

Functional Disabilities Brief

November 2024

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Background

The release of the 2022–23 Demographic and Health Survey (DHS 2022) provides an opportunity to review the situation of children in Mozambique. To this end, UNICEF has produced a series of thematic briefs that present key child-related information from this survey with a view to strengthening evidence-based policy making.



SDG Target 10.2

Empower and promote the social, economic and political inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status

How child functioning is defined and measured has a direct impact on findings regarding functional disabilities in a particular context. UNICEF's Child Functional Module¹ is regarded as the standard for surveys to gather data on child functioning. The DHS 2022 uses questions that are broadly aligned to this module, covering children between 2 and 17 years of age.² It assesses functional difficulties in different domains, including hearing, vision, communication/comprehension, learning, mobility and emotions. To

better reflect the degree of functional difficulty, each area is assessed against a rating scale. The purpose is to identify children who are at greater risk of having functional difficulties than other children of the same age, or who are experiencing limited participation in an unaccommodating environment. In line with the Child Functional Module, the DHS assesses disabilities among children aged 2–4 years and children aged 5–17 years. These age ranges are distinct, as some functions are only expected to become apparent after a child turns five – for example, remembering, and experiencing anxiety.

Government responses to the challenges posed by functional disabilities must cover prevention, early identification, early intervention, appropriate assistance and inclusion. Good ante-natal services, including providing pregnant women with folic acid, iron, iodine and vitamin A supplements, assisted deliveries, good breast-feeding and early nutrition practices, vaccinations and growth monitoring, are key preventive measures. Screening young children is critical for early identification and intervention, including the provision of assistive devices, various therapeutic interventions and, in some cases, appropriate corrective surgery.

In 2024, Mozambique enacted the Law of Promotion and Protection of the Rights of Persons with Disabilities, which includes provisions for preventing disabilities and ensuring early intervention (Article 21), and guaranteeing the right to access education (Article 24). The Strategic Rehabilitation Plan for 2023–2030 envisions significantly enhanced access to rehabilitation services through multidisciplinary primary health care teams. The Inclusive Education and Development Strategy for Children with Disabilities (EEIDCD) 2020–2029 envisions providing inclusive education to all people with disabilities and/or special educational needs.

¹ <https://data.unicef.org/resources/module-child-functioning/>.

² Mozambique's DHS 2022 did not cover the functional areas relating to relationships or coping with change, and it grouped remembering and concentrating into a single indicator.

1 Functional disability among children in Mozambique

Key fact: According to the DHS 2022, 7.2% of children aged 2–17 years in Mozambique have a functional disability.



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Among all children aged 2–17 years in Mozambique, 7.2% have at least one functional disability, and the same children often have multiple disabilities, for instance, sight, hearing and communication. Functional disabilities are present in 5.4% of 2–4-year-olds, and 7.6% of 5–17-year-olds. As noted, the increase across the age domains is mostly attributed to 5–17-year-olds being assessed against a wider range of functions.

Among children aged 2–4 years, the top three functional difficulties are controlling behaviour (3.5%),

communication (1.3%) and learning (0.9%). Very few children aged 2–4 years have difficulties with fine motor skills (0.2%) and play (0.1%). Among children aged 5–17 years, mental health issues feature strongly – anxiety (4.8%) and depression (2.0%).

Figure 1: Functional disabilities by age group (2022)

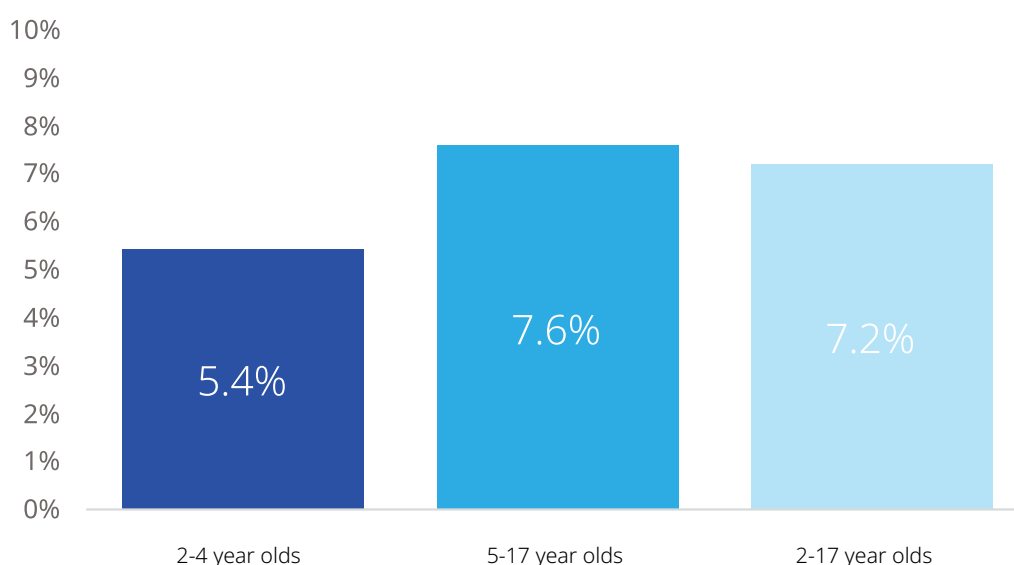
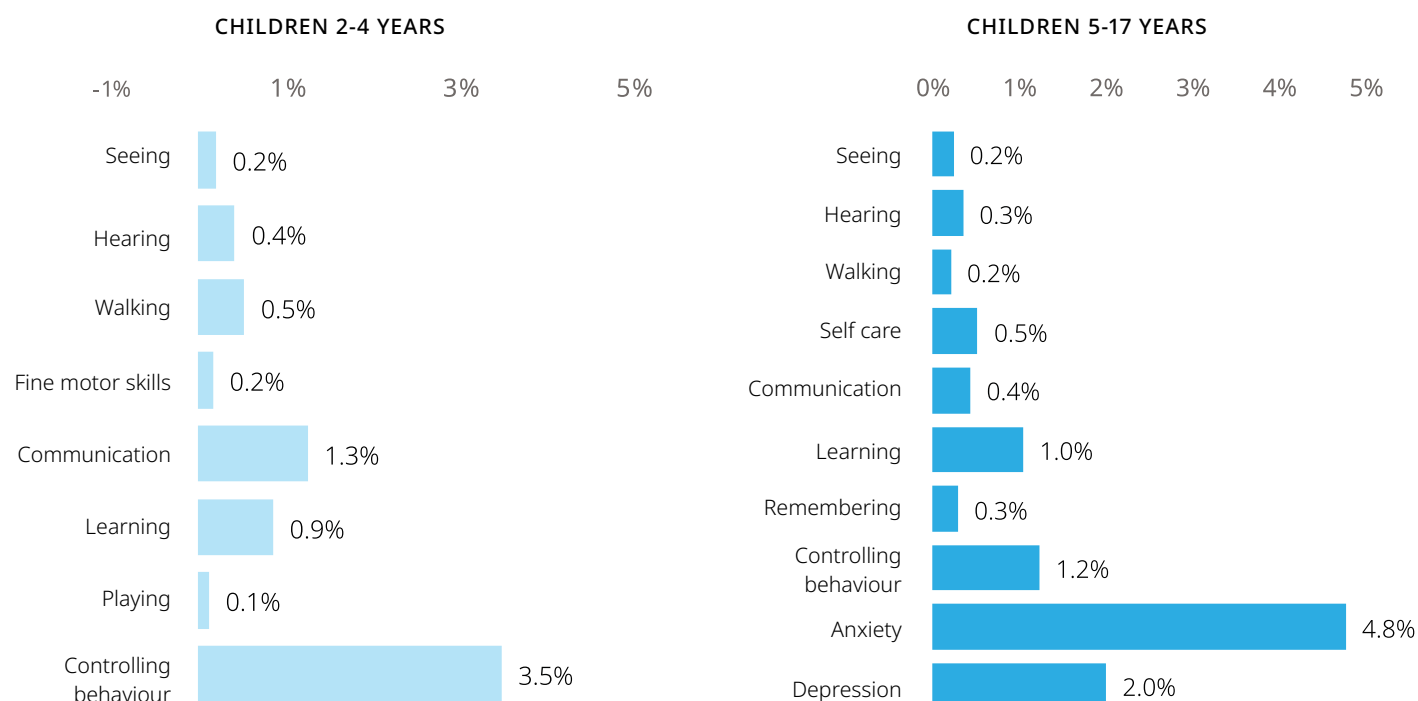


Figure 2: Domains of functional disability by age group (2022)



Overall, 8.6% of children aged 2–17 years in urban areas have functional difficulties, compared to 6.6% of the children in rural areas. However, for children aged 2–4 years, the situation is reversed, with 5.9% in rural areas having functional difficulties compared to 4.3% in urban areas. Among children aged 5–17

years, the distribution of functional difficulties across urban and rural areas is similar, except with regards to anxiety and depression, which occur far more frequently among children in urban areas, driving the level of functional disability in urban areas up to 9.5% compared to 6.7% in rural areas.

Figure 3 Functional disabilities by area (2022)

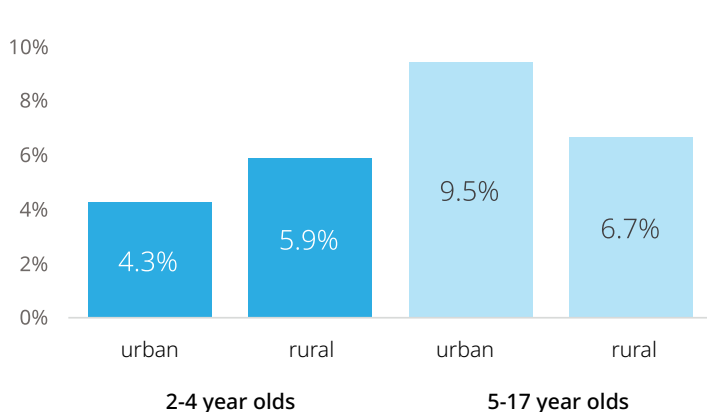
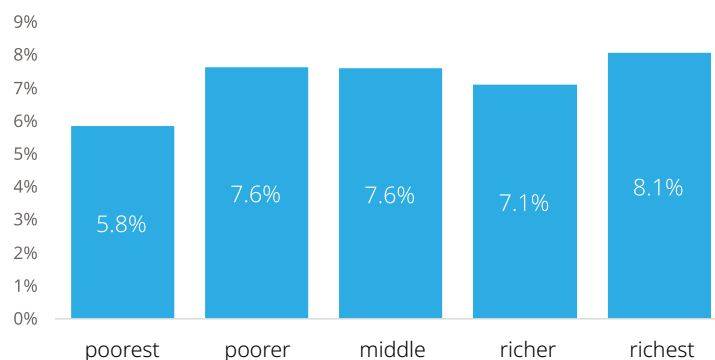


Figure 4 Functional disabilities among 2–17-year-olds by wealth (2022)



The DHS 2022 shows that functional disabilities are highest in Niassa (9.1%), Nampula (8.6%) and Maputo (8.1%), and lowest in Manica (3.5%) and Sofala (4.4%). It is important to examine the detailed breakdown in functional disabilities across provinces when planning interventions, since the levels of anxiety and depression among children are higher in the more urban provinces.

Figure 5 Functional disabilities among 2–17-year-olds by province (2022)

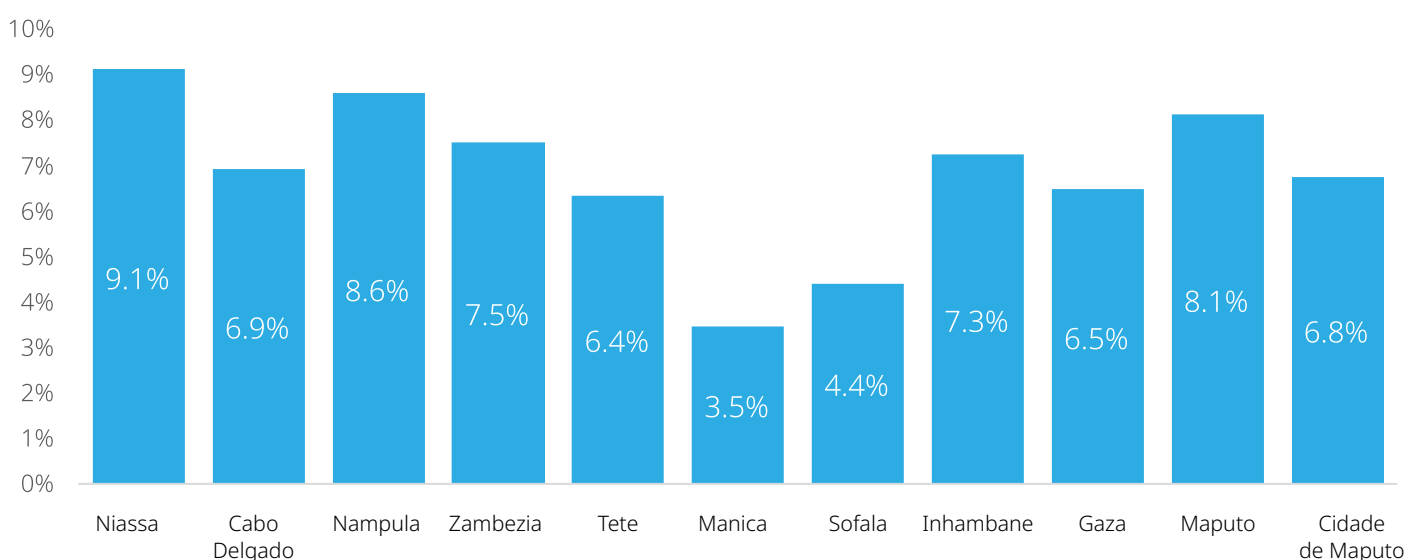
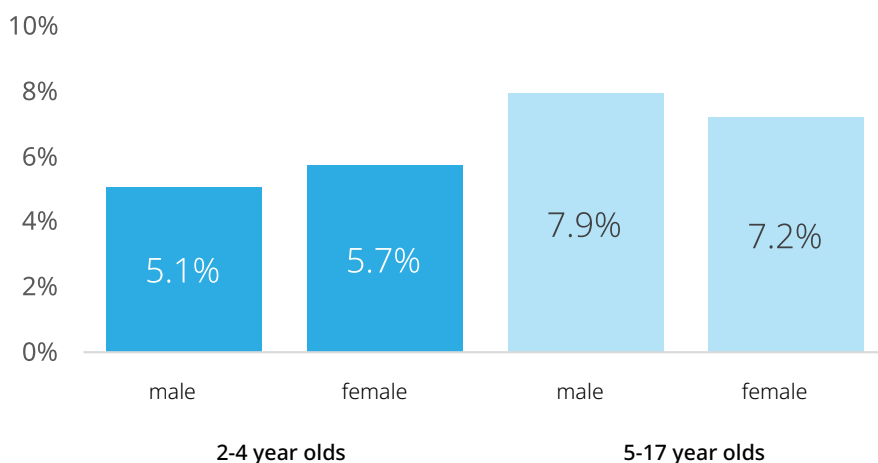


Figure 6 Functional disabilities by gender (2022)



The DHS 2022 shows that functional disabilities among children aged 2–17 years are highest in the richest wealth quintile, at 8.1%, and lowest in the poorest wealth quintile at 5.2%. These trends reflect the higher prevalence of anxiety and depression among children in urban areas. Among children aged 2–4 years, more girls have functional disabilities than boys, while the situation is reversed for children aged 5–17 years.

2 Use of assistive devices

Key fact: According to the DHS 2022, use of assistive devices is concentrated among children from wealthier income quintiles, despite functional disability being relatively evenly distributed across quintiles.



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Overall, 1.2% of children aged 2–17 years have glasses, and 1.7% have hearing aids. This aligns with the relative prevalence of these two disabilities, but the levels of access to glasses and hearing aids exceed the reported levels of sight and hearing disability by six times. This suggests that the DHS 2022 functional disability numbers are reporting disabilities that have not been addressed, though this is not stated explicitly.

Generally, children from wealthier households are more likely to have access to assistive devices, but the

pattern is not uniform. For instance, more children aged 5–17 years in the poorest wealth quintile have access to hearing aids than children in the other four quintiles. Similarly, children aged 2–17 years in urban areas are more likely to have access to assistive devices than children in rural areas, though the difference is only significant in the case of glasses – urban (2.0%) versus rural (0.9%). The distribution of assistive devices between girls and boys aged 2–17 years is similar.

Figure 7 Use of assistive devices by 2–4-year-olds, by wealth (2022)

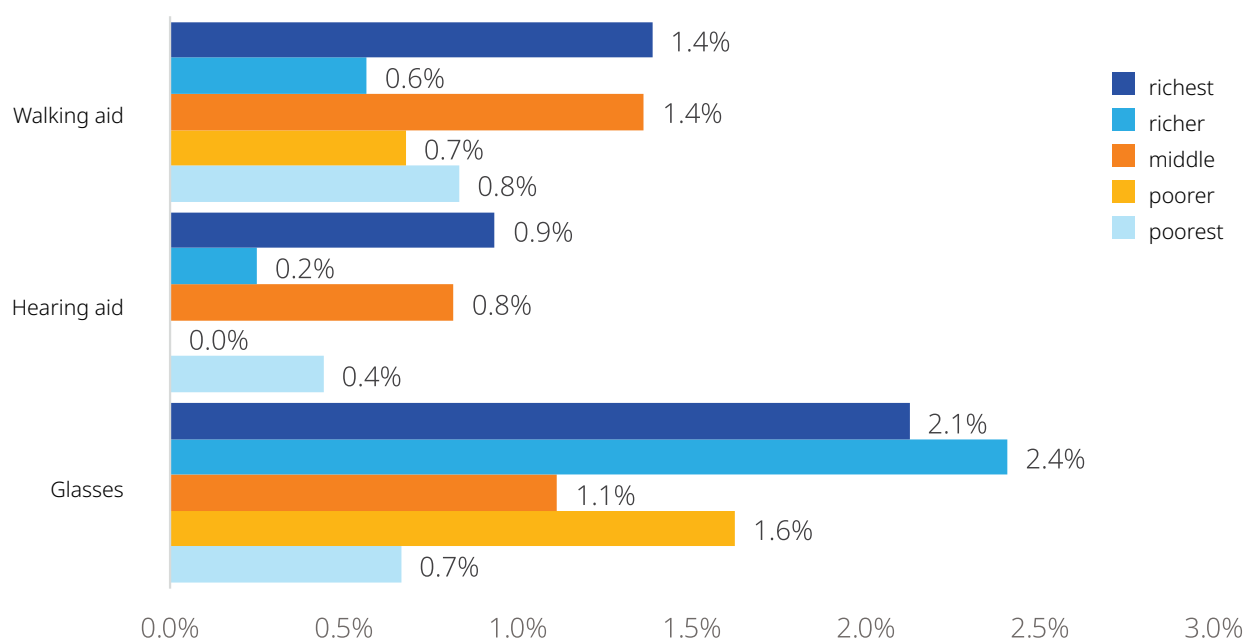


Figure 7 Use of assistive devices by 5–17-year-olds, by wealth (2022)

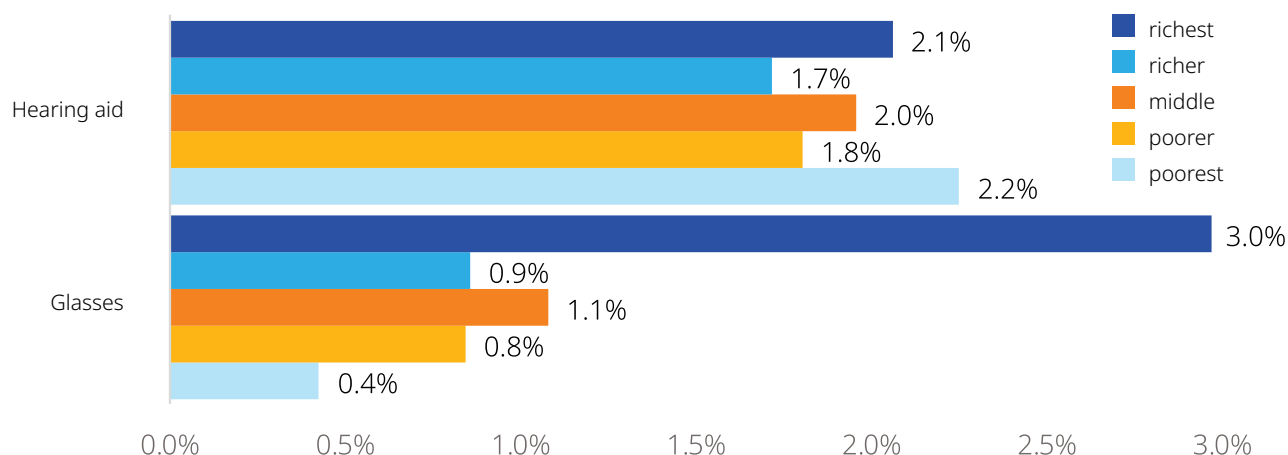
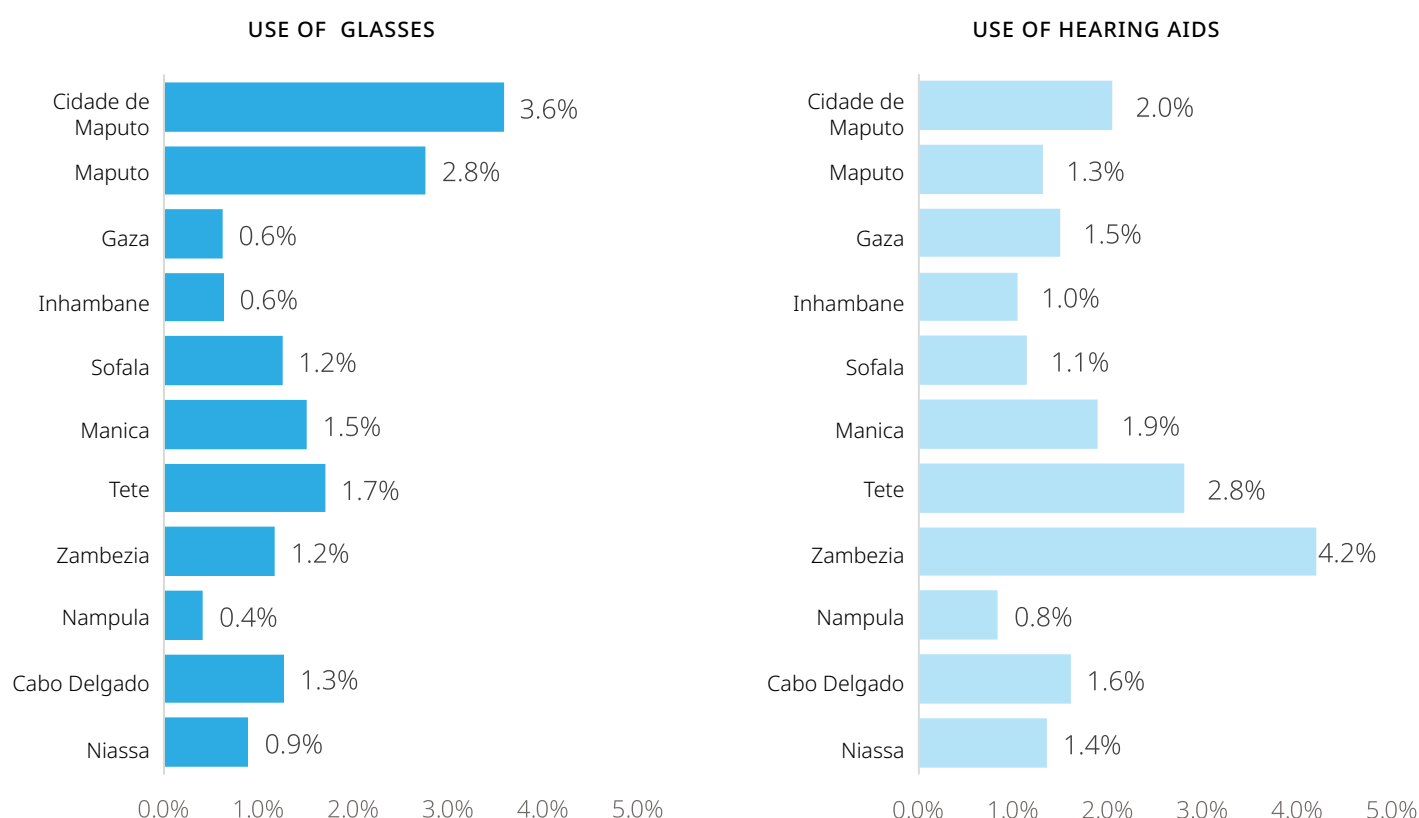


Figure 8 Use of assistive devices by 5–17-year-olds, by province (2022)



The DHS 2022 shows that, among children aged 5–17 years, those in Cidade de Maputo (3.6%) and Maputo (2.8%) have the highest levels of access to glasses, while those in Nampula (0.4%), Gaza (0.6%) and Inhambane (0.6%) have the lowest. Meanwhile, access to hearing aids among children aged 5–17 years is highest in Zambezia (4.2%) and Tete (2.8%), and lowest in Nampula (0.8%).

3 Functional disability and nutrition

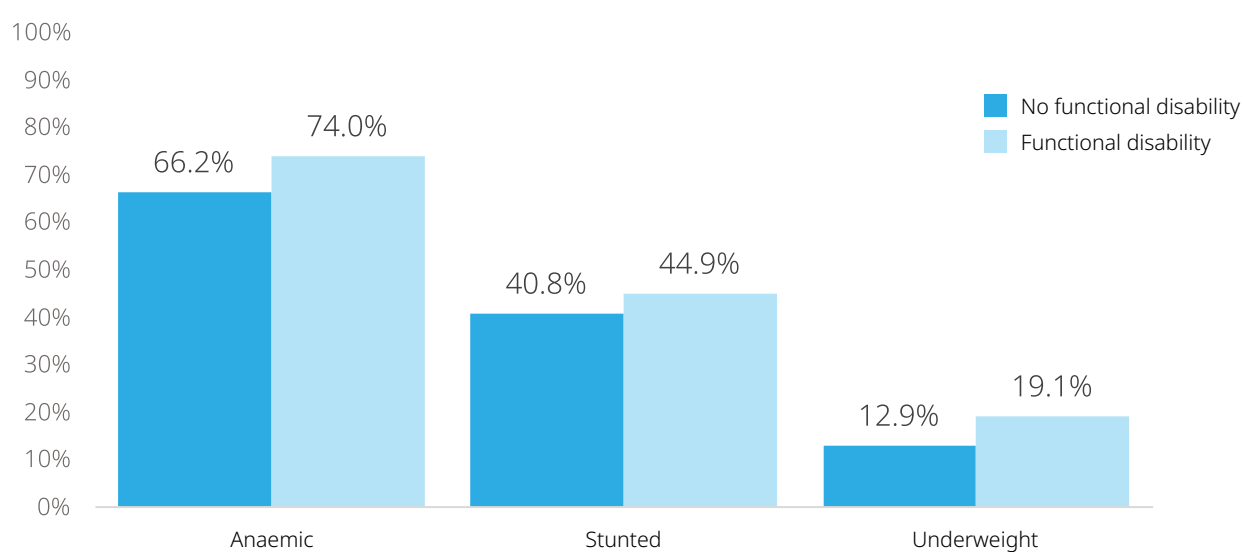
Key fact: According to the DHS 2022, rates of anaemia and stunting are higher among children with functional disabilities than among their functionally able counterparts.

The DHS 2022 shows that children who have functional disabilities are more likely to be malnourished. Among children aged 2–4 years, 74% of those with functional disabilities suffer from anaemia, compared to 66.2% who don't have any functional disability.³ Among children who are stunted, 44.9% have functional disabilities while 40.8% do not. It will require further analysis to establish if the malnutrition is the cause of the functional disability, or if children with functional disabilities are neglected, leading to malnutrition.



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Figure 9 Functional disability and malnutrition among children aged 2–4 years (2022)



³ According to DHS 2022, 73% of 3-year-old children suffer from anaemia.

4 Functional disability and education

Key fact: According to the DHS 2022, both school attendance and overall educational attainment are negatively affected by a child having a functional disability.

According to the Early Childhood Development Index, 60.4% of children aged 2–4 years with no disability are developmentally behind, while 71.2% of children with functional disabilities are behind.

The DHS 2022 data show that 25% of children aged 5–17 years with functional disabilities have never attended school, compared to 21% of children with no disabilities. The proportion of children with and without functional disabilities who have only attended primary school is virtually the same. However, where 12% of children without functional disabilities have attended secondary school, only 7% of children with functional disabilities have done so.

Figure 11 Highest educational level attained among children aged 5–17 years, by functional disability (2022)

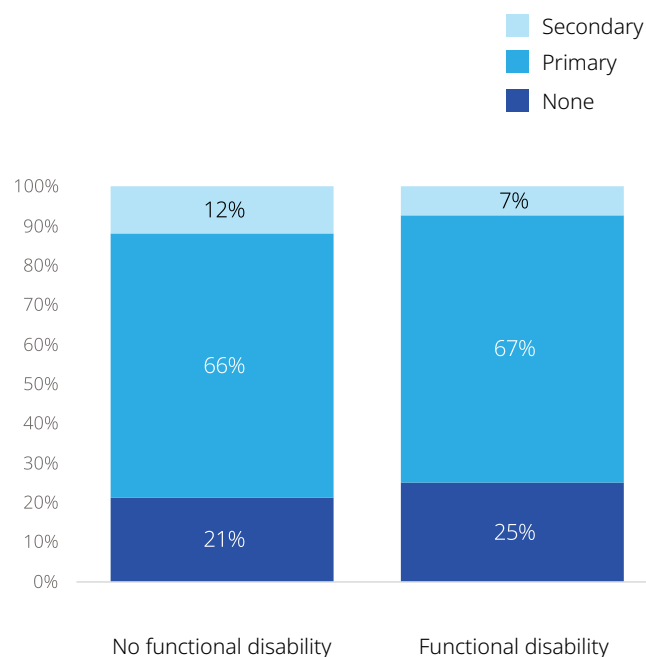
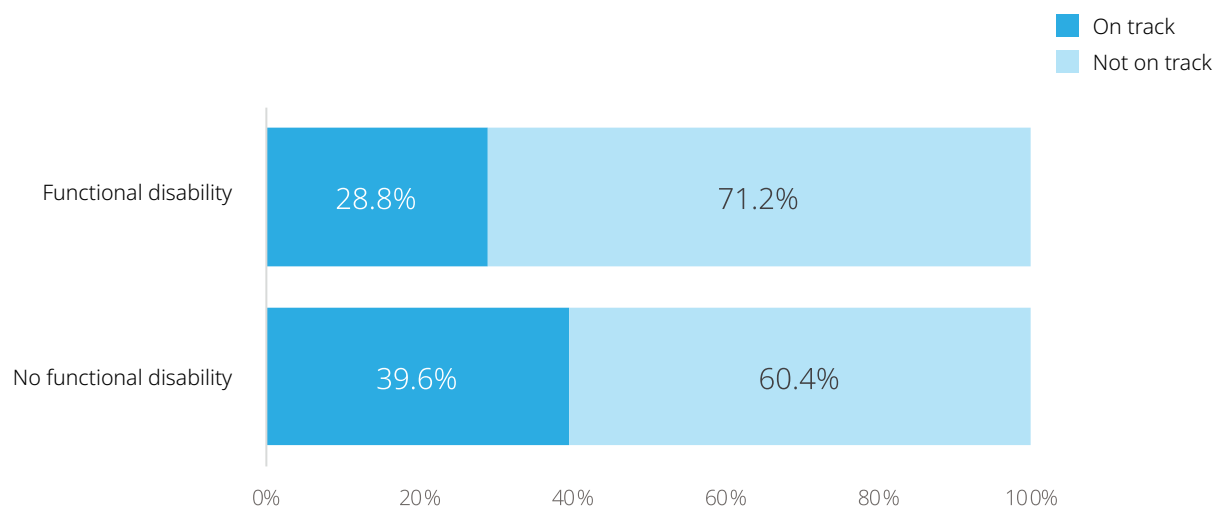


Figure 10 Functional disability and early childhood development – children aged 2–4 years (2022)



Proposed Policy Priorities

Proposed Policy Priorities

To address issues around functional disabilities, the following policy priorities are recommended:

1. Improve the collection of data on disabilities

Designing policies and programmes to respond to the needs of people with disabilities requires reliable data on disability demographics, barriers and needs. Disability data helps map where services are most needed, what types of support are required, and how government can work to remove barriers to access and participation. There is a need for more and better disability data.

2. Prevention and early identification of disability

Prevention and early identification are key to addressing functional disabilities. Prevention needs to include good ante-natal services (including providing pregnant women with folic acid, iron, iodine and vitamin A supplements), assisted deliveries, good breast-feeding and early nutrition practices, vaccinations, and growth monitoring. Screening young children is critical for early identification and timely provision of appropriate services, especially healthy nutrition. Early nutritional support helps children reach developmental milestones, providing the best chance for children with disabilities to build physical and cognitive strength.

3. Access to rehabilitation services and assistive devices

Targeted disability programmes focused on increasing access to rehabilitation services and assistive devices are crucial for improving the quality of life, independence and inclusion of children with disabilities. When disabilities are identified early, tailored interventions like assistive devices, various therapeutic interventions and, in some cases, corrective surgery can be provided. Despite the

availability of rehabilitation services in tertiary and secondary hospitals, there is still a huge gap at the community level, pointing to the need to improve the availability of rehabilitation services and assistive devices.

4. Access to inclusive education

Ensuring that schools are inclusive, especially for children with disabilities, means removing physical, social and economic barriers to education. Inclusive policies need to be implemented, schools be made accessible, and teachers be trained to address the needs of children with functional disabilities in the learning environment.

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Whoever she is.

Wherever he lives.

Every child deserves a childhood.

A future.

A fair chance.

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