1. Introduction

Leonard and Wen (2002) revealed that recent etiological studies of intellectual disability (ID), most of which use different classification systems, have been reviewed and explanations have been
postulated to account for differences in results. They also pointed out that variation between studies in the prevalence of ID cases with a known etiology is likely to be affected by the already known etiology and the specialty of the professional. According to a report entitled “Prenatal and Perinatal Factors Associated with Brain Disorders” by the National Institutes of Child Health and Human Development and the National Institute of Neurological and Communicative Disorders and Stroke, the causes of severe mental retardation are primarily genetic, biochemical, viral, and developmental and not related to birth events. Mild retardation, the most common degree of retardation, appears to be related not to pregnancy on birth events, but rather to social and environmental conditions. Associated factors include maternal life-styles such as poor nutrition, cigarette smoking, and alcohol and drug abuse (Task Force on Joint Assessment of Prenatal and Perinatal Factors Associated with Brain Disorders, 1985). It is clear that all stages of fatal and neonatal development influence the outcome of ID cases (Rosen & Hobel, 1986), and the most commonly identified medical etiology that have been associated with ID included prenatal factors, perinatal factors, and postnatal factors and demonstrate a continuum effects (Accardo & Capute, 1998). They concluded that the majority of ID cases remain without any specific etiology, but it is often assumed that milder ID is more compatible with familial, environmental, and social class factors. However, as Freeman et al. (1986) stated that despite major advances in obstetrics and neonatal medicine, physicians, and attorneys still believe that the major causes of the ID cases which manifested in brain disorders are related to brain trauma and the problems of labor. Therefore, it is needed to examine the cause of ID to provide information to public health system to initiate the health policy for preventing the occurrence of this group of people. The main purposes of the present analysis are to describe the causes of ID and examine its overtime change from 2000 to 2007 in Taiwan.

2. Methods

In Taiwan, according to Protection Law for the Handicapped and Mentally Disabled (1997), there are 16 officially registered disabilities and ID is one of the types of disabilities. ID cases were classified and defined by healthcare authorities, and then registered by the social welfare authorities in the administrative procedure. Those registered ID cases can apply to be welfare recipients who will receive living allowances or related welfare benefits from the governments. The definition of ID is characterized by the presence of significant intellectual retardation or incomplete development of mental development in the growth period, and often exists concurrently with related limitations in areas such as recognition, ability and social adaptation skills.

Data of the present study mainly come from the public web-access information which collected by the Department of Statistics, Ministry of the Interiors, Taipei, Taiwan. Data were obtained from two ways of 2000–2007 national data: (1) The physically and mentally disabled population by cause (MOI Department of Statistics, 2008a); (2) Taiwan general population by age (MOI Department of Statistics, 2008b). There were seven causes of ID in the category system of Taiwan national disability registers: congenital, caused by disease, caused by traffic injury, occupational injury, caused by other injury, war and others.

3. Results

The government disability registers data in Table 1 showed that the registered number of people with ID in 2000 was 71,012, the main causes of ID disability were congenital reason (50.40%), caused by disease (28.01%), caused by traffic injury (0.97%), occupational injury (0.09%), caused by other injury (2.89%), war (0.02%) and others (17.63%). In the year 2007, the main causes of ID distribution were as the following congenital reason (47.72%), caused by disease (31.67%), caused by traffic injury (0.78%), occupational injury (0.06%), caused by other injury (2.36%), war (0.04%) and others (17.37%). The data revealed that congenital disability and disease were the main causes among the ID population in Taiwan. However, the overtime trend of causes among the ID population in Fig. 1 illustrated that the congenital-caused ID is decreasing and the disease-caused ID is increasing slightly from year 2000, 2004 to 2007 in the study. The other causes of ID such as traffic injury, occupational injury, “other injury”, war and other causes are steadying among the ID population.
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