

YOUNG INDIVIDUALS WITH DISABILITIES, AN INTEGRATIVE AND INCLUSIVE PART OF THE HUMAN SOCIETY

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ABSTRACT

Aim of the study Disability has always been considered a major impediment in healthcare, especially regarding oral and dental care. In the last decades, social changes have raised more attention to the inclusion and integration of disabled individuals, while medical and technology developments are an aid to the management of this population category. This study aims to give an overview of disability in our country, in terms of prevalence and recent statistics, especially regarding children and adolescents. **Material and methods** Recent articles and research papers, textbooks and studies were reviewed in electronic and printed form, after a search on public databases for terms like: disability, children, adolescent, healthcare, oral care. **Results** Statistics show a relatively high percentage of children and adolescents with disability in our country, with more and more evidence that social inclusion and acceptance towards this category of population are increasing. **Conclusions** The quality of life of children and adolescents with disabilities can be altered by their impairments. In order for the caregivers and medical management team, which includes a paediatric dentist, to address these everyday challenges, a great importance must be given to information and continuous education regarding the major difficulties faced by disabled individuals.

Key words: disability, children and adolescents, inclusion, healthcare, oral care

*These authors had equal contributions to this work as the first author

INTRODUCTION

The concept of disability has begun to take a shift from the old, demeaning understanding of “handicap” as an impairment to participate in social life, to a more inclusive approach, where the bio-psycho-social implications of the condition are addressed and managed.

studies and textbooks has been performed, after a thorough search on electronic databases like PubMed, Google Scholar or public archives in libraries, for terms including: disability, children, adolescents, healthcare, oral care.

RESULTS AND DISCUSSIONS

MATERIAL AND METHODS

A review of articles, research papers,

Disability is part of the complex human

condition. Almost anyone could have a temporary impairment at a certain point in life, and those who reach old age can more often go through functional disable. Recent statistics show that in large families there is at least one member with a disability, and that many non-disabled persons take responsibility for caring and supporting their disabled relatives or friends^{1,2,3}. In every time era mankind has dealt with moral and political issues regarding inclusion and supporting of persons with disabilities. At the beginning of history, archaic societies were repressed by rudimentary religious beliefs and dominated by primal, often brutal religious and societal practices, when disabled persons were met with contempt and even hate by the majority. In time, alongside the evolution of human consciousness, integrating and protecting the disabled has become an acute, increasing problem, to the extent that societal demographics always change and more people reach old ages⁴.

Also due to development of human consciousness and society in time, there was an evolution of inter-human communication, along with the linguistic and terminology aspects. Thus, in the end of the XXth century and the beginning of the XXIst century, the term “disability” gained a real semantic enrichment, notably in the last two decades. There was a gradual shift from a quite limited medical signification to a wider understanding, which gave the individual a different picture, according to their own cultural environment, personal experiences and societal norms. This semantic development occurred also as a consequence of replacing the term “handicap” with “disability”. The provenience of the word “handicap” is in itself somehow social derogatory, discriminating individuals which received this medical title.

Regardless of its degree or type,

disability is actually a multivalent problem, with a dynamic, multidimensional and often disputed, complex character⁵. In the past five decades, through the actions of individuals with disabilities^{6,7} alongside many medical and social science researchers^{8,9}, the role of social and physical barriers in terms of disability has been identified and debated. The shift from a mostly medical, individual perspective, to a structural and social integrative one, has been described as a change from a “medical model” to a “social model”, where disabled persons are defined in a certain mode by the society which assigns and classifies them.

Oftentimes, medical and social models are seen as opposites, but disability must not be regarded as purely medical nor purely social, but as a combination between the two models: a “bio-psycho-social model”. This should be considered a real symbiosis rather than a compromise for terminology or classification reasons, given that individuals with disabilities often confront with social problems generated by their health status¹⁰.

A holistic, balanced approach is needed, to provide a realistic and correct proportion of different aspects of disabilities^{11,12}. Disability is an “umbrella” term for degradation, activity limitations and participation restrictions, which underline the negative aspects of human interaction between an individual with a certain health problem and contextual factors related to that individual (personal environmental factors)¹³.

According to medical and social studies, “disability” is an evolving concept, its evolution arising from the interaction between disabled persons and behavior and environmental barriers, which impede their total and effective social participation on equal bases as other society members.

Understanding all these arguments is encouraging especially in the light of ever

more progresses to enhance participation and actively social embedding of individuals with disability, by eliminating barriers which hinder their day-to-day activities.

On account of all progress and development, there has been described an international classification of functioning, disability and health (ICF), with a children and adolescent division (ICF-Y) which completes ICD-10 codes of World Health Organization, an international statistic classification of disease and health issues. All these classifications highlight the health status and functioning of the individual, rather than the altered potential due to a condition and are based on the bio-psycho-social model which follows the integration of both social and medical models.

In March 31st 2023, the total number of individuals with disability reported by the National Authority for Disabled People's Rights, Children and Adoptions within the Work and Social Protection Minister in Romania, through social assisting general directorates and county or local child protection services, was 886.950 persons. From this number, 98,16% (870.661 persons) are in care of their families and/or independently living (non-institutionalized) and 1,84% (16.289 persons) are institutionalized in social assisting public residential institutions for adult persons with disabilities, coordinated by Work and Social Protection Minister through the National Authority for Disabled People's Rights, Children and Adoptions (MMS-ANPPDP)¹⁴.

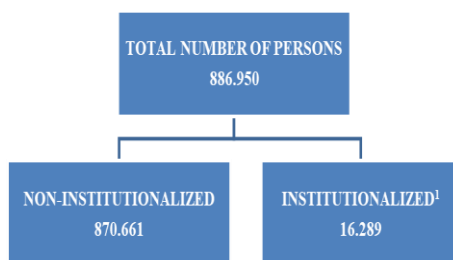


Chart 1. Number of persons with

disabilities in Romania in March 2023

¹Number of institutionalized persons in social assisting public residential institutions for adult persons with disabilities, coordinated by MMS-ANPPDP.

In March 2023, the prevalence of individuals with disabilities in Romania was 4,05%¹⁴, with regional differences illustrated in chart 2.

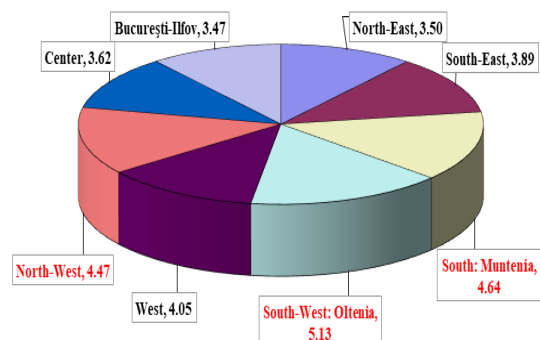


Chart 2. Rates of disabled persons¹ in different developmental regions in Romania, in March 2023 (%)

¹These rates are calculated according to counties of residence from National Statistical Institute, Tempo Online Database: "Population according to residence in January 1st 2023"¹⁴.

Considering counties and municipalities, the highest number of persons with disabilities is identified in the city of Bucharest (75.632 individuals) followed by Prahova county (37.253), while the lowest number is seen in Covasna county (6.571 individuals)¹⁵.

According to the republished Law no.448/2006 regarding protection and promoting rights of disabled persons, types of disability are: physical, visual, auditory, deaf blindness, somatical, mental, psychic, HIV/AIDS, associated, rare diseases¹⁶.

Disabled persons' rights are defined by the United Nations Convention regarding Persons with Disabilities Rights (CDPD) and, like in most of the states, Romania has engaged into complying with these rights, by

signing the CDPD. The Romanian government is preparing a National Strategy regarding Disabled Persons' Rights for the timetable 2021-2027, with a plan of measures to implement CDPD in Romania, in order to assure the fulfilment of disabled persons' rights and to improve their quality of life¹⁷.

From the total numbers of persons with disability in Romania, 53,45% (474075 individuals) are females, while disabled persons over the age of 50 represent 67,62% (599756 individuals)¹⁸.

Chart 3 depicts centralized data of disability in Romania according to age: 8,58% of affected individuals are children and adolescents between 0 and 17 years of age (76102 persons), 46,67% are individuals between 18-64 years (413.977 persons), while 44,75% are over 65 years of age (396.871 persons)¹⁸.

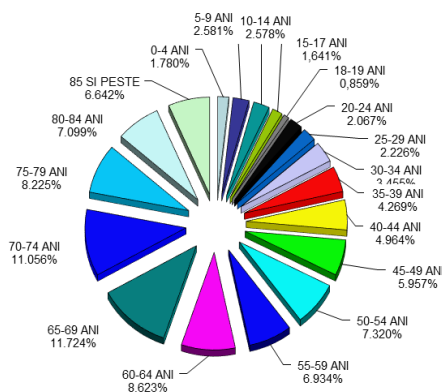
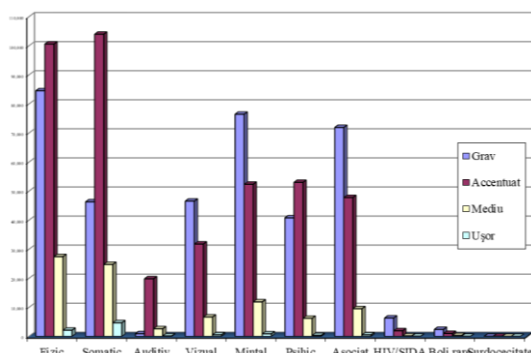


Chart 3. Age related prevalence of disability in Romania in March 2023

Profound disability represents 42,40% of the total number of individuals affected (compared to 40,45% in March 2022), severe disability accounts for 46,47% (compared to 47,23% in March 2022), while moderate and light disability account for



11,13% of cases (compared to 12,32% in March 2022) (see chart 4)¹⁸.

Chart 4. Severity related prevalence of disability in Romania in March 2023

The number of public social work institutions for disabled persons in Romania in March 2023 is 569 (compared to 555 in March 2022), from which: 508 are residential (compared to 496 in March 2022), and 61 are non-residential – daily (compared to 59 in March 2022)¹⁸.

Over three quarters (88,58%) of public residential institutions for adult disabled persons are: assistance and care centers (38,19%) with 7.570 beneficiaries, protected housings (30,71%) with 1.063 beneficiaries, and habilitation and rehabilitation centers (19,69%) with 3.469 beneficiaries. These numbers account for 74,30% of the total 16.289 persons in residential institutions¹⁸.

A significant number of 2.880 beneficiaries (17,68% of disabled persons) are also featured in the 26 recovery and neuropsychiatric rehabilitation centers¹⁸.

Regarding the number of disabled children and adolescents (between the ages of 0 and 19), national surveys report 83.719 affected individuals, the majority of them coming from a low socio-economic background. It is estimated that approximately 50.000 disabled children are not attending public school or any other form of educational system¹⁹, and their access to medical services is rather difficult; this is due to the precarious economical state of their families, the overcrowding of healthcare systems or sometimes the lack of competence required to manage the stabilization of this exposed population group, as well as the supplementary risk factors involved around these particular

subjects.

In consequence, health care needs, including dental care, are frequently not provided, or too little assured. This comes despite the fact that some medical conditions, including oral and dental pathology, are often more frequent in children and adolescents with disability,

because of their higher risk potential. For instance, individuals with Down syndrome often develop a form of gingivitis followed by an aggressive periodontitis, which can affect both primary and permanent dentition and could lead to premature exfoliation of teeth²⁰.

CONCLUSIONS

Healthcare, including oral and dental care, should be equally and equitably offered to individuals with disability. Disabled children and adolescents are at a greater risk for developing oral and dental pathology, due to their conditions and associated liability factors. Thus, it is of great importance to identify the prevalence of this population group, to recognise the significance of their impairments and to efficiently address difficulties that may arise during the management of a child or adolescent with disabilities.

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