Disability

Jovan Siman

> Disabilities is an umbrella term, covering impairments, activity limitations, and participation restrictions. An *impairment* is a problem in body function or structure; an *activity limitation* is a difficulty encountered by an individual in executing a task or action; while a *participation restriction* is a problem experienced by an individual in involvement in life situations. Thus, disability is a complex phenomenon, reflecting an interaction between features of a person's body and features of the society in which he or she lives.
>
> — World Health Organization, Disabilities[1]

Individuals may also qualify as disabled if they have had an impairment in the past or are seen as disabled based on a personal or group standard or norm. Such impairments may include physical, sensory, and cognitive or developmental disabilities. Mental disorders (also known as psychiatric or psychosocial disability) and various types of chronic disease may also qualify as disabilities.

Some advocates object to describing certain conditions (notably deafness and autism) as "disabilities", arguing that it is more appropriate to consider them developmental differences that have been unfairly stigmatized by society.[2][3] Others argue that disability is a result of exclusion from mainstream society and not because of impairment.[4][5]

1 Types of disability

The term "disability" broadly describes an impairment in a person's ability to function, caused by changes in various subsystems of the body, or to mental health. The degree of disability may range from mild to moderate, severe, or profound.[6] A person may also have multiple disabilities. Disability can be measured objectively (observed) or subjectively (self-report).

Conditions causing disability are classified by the medical community as:[7]

- inherited (genetically transmitted);

- congenital, meaning caused by a mother's infection or other disease during pregnancy, embryonic or fetal developmental irregularities, or by injury during or soon after birth;

- acquired, such as conditions caused by illness or injury;

- of unknown origin.

Types of disability may also be categorized in the following way:

1.1 Physical disability

Main article: Physical disability

Any impairment which limits the physical function of limbs, fine bones, or gross motor ability is a physical impairment, not necessarily a physical disability. The social model of disability defines physical disability as manifest when an impairment meets a non-universal design or program, e.g. a person who cannot climb stairs may have a physical impairment of the knees when putting stress on them from an elevated position such as with climbing or descending stairs. If an elevator were provided, or a building had services on the first floor, this impairment would not become a disability. Other physical disabilities include impairments which limit other activities of daily living, such as severe sleep disorders.

A man with an above the knee amputation exercises while wearing a prosthetic leg

1.2   Sensory disability

Further information: Sensory processing disorder

Sensory disability is impairment of one of the senses. The term is used primarily to refer to vision and hearing impairment, but other senses can be impaired.

1.2.1   Vision impairment

Main article: Vision impairment

Vision impairment (or "visual impairment") is vision loss of a person to such a degree as to qualify as an additional support need through a significant limitation of visual capability resulting from either disease, trauma, or congenital or degenerative conditions that cannot be corrected by conventional means, such as refractive correction, medication, or surgery.[8][9][10] This functional loss of vision is typically defined to manifest with

1. best corrected visual acuity of less than 20/60, or significant central field defect,

2. significant peripheral field defect including homonymous or heteronymous bilateral visual, field defect or generalized contraction or constriction of field, or

3. reduced peak contrast sensitivity with either of the above conditions.[8][11]

1.2.2   Hearing impairment

Main article: Hearing impairment

Hearing impairment or hard of hearing or deafness refers to conditions in which individuals are fully or partially unable to detect or perceive at least some frequencies of sound which can typically be heard by most people. Mild hearing loss may sometimes not be considered a disability.

1.2.3   Olfactory and gustatory impairment

Impairment of the sense of smell and taste are commonly associated with aging but can also occur in younger people due to a wide variety of causes.

Further information: Olfaction § Disorders of olfaction

There are various olfactory disorders:

- Anosmia – inability to smell

- Dysosmia – things do not smell as they "should"

- Hyperosmia – an abnormally acute sense of smell

- Hyposmia – decreased ability to smell

- Olfactory Reference Syndrome – psychological disorder which causes patients to imagine they have strong body odor

- Parosmia – things smell worse than they should

- Phantosmia – "hallucinated smell", often unpleasant in nature

Further information: Taste § Disorders of taste

Complete loss of the sense of taste is known as ageusia, while dysgeusia is persistent abnormal sense of taste,

1.2.4   Somatosensory impairment

Main article: Somatosensory disorder

Insensitivity to stimuli such as touch, heat, cold, and pain are often an adjunct to a more general physical impairment involving neural pathways and is very commonly associated with paralysis (in which the motor neural circuits are also affected).

1.2.5   Balance disorder

Main article: Balance disorder

A balance disorder is a disturbance that causes an individual to feel unsteady, for example when standing or walking. It may be accompanied by symptoms of being giddy, woozy, or have a sensation of movement, spinning, or floating. Balance is the result of several body systems working together. The eyes (visual system), ears (vestibular system) and the body's sense of where it is in space (proprioception) need to be intact. The brain, which compiles this information, needs to be functioning effectively.

1.3   Intellectual disability

Main article: Intellectual disability

Intellectual disability is a broad concept that ranges from mental retardation to cognitive deficits too mild or too specific (as in specific learning disability) to qualify as mental retardation. Intellectual disabilities may appear at any age. Mental retardation is a subtype of intellectual disability, and the term *intellectual disability* is now preferred by many advocates in most English-speaking countries.

1.4 Mental health and emotional disabilities

Main article: Mental disorder

A mental disorder or mental illness is a psychological or behavioral pattern generally associated with subjective distress or disability that occurs in an individual, and perceived by the majority of society as being outside of normal development or cultural expectations. The recognition and understanding of mental health conditions has changed over time and across cultures, and there are still variations in the definition, assessment, and classification of mental disorders, although standard guideline criteria are widely accepted.

1.5 Pervasive developmental disorders

Main article: Pervasive developmental disorders

The diagnostic category of pervasive developmental disorders refers to a group of five developmental disabilities characterized by differences in the development of multiple basic functions including socialization and communication. The DSM-IV-TR listed the pervasive developmental disorders as autistic disorder, Asperger syndrome, Rett syndrome, childhood disintegrative disorder, and pervasive developmental disorder not otherwise specified (PDD-NOS).[12][13][14] The DSM-5 does not describe individual diagnosis of any of the pervasive developmental disorders, replacing all of them with a unified diagnosis of autism spectrum disorder.[15] The ICD-10 also includes the diagnosis of overactive disorder associated with mental retardation and stereotyped movements.[16]

1.6 Developmental disability

Main article: Developmental disability

Developmental disability is any disability that results in problems with growth and development. Although the term is often used as a synonym or euphemism for intellectual disability, the term also encompasses many congenital medical conditions that have no mental or intellectual components, for example *spina bifida*.

1.7 Nonvisible disabilities

Main article: Invisible disability

Several chronic disorders, such as diabetes, asthma, inflammatory bowel disease, epilepsy, narcolepsy, fibromyalgia, and some sleep disorders may be counted as nonvisible disabilities, as opposed to disabilities which are clearly visible, such as those requiring the use of a wheelchair.

2 Sociology of disability

Main article: Disability studies

Museum of disABILITY History, Buffalo, New York.

2.1 Terminology

Different terms have been used for people with disabilities in different times and places. The euphemism treadmill and changing fashions have caused terms to rise or fall in popularity.

At this time, *disability* or *impairment* are commonly used, as are more specific terms, such as *blind* (to describe having no vision at all) or *visually impaired* (to describe having limited vision).

Handicap has been disparaged as a result of false folk etymology that says it is a reference to begging. It is actually derived from an old game, Hand-i'-cap, in which two players trade possessions and a third, neutral person judges the difference of value between the possessions.[17] The concept of a neutral person evening up the odds was extended to handicap racing in the mid-18th century. In handicap racing, horses carry different weights based on the umpire's estimation of what would make them run equally. The use of the term to describe a person with a disability—by extension from handicap racing, a person carrying a heavier burden than normal—appeared in the early 20th century.[18]

Handicap replaced terms that are now considered insulting, such as *crippled*.

2.2 People-first language

Main article: People-first language

Many people would rather be referred to as a person with a disability instead of handicapped. "Cerebral Palsy: A Guide for Care" at the University of Delaware offers the following guidelines:[19]

> Impairment is the correct term to use to define a deviation from normal, such as not being able to make a muscle move or not being able to control an unwanted movement. Disability is the term used to define a restriction in the ability to perform a normal activity of daily living which someone of the same age is able to perform. For example, a three-year-old child who is not able to walk has a disability because a normal three-year-old can walk independently. Handicap is the term used to describe a child or adult who, because of the disability, is unable to achieve the normal role in society commensurate with his age and socio-cultural milieu. As an example, a sixteen-year-old who is unable to prepare his own meal or care for his own toileting or hygiene needs is handicapped. On the other hand, a sixteen-year-old who can walk only with the assistance of crutches but who attends a regular school and is fully independent in activities of daily living is disabled but not handicapped. All disabled people are impaired, and all handicapped people are disabled, but a person can be impaired and not necessarily be disabled, and a person can be disabled without being handicapped.

The American Psychological Association style guide states that, when identifying a person with an impairment, the person's name or pronoun should come first, and descriptions of the impairment/disability should be used so that the impairment is identified, but is not modifying the person. Improper examples are "a borderline", "an obsessive-compulsive man," or "a mentally ill person"; more acceptable terminology includes "a woman with Down syndrome" or "a man who has schizophrenia". It also states that a person's adaptive equipment should be described functionally as something that assists a person, not as something that limits a person, for example, "a woman who uses a wheelchair" rather than "a woman in/confined to a wheelchair."

A similar kind of "people-first" terminology is also used in the UK, but more often in the form "people with impairments" (such as "people with visual impairments"). However, in the UK, the term "disabled people" is generally preferred to "people with disabilities". It is argued under the social model that while someone's impairment (for example, having a spinal cord injury) is an individual property, "disability" is something created by external societal factors such as a lack of wheelchair access to the workplace.[20] This distinction between the individual property of impairment and the social property of disability is central to the social model. The term "dis-

abled people" as a political construction is also widely used by international organisations of disabled people, such as Disabled Peoples' International (DPI).

The use of "people-first" terminology has given rise to the use of the acronym PWD to refer to person(s) (or people) with disabilities (or disability).[21][22][23] The acronym is frequently used by people with disabilities and advocacy organizations.[24][25]

2.3   Masculinity

According to author Daniel J. Wilson, the characteristics of masculinity include strength, activeness, speed, endurance, and courage. These characteristics are often challenged when faced with a disability and the boy or man must reshape what it means to be masculine. For example, rather than define "being a man" through what one can physically do, one must re-define it by how one faces the world with a disability and all the obstacles and stereotypes that come with the disability.[26]

In Leonard Kriegel's book, *Flying Solo*, he describes his fight with poliomyelitis and the process of accepting his disability in a world that values able-bodiedness. He writes, "I had to learn to be my own hero, my own role model – which is another way of saying that I had to learn to live with neither heroes nor role models".[27]

2.4   Femininity

Some note that women who are disabled face what is called a "double disability", meaning they must not only deal with the stereotypes and challenges posed by femininity, but they must also deal with those posed by being disabled. Culture also tends to view women as fragile and weaker than men, stereotypes which are only heightened when a woman has a disability.[26]

According to the "Survey of Income and Program Participation", as described in the 2005 book *Gendering Disability*, 74 percent of women participants and 90 percent of men participants without disabilities were employed. In comparison, of those with a form of disability, 41 percent of women and 51 percent of men were employed. Furthermore, the nondisabled women participants were paid approximately four US dollars less per hour than the nondisabled men participants. With a disability, women were paid approximately $1.00 less than the nondisabled women participants and the men were paid approximately $2.00 less than the nondisabled men participants. As these results suggest, women without disabilities face societal hardships as compared to men; disability added to the equation increases the hardships.[26]

Die Krüppel (The Cripples), *Pieter Bruegel, 1568*

2.5 Disability and poverty

There is a global correlation between disability and poverty, produced by a variety of factors. Disability and poverty may form a vicious circle, in which physical barriers make it more difficult to get income, which in turn diminishes access to health care and other necessities for a healthy life.[28] The World report on disability indicates that half of all disabled people cannot afford health care, compared to a third of non-disabled people.[29] In countries without public services for adults with disabilities, their families may be impoverished.[30]

2.6 Disability and disasters

Main article: Disability and disasters

There is limited research knowledge, but many anecdotal reports, on what happens when disasters impact people with disabilities.[31][32] Individuals with disabilities are greatly affected by disasters.[31][33] Those with physical disabilities can be at risk when evacuating if assistance is not available. Individuals with cognitive impairments may struggle with understanding instructions that must be followed in the event a disaster occurs.[33][34][35] Those who are blind, hearing impaired, etc. may have difficulty communicating during the emergency. All of these factors can increase the degree of variation of risk in disaster situations with disabled individuals.[36]

Research studies have consistently found discrimination against individuals with disabilities during all phases of the disaster cycle.[31] The most common limitation is that people cannot physically access buildings or transportation, as well as access disaster-related services.[31] The exclusion of these individuals is caused in part by the lack of disability-related training provided to emergency planners and disaster relief personnel.[37]

3 Theory

The International Classification of Functioning, Disability and Health (ICF), produced by the World Health Organization, distinguishes between body functions (physiological or psychological, such as vision) and body structures (anatomical parts, such as the eye and related structures). Impairment in bodily structure or function is defined as involving an anomaly, defect, loss or other significant deviation from certain generally accepted population standards, which may fluctuate over time. Activity is defined as the execution of a task or action. The ICF lists 9 broad domains of functioning which can be affected:

- Learning and applying knowledge

- General tasks and demands

- Communication

- Basic physical mobility, Domestic life, and Self-care (for example, activities of daily living)

- Interpersonal interactions and relationships

- Community, social and civic life, including employment

- Other major life areas

In concert with disability scholars, the introduction to the ICF states that a variety of conceptual models has been proposed to understand and explain disability and functioning, which it seeks to integrate. These models include the following:

3.1 The medical model

Main article: Medical model of disability

The medical model views disability as a problem of the person, directly caused by disease, trauma, or other health conditions which therefore requires sustained medical care in the form of individual treatment by professionals. In the medical model, management of the disability is aimed at a "cure," or the individual's adjustment and behavioral change that would lead to an "almost-cure" or effective cure. In the medical model, medical care is viewed as the main issue, and at the political level, the principal response is that of modifying or reforming healthcare policy.[38][39]

3.2 The social model

Main article: Social model of disability

The social model of disability sees the issue of "disability" as a socially created problem and a matter of the full

integration of individuals into society. In this model, disability is not an attribute of an individual, but rather a complex collection of conditions, many of which are created by the social environment. Hence, the management of the problem requires social action and it is the collective responsibility of society at large to make the environmental modifications necessary for the full participation of people with disabilities in all areas of social life. The issue is both cultural and ideological, requiring individual, community, and large-scale social change. From this perspective, equal access for someone with an impairment/disability is a human rights issue of major concern.[40][39] Some says that Medical humanities is a fruitful field where the gap between the medical and the social model of disability might be bridged.[41] Recently, the social model of disability has come under criticism. While recognizing the importance played by the social model in stressing the responsibility of society, many scholars, especially Tom Shakespeare, point out the many limits of the model, and urge the need for a new model that will overcome the "medical vs. social" dichotomy.[42]

3.3   Other models

- The **spectrum model** refers to the range of visibility, audibility and sensibility under which people function. The model asserts that disability does not necessarily mean reduced spectrum of operations. Rather, disability is often defined according to thresholds set on a continuum of disability.[43]

- The **moral model** refers to the attitude that people are *morally responsible* for their own disability.[44] For example, disability may be seen as a result of bad actions of parents if congenital, or as a result of practicing witchcraft if not.[45] Echoes of this can be seen in the doctrine of karma in Indian religions. It also includes notions that a disability gives a person "special abilities to perceive, reflect, transcend, be spiritual".[46]

- The **expert/professional model** has provided a traditional response to disability issues and can be seen as an offshoot of the medical model. Within its framework, professionals follow a process of identifying the impairment and its limitations (using the medical model), and taking the necessary action to improve the position of the disabled person. This has tended to produce a system in which an authoritarian, over-active service provider prescribes and acts for a passive client.[47]

- The **tragedy/charity model** depicts disabled people as victims of circumstance who are deserving of pity. This, along with the medical model, are the models most used by non-disabled people to define and explain disability.[48]

- The **legitimacy model** views disability as a value-based determination about which explanations for the atypical are legitimate for membership in the disability category. This viewpoint allows for multiple explanations and models to be considered as purposive and viable.[49]

- The **social adapted model** states although a person's disability poses some limitations in an able-bodied society, often the surrounding society and environment are more limiting than the disability itself.[50]

- The **economic model** defines disability in terms of reduced ability to work, the related loss of productivity and economic effects on the individual, employer and society in general.[51] This model is directly related to the charity/tragedy model.

- The **empowering model** (also, **customer model**) allows for the person with a disability and his/her family to decide the course of their treatment and what services they wish to benefit from. This, in turn, turns the professional into a service provider whose role is to offer guidance and carry out the client's decisions. This model "empowers" the individual to pursue his/her own goals.[50]

- The **market model** of disability is minority rights and consumerist model of disability that recognizing people with disabilities and their stakeholders as representing a large group of consumers, employees and voters. This model looks to personal identity to define disability and empowers people to chart their own destiny in everyday life, with a particular focus on economic empowerment. By this model, based on US Census data, there are 1.2 billion people in the world who consider themselves to have a disability. An additional two billion people are considered stakeholders in disability (family/friends/employers), and when combined to the number of people without disabilities, represents 53% of the population. "This model states that, due to the size of the demographic, companies and governments will serve the desires, pushed by demand as the message becomes prevalent in the cultural mainstream."[39]

- The **consumer model** of disability is based upon the "rights-based" model and claims that people with disabilities should have equal rights and access to products, goods and services offered by businesses. The consumer model extends the rights-based model by proposing that businesses, not only accommodate customers with disabilities under the requirements of legislation, but that businesses actively seek, market to, welcome and fully engage people with disabilities in all aspects of business service activities. The model suggests that all business operations, for example websites, policies and procedures,

mission statements, emergency plans, programs and services, should integrate access and inclusion practices. Furthermore, these access and inclusion practices should be based on established customer service access and inclusion standards that embrace and support the active engagement of people of all abilities in business offerings.[52]

4 Management

4.1 Assistive technology

Main article: Assistive technology

Assistive Technology is a generic term for devices and modifications (for a person or within a society) that help overcome or remove a disability. The first recorded example of the use of a prosthesis dates to at least 1800 BC.[53] The wheelchair dates from the 17th century.[54] The curb cut is a related structural innovation. Other examples are standing frames, text telephones, accessible keyboards, large print, Braille, & speech recognition software. People with disabilities often develop personal or community adaptations, such as strategies to suppress tics in public (for example in Tourette's syndrome), or sign language in deaf communities.

As the personal computer has become more ubiquitous, various organizations have formed to develop software and hardware to make computers more accessible for people with disabilities. Some software and hardware, such as Voice Finger, Freedom Scientific's *JAWS*, the Free and Open Source alternative *Orca* etc. have been specifically designed for people with disabilities while other software and hardware, such as Nuance's Dragon NaturallySpeaking, were not developed specifically for people with disabilities, but can be used to increase accessibility.[55] The LOMAK keyboard was designed in New Zealand specifically for persons with disabilities.[56] The World Wide Web consortium recognised a need for International Standards for Web Accessibility for persons with disabilities and created the Web Accessibility Initiative (WAI).[57] As at Dec 2012 the standard is WCAG 2.0 (WCAG = Web Content Accessibility Guidelines).[58]

4.2 Adapted sports

Main article: Disabled sports

The Paralympic Games (meaning "alongside the Olympics") are held after the (Summer and Winter) Olympics. The Paralympic Games include athletes with a wide range of physical disabilities. In member countries organizations exist to organize competition in the Paralympic sports on levels ranging from recreational to elite (for example, Disabled Sports USA and BlazeSports America in the United States).

Wheelchair basketball match between South Africa and Iran at the 2008 Summer Paralympics

The Paralympics developed from a rehabilitation programme for British war veterans with spinal injuries. In 1948, Sir Ludwig Guttman, a neurologist working with World War II veterans with spinal injuries at Stoke Mandeville Hospital in Aylesbury in the UK, began using sport as part of the rehabilitation programmes of his patients.

In 2006, the Extremity Games was formed for people with physical disabilities, specifically limb loss or limb difference, to be able to compete in extreme sports.[59]

5 Discrimination, government policies, and support

Main article: Ableism

On December 13, 2006, the United Nations formally agreed on the Convention on the Rights of Persons with Disabilities, the first human rights treaty of the 21st century, to protect and enhance the rights and opportunities of the world's estimated 650 million disabled people. As of April 2011, 99 of the 147 signatories had ratified the Convention.[60] Countries that sign the convention are required to adopt national laws, and remove old ones, so that persons with disabilities will, for example, have equal rights to education, employment, and cultural life; to the right to own and inherit property; to not be discriminated against in marriage, etc.; to not be unwilling subjects in medical experiments.

In 1976, the United Nations launched its International Year for Disabled Persons (1981), later renamed the International Year of Disabled Persons. The UN Decade of Disabled Persons (1983–1993) featured a World Programme of Action Concerning Disabled Persons. In 1979, Frank Bowe was the only person with a disability representing any country in the planning of IYDP-1981. Today, many countries have named representatives who are themselves individuals with disabilities. The decade was closed in an address before the General Assembly by Robert Davila. Both Bowe and Davila are deaf. In 1984, UNESCO accepted sign language for use in education of deaf children and youth.

In the United States, the Department of Labor's new (2014) rules for federal contractors, defined as companies that make more than $50,000/year from the federal government, require them to have as a goal that 7% of their workforce must be people with disabilities.[61]

6   Demographics

6.1   Estimates worldwide

Estimates of worldwide and country-wide numbers of individuals with disabilities are problematic. The varying approaches taken to defining disability notwithstanding, demographers agree that the world population of individuals with disabilities is very large. For example, in 2012, the World Health Organization estimated a world population of 6.5 billion people. Of those, nearly 650 million people, or 10%, were estimated to be moderately or severely disabled.[62]

In the United States, Americans with disabilities constitutes the largest and most inclusive minority. According to the U.S. Census Bureau, as of 2010, there were some 56.7 million disabled people, or 19% (by comparison, African Americans are the largest racial minority in the U.S., but only constitute 12.6% of the U.S. population).[63]

There is widespread agreement among experts in the field that disability is more common in developing than in developed nations. The connection between disability and poverty is thought to be part of a "vicious cycle" in which these constructs are mutually reinforcing.[64]

Nearly 8 million European men were permanently disabled in World War I.[65] About 150,000 Vietnam veterans came home wounded, and at least 21,000 were permanently disabled.[66] As of 2008, there were 2.9 million disabled veterans in the United States, an increase of 25 percent over 2001.[67]

After years of war in Afghanistan, there are more than 1 million disabled people.[68] Afghanistan has one of the highest incidences of people with disabilities in the world.[69] An estimated 80,000 Afghans are missing limbs, usually from landmine explosions.[70]

In Australia, 18.5% of the population reported having a disability in a 2009 survey.[71]

7   Political issues

A 28-year-old Iraqi woman who lost both of her legs during the Iraq War in 2005

Political rights, social inclusion and citizenship have come to the fore in developed and some developing countries. The debate has moved beyond a concern about the perceived cost of maintaining dependent people with disabilities to finding effective ways to ensure that people with disabilities can participate in and contribute to society in all spheres of life.

In developing nations, where the vast bulk of the estimated 650 million people with disabilities reside, a great deal of work is needed to address concerns ranging from accessibility and education to self-empowerment, self-supporting employment, and beyond.

In the past few years, disability rights activists have focused on obtaining full citizenship for the disabled.

There are obstacles in some countries in getting full employment; public perception of disabled people may vary.

7.1   Disability abuse

Main article: Disability abuse

Disability abuse is when people are abused physically, financially, verbally or mentally due to the person having a disability. As many disabilities are not visible (for example, asthma, learning disabilities) some abusers cannot

rationalise the non-physical disability with a need for understanding, support, and so on.

As the prevalence of disability and the cost of supporting disability increases with medical advancement and longevity in general, this aspect of society becomes of greater political importance. How political parties treat their disabled constituents may become a measure of a political party's understanding of disability, particularly in the "social" measure of disability.[72]

7.2 Disability rights movement

Main article: Disability rights movement

The disability rights movement aims to secure equal opportunities and equal rights for people with disabilities. The specific goals and demands of the movement are accessibility and safety in transportation, architecture, and the physical environment, equal opportunities in independent living, employment, education, and housing, and freedom from abuse, neglect, and violations of patients' rights.[73] Effective civil rights legislation is sought to secure these opportunities and rights.[73][74]

7.3 Disability insurance

Disability benefit, or disability pension, is a major kind of disability insurance that is provided by government agencies to people who are temporarily or permanently unable to work due to a disability. In the U.S., disability benefit is provided in the category of Supplemental Security Income. In Canada, it is within the Canada Pension Plan. In other countries, disability benefit may be provided under social security systems.

Costs of disability pensions are steadily growing in Western countries, mainly European and the United States. It was reported that, in the UK, expenditure on disability pensions accounted for 0.9% of gross domestic product (GDP) in 1980; two decades later it had reached 2.6% of GDP.[75][76] Several studies have reported a link between increased absence from work due to sickness and elevated risk of future disability pension.[77]

A study by researchers in Denmark suggests that information on self-reported days of absence due to sickness can be used to effectively identify future potential groups for disability pension.[76] These studies may provide useful information for policy makers, case managing authorities, employers, and physicians.

Private, for-profit disability insurance plays a role in providing incomes to disabled people, but the nationalized programs are the safety net that catch most claimants.

8 See also

- Accessibility
- Disability abuse
- Disability discrimination act
- Disability etiquette
- Disability in Northern Ireland
- Disability studies
- Disability robot
- Ergonomy
- Future planning
- Human variability
- Inclusive recreation
- Invisible disability
- List of disability rights organizations
- List of physically disabled politicians
- Orthopedics
- Disability culture
- Passing
- Psychophobia
- Sexuality and disability
- Special education
- Ugly law
- Youth and disability

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11   External links

- Disability at DMOZ

- The dictionary definition of disability at Wiktionary

- Quotations related to Disability at Wikiquote

- Media related to Disabled people at Wikimedia Commons

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