ANALYSIS OF DISABILITY OF PERSONS OVER 16 YEARS OF AGE IN BULGARIA

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Abstract
Disability is a social phenomenon, a social fact faced by all societies. It is a system of processes and events that produce numerous and diverse problems. The article analyzes the dynamics of disability in Bulgaria for individuals over 16 years for the period 2001 to 2012. The structure of primary disability persons over the age of 16 by severity of disability and disease classes is presented. The employment rights of disabled people are explored.

Key words: *disability, expertise, morbidity*

1. INTRODUCTION

Disability is a social phenomenon, a social fact faced by all societies. It is a system of processes and events that give rise to numerous and diverse problems.

"Disabled" means any person, regardless of age, with physical, sensory or mental impairment that impedes his social integration and participation in public life and its possibilities for communication and education or his future employment (Law on the Protection, Rehabilitation and Social Integration of the Disabled).

2. PURPOSE

The aim of this study is to examine and analyze the dynamics of disability in Bulgaria in persons over 16 years old.

For solving this objective we set ourselves the following tasks:
1. Clarifying the basic concepts and procedures of expertise of permanently reduced working capacity.
2. Description the path to disability;
3. Establishing the morbidity leading to disability.
4. Exploring of employment rights of disabled people.
5. Integration of the disabled people in the society

3. MATERIAL AND METHODS

The normative documents concerning the expertise of permanently reduced working capacity and data from the National Health Information Center / NHIC / are studied.

Results and discussion. Disability is established by examination of permanent incapacity of people over the 16 years by the Territorial Expert Medical Commissions and the National Expert Medical Commission.

The expertise of permanently reduced working capacity includes the definition of [1]:
- the level of permanently reduced level of working capacity according to the healthy people in percentage;
- the need of any help for the duration of the permanently reduced working capacity;
- the duration of disability and the date of expiration specified the period of disability;
- the start date of of permanently reduced working capacity (date of disability);
- the causal relationship between the injury and the occurred disability (death) on the occasion of an accident, professional disease, military disability or civil disability;

- the causal relationship between the injury (death) and working conditions (work) at the time of the accident, including military and civilian disability;
- the contraindicated working conditions;
- Is the working-age person's workplace and the need for occupational rehabilitation;
- nature of the disease - professional or general.

The expertise of the type and degree of disability includes the determination of:

- extent of damage in the percentage of healthy people;
- need any help and term;
- the duration disability and the date of expiration the specified a period of disability;
- date of disability;
- recommendations for further monitoring and rehabilitation.

The degree of permanently reduced working capacity shall be determined on the basis of detailed expert-clinical medical history, thorough a clinical examination, laboratory and functional studies and data from available medical documentation, giving an idea of functional status of the diseased organs and the body as a whole.

Trough the evolution of disability a person goes five stages/occurrence of pathology/disease, impairment, functional limitation, disability and social limitations:

- The occurrence of pathology/disease - Underlying pathologic condition that interferes with normal bodily function or structure to recover from a disease.
- Impairment - Loss or abnormality at the tissue, organ, or body system level, sensory deficit or abnormal muscle tone;
- Functional limitation - limited to various activities of the individual, such as walking, climbing, learning, thinking, seeing and hearing, restrictions in performance at the level of the whole person
- Disability - limiting the activities of the individual in relation to society and social roles.
- Social constraint - systematic constraints or the presence of barriers to individuals or restrict access to various services and capacity to participate fully in society.

The dynamics of the primary disability of persons over 16 years since 2001 to 2012 from NHIC data [2] showed an increasing of the total number of persons with disability for the period 2001 to 2005 and the decreasing over the next three years / Table 2. / . On 2009 again the increasing the total number of persons with primary disability 6991 people compared to the previous 2008 were seen and during the next three years /2010, 2011 and 2012/ the number of disability were not altered.

Table 1. Primary Disability of Persons over 16 Years of Age

Year	Loss of capacity to work				Total	
	Over 90%	71%-90%	50%-70%	under 50%		
	%	%	%	%	number	per 1000 population over 16 years
2001	36,8	39,3	18,6	5,3	79789	12,1
2002	34,8	40,2	19,3	5,7	101353	15,3
2003	30,6	41,1	21,1	7,2	116365	17,6
2005	24,7	38,6	25	11,7	115178	17,5

2006	23,9	34,8	27	14,3	96956	14,8
2007	23,1	33,8	29	14,1	70859	10,8
2008	24,3	35,1	29,4	11,2	63087	9,7
2009	23,6	34,9	30.4	11,1	69078	10,7
2010	22,9	32,6	32,2	12,3	64447	10,0
2011	24,6	32,6	31,9	10,9	64370	10,2
2012	23,7	32,4	31,8	12,1	62047	9,9

During the considered period / 2001 - 2012 / the people with 71%-90% disability take the highest share.

In order to establish the morbidity leading to disability the data from the National Health Information Center [2] are studied. From the structure of the primary disability of persons over 16 years of age in severity of disability and classes disease for 2012, 45.2% / 6653 / disability of persons with 90% reduced working capacity and above are with neoplasms, 27.4% / 4034 / are with diseases of the circulatory system and 5.3% / 777 / are with mental and behavioral disorders / Table 2. /.

Table 2. Primary Disability of Persons over 16 Years of Age by Class of Disease and Loss of Capacity to work in 2012 (number)

ICD-10	**Classes**	**Over 90%**	**71%-90%**	**50%-70%**	**Under 50%**	**Total**
	Total	**14715**	**20114**	**19749**	**7469**	**62047**
I.	Certain infectious and parasitic Diseases	57	460	104	65	686
II.	Neoplasms	6653	4978	1022	123	12776
IV.	Endocrine, nutritional and metabolic Diseases	290	1235	2288	860	4673
V.	Mental and behavioural disorders	777	1187	1204	154	3322
ICD-10	**Classes**	**Over 90%**	**71%-90%**	**50%-70%**	**Under 50%**	**Total**
VI.	Diseases of the nervous system	578	708	722	307	2315
VII.	Diseases of the eye and adnexa	402	435	687	195	1719
VIII.	Diseases of the ear and mastoid Process	34	252	488	239	1013
IX.	Diseases of the circulatory system	4034	7871	8007	2715	22627

X.	Diseases of the respiratory system	29	131	624	484	1268
XI.	Diseases of the digestive system	231	383	464	153	1231
XIII.	Diseases of the musculoskeletal system and connective tissue	686	1542	2253	1289	5770
XIV.	Diseases of the genitourinary System	304	276	573	169	1322
XVII.	Congenital malformations, deformations and chromosomal abnormalities	16	50	127	74	267
XIX.	Injury, poisoning and certain other consequences of external causes	600	497	982	576	2655
	Other classes	24	109	204	66	403

For persons with permanent disability contraindicated working conditions are defined in the decisions of LEDC and NEPC. Of records in the decision contraindicated working conditions and hence the need for vocational rehabilitation obligation of the person as well as acquisition status reassigned person.

The performance for the workplace for a person with 50% permanently reduced working capacity and over are decided by TEMP (NEDC) and if necessary reassigning is suggested.

The persons with less than 50% permanently reduced working capacity or without a certain percentage permanently reduced working capacity are directed to Medical advisory committee to assess the need for occupational rehabilitation.

In definitive conditions where it is not expected working conditions handicaps the development of the disease in the expert decision is written that the person is able to work according to their qualifications and capabilities.

The full involvement in family, social groups and society is pivot element in the life of every person. The right to equality of opportunity for such participation is set by the December 10, 1948 in the Universal Declaration of Human Rights and is applied to each regardless of his physical or mental condition.

However, the disabled are deprived of opportunities to participate fully in the socio-cultural system they belong to. The lack of such opportunities is usually due to physical and social barriers as a result of ignorance, indifference or fear. In many cases, those with which people communicate underestimate the potential of the disabled people to participate in normal social life.

The employers often refuse to hire disabled person to work, although his health problems do not interfere or have no connection with the duties that will be tasked. There are many cases in which the impossibility to integrate into society, a disabled person is brought to a state of beggary.

According to experts in the field of public health, reducing the problem of disability and integration of people with disadvantages in society can be achieved through the raising awareness and attitude of the society towards them. Disability should be studied discussed, reduces and prevents through various programs, such as:

- Fighting against hunger and malnutrition
- Improving of child and maternal health
- Prenatal prevention
- Improving lifestyle and working conditions

The recovery of the working capacity of the disabled people is achieved through a variety of therapeutic approach and services provided to the disabled in special institutions, which are often under medical supervision. All this is complemented with a variety of programs that together with the provision of qualified medical, social and educational services the participation of municipalities and families are provided. Thus, even people with very severe disability may substantially lead an independent life.

4. CONCLUSION

Social disabled category is composed of many social communities, large and small social groups of different - sometimes diametrically opposed problems and needs.

Crucial for the integration of people with disabilities is to ensure an opportunity both for basic and professional training and to guarantee them real employment and participation in social life..

REFERENCES

Йорданова Е., Отношението на обществото към инвалидите, Здраве от Rozali.com, Здраве, Психология, 13 юли 2011,

Здравеопазване, Кратък статистически справочник 2013 г.,изд. Министерство на здравеопазването, Национален център по обществено здраве и анализи, София, 2012, 34

Наредба за медицинската експертиза, Приета с ПМС № 87 от 05.05.2010г., Обн. ДВ. бр.36 от 14 Май 2010г., изм., ДВ бр. 5 от 14.01.2011 г., в сила от 14.01.2011 г.

http://medicina-bg.info/ Инвалидността като глобален медико-социален проблем