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A STATISTICAL ANALYSIS OF THE DISABILITY PROBLEM AND ITS SOCIAL IMPACTS

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ABSTRACT

Disability is a global problem that all members of population can suffer from in one way or another or through one of the family members, especially among the elderly persons, it is not just a biological or social phenomenon. The World Health Organization (WHO) has recognized that disability is a global issue of public health and a matter of human rights and development because of the wide-ranging obstacles that accompany such as health services and rehabilitation, or disability is a risk factor for other health problems in the human being, we also point out here that most of the disabled persons suffer from violations of human rights and harm to their dignity through acts of violence, abuse and lack of respect, these cases are more common in low-income countries and this is related to the exposure of these disabled persons to malnutrition, poor health care and low education. There are more than one billion people with disabilities in the world, who make up 15% of the world's population, this number increases with population growth, security conditions, wars, conflicts and natural disasters. This study came to shed light on one of the social, environmental and health problem, while giving examples and analysis of statistical data for some cases and countries.

Keywords: Disability, Human Rights, Environment, Rehabilitation, Employment Rates, Health Care Financing

INTRODUCTION

Perhaps it is difficult for the simple person to imagine the daily hardships and difficulties of their counterparts with disabilities, regardless of that disability, especially in environments that are not responsive to their needs in mobility, movement, communication and other vital activities that people carry out all the time. Things are smooth and intuitive for most people, people with special needs face abhorrent and unjust difficulties in many cases in countries that do not put their top priority on taking into account this balanced category of any society, as well as societies in which wars are raging. According to World Bank statistics, more than one billion people about 15% of the world's population suffer from disabilities, including nearly one million children, and about 80% of them live in developing countries, meaning that one out of seven people suffers from a type of disability.

In its definition of the handicapped or those with disabilities, the United Nations relied on the definition of the US government, which states: It is any individual who suffers from a physical or mental disability that greatly limits one or more of his life activities or is considered to have such a disability (Elena, 2007). The cause of disability is injuries, diseases, and medical conditions, neurological, chemical, or developmental factors that affect his access to public services, his integration into society, or restrict his normal life. In 1992 the United Nations designated a special day to celebrate people with disabilities, and in 1993 it approved the definition of the handicapped and set a number of diseases and disabilities that are entitled to be pregnant with them or who have them in need of special care and service, these three types are:

- Physical disability, that is, the disability is visible in the body, many diseases fall under it, which are: paralysis of the lower limbs that causes the inability to move around, limited use of hands that causes loss of ability to accomplish work, and difficulty speaking where the patient's communication and ability to talk weakens continuous with people, in addition to chronic back or joint problems, chronic pain, hearing difficulties or deafness, vision difficulties or blindness.
- Neurological disability that is, related to the nervous system includes chronic migraine, epilepsy, autism, intellectual and cognitive restrictions that cause isolation and poor integration in society.
- Psychiatric disability, such as schizophrenia, chronic depression, and limited ability to learn (ESCWA, 2017).

There are many reasons that led international lawmakers to give them this attention, apart from their being a large percentage of the world's population, there are also other things, including:

1. It is a matter of fairness and respect.
2. Failure to ensure accessibility wastes their talents, many disabled people possess great talents in aspects that their disability does not affect.
3. They are considered a human resource not a little, and abandoning them increases the poverty rate in cities.
4. Their integration into society reduces class differences and makes them an effective and effective component capable of coexistence without harassment.
5. Access to people with disabilities improves access for all, meaning preparing roads and places for the disabled to enter, making it easier for healthy people to enter.

THE REALITY OF DISABILITY PERSONS IN ARAB COUNTRIES

Most Arab societies view disability people with a pity, these people are often considered "an unwanted marginalized group" because of society's mentalities or the ruling laws. Although the constitutions and regulations of these countries contain regulations and laws that raise the status of this group, they are nothing to apply that. The percentage of the handicapped and those in need of special care is expected to increase in a very large percentage, especially in Iraq and Syria, after the long years of war, and corruption has dominated people. The number of disability people in the Arab world has witnessed a significant increase in recent years, especially after the spread of the Arab Spring events and its transfer from one country to another (Jerome, 2015), and those dictatorial regimes confronted these demonstrations with repression and abuse. Where the last reliable statistics conducted by the World Health Organization, in 2012, concluded that there are more than 34 million people with special needs in the region.

Now, it is expected that the percentage of the handicapped and those in need of special care will increase by a very large percentage, especially in Iraq and Syria, Libya, and Yemen, and corruption has dominated the heads of the people, as it is expected that the percentage of the disabled in the Arab world will increase to about 40 million (Jesse, 2016).

In the Arab region, with the exception of some Gulf countries, perhaps, the handicapped suffer from the lack of services available to them and the many obstacles they face in their daily lives, whether they result from laws and policies or social and racist behaviors, the comparison between the reality of this important segment in developed countries and in the Arab region appears.

On the educational level, there is a clear defect in the interest of Arab countries in their educational organizations, as these institutions need somewhat large financial support. Most of their parents are forced to participate in public schools for education, which is a physical and psychological burden. People with abilities in the field of work in the Arab world also suffer from not taking their work seriously. They are only employed to achieve a small percentage of the percentage that the government permits. However, many of them are not assigned serious work during their working hours (Michael, 2012).

In Iraq, the reasons for the high number of persons with disabilities and special needs are due to wrong government policies, recurrent crises and wars, the spread of terrorism after 2003, and the absence of health care and traffic systems in all governorates of Iraq. In 2017, the Iraqi

Ministry of Planning revealed a statistic about the number of persons with disabilities and special needs in Iraq, estimated at (one million and 357 thousand people with disabilities and special needs) in 13 governorates except the Kurdistan region, that the percentage of people with disabilities and special needs in the capital, Baghdad, it is the highest among the rest of the governorates of Iraq within the total number by 27%, followed by Basra Governorate 12%, then the governorates of Wasit, Najaf, Maysan and Muthanna. The number of males is 770,000, or 57%, while the disability rate for females is 580,000 or 43% of the total (Nadia, 2019).

Egypt tops the list of the most numerous Arab countries in terms of rates of people with special needs, as their number is estimated at 12 million Egyptians, according to UN estimates, refuting the Egyptian figures that indicate the real number ranges between 3 and 4 million disabled people. A field survey revealed that the percentage of persons with disabilities in Jordan is about 13%, 43% of them are males, and 57% are females. The results of the survey carried out by the Department of Statistics in cooperation with the Supreme Council for the Affairs of Persons with Disabilities concluded that 39% of persons with disabilities aged 15 years and over have their educational level less than secondary, compared to 33% educated mom (Donovan, 2012). According to the results, 24% of persons with disabilities are "males and females" who are 15 years of age or more, are economically active, compared to 76% who are not economically active. The percentage of economically inactive males was 20%, while the percentage of females was 80%. The percentage of employed males with disabilities was 79%, compared to 21% of females.

In Morocco, the number of disabilities exceeds the barrier of 2.2 million citizens, which represents 6.8% of the total population, which means that one out of every 4 families is concerned with disability, according to the results reported by the Moroccan Ministry of Health (Wil, 2010). In Tunis, Secretary General of the Tunisian General Labor Union, Noureddine Taboubi, said: “Persons with disabilities are still deprived of their right to work, stressing that the unemployment rate among them has reached 40% according to official statistics and 60% according to the organizations representing them, which makes it 3 or 4 Times greater than the rest of the active population" (WHO, 2012).

As for Lebanon, according to the recent report issued by the World Bank and the World Health Organization, disability people make up 15% of the Lebanese population, and despite the passage of 13 years since the promulgation of Law 2000/220 related to the rights of persons with special needs in Lebanon, most of its provisions have not Apply after it threatens the life of this class. In Palestine, there are nearly 400,000 people with disabilities, more than half of whom are of working age. In Saudi Arabia, the percentage of people with special needs reaches 7% of the total population, with a population of 1.5 million citizens. They are largely marginalized and suffer from the lack of the most basic services provided to them (WHO, 2014-2021). The following two tables give a clear picture of the cases of disability in the Arab world by gender, as the first table shows the cases of disability in some Arab countries and the proportions of those disabilities from the total population of each country, where the rates of disability ranged from the total population between (0.001) and (0.008) according to political and security conditions and fluctuations experienced by every country. As for the second table, it shows the cases of the literate and illiterate for each country and their attribution to population according to gender. Those ratios varied between (0.0002) and (0.036) and it appears that they are somewhat acceptable (Table 1 & Table 2).

Table 1
ARAB POPULATION BY STATUS AND TYPE OF DISABILITY (000), AND ITS PERCENTAGE FROM COUNTRY POPULATION

Country	sex	Seeing	Hearing	Mobility	Cognition	Selfcare	Communication	Total	Total population	%
Iraq	F	579	232	403	103	0	95	1412	17959	0.08
	M	586	232	414	122	0	110	1464	18315	0.08
	T	1165	464	817	225	0	205	2876	36274	0.08

Jordan	F	33	23	64	25	27	20	192	4628	0.04
	M	42	26	63	29	28	24	212	5074	0.04
	T	75	49	127	54	55	44	404	9702	0.04
Morocco	F	353	208	575	198	261	144	1739	17927	0.1
	M	329	196	377	224	251	171	1548	17812	0.09
	T	682	404	852	422	552	315	3227	35739	0.09
Bahrain	F	2	0.8	3	1	-	0.3	7.1	564	0.02
	M	4	1.2	5	3	-	1	14.2	865	0.02
	T	6	2	8	4	-	1.3	21.3	1429	0.02
Saudi Arab	F	47	23	73	6	1.4	14	164	16276	0.02
	M	67	27	91	12	1.1	20	219	16663	0.02
	T	114	50	164	18	1.5	34	383	32938	0.02
Sudan	F	114	19	87	8	99	23	350	17598	0.05
	M	132	26	37	10	99	26	330	22935	0.02
	T	246	45	64	18	198	49	620	40533	0.02
Palestine	F	13	8	16	6	6	-	49	2434	0.01
	M	14	8	15	7	8	-	52	2486	0.01
	T	27	16	31	13	14	-	101	4920	0.01
Oman	F	3	1	5	1	2.5	0.8	14	2307	0.01
	M	4	1.1	5	1.7	2.7	1	15	2329	0.01
	T	7	2.1	10	2.7	5.2	1.8	29	4636	0.01
Qatar	F	0.7	0.1	0.1	0.1	0.08	0.07	1.15	885	0.002
	M	0.7	0.2	0.2	0.15	0.14	0.11	2.65	1754	0.001
	T	1.4	0.3	0.3	0.25	0.22	0.18	3.8	2639	0.001
Mauritania	F	3	2	5	2	-	-	12	2235	0.007
	M	4	3	6	3	-	-	16	2185	0.009
	T	7	5	11	6	-	-	29	4420	0.009
Yemen	F	98	77	123	244	53	42	637	14276	0.03
	M	81	69	122	79	79	70	500	13974	0.04
	T	179	146	245	123	132	112	1137	28250	0.03

Table 2
POPULATION 10 YEARS OF AGE & OVER BY DISABILITY & LITERACY STATUS

Country	Gender	Literate	Illiterate	Total Population	%	%
	(1)	(2)	(3)	(4)	2/4	3/4
Iraq	F	92	189	17959	0.005	0.011
	M	185	141	18315	0.011	0.008
	T	277	331	36274	0.008	0.01
Jordan	F	48	54	4628	0.01	0.012
	M	83	31	5074	0.02	0.006
	T	131	85	9702	0.013	0.009
Morocco	F	164	652	17927	0.009	0.036
	M	365	428	17812	0.02	0.024
	T	529	1079	35739	0.015	0.03
Bahrain	F	6	3	564	0.011	0.005

	M	12	2	865	0.014	0.002
	T	18	5	1429	0.013	0.003
Saudi Ariba	F	63	77	16276	0.004	0.005
	M	135	54	16663	0.008	0.003
	T	198	131	32938	0.006	0.004
Oman	F	3	10	2307	0.001	0.004
	M	6	8	2329	0.003	0.003
	T	9	18	4636	0.002	0.004
Palestine	F	3	10	2434	0.001	0.004
	M	6	8	2486	0.002	0.003
	T	9	18	4920	0.002	0.004
Mauritania	F	5	8	2235	0.002	0.004
	M	6	8	2185	0.003	0.004
	T	11	16	4420	0.002	0.004
Yemen	F	41	205	14276	0.003	0.014
	M	117	144	13974	0.008	0.01
	T	158	349	28250	0.006	0.012
Qatar	F	0.6	0.6	2434	0.0002	0.0002
	M	1.1	0.5	2486	0.0004	0.0002
	T	1.7	1.1	4920	0.0003	0.0002

THE ECONOMIC AND SOCIAL IMPACT OF DISABILITY

Unemployment is one of the basic and main problems that most countries of the world suffer from, but in a different way from one country to another, as the problem of unemployment for any society is the central problem in the economy of that society because it reflects many economic dimensions, in addition to political, social and security dimensions as well, on the other hand, the problem of unemployment leads to a waste of the exploitation of human resources who are able and willing to work, the success of economic policy in any society depends on its ability to reduce the unemployment rate in that society.

Therefore, this large volume of unemployment and the inability of countries to reduce it will lead to a bias in the labor market for some groups at the expense of others, there is no doubt that the group of disability people falls within the categories in which unemployment rates are expanding, as long as there is no organized intervention by governments to protect this group. This trend confirms the theory of segmentation of the labor market, which was based on field studies that concluded that the labor force is exposed to the phenomenon of fragmentation on the basis of educational level, according to age, gender, or according to location. The labor market segmentation theory divides the market into two types; The first includes good job opportunities and high wages, and its workers enjoy stability and obtain continuous training, while the second is characterized by low job opportunities for individuals and shrinking wages as well as easy exposure to unemployment. In this way, the theory sees that there is heterogeneity in the labor market, and therefore there are groups that are harmed more than others, and it comes at the forefront of those with special needs (Weiyu, 2020).

Computer applications have been used to care for the disabled in the administrative and organizational aspects, as for the technical aspects such as voice communication systems for the blind and the physically disabled, which help them carry out their daily work normally, as well as help the deaf and dumb to overcome their disability and communicate with others, and there are some modern applications in the field of programming prosthetic limbs to help the disabled

physically, this is in addition to using the computer to raise the mental competency of the mentally retarded.

There is no doubt that the economic reform program in any country is keen to implement it, taking into account the social dimension, so it has become one of the main objectives of the economic system in any society that applies market economies, through government intervention to seek justice in the distribution of income and provide basic requirements for the poor, and help disability people for livelihood and access to job opportunities in order to achieve social justice without affecting market mechanisms. Moreover, the shift towards more application of market forces, and the application of many developing countries to economic reform programs, made these countries in greater need for social safety programs to work to address the social side effects generated by this transformation.

The social insurance and pension systems achieve the social objectives of the economic system by providing social safety to some needy groups. This system insurance and pensions is also considered one of the most important vessels that can mobilize a large amount of savings and finance long-term investments. Based on the foregoing, the structural changes that the global economy is going through, especially the third world countries, require the need to follow the social safety net system instead of the social insurance system, which can lead to development in some pillars of the market economy in addition to contributing to the expansion of the range of beneficiaries from the system comes at the forefront of beneficiaries, the category of disability people, as well as achieving social justice.

International labor Organization says that about (386) million of the world's working-age people have some kind of disability, UN survey found that 35% of working-age persons with disabilities are in fact working, Companies report that employees with disabilities have better retention rates, reducing the high cost of turnover, says a 2002 U.S. study. Other American surveys reveal that after one year of employment, the retention rate of persons with disabilities is 85 per cent. UNESCO reports say that 90 % of children with disabilities in developing countries do not attend school. UNDP study says that the global literacy rate for adults with disabilities is as low as 3% and 1 per cent for women with disabilities.

The statistical analysis carried out by the World Health Survey to 51 countries with high and low incomes gave an employment rate of (52.8%) for men with disabilities and (19.1%) for women with disabilities compared to unemployed persons with a percentage of (64%) for males, and (29%) for females, and there is a study conducted by the organization (OECD) in 27 countries indicated that persons with disabilities of working age suffer from great deprivation in the labor market of non-disabled persons, and their employment rate (75%) reached more than half of non-disabled persons. Table (3) indicates that ages (18-49) were the rates of employment (57.6%) of non-disabled persons, as for (41.2%) people with disabilities, as for ages (50-59) their employment rates were for people with disabilities (40.2%) and (60.9) for non-disabled people, and for ages (60+) their employment rates were (26.8) for non-disabled people and (10.4) for people with disabilities. Also figure (1) shows the employed persons with disability and without disability in some country which we think that has more disabilities because of their security fluctuations.

Table 3
EMPLOYMENT RATES, PROPORTION OF DISABLED AND NOT DISABLED RESPONDENTS

Individuals	Percent					
	Low-income countries		High-income countries		All countries	
	Not disabled	Disabled	Not disabled	Disabled	Not disabled	Disabled
Male	71.2	58.6	53.7	36.4	64.9	52.8
Female	31.5	20.1	28.4	19.6	29.9	19.6
18 – 49	58.8	42.9	54.7	35.2	57.6	41.2
5 – 59	62.9	43.5	57	32.7	60.9	40.2

60+	38.1	15.1	11.2	3.9	26.8	10.4

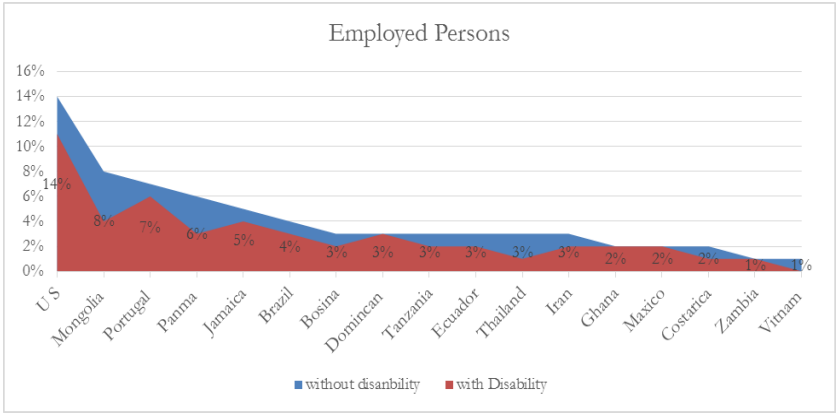

FIGURE 1
PERCENTAGE OF EMPLOYED PERSONS AGED 15 AND OVER WHO WORK AS LEGISLATORS, SENIOR OFFICIALS AND MANAGERS, BY DISABILITY STATUS, IN 19 COUNTRIES

Rehabilitation

Rehabilitation is a good investment because it builds the human capabilities of the disabled, it should include rehabilitation in its legislation related to education, health, work and social services. Among the benefits of rehabilitation is the enhancement of the personal performance of the disabled and the provision of services to them as soon as possible. People with disabilities can be included in organizations that are truly knowledgeable and focus on improving their efficiency and performance, most importantly, integrating the disabled in health care and service organizations, as rehabilitation is a part related to care. The application of modern assistive technology increases the participation of the disabled and reduces the costs of care and support to suit the uses of the disabled and their environment. Technological products for the disabled can be manufactured within the country to reduce costs. We would like to point out here that there is a global shortage of specialists in scientific institutes, and this negatively indicates training and delay in qualification, thus training can be a first step and then move to other advanced levels according to the availability of modern equipment and trainers, in this case the public and private sectors may participate, for financing purposes and overcoming financial obstacles. Figure (2) shows that in nine low-income country the percentage of rehabilitation with average of (64%), the highest was Nebal, and the lowest is South Africa.

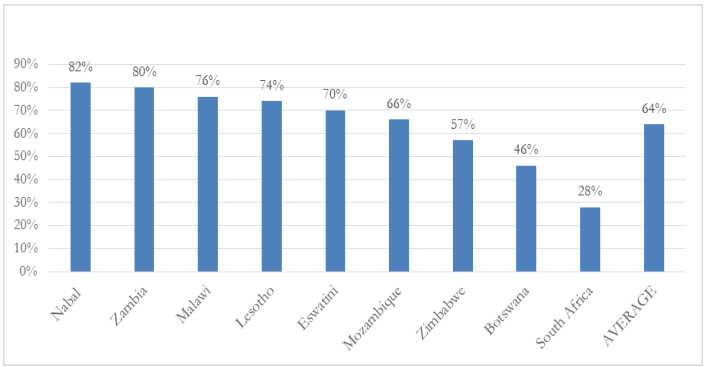

FIGURE 2
PERCENTAGE OF PERSONS WITH DISABILITIES WHO NEEDED BUT COULD NOT RECEIVE REHABILITATION SERVICES, IN 9 COUNTRIES, AROUND 2011

DISABILITY EDUCATION

According to the study carried out by the World Health Survey on 51 countries for high-income and low-income countries, the education of disabled children was the lowest in primary school, with a lower rate of continuing with it, that (50.6%) percentage of disabled males completed their primary education compared to (61.3%) disabled males those who did not complete their studies, as for females, the percentage of those who completed their primary education was (41.7%) compared to (52.9) who could not complete their primary education. Average years of education for non-disabled males (5.96) versus (7.03) for the disabled, and for females (4.98) versus (6.28), respectively. In addition, the study found that there are gaps in completion of education between all age groups and are of statistical significance for both high- and low-income countries. Table (4) Illustrate it. Figure (3) shows the percentage of disability entry school in selected countries.

Table 4
EDUCATION OUTCOMES FOR DISABLED AND NOT DISABLED RESPONDENTS

Individuals	Percent					
	Low-income countries		High-income countries		All countries	
	Not disabled	Disabled	Not disabled	Disabled	Not disabled	Disabled
Male						
Primary school completion	55.60%	45.60%	72.30%	61.70%	61.30%	50.60%
Mean years of education	6.43	5.63	8.04	6.6	7.03	5.96
Female						
Primary school completion	42.00%	32.90%	72.00%	59.30%	52.90%	41.70%
Mean years of education	5.14	4.17	7.82	6.39	6.26	4.98
18 – 49						
Primary school completion	60.30%	47.80%	83.10%	69%	67.40%	53.20%
Mean years of education	7.05	5.67	9.37	7.59	7.86	6.23
50 – 59						
Primary school completion	44.30%	30.80%	68.10%	52%	5.27%	37.60%
Mean years of education	5.53	4.22	7.79	5.96	6.46	4.91
60+						
Primary school completion	30.70%	21.20%	53.60%	46.50%	40.60%	32.30%
Mean years of education	3.76	3.21	5.36	4.6	4.58	3.89

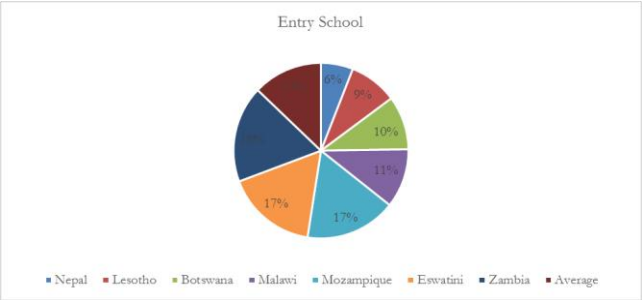

FIGURE 3
PERCENTAGE OF PERSONS WITH DISABILITIES WHO HAVE EVER BEEN REFUSED ENTRY INTO A SCHOOL OR PRESCHOOL BECAUSE OF THEIR DISABILITY

Statistical Indicators

According to the availability of data we can discuss some statistical indicators, table (5), shows the disability prevalence rates for thresholds 40 and 50 derived from multi-domain functioning levels in 59 countries, by country income level, sex, age, place of residence, and wealth. From table (5) and out of (59) selected countries, the prevalence of disability among people aged 18 years and over was (15.6%) equivalent to (650) million people out of (4.2) billion people, and (11.8%) were in low-income countries and (18.5%) in countries with high income, these figures and percentages indicate that adults with disabilities face great difficulties in performing their daily lives as the prevalence rate of disabled adults was (2.2%) that is, about (92) million people in the (particular) countries selected and the vulnerable groups were women and the elderly 60 years old, which they are the highest prevalence in disability, and developing countries with low incomes have the highest rates of disability, and constitute a percentage (29.5%) compared to a percentage (43.4%) in high-income countries (Weiyu, 2020).

Table 5
DISABILITY PREVALENCE RATES FOR THRESHOLDS 40 AND 50 DERIVED FROM MULTI-DOMAIN FUNCTIONING LEVELS IN 59 COUNTRIES, BY COUNTRY INCOME LEVEL, SEX, AGE, PLACE OF RESIDENCE, AND WEALTH

Population subgroup	Threshold of 40			Threshold of 50		
	Higher income countries	Low-income countries	All countries	Higher income countries	Low-income countries	All countries
Sex						
Male	9.1(0.32)	13.8(0.22)	12.0 (0.18)	1.0 (0.09)	1.7 (0.07)	1.4 (0.06)
Female	14.4 (0.32)	22.1 (0.24)	19.2 (0.19)	1.8 (0.10)	3.3 (0.10)	2.7 (0.07)
Age Group						
18 – 49	6.4 (0.27)	10.4 (0.20)	8.9 (0.16)	0.5 (0.06)	0.8 (0.04)	0.7 (0.030
50 – 59	15.9 (0.63)	23.4 (0.48)	20.6 (0.38)	1.7 (0.23)	2.7 (0.19)	2.4 (0.14)
60+	29.5 (60.0)	43.4 (0.47)	38.1 (0.38)	4.4 (0.25)	9.1 (0.27)	7.4 (0.19)
Place of Residence						
Urban	11.3 (0.29)	16.5 (0.25)	14.6 (0.19)	1.7 (0.08)	2.2 (0.09)	2.0 (0.07)
Rural	12.3 (0.34)	43.4 (0.47)	38.1 (0.38)	4.4 (0.25)	9.1 (0.27)	7.4 (0.19)
Wealth quintile						
Q1(poorest)	17.6 (0.56)	22.4 (0.36)	20.7 (0.31)	2.4 (0.22)	3.6 (0.13)	3.2 (0.11)
Q2	13.2 (0.46)	19.7 (0.31)	17.4 (0.25)	1.8 (0.19)	2.5 (0.11)	2.3 (0.10)
Q3	11.6 (0.44)	18.3 (0.30)	15.9 (0.22)	1.1 (0.14)	2.1 (0.11)	1.8 (0.09)
Q4	8.8 (0.36)	16.2 (0.27)	13.6 (0.22)	0.8 (0.08)	2.3 (0.11)	1.7 (0.8)
Q5(Richest)	6.5 (0.35)	13.3 (0.25)	11.0 (0.20)	0.5 (0.07)	1.6 (0.9)	1.2 (0.07)
Total	11.8 (0.24)	18.0 (0.19)	15.6 (0.15)	2.0 (0.13)	2.3 (0.09)	2.2 (0.07)

Table (6) of the global analysis of disability indicates that (15.3%) of the world's population, or about 987 million people, had a moderate disability, while there were (2.9%) the equivalent of 185 milliliters of people with severe disability. Children whose age was (0 - 14)

year had a disability rate of (5.1%) & (0.7%) or 93 million and 13 million people, respectively, while the number of persons aged 15 years and over refers to (19.4%) and (3.8%) or 892 million and 175 million respectively (Wil, 2010). For high-income countries, severe disability ratios were (3.2%) when the moderate deficit rate was (15.4%), as for the disability ratios for countries in the continents with low incomes, the severe disability rate was highest in Africa (3.1%), followed by Europe (3%), Southeast Asia (2.9%), the Middle East (2.8%), Western Pacific (2.7%), and Americas (2.6%). Moderate disability for countries in low-income continents, Europe was the highest by (6.4), followed by Southeast Asia (16%), Africa (15.3%), Western Pacific (15%), Middle East (14%). Figure (4) shows the percentage of experienced discrimination, also figure (5) shows the online government services and figure (6) shows the married women with disability and without disability in selected countries (Donovan, 2012).

Table (7) indicate that the individuals sought inpatient care is about half of individuals sought outpatient care in male, female, and all ages, for low-income countries and all countries, but in high income countries were about two third of inpatient care from outpatient care, while table (8), the difficulties in access to health care financing in low, high and all countries which was vacillating from case to case, also the disability individuals suffer from lack of care and attention.

Table 6
ESTIMATED PREVALENCE OF MODERATE AND SEVERE DISABILITY, BY REGION, SEX, AND AGE, GLOBAL BURDEN OF DISEASE ESTIMATES FOR 2004

Sex/age group	Percent							
	World	High income countries	Low-income and middle-income countries, WHO region					
			African	American	South East Asia	European	Eastern Mediterranean	Western Pacific
Severe disability								
Male								
0 – 14	0.7	0.4	1.2	0.7	0.7	0.9	0.9	0.5
15 – 59	2.6	2.2	3.3	2.6	2.7	2.8	2.9	2.4
60+	9.8	7.9	15.7	9.2	11.9	7.3	11.8	9.8
Female								
0 – 14	0.7	0.4	1.2	0.6	0.7	0.8	0.8	0.5
15 – 59	2.8	2.5	3.3	2.6	3.1	2.7	3	2.4
60+	10.5	9	17.9	9.2	13.2	7.2	13	10.3
All people								
0 – 14	0.7	0.4	1.2	0.6	0.7	0.8	0.9	0.5
15 – 59	2.7	2.3	3.3	2.6	2.9	2.7	3	2.4
60+	10.2	8.5	16.9	9.2	12.6	7.2	12.4	10
15+	3.8	3.8	4.5	3.4	4	3.6	3.9	3.4
All Ages	2.9	3.2	3.1	2.6	2.9	3	2.8	2.7
Moderate and severe disability								
Male								
0 – 14	5.2	2.9	6.4	4.6	5.3	4.4	5.3	5.4
15 – 59	14.2	12.3	16.4	14.3	14.8	14.9	13.7	14
60+	45.9	36.1	52.1	45.1	57.5	41.9	53.1	46.4
Female								
0 – 14	5	2.8	6.5	4.3	5.2	4	5.2	5.2
15 – 59	15.7	12.6	21.6	14.9	18	13.7	17.3	13.3
60+	46.3	37.4	45.3	43.6	60.1	41.1	54.4	47
All people								

0 – 14	5.1	2.8	6.4	4.5	5.2	4.2	5.2	5.3
15 – 59	14.9	12.4	19.1	14.6	16.3	14.3	15.5	13.7
60+	46.1	36.8	53.3	44.3	58.8	41.4	53.7	46.7
15+	19.4	18.3	22	18.3	21.1	19.5	19.1	18.1
All Ages	15.3	15.4	15.3	14.1	16	16.4	14	15

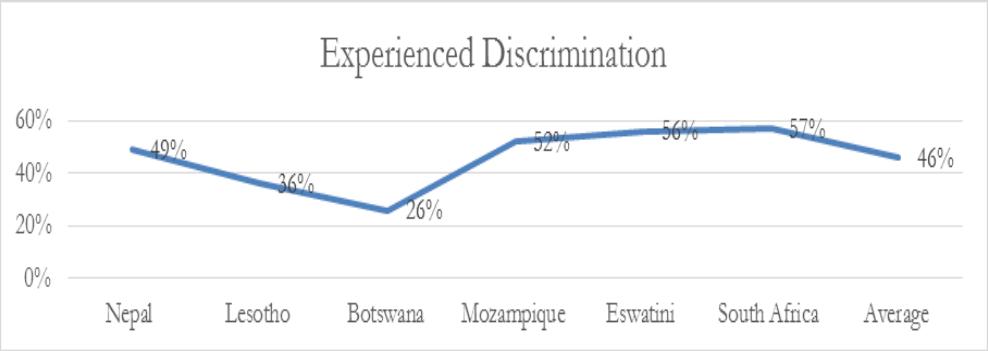

FIGURE 4
PERCENTAGE OF PERSONS WITH DISABILITIES WHO HAVE EXPERIENCED DISCRIMINATION

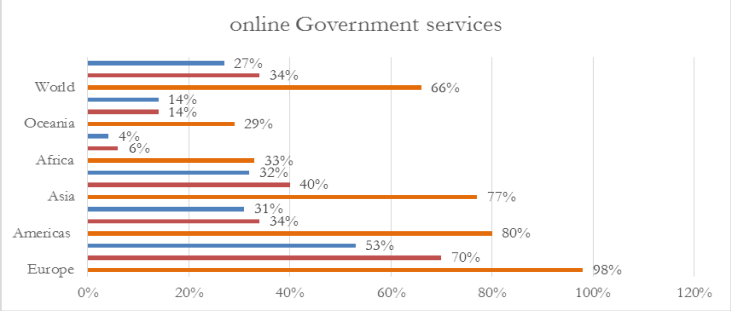

FIGURE 5
PERCENTAGE OF COUNTRIES WITH ONLINE GOVERNMENT SERVICES FOR PERSONS WITH DISABILITIES, IN THE WORLD AND BY REGION, AMONG 193 UNITED NATIONS MEMBER STATES

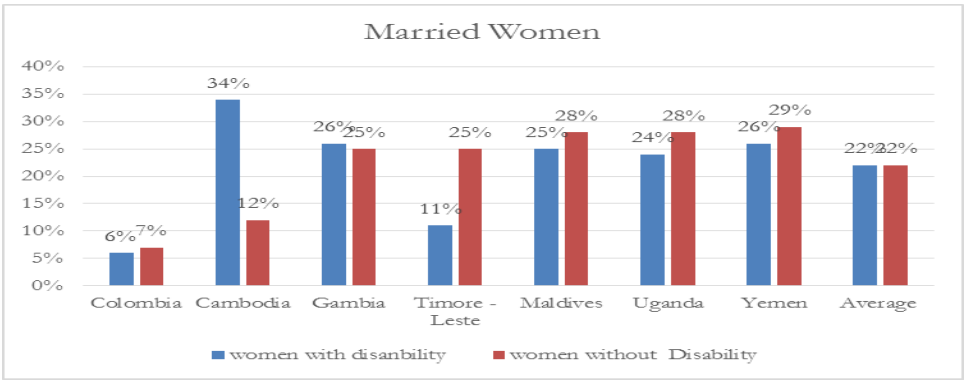

FIGURE 6
PERCENTAGE OF MARRIED WOMEN AGED 15 TO 49 HAVING AN UNMET NEED FOR FAMILY PLANNING, BY DISABILITY STATUS

Table 7
INDIVIDUAL'S SEEKING HEALTH CARE AND NOT RECEIVING NEEDED CARE

	Percent					
	Low-income countries		High-income countries		All countries	
	Not disabled	disabled	Not disabled	disabled	Not disabled	disabled
Male						
Sought inpatient care	13.7	22.7	21.7	42.4	16.5	28.5
Sought outpatient care	49.3	58.4	55	61.8	51.1	59.5
Needed, but did not get care	4.6	6.6	2.8	3.3	4.1	5.8
Female						
Sought inpatient care	16.8	21.9	30.1	46.7	20.9	29
Sought outpatient care	49.6	59.3	67	68.5	55.8	61.7
Needed, but did not get care	4.8	6.1	1.8	4.6	3.7	5.8
18-49						
Sought inpatient care	13.5	23.2	23.1	46.6	16.1	28.1
Sought outpatient care	48.8	58.5	56.7	63.4	50.9	59.3
Needed, but did not get care	4.3	6.2	2.3	4.1	3.8	6
50-59						
Sought inpatient care	13.9	20.7	22.1	42.9	16.6	27.1
Sought outpatient care	52.1	67.4	61.4	74.9	55.1	69.2
Needed, but did not get care	4.2	6.7	2.2	4.6	3.6	6.4
60+						
Sought inpatient care	18.6	20.6	31.4	42.3	23.7	29.9
Sought outpatient care	49.9	56.7	67.9	67.6	57.3	60.8
Needed, but did not get care	5.6	6.3	2.2	3.8	4.2	5.3

Table 8
DIFFICULTIES IN ACCESS TO HEALTH CARE FINANCING

Difficulties in	Percent					
	Low-income countries		High-income countries		All countries	
	Not disabled	disabled	Not disabled	disabled	Not disabled	disabled
Male						
Obtaining exemptions or special rates	17.7	24.1	7.5	14.1	15	22
Completing insurance applications	3.6	6.6	4.7	12.4	4.3	10.1
Finding out insurance benefits/entitlements	4	9	8.6	17.2	6.4	13.2
Getting reimbursed from health insurance	3.3	7.4	3.5	11.8	3.4	8.6
Female						
Obtaining exemptions or special rates	15.7	23.5	5.9	16.5	12.3	21.1
Completing insurance applications	3.3	5.2	5.1	9.3	4.5	7
Finding out insurance	3.3	6	8.4	15.9	6.2	10.7

benefits/entitlements						
Getting reimbursed from health insurance	3.2	5.4	3.2	5.8	3.1	5.6
18 – 49						
Obtaining exemptions or special rates	15.7	22.5	6.3	15.8	13.7	21.6
Completing insurance applications	4.2	6.7	4.2	10.7	4.1	8.3
Finding out insurance benefits/entitlements	4.6	8	9.9	17.7	7.3	12.1
Getting reimbursed from health insurance	4.2	7.1	4.1	10.6	4.1	8
50 – 59						
Obtaining exemptions or special rates	17.5	24.2	7.9	18.5	14.9	23.1
Completing insurance applications	3.8	5.8	5.9	14.6	5	10.4
Finding out insurance benefits/entitlements	5	7.9	9.1	19.9	7.4	13.8
Getting reimbursed from health insurance	4.4	7.1	5	8	4.7	7.4
60+						
Obtaining exemptions or special rates	18.6	25.5	6.9	14	13.6	20.1
Completing insurance applications	2.1	4.4	6	7.8	4.7	6.7
Finding out insurance benefits/entitlements	1.6	6.1	5.8	11.7	4.2	9.6
Getting reimbursed from health insurance	1.3	4.7	1.5	4.8	1.5	4.7

DISCUSSION

From the perspective of human rights and social justice, disability is no longer viewed as a purely medical phenomenon. This study has diagnosed that there is a widespread exclusion of people with disabilities, especially in third world countries, this has created a psychological, economic, social, and health condition for people with disabilities. Failure to deal with disability and the economic condition of the disabled person leads to the suffering of the disabled greatly and one of the reasons for the deterioration of his health and psychological state. Disability is the main reason for making the individual live in a bad spirit that lead to his isolation from society and this affects his relationships and interactions in the family, school and society and his inability to perform his social role.

CONCLUSION

Disability is a global phenomenon, as any family can have a disabled person. According to (WHO) reports, more than a billion people in the world have some form of disability and a quarter of this number face great difficulties in performance, as their disability rate reaches 70% or more. In light of this, we must point out that the governments of countries should review their legal legislations on disability, overcome obstacles, develop a national action strategy across sectors of society, provide the necessary service, allocate adequate resources, and protect persons with disabilities through the adoption of measures to protect, educate, health and follow up their activities. In addition, international organizations have a major role in providing development assistance programs, exchanging information, providing technical and technical assistance to build and strengthen capacity, especially for developing countries and countries that have suffered from the ravages of wars, tribal and sectarian conflicts, developing training

plans and developing the skills of the disabled. The private sector can also participate in facilitating the employment of people with disabilities, providing amenities, helping them develop their abilities and their own potential and putting them in light jobs in which they can work. A handicapped person can take his own role in overcoming his difficulties and carrying out his daily work even if it is very simple or homely, participating in community activities, integrating into cultural and scientific forums or forming their own clubs.

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