** than their peers – 48% versus 58% of those without disabilities. For children with hearing or communication difficulties, this falls to 30% and 22% respectively.[15]

In Indonesia and Vietnam, people with disabilities, 15–29 years old, were **half as likely to have attended school** than their peers.[16]

In **Tonga**, only 14% of children with disabilities attend early childhood education, compared to 37% of those without disabilities: attendance rates are **less than half for children with disabilities**.[17]

Having either a moderate or a severe disability reduces the likelihood of school attendance for children with disabilities worldwide.[18] Many factors contribute to this, including the accessibility of schools, stigma and discrimination, and lack of appropriate teaching methods for children with various impairments.

Definitive figures are not available on school attendance for children with disabilities in the Asia-Pacific region.[19] However, there are 'huge gaps in terms of access to education' for children with disabilities in East Asia and the Pacific.[20]

Gaps in attendance are generally higher for places with a lower overall out-of-school rate, suggesting children with disabilities are the hardest to reach.[21] This indicates that targeted measures are needed to ensure children with disabilities access school – it is not enough to just improve enrolments overall.

Inclusive education

Inclusive education is where children with disabilities are educated within mainstream schools that can meet their needs. Evidence shows that this is more cost-effective than excluding children with disabilities from school, or placing them in segregated schooling.[22]

Most countries in the Asia-Pacific are planning for an inclusive curriculum and implementing reform towards inclusive education.[23] However, there may still be some promotion of segregated or 'special' education. In East and South-East Asia, 44% of countries have laws promoting segregated rather than inclusive education for children with disabilities. In Oceania, the figure is 8%.[24] Many Pacific Island countries still have limited inclusive education options, particularly outside urban areas, and children may stay home if they cannot access education.[25]

In a positive development, in November 2022, UNICEF along with 15 Pacific Island countries, launched the new Pacific Regional Inclusive Education Review to ensure all children, including those with disabilities, have access to quality education. The review was designed to advance understanding of the situation of inclusive education in the Pacific. It aims to foster Pacific-Pacific learning and sharing, and strengthen partnerships, planning and action at country and regional levels.[26] It is important that all countries that took part in the review[27] now commit to translating the review findings in to concrete action and investment to realise inclusive education.

Accessibility

The Sustainable Development Goals global indicator 4.a.1 refers to the proportion of schools with access to 'adapted infrastructure and materials for students with disabilities'.

Karen knows the satisfaction of personal achievement

She graduated from primary school second in her class!

Her life of growing independence is in contrast to her early years. Born blind, she was shy and dependent on her mother for everything as she wasn't able to move around, dress, wash or feed herself.

Over time, her parents noticed Karen was very bright and wanted her to go to school so they approached a local resource centre in Papua New Guinea. There she learned orientation and mobility skills using a white cane and attended other therapy sessions where inclusive education teachers taught her how to read Braille.

Karen's school lessons were transcribed into Braille so she could read set work at the same time as her classmates. An inclusive education officer also gave orientation training to her teachers and conducted awareness training for Karen's classmates.

Outside of school Karen helps with housework and assists her mother at the local market. Karen's future is looking very bright indeed.

The available data shows that this is an area that needs significant attention within the Asia-Pacific region.

In Samoa, no primary or lower-secondary schools meet these accessibility standards. In Bangladesh, only 18%, and in India 64%, of primary schools meet the standard.[28]

One important factor affecting school enrolment and attendance is the accessibility of school buildings, including WASH (water, sanitation and hygiene) facilities and toilets. Children with disabilities face significant barriers in accessing school. Many schools, particularly in remote rural areas or urban slums, are physically inaccessible to children with mobility impairments.

Only 3.5% of schools in Fiji have wheelchair-accessible toilets, and toilets in general, tend to be located away from classrooms across uneven terrain.[29] In Solomon Islands, 'very few water sources and toilets at schools are accessible' to children with disabilities.[30]

RECOMMENDATIONS

6. **Development approaches in education should involve specific targeting of children with disabilities to improve enrolments and educational achievement.**

7. **Countries should be supported in building momentum towards inclusive education, transitioning away from segregated education, ensuring that legislation promotes and supports inclusive education, and investing in accessible facilities. This includes, for relevant Pacific Island countries, supporting the implementation of findings from the Pacific Regional Inclusive Education Review.**

8. **Policymakers in education sectors should be supported in building their capacity and knowledge of disability inclusion, to ensure children with disabilities are served by education policies and practices.**

Health

Globally, children with disabilities have **higher rates of common signs of illness** such as diarrhoea, acute respiratory illness (ARI) and fever; the differences are greatest for children with multiple disabilities.[31]

In Kiribati, **children with disabilities are more than twice as likely to be underweight** (12% versus 5%) and 50% more likely to have stunted growth (27% versus 18%) for ages 2–6.[32]

At least one-third of children with disabilities in the region **are likely to not receive any early intervention services.**[33]

In many developing countries, **only 5–15% of assistive technology needs are met**,[34] although assistive devices are vital to help children with disabilities access education and health care and engage in their communities.

Early intervention and rehabilitation

Providing early intervention and rehabilitation for children with disabilities is important as it 'produces better functional outcomes for almost all health conditions associated with disability'. This is particularly effective for children with developmental delays, and early intervention is proven to increase educational and developmental gains.[35] However, services can be limited, particularly outside of capital cities or in rural areas. In the Asia-Pacific region, at least one-third of children with disabilities are not likely to receive any early intervention services.[36]

The COVID-19 pandemic has disrupted access to health services and support, including early intervention. Given the importance of early intervention for improving functioning, and educational and learning outcomes, this will have a lifelong effect on children with disabilities. UNICEF[37] states that 'without early and continued support, these children may never attain their full potential, and many will not survive'. It describes the pandemic as having generated 'a silent crisis of care and learning for young children [with disabilities] and their families'.

Assistive devices

The World Health Organization (WHO) notes that 'assistive technology is one of the key elements to advancing inclusion of children with disabilities together with additional supports such as personal assistance, sign language interpreters and removal of barriers. Access to assistive technology for children with disabilities is critical for many to access and benefit from education.'[38]

In many developing countries, WHO estimates that only 5–15% of assistive technology needs are met.[39] Key barriers globally for children with disabilities accessing technology include, but are not limited to, lack of awareness as to what assistive products and services are available or suitable, lack of government programs, policies and legislation relating to assistive devices, and financial barriers including the cost of purchasing, maintaining and replacing devices.[40]

In Papua New Guinea and Vanuatu, research found that children often lacked access to aids and equipment, including items like wheelchairs, prams, trolleys or glasses. In some cases, basic equipment had been provided or donated, but when items broke they became unusable and replacement parts could not be obtained. Lack of equipment negatively impacted the child and their family, meaning they could not travel independently or move within their community, attend school, or communicate. Support for communication was also needed, with children and their families lacking access to sign language or other communication aids and supports. This had a significant negative impact on their lives, access to education and community engagement.[41]

A review of access to assistive technology for children with disabilities in humanitarian responses found that provision of this technology is limited, and children with pre-existing disabilities are often excluded from this; there is little evidence that humanitarian response is seeking to meet the needs of children with disabilities; and where there is provision, assistive technology largely focuses on mobility impairment, overlooking other assistive technology requirements for hearing, vision, communication or cognitive impairments.[42]

RECOMMENDATIONS

9 **Access to early intervention and rehabilitation should be prioritised for children with disabilities to promote improved functional outcomes and educational gains. Recognising the negative impact the COVID-19 pandemic has had on early intervention access, efforts should be made to bridge this gap and reach children who have missed out during this period.**

10 **Governments and development actors should promote access to assistive devices for children with disabilities to support mobility, communication and education outcomes, by addressing specific barriers including cost and human resources.**

ENDNOTES

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2 Bangladesh, Lao PDR, Mongolia, Thailand.

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10 UNESCAP et al (2021) *Early Intervention and Quality Education of Children with Disabilities in Asia and the Pacific*, November 2021, https://www.unescap.org/kp/2021/early-intervention-and-quality-education-children-disabilities-asia-and-pacific

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12 UNICEF and the Washington Group on Disability Statistics have developed the Child Functioning Module (CFM) for use in national-level censuses and surveys. This covers children from 2–17 years old, and is designed to 'provide a population-level estimate of the number and proportion of children with functional difficulties' (UNICEF 2021). It incorporates questions on psychosocial functioning, which some previous tools have not done.

13 Of the five Pacific countries with CFM data available (Fiji, Kiribati, Samoa, Tonga, Tuvalu), prevalence rates are higher than the Indo-Pacific average: the average prevalence rate in these countries is 14%, ranging from 8.8% in Fiji to 21% in Kiribati. Of the Asian countries with CFM data for ages 2–17 (Bangladesh, Mongolia, Nepal, Pakistan and Vietnam), average prevalence is 7.5%. This is twice the average prevalence rate that other Asian countries identified via survey or census data.

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26 (UNICEF 2022), Press release: *15 Pacific Island countries join hands to improve inclusive education* https://www.unicef.org/pacificislands/press-releases/15-pacific-island-countries-join-hands-improve-inclusive-education

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