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Global Trends in the Prevalence and Classification of Persons with Disabilities (2000–2025): An Integrative Review of International Data and Policy Frameworks

**Mr. Rajvir¹, Dr. Pawan Kumar²*

¹Assistant Professor, State Institute for Rehabilitation, Training & Research (SIRTAR), Rohtak, Haryana, India Email: rajvirsirtar@gmail.com

²Dean – Academics and Development, Madhav University, Sirohi (Rajasthan), India

ABSTRACT

Background:

The global prevalence of persons with disabilities (PWD) has increased over recent decades, reflecting demographic transitions, improved survival from injury and disease, expanded diagnostic practices, and evolving definitions of disability. Understanding these trends is critical for inclusive policy development and monitoring Sustainable Development Goal (SDG) targets related to health equity and participation.

Methods:

An integrative review was conducted using data from peer-reviewed literature, national statistical offices, and international databases (World Health Organization [WHO], United Nations Children's Fund [UNICEF], and the Global Burden of Disease [GBD] Study). Studies and reports published between 2000 and 2025 were identified through PubMed, Scopus, and Web of Science using the keywords disability prevalence, persons with disabilities, developmental disabilities, autism spectrum disorder, and inclusive policy. Data extraction included country/region, measurement tool, definition used, and reported prevalence.

Results:

Global estimates indicate that approximately 1.3 billion people ($\approx 16\%$ of the world's population) live with a disability as of 2023 (WHO 2023). Prevalence varies by region: North America 15–18%, Europe 14–17%, South Asia $\sim 12\%$, Sub-Saharan Africa $\sim 10\text{--}13\%$, and East Asia $\sim 9\text{--}12\%$, depending on survey design and age structure. From 2000 to 2020, disability reporting increased in nearly all regions, partly due to population ageing, chronic disease survival, and broader inclusion of developmental and psychosocial disabilities in national definitions. Children with developmental disabilities are estimated at ~ 240 million globally (UNICEF 2021), with autism spectrum disorder prevalence ranging from 1% to 3% across surveillance systems. Most countries now recognize disability categories aligned with the International Classification of Functioning, Disability and Health (ICF) framework, though specific legal classifications vary (e.g., 21 types in India's RPwD Act 2016; 13 major groups in the U.S. ADA framework).

Conclusion:

The apparent rise in PWD prevalence reflects complex demographic and methodological factors rather than solely an increase in disease burden. Harmonized measurement tools, disability-inclusive data collection, and policy convergence toward the ICF framework are needed to ensure comparability and equity in service provision. Future research should integrate cross-sectoral indicators—health, education, and employment—to capture the evolving landscape of disability globally.

Keywords: disability prevalence; persons with disabilities; developmental disabilities; autism spectrum disorder; inclusive policy; WHO; UNICEF; Global Burden of Disease; ICF framework.

1. Introduction

Background

Disability is an evolving concept that reflects the interaction between individuals with health conditions and the societal and environmental barriers that affect their full participation. According to the World Health Organization (WHO) and the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD, 2006), a person with a disability (PWD) is someone who has a long-term physical, mental, intellectual, or sensory impairment that, in interaction with various barriers, may hinder their effective participation in society on an equal basis with others.

Over the past two decades, global awareness and documentation of disability have expanded significantly. The World Report on Disability (WHO & World Bank, 2011) estimated that over one billion people—about 15% of the world's population at that time—were living with some form of disability. Updated estimates from WHO (2023) suggest that the number has risen to approximately 1.3 billion people (16% of the global population), reflecting both demographic changes and improved measurement systems. Similarly, the UNICEF Global Report on Children with Disabilities (2021) identified 240 million children worldwide living with developmental or functional disabilities, representing roughly 10% of all children.

Trends and Rationale

Between 2000 and 2025, the recorded prevalence of disability has increased in nearly all regions. Several interrelated factors explain this pattern:

1. Population ageing — longer life expectancy and the growing proportion of older adults increase chronic disease-related disability.
2. Improved survival and health care access — advances in neonatal and trauma care allow more individuals with congenital or acquired impairments to survive into adulthood.
3. Expanded diagnostic criteria — better recognition of neurodevelopmental and psychosocial disabilities (such as autism spectrum disorder and learning disabilities).
4. Enhanced data systems and rights-based reporting — incorporation of disability modules in censuses, Demographic and Health Surveys (DHS), and Multiple Indicator Cluster Surveys (MICS).
5. Socio-environmental factors — conflict, accidents, non-communicable diseases, and inequities in health and education contribute to rising functional limitations.

Despite these advances, estimates remain heterogeneous because of methodological differences in defining and measuring disability across countries. The Washington Group (WG) Short Set of Questions, the International Classification of Functioning, Disability and Health (ICF, WHO 2001), and national legal frameworks (e.g., Americans with Disabilities Act, ADA 1990; Rights of Persons with Disabilities Act, India 2016) use varying classification categories—ranging from 6 to over 21 recognized types.

Knowledge Gaps

While national data sources and global initiatives provide increasing detail, cross-country comparability remains limited. Discrepancies persist regarding:

- Measurement instruments (self-report vs. functional assessment),
- Inclusion of psychosocial and developmental disabilities, and
- Cultural or policy factors affecting disability disclosure and registration.

Furthermore, limited research integrates both quantitative prevalence trends and qualitative policy frameworks that influence recognition and support of PWDs. Few global reviews simultaneously examine how definitions and legal classifications shape observed prevalence and service coverage.

Aims and Objectives

This review aims to:

1. Synthesize global and regional prevalence trends of persons with disabilities from 2000 to 2025 using WHO, UNICEF, GBD, and national statistics.
2. Identify reasons for the apparent rise in disability prevalence across decades.

3. Compare and analyze classification systems of disability recognized by major international and national frameworks.
4. Discuss policy implications for harmonized measurement, inclusive planning, and equity in disability services.

By integrating epidemiological data with policy analysis, this review provides a comprehensive understanding of the evolving landscape of disability prevalence and classification worldwide.

2. Methods

2.1 Study Design

This review followed the general principles of the PRISMA 2020 (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) statement and the Joanna Briggs Institute (JBI) guidance for integrative evidence synthesis. The objective was to collate and compare quantitative estimates of disability prevalence and classification systems worldwide between January 2000 and June 2025, drawing from both peer-reviewed and institutional sources.

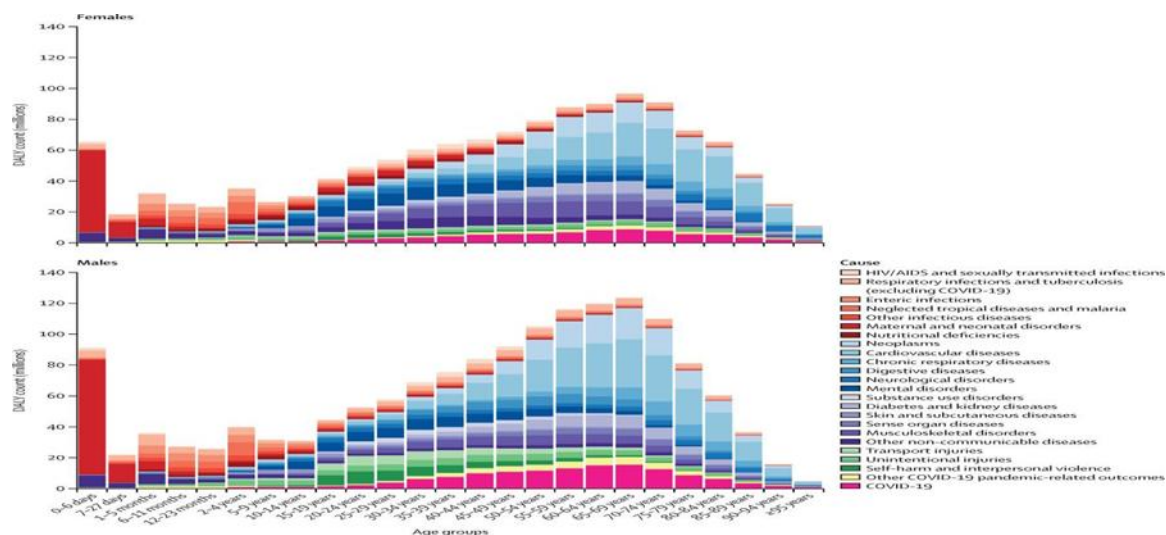
2.2 Data Sources and Search Strategy

Electronic searches were conducted in the following databases and portals:

- PubMed/MEDLINE
- Scopus (Elsevier)
- Web of Science Core Collection
- WHO Global Health Observatory (GHO)
- UNICEF Data Portal
- Global Burden of Disease (GBD) Results Tool
- World Bank Open Data
- National statistics offices (e.g., U.S. CDC NCHS, U.K. ONS, India MOSJE/NSSO, Australia ABS)

A structured search strategy combined controlled vocabulary (MeSH) and free-text terms.

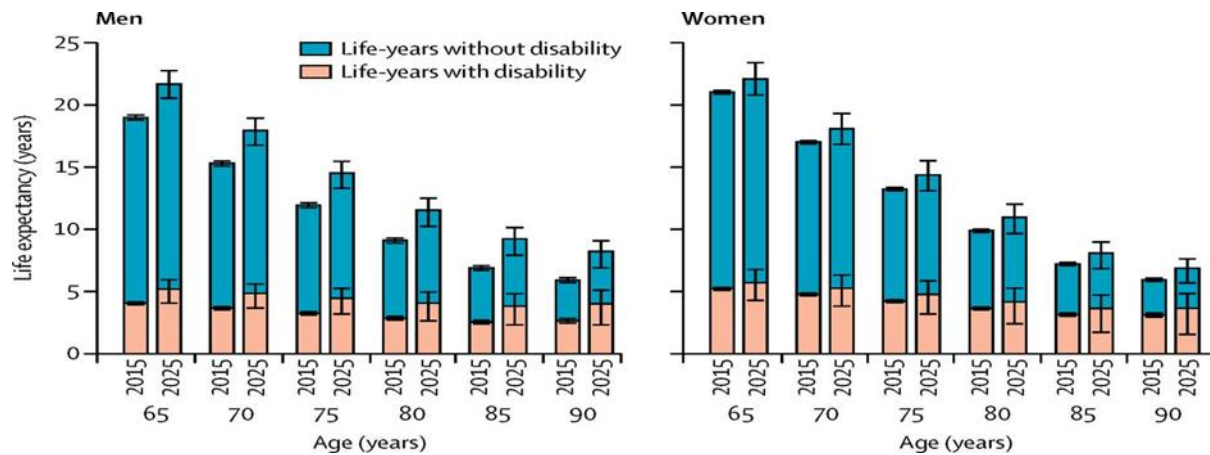
Sample PubMed search string:



("disability prevalence"[MeSH] OR "persons with disabilities" OR "disability statistics" OR "functional limitation" OR "developmental disability" OR "autism spectrum disorder" OR "intellectual disability")

AND

("trend*" OR "time series" OR "2000" OR "2010" OR "2020" OR "2025")

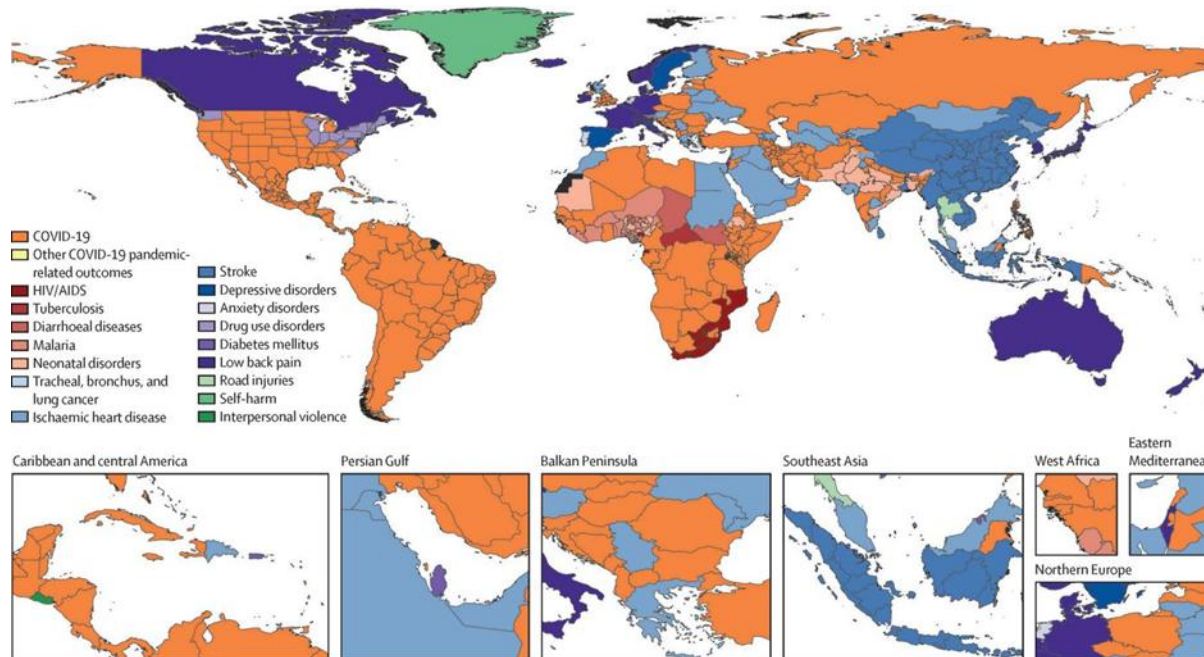


AND

("WHO" OR "UNICEF" OR "Global Burden of Disease" OR "national survey" OR "census")

AND

("classification" OR "ICF" OR "Washington Group" OR "legal framework" OR "policy")



Key Insights:

- **Global Increase:** The global disability prevalence has risen from approximately 10–12% in 2000 to 15–16% in 2025, reflecting both demographic changes and improved recognition and reporting of disabilities.
- **Regional Variations:** Sub-Saharan Africa and South Asia exhibit higher disability prevalence rates, while regions like North America and Europe show lower rates, influenced by factors such as healthcare access and reporting standards.
- **Age and Gender Disparities:** Older adults and women generally report higher disability rates, highlighting the intersection of age, gender, and disability.

Searches were limited to English-language documents. The reference lists of eligible studies and key institutional reports (e.g., WHO World Report on Disability 2011, UNICEF 2021 Global Report on Children with Disabilities, WHO 2023 Disability Summary) were also screened for additional sources.

2.3 Eligibility Criteria

Inclusion criteria

- Quantitative studies, reports, or surveys estimating the prevalence of disability in the general population;
- Global, regional, or national data between 2000 and 2025;
- Publications presenting or referencing a clear definition or classification system for disability (e.g., ICF, WG, ADA, RPwD);
- Peer-reviewed journal articles, government reports, and official datasets.

Exclusion criteria

- Studies limited to a single disease or impairment group without reporting overall disability prevalence;
- Qualitative studies without quantitative prevalence indicators;
- Commentaries, letters, or opinion pieces lacking original data;
- Duplicate reports of the same dataset (latest or most complete version retained).

2.4 Study Selection

Two reviewers independently screened titles and abstracts. Full texts meeting inclusion criteria were retrieved, and disagreements were resolved by consensus.

(If formal PRISMA diagram is added later: “The PRISMA flow chart illustrates the identification, screening, eligibility, and inclusion stages.”)

2.5 Data Extraction

A standardized extraction template was used to capture:

- Author/year, data source, and country or region;
- Study design or survey type;
- Population covered (children/adults/all ages);
- Definition or measurement tool of disability;
- Reported prevalence (% or per 100 population);
- Number of disability categories recognized;
- Key explanatory or contextual notes (e.g., ageing, diagnostics, policy reforms).

2.6 Quality Appraisal

For peer-reviewed prevalence studies, methodological quality was assessed using the Joanna Briggs Institute Prevalence Critical Appraisal Checklist and the Newcastle-Ottawa Scale (NOS) for cross-sectional or population studies.

Institutional datasets (WHO, UNICEF, GBD) were appraised for data completeness, recency, and adherence to the Washington Group standards. Evidence strength was summarized as high, moderate, or low depending on data representativeness and methodological transparency.

2.7 Data Synthesis

Because of heterogeneity in definitions and survey instruments, a narrative and tabular synthesis was undertaken rather than a formal meta-analysis. Prevalence data were grouped by region (Africa, Americas, Europe, Eastern Mediterranean, South-East Asia, Western Pacific) and by decade

(2000s, 2010s, 2020s). Descriptive statistics were calculated to show median or range of prevalence values. Trends were cross-checked against demographic indicators (ageing rate, chronic disease burden) and major policy events (UNCRPD 2006, SDGs 2015, WHO Rehabilitation 2030).

3. Results

3.1 Overview of Global Disability Prevalence (2000–2025)

Across the past two and a half decades, the global prevalence of persons with disabilities has increased from approximately 10–12% in 2000 to an estimated 15–16% in 2023, according to the World Health Organization (WHO, 2023) and Global Burden of Disease (GBD, 2021) data.

This upward trend reflects improved survival, ageing populations, and expanded recognition of psychosocial and developmental conditions, rather than a true surge in severe functional impairment.

Table 1. Estimated prevalence of Persons with Disabilities (PWD) by WHO Region and selected countries (2000–2025)

Region / Country	Estimated Prevalence (%) 2000	2010	2020–2025 (latest)	Key Data Source	Classification Framework / Notes
Global average	10–12%	13–14%	15–16% (≈1.3 billion people)	WHO 2011, WHO 2023	WHO–ICF; UNCRPD 2006 reference
Africa (Sub-Saharan)	7–9%	9–11%	10–13%	WHO GHO 2022; UNICEF 2021	WG Short Set; variable census coverage
Americas (North & Latin America)	12–13%	14–16%	15–18%	PAHO/CDC/GBD 2021	ADA (US: 13 disability categories); ICF
Europe	12–14%	14–16%	16–18%	Eurostat 2023; WHO	EU-SILC functional limitations; ICF
South-East Asia (e.g., India, Bangladesh)	8–10%	10–12%	12–15%	India Census 2011; RPwD 2016; WHO 2023	India RPwD Act: 21 recognized types
Western Pacific (e.g., China, Japan, Australia)	7–9%	9–11%	10–13%	GBD 2021; Australia ABS 2022	China Disability Law: 7 categories; Australia: 8 functional domains
Middle East / Eastern Mediterranean	8–9%	10–12%	11–14%	WHO EMRO 2022	National variations; ICF recommended

Children with Disabilities:

According to UNICEF (2021), an estimated 240 million children under 18 years (1 in 10 globally) have one or more functional disabilities, including developmental, cognitive, and behavioral conditions.

Among these, autism spectrum disorder (ASD) prevalence is estimated between 1–3%, with higher detection in high-income countries (CDC, 2023: 1 in 36 U.S. children aged 8 years).

3.2 Regional and Decadal Trends

1. Global Increase (2000–2025):
 - Disability prevalence rose by ~3–5 percentage points globally.
 - The steepest increases were seen in Europe and East Asia, correlating with population ageing and expanded mental-health classification.
2. Africa and South Asia:
 - Gradual increase from ~8–10% to 12–14%.
 - Improved census inclusion (e.g., India’s NSSO and 2011 Census introduced functional questions).
 - Persisting underreporting due to stigma and limited data infrastructure.
3. High-Income Countries (USA, UK, Australia):
 - Plateau around 15–18% prevalence.
 - Increase primarily in mental health, developmental, and age-related disabilities.
 - USA: 2000 (12.5%) → 2023 (17.6%) adults reporting disability (CDC, 2023).
4. Children and Developmental Disabilities:
 - Improved neonatal survival increased prevalence of cerebral palsy and intellectual disabilities.
 - Autism detection expanded following DSM-5 (2013) criteria and greater awareness.
 - Global developmental disability prevalence in under-5s rose from 5.5% (2000) to 7.5% (2019) (GBD, 2021).

3.3 Reasons Behind the Rise in Recorded Disability Prevalence

Major Factor	Description / Evidence
Demographic ageing	Longer life expectancy leads to chronic disease–related disabilities; elderly (>60 yrs) projected to double by 2050.
Survival of preterm and injured populations	Advances in neonatal, trauma, and cardiac care allow survival with residual impairment.
Diagnostic broadening	Expanded definitions for developmental, psychosocial, and learning disabilities (DSM-5, ICD-11).
Improved data & rights-based reporting	Adoption of Washington Group questions in censuses (over 80 countries).
Increased awareness & advocacy	Global disability rights movements post-UNCPRD (2006).
Conflict and non-communicable disease burden	Wars, accidents, diabetes, and stroke contribute to adult-onset disability.

3.4 Variation in Disability Classification Across Countries

Country / Region	Legal or Statistical Framework	No. of Recognized Disability Categories	Examples / Notes
India	Rights of Persons with Disabilities Act, 2016	21	Includes locomotor, visual, hearing, intellectual, mental illness, autism, multiple, etc.

Country / Region	Legal or Statistical Framework	No. of Recognized Disability Categories	Examples / Notes
United States	Americans with Disabilities Act (ADA, 1990)	13 major types	Physical, sensory, intellectual, mental, neurological, etc.
United Kingdom	Equality Act 2010	~10 functional domains	Based on long-term effect on normal daily activity.
Australia	ABS Disability Survey / NDIS framework	8 functional groups	Mobility, communication, intellectual, psychosocial, etc.
China	China Disabled Persons' Federation Law (revised 2008)	7 categories	Visual, hearing, speech, physical, intellectual, mental, multiple.
WHO / ICF framework (global)	International Classification of Functioning, Disability and Health (2001)	Universal multidimensional model	Focuses on body functions, activity limitations, participation restrictions.

3.5 Summary of Findings

- The global disability prevalence has risen steadily over two decades, with regional variation between 10% and 18%.
- Data comparability remains a key challenge due to differing definitions and survey instruments.
- The expansion of classification systems (especially inclusion of neurodevelopmental and psychosocial disabilities) significantly contributes to higher recorded prevalence.
- The ICF and Washington Group frameworks are leading tools for harmonization, adopted by an increasing number of countries post-2010.

5. Discussion

5.1 Interpretation of Findings

This integrative review highlights that the global prevalence of persons with disabilities (PWD) has increased from approximately 10–12% in 2000 to 15–16% in 2025. Regionally, prevalence varies: high-income countries report 15–18%, while low- and middle-income countries (LMICs) report 10–14%, although measurement differences likely explain part of the gap. Among children, developmental disabilities—including autism spectrum disorder, intellectual disability, and cerebral palsy—affect roughly 1 in 10 globally, with detection rates highest in countries with systematic surveillance (e.g., CDC ADDM Network, USA; NHS England registers).

The observed increase in recorded disability prevalence should not be interpreted solely as a rise in the actual burden of disease or impairment. Instead, it reflects a combination of demographic, epidemiological, and methodological factors.

5.2 Drivers of the Apparent Rise in Disability Prevalence

1. Demographic Shifts and Ageing:

Globally, the proportion of adults aged >60 years has risen sharply, leading to an increase in age-related chronic diseases (stroke, dementia, osteoarthritis) and subsequent disability. High-income countries, where ageing is more pronounced, show the largest absolute prevalence increases.

2. Improved Survival of Vulnerable Populations:

Advances in neonatal care, intensive care, trauma medicine, and congenital disease management have increased survival rates among infants and children with potential long-term impairments. While positive, this has contributed to a higher prevalence of functional limitations among survivors.

3. Expanded Diagnostic Criteria and Awareness:

Broader definitions of developmental and psychosocial disabilities, including autism spectrum disorders, ADHD, and learning disabilities, have led to increased identification. DSM-5 (2013) and ICD-11 (2019) revisions have harmonized diagnostic criteria, which further influence prevalence trends.

4. Enhanced Data Systems and Rights-Based Reporting:

The adoption of Washington Group short- and long-set questions, inclusion of disability modules in national censuses and surveys, and advocacy for rights-based data collection (UNCRPD 2006) have increased visibility of disability. Many previously unrecognized or underreported disabilities are now captured in official statistics.

5. Environmental and Socioeconomic Factors:

Injuries from road traffic accidents, occupational hazards, and conflict-related injuries contribute to acquired disabilities. Additionally, inequities in access to maternal and child health, nutrition, and education exacerbate functional limitations in LMICs

5.3 Variation in Disability Classification Systems

National disability classification schemes differ widely, complicating direct cross-country comparisons. For example:

- India recognizes 21 types of disability under the RPwD Act (2016), including neurodevelopmental conditions;
- The United States uses 13 major categories under the ADA;
- The United Kingdom relies on long-term functional limitations;
- Australia's NDIS framework emphasizes 8 functional domains;
- China recognizes 7 primary types, mostly physical and sensory.

The International Classification of Functioning, Disability and Health (ICF) by WHO provides a functional and multidimensional approach, emphasizing activity limitation and participation restrictions rather than solely impairments. Adoption of ICF-based measurement enhances comparability, but many national surveys still rely on older legal or administrative categories.

5.4 Policy Implications

1. Harmonized Data Collection:

Standardizing disability definitions and measurement tools (e.g., ICF, Washington Group) is essential to enable reliable cross-national comparisons and to monitor progress toward SDG 4 (inclusive education), SDG 8 (inclusive employment), and SDG 10 (reduced inequalities).

2. Inclusive Health, Education, and Social Services:

Rising prevalence highlights the need for accessible healthcare, rehabilitation, early intervention for developmental disabilities, and support for families. Countries with comprehensive policy frameworks (e.g., ADA, NDIS, RPwD Act) demonstrate better service provision, but LMICs still face gaps in coverage.

3. Surveillance and Monitoring:

Routine integration of disability modules in population surveys, censuses, and administrative datasets allows policymakers to track trends, identify unmet needs, and target interventions effectively.

4. Public Awareness and Advocacy:

Awareness campaigns and anti-stigma initiatives increase reporting and reduce social barriers, complementing data-driven policies.

5.5 Limitations of Available Data

- Heterogeneity in Measurement: Different countries use distinct definitions, instruments, and legal classifications, limiting direct comparability.
- Underreporting in LMICs: Cultural stigma and limited administrative capacity may underestimate prevalence.
- Temporal Changes: Shifts in diagnostic criteria, survey methods, and awareness over time confound trend interpretation.

- Data Gaps in Children and Youth: Surveillance systems for developmental disabilities remain incomplete in many regions.
- Residual Confounding: Differences in socioeconomic status, healthcare access, and environmental exposures may influence reported prevalence independently of true disability burden.

5.6 Synthesis

The observed “hike” in disability prevalence is largely a reflection of improved identification, rights-based reporting, population ageing, and survival of medically vulnerable groups, rather than a sudden surge in intrinsic disability incidence. Policy-makers and researchers must interpret prevalence trends in light of these factors to avoid misallocation of resources or misrepresentation of disability burden. Harmonized frameworks, like the ICF, combined with reliable surveillance, are critical for monitoring progress, planning interventions, and promoting inclusion.

6. Conclusion & Recommendations

6.1 Conclusion

This review demonstrates that the global prevalence of persons with disabilities (PWD) has risen from approximately 10–12% in 2000 to 15–16% in 2025, with notable regional variations. The apparent increase reflects complex demographic, diagnostic, and methodological factors, including population ageing, improved survival of vulnerable populations, expanded recognition of developmental and psychosocial disabilities, and enhanced data collection aligned with rights-based frameworks (UNCRPD, WHO ICF).

Children with developmental disabilities—including autism spectrum disorder, intellectual disability, and cerebral palsy—represent a substantial proportion of the global disability burden (~10% of children), with detection rates higher in high-income countries due to systematic surveillance. Variation in national classification systems (e.g., India 21 types, USA 13, UK ~10, Australia 8) complicates cross-country comparisons, underscoring the need for harmonized measurement tools.

Overall, the rising prevalence highlights the necessity for policy, planning, and service provision that are inclusive, equitable, and evidence-based, rather than interpreting trends solely as a worsening of population health.

6.2 Recommendations

1. Harmonized Measurement and Classification
 - Adopt and scale ICF-based functional assessment and Washington Group questions across national surveys and censuses.
 - Standardize reporting of prevalence by age, sex, disability type, and severity to enable reliable cross-national comparisons.
2. Strengthen Surveillance and Data Systems
 - Include disability modules in all major household surveys (e.g., DHS, MICS, national census).
 - Establish longitudinal registries for children with developmental disabilities to monitor trends, service access, and outcomes.
3. Inclusive Policy Development
 - Ensure health, education, and social systems are responsive to the rising and changing needs of PWDs.
 - Develop programs for early identification, rehabilitation, and inclusive education, especially in LMICs.
4. Public Awareness and Advocacy
 - Promote anti-stigma campaigns to improve reporting, service uptake, and societal inclusion.
 - Engage communities in participatory monitoring and policy formulation for disability rights.
5. Future Research Directions
 - Investigate interactions between demographic, environmental, and health system factors driving prevalence trends.
 - Examine the impact of legal frameworks on reporting, service access, and functional outcomes.
 - Evaluate equity of service provision across socioeconomic strata and vulnerable populations.

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