Background

WHO [1], has said that ‘differently abled is a person who has impairment that produces functional limitations, restrictions in activities or has social handicap’. Being differently abled is a complex phenomenon which reflects an interaction between the features of a person’s body and the features of the society in which he or she lives. Such persons are seen as being restricted in performing daily activities because of a complex set of interrelating factors, some pertaining to the person and some to the environment and social/ political arrangements. Giulio and Philipov [2], report that the social concept of disability introduces the notion that society has erected barriers, physical or attitudinal, which affect a differently abled person’s life. Also comparative dimensions or the cultural and social welfare differences influence the well-being of families with disabled in different contexts. In the past three decades, the concept of disability has shifted from individual impairment to a more social phenomenon. Singh [3], reports that the essential basis of disability studies is that, disability is a culturally fabricated narrative of the body, a system that produces subjects by differentiating and marking bodies.

Disability is any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for a human being [4].

Handicap is a disadvantage for a given individual, resulting from an impairment or a disability that limits or prevents the fulfilment of a role that is normal (depending on age, sex, and social and cultural factors) for that individual and impairment is any loss or abnormality of psychological, physiological or anatomical structure or function [5].

Objective

Present simple review is to get information for planning service oriented research and to share with health professionals.

Incidence

Giulio and Philipov2 have reported 1.9% incidence of a differently abled child, amongst families. There are reports that 10% to 20% of individuals have some kind of developmental disability [6]. The percentages vary across countries, the lowest is reported from Lithuania (0.58%) and the highest from Poland (4.0%). The European
Academy of Childhood Disabilities considers a disabled child rate (out of all children) of at least 2.5 per cent. They also consider that an additional 8 per cent of the child population has learning and/or behavioural disorders [5]. This makes the overall share of children with disabilities and special needs in any given population about 10 per cent. Recent WHO [7], estimates reveal the rate of differently abled among 0 to 14 aged children for high income countries as 2.8%. In India with lack of awareness, lack of resources, lack of community based services, babies born with abnormalities continue to live without any attempts at proper diagnosis and possible therapies. This is much more with female babies especially in rural areas. Sometimes it goes beyond childhood to adulthood and years beyond.

Population-based studies have limitation at the national level for authentic data on the prevalence and incidence of disability in India. The National Sample Survey Organisation [8], estimated that approximately 100 million Indians are affected with one or more disability, project nearly 10% of Indians with some disabling condition, however, according to the Census 2001, approximately 5% of people in India are affected with impairment or disability [8]. There are more than 3,000 special schools in India today. Of them, 900 are schools for the hearing impaired, 400 for children with visual impairment, 700 for those with locomotor disabilities, and 1,000 for the intellectually disabled [6].

An estimated 500 million people worldwide have visual, hearing, mobility or cognitive impairments. Typically, disabled people are among the poorest of the poor. Statistics show they are most likely to have incomes below the poverty line, be less educated and participate less in society. And their employment opportunities are extremely limited [9].

**Types of disabilities**

There are many disabilities which make a person differently abled. Hearing loss is one of the most common birth disorders in the United States [10]. The largest single form of hearing loss is sensorineural disorders, with more than half caused by genetic factors that affect 17 million in the U.S [11]. In fact, the prevalence of hearing loss is greater than that of several other conditions screened for in every state, including phenylketonuria, hypothyroidism, and sickle cell anemia [12]. Early screening, early intervention, close and continued monitoring of all aspects of a child’s development are essential [13].

Visual disability is a global issue. There are 285 million people with visual impairment worldwide. Of them 39 million are blind, 246 have low vision and 90% live in developing countries [1]. Weeraratne et al. [14], reported the problems which visually disabled and partially sighted people face for survival like use of medicines for diseases they may be suffering if they live without the assistance of sighted relatives. Psychiatric disorders, by virtue of their very nature, display different patterns of disabilities compared to physical ailments. It is important to note that social and work related functioning is more important in those with mental illnesses. Also mental disability in the form of apathy, motivation, poor self-care, communication difficulties and poor inter personal skills are not visible unlike disabilities, like blindness or locomotor disability. Further, disability is not only a medical issue and the medical model cannot be used to the complete exclusion of the social model. Also one cannot say that all problems faced by differently abled people stem from negative social attitudes; impairment is definitely a factor. That is why disability is not exactly parallel to race or gender, as a social issue. There are instances when disability benefits like bus passes are denied because they look physically strong. Also it is compounded by stigma and discrimination. People may be living with varying types and degrees of disabilities, mental and physical with the different barriers and situations [15].

**Present status**

Disability studies are a growing multi-disciplinary field. Whyte [16], reported that in poor communities, where disabled people are not seen as a priority for development, nor included in most of the mainstream development programmes, an awareness of cultural issues surrounding disability is a key part of the process of integrating disability into general development activities. In most poor communities, where everybody is struggling for survival, disability is usually not seen as a priority in development, except by disabled people and their families. In particular it is rare for mainstream development planners to consider the impact of their plans on disabled people, or to include disabled people specifically in their programmes. But disability must be seen in the wider context of human development and social justice, and for this purpose all development workers need to have an understanding of the disability issues.

Prenatal risk factors include chronic maternal illness, certain maternal infections, toxins exposures and nutritional deficiencies. Risk factors in the perinatal period include pregnancy-related complications, prematurity and low birth weight, and infection exposure during pregnancy or at time of birth. The lack of maternal and child health care is a significant problem in developing countries. So the risk is more in developing countries.

The Global Disease Control Priorities Project estimates that 10% to 20% of individuals worldwide have a developmental disability of some kind [17]. In the U.S. alone, it is estimated that 9% of children younger than 36 months of age have a possible developmental problem [18], while 13.87% of children 3 to 17 years of age have a developmental disability [19].

Prenatal risk factors include preconceptional factors, Infections, Exposure to toxins, maternal chronic illness, and maternal nutritional deficiencies.

Perinatal causes may include pregnancy-related complications, Infections, Rh isomunisation, Prematurity and low birth weight [6].

Preconceptional causes of developmental disability relate predominantly to genetic disorders or malformation syndromes. Genetic disorders are the most commonly identified causal factor for intellectual and other disabilities, and include single gene disorders, multifactorial and polygenic disorders, and chromosomal abnormalities. Genetic disorders associated with developmental delay include aneuploidies and inborn errors of metabolism. Consanguinity increases the prevalence of rare genetic disorders and significantly increases the risk for intellectual disability and serious birth anomalies, especially in first cousins [20].

In the developed world, CMV is the most common congenital viral infection, with an overall prevalence of 0.6% [21]. Ten per cent of affected infants show signs of infection at birth, with a substantial risk of neurological sequelae such as sensorineural hearing loss (SNHL) [6].
Congenital toxoplasmosis occurs at a rate of 1.5 cases per 1000 live births and causes neurocognitive deficits such as intellectual disability, seizures and visual impairment caused by chorioretinitis [22].

There are an estimated 110,000 cases of congenital rubella annually worldwide. Maternal infection during pregnancy transmits the rubella virus to the fetus, causing deafness, congenital cataracts, microcephaly, seizures and intellectual disability [6].

Congenital syphilis can cause deafness, microcephaly, intellectual disability and visual impairment through interstitial keratitis [23].

Prenatal exposure to the pesticide commonly known as DDT is associated with neurodevelopmental delays in early childhood [6].

Folic acid deficiency is associated with neural tube defects. Iodine deficiency is considered by the WHO to be the leading and most preventable cause of brain damage worldwide [24].

Birth weight below 1500 grams is associated with a threefold increase of developmental disability [17].

Congenital transmission of herpes viruses 1 and 2 is associated with a high risk of long-term neurological problems. Without treatment, 30% to 50% of infants born to mothers with untreated gonorrhea, and up to 30% with untreated chlamydia, will develop ophthalmia neonatorum, which can lead to blindness if not treated early. Worldwide, an estimated 1000 to 4000 babies born annually become blind secondary to ophthalmia neonatorum [23].

Invasive GBS disease is associated with long-term disabilities, including seizures, developmental disabilities and vision and hearing impairment. Important risk factors for GBS to screen for include a history of fever in labour, a preterm delivery <35 weeks, prolonged impairment. Important risk factors for GBS to screen for include a history of fever in labour, a preterm delivery <35 weeks, prolonged impairment.

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Developmental disabilities may last a lifetime but early recognition of their existence, timely diagnosis and an appropriate treatment plan can make a difference for the children and families involved. In many parts of the world, suboptimal conditions and care during pregnancy and childbirth can have a range of impacts on developmental health [6].

The National Iodine Deficiency Disorder Control Programme of 1986 aimed to prevent occurrence of goitre, mental retardation and bed wetting. Government of India offers special concessions to the disabled in the following areas:

- Prenatal Risk Factors for Developmental Delay in Newcomer Children.

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Citation: Chhabra S (2016) Differently Abled People and Their Life. Global J Med Clin Case Reports 3(1): 001-004.