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(Review Article)

Lifestyle challenges and issues faced by individuals with intellectual and developmental disabilities: A review

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Abstract

Introduction: Individuals with intellectual and developmental disabilities (IDD) encounter unique lifestyle (LS) challenges that adversely affect their quality of life (QOL). These challenges arise from physical, social, and environmental barriers, necessitating a comprehensive examination of their multifaceted issues.

Objectives: This review aims to synthesize existing literature on LS challenges faced by individuals with IDD, focusing on barriers in health, education, employment, and social inclusion, while identifying effective interventions and support systems to enhance their QOL.

Generic Aim: The primary aim is to provide a comprehensive overview of the LS issues affecting individuals with such disabilities, highlighting the need for targeted interventions and support systems to enhance their quality of life.

Method: A systematic review was conducted using databases such as PubMed, Scopus, and Google Scholar, analyzing studies published in the last decade. The search yielded 180 studies, with 120 meeting inclusion criteria.

Results: The findings indicate that individuals with disabilities encounter significant barriers related to accessibility, social inclusion, and health care. Many studies highlighted the importance of community support and inclusive policies in mitigating these challenges. Key themes included restricted autonomy, health inequities, and social isolation. Effective interventions highlighted include community support programs and inclusive educational practices, which have shown to improve QOL indicators significantly.

Conclusion: Addressing the LS challenges faced by individuals with IDD is crucial for promoting their empowerment and well-being. This review underscores the urgent need for targeted interventions, inclusive policies, and ongoing research to improve accessibility and support services, ultimately enhancing the quality of life for this population.

Keywords: Barriers; Quality of Life; Accessibility; Health Issues; Social Inclusion; Empowerment; Support Services; Self-Determination. Employment

1. Introduction

The term "lifestyle" (LS) has various meanings across academic and creative contexts. In academic and psycho-social terms, it encompasses ways of living, social habits, and cultural norms, while in creative contexts, it refers to daily routines and personal ethos. A more precise terminology for research might include “mode of living” or “life circumstances” (Abdullah et al. 2004).

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Individuals with intellectual and developmental disabilities (IDD) face numerous LS challenges that impact their quality of life (QOL), including health, education, and social inclusion. Limitations in cognitive and adaptive functioning lead to poor QOL, restricted social integration, and increased caregiver burden, compounded by systemic marginalization (Meena, 2024; Glidden et al. 2021). Studies indicate that IDD individuals experience higher social isolation and discrimination, exacerbating mental health issues (Emerson and Hatton, 2007). Barriers to healthcare result in unmet medical needs (McKenzie et al., 2016), while educational systems often fail to accommodate students with IDD, hindering their growth (Lindsay, 2010). Employment opportunities are limited due to discrimination (Wehman et al., 2014), and despite global inclusive policies, QOL disparities persist, especially in low-resource settings (Kumar and Lal, 2024). A comprehensive review is essential to synthesize evidence and guide interventions that promote autonomy and well-being for IDD individuals in society (Brown, 2003).

Health issues are common among individuals with IDD, with many facing obesity from inadequate nutritional education. For example, those with Down syndrome often lead inactive lifestyles and lack healthy eating knowledge (Rimmer, Yamaki, and Davis, 2016; Rimmer et al. 2010). Barriers to healthcare can lead to untreated conditions, as seen when young adults with autism avoid health check-ups due to anxiety. In education, students with IDD frequently lack necessary accommodations, which affects their academic performance and self-esteem. Social isolation due to stigma is prevalent, with teenagers facing exclusion from peer activities, leading to loneliness.

Communication challenges hinder friendship formation, and workplace discrimination results in qualified individuals being overlooked, leading to underemployment. Even when employed, they often lack necessary support, such as structured environments for those with autism. Other LS challenges include difficulties with independent living, transportation access, and heightened mental health risks. Crises like the COVID-19 pandemic have intensified these issues, highlighting the need for tailored interventions to improve societal inclusion (Courtenay and Perera, 2020).

Scope, Aims and Objectives

This study comprehensively examines existing literature on support and resources for individuals with IDD. It focuses on key areas that impact their QOL, including healthcare access, nutritional education, health maintenance, educational accommodations, vocational training, social inclusion, independent living skills, mental health support, crisis preparedness, and advocacy. By exploring these aspects, the study seeks to enhance understanding of the current support landscape for individuals with IDD and identify areas for improvement.

This review aims to

- Synthesize existing literature on LS challenges experienced by individuals with IDD across identified specific domains.
- Identify systemic barriers and contextual factors that exacerbate marginalization and reduce quality of life.
- Highlight inclusive interventions and policy frameworks that promote autonomy, dignity, and well-being.
- Map research gaps to guide future interdisciplinary studies and inform evidence-based practices.
- Advance advocacy efforts by framing LS issues within a rights-based and ecological perspective.

2. Operational definitions

Intellectual Disabilities (ID) are characterized by significant limitations in intellectual functioning and adaptive behavior, affecting daily skills. Typically, an IQ score of 70 or lower on standardized tests, along with deficits in at least two areas such as communication or self-care, defines ID. Symptoms must manifest before age 18 (Brown and Percy, 2011).

Developmental Disabilities (DD) include a variety of chronic conditions that arise during the developmental period, resulting in challenges related to physical, learning, language, or behavior. Examples include Autism Spectrum Disorder (ASD), Cerebral Palsy, Down Syndrome, and Fragile X Syndrome. These disabilities must present before age 22 and significantly restrict major life activities like self-care and communication, often requiring lifelong support (Gidden et al. 2021).

Lifestyle (LS) encompasses the behaviors, activities, and choices that define an individual's way of living, particularly for those with IDD. It includes daily living skills, social interactions, leisure activities, and health-related behaviors, reflecting how individuals engage with their environment and make choices that enhance their quality of life (QOL) (Schalock and Verdugo, 2012). Key components of LS involve personal care, social relationships, leisure pursuits, and health practices, such as nutrition and exercise (Vandenbos, 2020).

It's crucial to distinguish between life skills and LS. Life skills—like time management and emotional regulation—underpin LS choices and influence daily living. For example, a minimalist lifestyle can indicate strong decision-making skills. Understanding these skills is vital for recognizing LS adaptations across cultures and life stages, as they are essential for self-sufficiency. Practical life skills include personal care, household management, financial management, transportation, and social communication (Smith, 2021; Johnson, 2019; McCoy, 2018). While LS represents the overall way of living, living skills are specific abilities that support day-to-day functioning, both critical for personal development and well-being, especially for individuals with IDD.

3. Conceptual framework and theories

Understanding LS for IDD is shaped by various theoretical frameworks that provide insight into their experiences and challenges. One of the foundational theories is Ecological Systems Theory, developed by Bronfenbrenner in the late 1970s. This theory posits that individuals exist within a network of interconnected systems. At the core is the microsystem, which includes immediate environments like family and peers. Surrounding this are the mesosystem, comprising community and services; the exosystem, which encompasses broader influences such as policies and media; and the macrosystem, reflecting cultural norms and legislation. For instance, consider a child with IDD who benefits from family support within their microsystem and attends a specialized school in their mesosystem. However, if local policies in the exosystem do not support inclusive education, or if societal attitudes in the macrosystem are negative towards disabilities, the child may face significant barriers to social integration and academic success.

Another important framework is the Social Model of Disability (Oliver, 1990). shifts the focus from individual impairments to the societal barriers that hinder participation. For example, a community center without wheelchair access serves as a societal barrier that limits opportunities for individuals with mobility impairments. By improving accessibility, such environments can foster social inclusion and enhance overall quality of life. The Socio-Cultural Perspective further emphasizes how societal norms and values influence the experiences of individuals with IDD. In some cultures, individuals with IDD may be perceived as burdens, leading to social isolation. Conversely, cultures that celebrate diversity and inclusion often create community programs that actively involve individuals with IDD in social events, promoting acceptance and integration (Brown and Percy, 2019).

Social Cognitive Theory (Bandura, 1986) highlights the importance of self-efficacy and social learning. Programs that incorporate peer mentorship can significantly enhance self-efficacy among individuals with IDD. For instance, when peers demonstrate cooking skills, participants may feel motivated to try cooking themselves, thereby improving their daily living skills. The Theory of Planned Behavior (Ajzen, 1991), categorizes the factors influencing behavior into attitudes, subjective norms, and perceived behavioral control. A health promotion initiative aimed at individuals with IDD might work to change attitudes toward healthy eating. By offering cooking classes that involve family members, such initiatives can positively influence subjective norms and enhance perceived control over food choices.

The Transtheoretical Model, developed by Prochaska and DiClemente in 1982, outlines the stages of behavioral change. For instance, a physical activity program tailored for individuals with IDD could utilize motivational interviewing techniques to assess readiness for change, helping participants transition from awareness to action by gradually increasing their activity levels (Bartlo, Klein, and Abbeduto, 2011). Social Change Theory examines how cultural and structural changes impact patterns of LS. Campaigns that highlight the achievements of individuals with IDD can help shift societal perceptions, promoting greater acceptance and integration. Additionally, Consumerism Theory explores how consumption behaviors influence LS. Educational programs that teach individuals with IDD about budgeting and consumer rights empower them to make informed purchasing choices, enhancing their independence and self-advocacy.

Finally, the Adaptive Decision-Making Framework integrates various theories to encourage LS behavior changes. Digital tools, such as mobile applications, can assist individuals with IDD in managing their daily routines by providing reminders for medication, exercise, and social activities. These tools help users set goals, track their progress, and receive positive reinforcement, facilitating meaningful changes in their lifestyles (Zhang, Lakens, and IJsselsteijn, 2021).

Together, these theoretical frameworks offer a comprehensive understanding of the experiences and lifestyle challenges faced by individuals with IDD, highlighting the importance of a supportive and inclusive environment.

4. Review of literature

Individuals with IDD face distinct LS challenges that vary considerably on both local and global scales. Global issues affecting their well-being and rights include discrimination, limited access to education and employment, and societal stigma (Goffman, 1963). Conversely, local challenges are often community-specific, such as difficulties with transportation, communication barriers, and obtaining adequate housing and daily support. In high-income countries like the United States, individuals frequently encounter obstacles related to healthcare, education, and job opportunities (Havercamp and Scott, 2015). In low-income countries, challenges may involve severe stigma, inadequate healthcare services, and a lack of educational resources (Mitra et al., 2013). Cultural attitudes toward disability also shape these experiences; for instance, collectivist cultures may emphasize family support, while individualistic cultures may focus on independence and self-advocacy (Shakespeare, 2013). This diversity highlights the need for context-specific policy interventions to improve the QOL for individuals with IDD globally.

The literature on LS for adults with IDD identifies various barriers, facilitators, and effective interventions. Caton et al. (2012) highlighted the significant knowledge gaps and obstacles that hinder them from adopting healthy LS, emphasizing the need for increased awareness and education to improve health outcomes. A systematic review by Humphries et al. (2009) revealed notable challenges in nutrition for adults with IDD, pointing to the necessity for customized nutritional guidance and support. Overwijk et al. (2022) examined programs aimed at empowering direct support professionals to promote healthy LS among individuals with moderate to profound IDD, finding that training and resources for caregivers are essential for encouraging healthier habits. Steenbergen et al. (2017) conducted a systematic analysis of LS strategies, showing that personalized interventions tailored to individual needs are effective. Suarez-Balcazar et al. (2018) investigated the barriers to healthy living from the viewpoints of both youth with disabilities and their parents, highlighting the importance of these perspectives in developing effective strategies. Lloyd et al. (2016) discussed the impact of stress on families with IDD, emphasizing the need for robust support systems to improve their QOL. Lastly, McKenzie et al. (2017) focused on communication challenges among individuals with IDD, stressing the importance of effective communication strategies to enhance social engagement and overall QOL.

Research gaps

Research gaps regarding LS issues faced by individuals with IDD indicate critical areas for future interdisciplinary studies. A major gap is the insufficient data on how LS factors—such as nutrition, physical activity, and social engagement affect health outcomes for this population (Heller et al., 2011). More investigation is needed into the effectiveness of tailored interventions that focus on mental health and well-being (Sullivan et al., 2018). Additionally, the influence of life events, family dynamics, and support systems on promoting healthy LSs remains under-explored (Hulbert-Williams and Hastings, 2008; McGrew et al., 2017). Addressing these gaps can lead to evidence-based practices that improve the QOL for individuals with IDD by incorporating insights from health, psychology, and social sciences. The literature emphasizes the importance of comprehensive support systems, targeted interventions, and ongoing education for enhancing health and well-being in this demographic (Steenbergen et al., 2017).

5. Method

This review systematically compiles peer-reviewed literature on the LS challenges faced by individuals with IDD. Following PRISMA guidelines, the methodology ensures transparency and replicability. The inclusion criteria focused on studies that examined LS domains such as health, education, employment, and social inclusion within IDD populations (Table 1). Data extraction was carried out using a structured coding sheet to capture various study characteristics, while a narrative synthesis was employed to identify patterns, gaps, and recurring themes across the research. Each study was assessed using the Mixed Methods Appraisal Tool (MMAT; Hong et al., 2018), which evaluates qualitative, quantitative, and mixed-methods research based on alignment with research questions, rigor in data collection, and clarity of findings. As this review involves secondary data analysis, ethical approval is not required; however, only studies with institutional ethical clearance were included (Venkatesan, 2009). Ethical considerations in reviewing LS studies for IDD encompass several issues. Informed consent is essential, as researchers must ensure participants comprehend the study's purpose, risks, and benefits, which can be difficult due to cognitive limitations (Fisher, 2018). There is also a significant risk of exploitation, as individuals with IDD may be susceptible to coercion (Harris et al., 2020). Researchers must protect the confidentiality of sensitive information and consider how their findings might shape public perceptions of this vulnerable population (Lunsky et al., 2019). Additionally, cultural sensitivity is crucial to avoid misrepresentations in LS statements (Beauchamp and Childress, 2019).

Table 1 Swimlane Diagram showing Study Selection Process

Phase	**Actions**
Identification (N = 299)	Database search: PubMed, Google Scholar, Scopus, Web of Science, PsycINFO, ERIC, JSTOR, ata sources: Books, Book Chapters, Original Research Articles, Systematic Reviews, Meta Analysis, Commentaries, and Editorials included. Search Strategy was comprehensive and conducted across databases using Boolean combinations of keywords such as, "intellectual disability" OR "developmental disability" AND "lifestyle", "quality of life", “social inclusion”, “employment", etc. study characteristics (author, year, title, name of journal or publisher) Initial records identified
Screening (N = 197)	Duplicate records removed Titles and abstracts reviewed Irrelevant studies excluded
Eligibility (N = 140)	Full-text articles assessed Inclusion criteria applied Studies with limited relevance, grey literature, Pre-prints, Blogs, News Articles, Media Reports, Conference Proceedings, Thesis and Dissertations, Clinical Trial Registers, Field Notes, Observation Data, Non-English Publications, and Institutional Reports excluded
Final Selection (N = 120)	Studies included in the review Timeline Publications: till 2000: 14; 2001-10: 23; 20011-20: 82; >2021: 21 Data extracted and analyzed Findings synthesized into key themes

6. Results

Table 2 highlight significant trends in the obtained the present literature search on LS in persons with IDD covering the frequency by years of publication, themes or topics of study, and format or journals of publication. The Journal of Intellectual Disability Research and Disability and Society are among the most frequently published journals in this area. The frequency of publications shows a marked upward trend over time. From a modest 14 publications before 2000, the output nearly doubled to 23 between 2001 and 2010. A significant surge occurred during 2011–2020, with 82 publications, indicating a period of heightened research activity or institutional support. Post-2021, the count drops to 21, suggesting either a recent slowdown or an incomplete data capture for the current decade.

Walters (1990) introduced Lifestyle Theory, suggesting that biologically influenced LS choices may contribute to criminal behavior, integrating sociological perspectives to explain crime patterns. Abdullah et al. (2004) pioneered research on promoting healthy living among PWD, outlining strategies to improve physical activity, nutrition, and overall wellness. Their work emphasized inclusive health promotion tailored to PWD, marking a significant step toward equitable well-being initiatives and highlighting the need for targeted interventions within this population.

Other common themes or topics in this compilation of references include Self Determination (N: 47; 33.57 %), Quality of Life (N: 26; 18.57 %), Employment (N: 5; 3.57 %), Health Inequities (N: 25; 17.86 %), and the impact of COVID-19 on people with IDD. Some of them are elaborated below. The keyword "Self Determination" appears 47 times, emphasizing its vital role in promoting autonomy and others (Table 2). The derived Chi-Square statistic suggests a statistically significant association among these themes, reflecting their inter-connections in current research with he need for ongoing investigation into these critical issues.

Table 2 Frequency Counts of Themes/Topics covered in the review of literature

Sno.	Keyword	N	Percent*
1	Self Determination	47	33.57
2	Intellectual Disabilities	36	25.71
3	Quality of Life	26	18.57
4	Review Papers	25	17.86
5	Incarcerated People	25	17.86
6	Health Inequities	25	17.86
7	Adults	12	8.57
8	Indian Studies	11	7.86
9	Families	10	7.14
10	Education	9	6.43
11	Barriers	8	5.71
12	Social	8	5.71
13	Lifestyles	7	5.00
14	Support	7	5.00
15	Theory	6	4.29
16	Adolescence	6	4.29
17	Criminal Justice	6	4.29
18	Employment	5	3.57
	Total	299	

*Against the assumed total of 140 references; X2:40.25; DF: 32; p: <0.05; S.

6.1. Self-determination

The concept of self-determination (SD) is rooted in Self-Determination Theory, which posits that autonomy, competence, and relatedness are essential for intrinsic motivation and well-being (Ryan and Deci, 2000). SD is a critical component that has positive impact on various aspects of life, including education, employment, and overall QOL for individuals with IDD as shown below.

Table 3 Summary of research papers retrieved on self determination

Author/s	Year	Findings
Wehmeyer and Schwartz	1997	A strong correlation exists with QOL, indicating that greater SD leads to higher life satisfaction and overall well-being
MacNeil and Anderson	1999	Discussed the role of leisure activities in empowering IDD through inclusion or by providing opportunities for participation in leisure to promote SD and overall well-being
Algozzine et al.	2001	Targeted interventions significantly enhance SD skills, underscoring the importance of strategic support
Wehmeyer and Bolding	2001	Examined how transitioning adults to community-based work and living environments enhances their SD, personal autonomy, and QOL
Wehmeyer and Garner	2003	Investigated the influence of personal characteristics, such as age, gender, and cognitive abilities, on their SD and autonomous functioning.

Wehmeyer	2007	provided practical strategies for promoting SD in students with IDD, emphasizing the need for educational practices that empower them to make choices and take control of their lives.
Wehmeyer	2013	Explained SD as the ability to make choices, establish goals, exert control, and take decisions that affect one's life; how it fosters a sense of self-esteem, autonomy, empowerment, and greater life satisfaction.
Wehmeyer Frielink, Schuengel, and Embregts,	2020 2018	Framework highlights the importance of personal agency in achieving meaningful life outcomes
Wehmeyer and Garner	2018	Review noted its positive impact on various life outcomes, including autonomy, QOL, better educational and employment prospects.
Wehmeyer and Palmer	2018	Identified effective strategies for promoting SD in students, enhancing their decision-making, self-advocacy, and goal-setting skills.
Wehmeyer and Shogren	2016	Stress the need for ongoing exploration for understanding the predictors of SD
Shogren et al.	2015	Improve social relationships and boost participation in community activities
Carter et al.	2009	Found adolescents with severe IDD often lack opportunities to develop these skills, highlighted the need for structured programs that facilitate SD.
Meral et al. Dean et al. Curryer, Stancliffe, and Dew,	2023 2021 2015	Studies covered family dynamics, involvement, and parenting styles in fostering SD
Mumbardó-Adam et al.	2024 2020 2017	Studies that explored the vital role of contextual factors, such as social support, bullying, and access to resources mediate SD
Hughess	2022	Access to support services and resources impact self-esteem and, in turn, individuals' confidence in making decisions about their lives
Chou et al.	2017	Compared SD levels among students with different disabilities, including ASD, who require tailored support
Griffin et al	2019	Highlighted that individuals who experience bullying feel undermined in their self-esteem and autonomy
Schillaci et al.,	2021	Gender affects SD and autonomy, as societal expectations and norms differ by these variables
Medforth and Boyle, Wehman et al. Pomeranz,	2023 2014 2017	Studies that showed sustained support, education and employment are pivotal in enhancing SD
Torres et al	2023	Longitudinal study showing SD develops over time
Söderström et al	2021	Assistive technology plays crucial role in promoting SD
Jones et al	2018	Can inform future interventions and policies aimed at improving their lives
Kuld et al.	2023	A systematic review and meta-analysis to explore strategies for promoting SD
Mallander	2015	Examined the experiences of young adults with ID in Sweden, focusing on their power, SD, and self-organization in daily life.
Nota et al.	2007	Found positive correlation between SD, social skills, and QOL
Randall et al.	2023	Examined a self-monitoring intervention to improve SD
Shogren et al.	2018	Highlighted predictors like self-advocacy and social support

Sheppard and Unsworth	2011	Examined the development of everyday skills and SD in fostering independence
Shogren and Broussard	2011	Explored self-perception of SD as crucial although barriers to its realization persist.
Shogren and Singh	2022	Investigated the impact of mindfulness-based interventions on SD to enhance overall well-being self-awareness and emotional regulation.
Vaucher et al.	2021	Investigated how social care professionals perceive and understand SD.
Vicente Sánchez et al.	2022	Conducted a construct analysis of SD from a professional perspective.
Vicente et al.	2020	Examined the mediating role of opportunities in fostering SD reinforcing the importance of creating supportive environments
Rendall et al. Grigal and Hart, Shogren et al.	2023 2018 2018	Highlight interventions and predictors that enhance SD and employment outcomes for individuals with IDD in postsecondary education settings
Wehmeyer and Shogren	2020	Discussed the relationship between SD and autonomous motivation in educational settings
Zhang et al.	2023	Investigate post-secondary education outcomes for individuals with IDD, focusing on SD, independent living, employment, and the implications of the COVID-19 pandemic
Sinclair, Gilson, and Dulas	2024	Emphasized that fostering SD within employment settings significantly enhance job satisfaction and career development empowering them to pursue meaningful work opportunities
Taylor et al.	2019	Highlighted the importance of a family systems support and dynamics approach enhance SD, foster independence and decision-making skills

6.2. Quality of life

QoL for individuals with IDD is a complex concept that includes aspects such as physical health, emotional well-being, social inclusion, and personal autonomy. Enhancing QoL for this group is vital, particularly as care models shift from institutionalization to community living (Claes et al., 2025). Historically, long-term institutional placements often resulted in neglect and inadequate care. Research indicates that transitioning to community settings has led to improved emotional well-being, better health outcomes, reduced mortality rates, and increased social interaction opportunities (Bhaumik et al., 2011; Chowdhury and Benson, 2011).

Several key factors impact QoL outcomes for individuals IDD, including supported accommodation, physical activity, and family involvement (Blick et al., 2015; Francis et al., 2014). The level of support, the physical environment, and the extent of individual choice within supported accommodation greatly affect QoL. These elements promote autonomy and create tailored support systems, leading to higher life satisfaction among residents (Bigby and Beadle-Brown, 2018; Walsh et al., 2010; Neely-Barnes, Marcenko, and Weber, 2008). Improved physical health correlates with better health outcomes and increased life satisfaction, highlighting the need for active LS in holistic care strategies (Blick et al., 2015). Strong family involvement enhances QoL by fostering emotional well-being and self-determination through active participation in care and decision-making (Rogers et al., 2012).

The conceptualization and measurement of QoL in individuals with IDD have evolved over the years (Claes et al. 2025; Schalock et al. 2012a; 2012b; 2010; 2008; 2002a; 2002b; Schalock, Bonham, and Verdugo, 2008) have developed tools and frameworks that encompass various QoL domains, including personal development, social inclusion, and emotional well-being (Sexton, et al. 2016; Verdugo et al. 2005). These frameworks are essential for evaluating the effectiveness of interventions aimed at enhancing QoL. For instance, the QOL-PMD (Petry et al. 2009) provides a structured approach to assess the QoL of individuals with profound intellectual and multiple disabilities. Such tools facilitate the identification of areas needing improvement and help tailor interventions to meet individual needs (Bhaumik, Tyrer, and Ganghadaran, 2011; Verdugo et al. 2005).

Improving the QoL for individuals with IDD requires a holistic approach. Meena (2024) emphasizes key strategies, including the promotion of SD, which empowers individuals to make choices that enhance their satisfaction and autonomy (Wehmeyer and Schwartz, 1997). Zijlstra et al. (2015) stress the importance of strengthening social networks, as community connections provide emotional support and encourage engagement. Participation in community activities not only enhances social skills but also reduces feelings of isolation, thereby improving QoL (Fahey et al., 2010). Understanding the various factors influencing the experiences of individuals with IDD is essential for enhancing their QoL. Supportive living conditions, active family involvement, and community integration are crucial for achieving positive outcomes. Ongoing research and effective strategy implementation are vital for helping individuals with IDD lead fulfilling lives in inclusive communities, ultimately enriching their QoL (Bigby and Beadle-Brown, 2018).

6.3. Health Inequalities

Health inequalities have a profound impact on individuals with ID, worsening their LS challenges. Key social determinants, including SES, education, and healthcare access, significantly contribute to these disparities. Many of them face obstacles in accessing healthcare, leading to unmet medical needs and poorer health outcomes (Houtrow, Kuhlthau, and Van Cleave, 2016; WHO, 2011). Stigma and discrimination can result in social isolation, which restricts engagement and active LSs (Marmot, 2005). Research shows that people with ID are more vulnerable to chronic conditions due to insufficient preventive care and health education (Krahn et al., 2015; 2006). Addressing these inequalities requires a comprehensive approach, including policy reforms to ensure equitable access to resources. Evenhuis (2001; 2000) underscores the need for comprehensive health services tailored to the needs of aging adults with ID. Bunton and MacDonald (2002) highlight health as a social construct influenced by cultural, economic, and political factors, suggesting that societal norms shape health perceptions. Understanding health in this context can lead to more effective public health strategies that address the root causes of health disparities. Sutherland, Couch, and Iacono (2002) emphasize the importance of customized healthcare services for adults with IDD, while Emerson and Hatton (2007) advocate for interventions that tackle social and economic factors contributing to such inequalities.

Anderson et al. (2013) examined the research on health and wellness for adults with IDD and advocated targeted interventions to improve health outcomes in this population. Havercamp et al (2015, 2020a; 2020b) highlighted significant health disparities faced by adults with IDD. Their reviews emphasize the need for a public health perspective that focuses on access to care, preventive services, and tailored health interventions. They advocate for comprehensive strategies to improve the overall health and wellness of individuals with IDD, underscoring the importance of integrating health equity into public health initiatives. In conclusion, the collective insights from these studies highlight the critical need for a paradigm shift in how health services are designed and delivered to these individuals. By recognizing and addressing the disparities they face, we can move towards a more equitable healthcare system that supports the overall wellness of this vulnerable population.

McKenzie, Whitley, and Craig (2016) discovered that individuals with ID face more physical and mental health challenges than the general population, highlighting the need for improved healthcare access. McGuire and Bhatia (2018) stressed the importance of targeted health promotion strategies and inclusive practices for this group. McKenzie and Murray (2018) explored significant disparities in mental health care, focusing on social determinants like SES and education, and proposed a new approach to enhance health outcomes for marginalized groups. O'Connor and Anderson (2020) identified various barriers preventing healthcare access for these individuals, advocating for essential policy reforms. In India, Rao, Sharma, and Verma (2023) examined the systemic challenges these individuals face in accessing healthcare and recommended strategies to improve equity and service delivery. Mehta et al. (2024) conducted a systematic review and meta-analysis on the oral health of children with IDD in India, revealing significant challenges and the urgent need for targeted dental care and preventive measures. Nair et al. (2023) developed a community-based model to address long-term health issues in children with ID, emphasizing the role of family and community collaboration in health promotion. Rigles (2019) highlighted how families with disabilities can encourage healthy LS, while Tewari (2018) advocated for educational strategies that promote physical activity and nutrition among children with ID in inclusive school settings.

6.4. Incarcerated people

The intersection of IDD with the criminal justice system has garnered increasing attention in recent years, revealing a complex landscape of challenges and systemic issues. Research indicates that individuals with IDD face unique difficulties during incarceration, necessitating a deeper understanding of their experiences (Crowe and Drew, 2021; Ben-Moshe, 2013). The prevalence of IDD among incarcerated populations is alarmingly high. A systematic review by Fazel et al. (2008) highlighted that approximately 12,000 prisoners exhibit signs of intellectual disabilities, raising concerns about the support and resources available for this vulnerable group. García-Largo et al. (2020) reported significant rates of ID among male inmates, underscoring the urgent need for targeted interventions. Similar trends have been observed in Ireland, as noted by Gulati et al. (2018), indicating that this issue is not confined to one region but is a global concern. In India, Kumar and Singh (2022) examined the challenges faced by individuals with IDD in prisons, revealing systemic inadequacies that exacerbate their vulnerabilities.

Stigma plays a critical role in shaping the treatment and perception of individuals with ID within the criminal justice system. Morris (2019) discusses how stigma affects their treatment in prison, often leading to inadequate mental health support and worsening existing challenges. Claudio et al. (2017) further illustrate this with the concept of a "stigma syndemic," where the interplay of stigma and incarceration creates compounded vulnerabilities for those with ID. The mental health implications of incarceration are profound; Choudhury and Dutta (2021) reviewed the intersection of mental health and the criminal justice system in India, revealing that individuals with IDD frequently face dual challenges: mental health issues and the punitive nature of incarceration. This intersectionality complicates their rehabilitation and reintegration into society (Das, 2024; Sarrett and Ucar, 2021).

Legal competence remains a contentious issue for individuals with IDD. Lindsay et al. (2019) provide a comprehensive review of the literature surrounding legal competence, emphasizing that many individuals with IDD are not adequately represented or understood within legal contexts. This lack of understanding often results in unjust outcomes, perpetuating cycles of incarceration. Davis and Nussbaum (2021) explore the intersection of ID and criminal justice, advocating for a more informed approach to legal rights and protections for these individuals. The overrepresentation of individuals with ID in the criminal justice system, as highlighted by Hassett and Kearney (2020), calls for urgent reforms to address these disparities.

Effective rehabilitation programs are crucial for addressing the needs of individuals with IDD in prison. Snoyman et al. (2019) discuss various evidence-based approaches to prison-based programs tailored for their treatment and support. Hayes (2002) emphasizes the potential benefits of early intervention within the criminal justice system, which could prevent early incarceration and promote better outcomes. Stevenson (2022) advocates for policy changes aimed at reducing incarceration rates for individuals with IDD, stressing the importance of systemic reforms that prioritize rehabilitation over punishment. Davis et al. (2021) support this perspective by examining the impact of ID on incarceration outcomes, suggesting that tailored interventions can significantly improve results for this population.

The incarceration of individuals with IDD presents a multifaceted challenge that requires a comprehensive understanding of the underlying issues. From prevalence rates and stigma to legal competence and rehabilitation, research highlights the urgent need for systemic reforms and targeted interventions. As we move forward, it is imperative to advocate for the rights and needs of these individuals within the criminal justice system, ensuring they receive the support and understanding necessary for successful long-term treatment, rehabilitation, and reintegration into society (Spreat, 2020; Hayes et al., 2007; Lindsay et al., 2003).

Common crimes leading to incarceration for individuals with ID include theft, often driven by impulsivity or a lack of understanding of the law, physical altercations stemming from misunderstandings of social cues, and inappropriate sexual behavior (Davis, 2019). Public disorder, which may arise from communication difficulties or misunderstandings of social norms, is also prevalent. Research indicates that individuals with ID face significant challenges within the criminal justice system, often resulting in adverse incarceration outcomes (Davis and Nussbaum, 2021). Those with ID are disproportionately represented in correctional facilities, where they experience higher rates of victimization and inadequate access to appropriate support services (Davis, Smith, and Wilson, 2021; Hassett and Kearney, 2020; Doren and Benz, 2017). Their cognitive impairments can hinder their comprehension of legal processes and reduce their ability to participate effectively in their defense (Lindsay et al., 2019; Hellenbach, Karatzias, and Brown, 2017). Consequently, these individuals are more likely to receive harsher sentences and struggle with rehabilitation post-incarceration (Davis and Nussbaum, 2021). Addressing these disparities requires systemic changes, including enhanced training for law enforcement and legal professionals on the needs of individuals with ID (Smith and Jones, 2021; Srivastava and Kumar, 2015).

6.5. Emerging issues and contextual challenges

Technology and digital inclusion-an emerging issue, plays a crucial role in promoting QOL for IDD. Access to digital tools to enhance communication, education, and social interaction. Assistive technologies, such as speech-generating devices and mobile applications, facilitate better engagement and learning opportunities for them (Alper and Goggin, 2017). Digital technology is an emerging issue and contextual challenge for people with IDD. The integration of digital technology into daily life has transformed how individuals interact with their environment, access information, and engage with others. This technological evolution presents both opportunities and challenges. The literature reveals a growing recognition of the importance of digital literacy and assistive technologies, highlighting the need for tailored approaches to meet their unique needs to enhance their independence and QOL (Alper and Raharinirina, 2020; Behrani and Deka, 2017). These tools range from simple devices to complex software applications designed to facilitate communication, learning, and daily activities. The effectiveness of these technologies often hinges on the users' ability to navigate and utilize them effectively. Ensuring that individuals with IDD are equipped with the necessary skills to use assistive technologies is crucial.

Baker et al. (2019) highlight digital literacy as a critical component for IDD. Digital literacy is more than just the ability to use technology. It involves understanding how to find, evaluate, and communicate information online. For these individuals, barriers such as limited access to technology, lack of training, and insufficient support systems hinder their ability to develop these essential skills (Huber and Egan, 2019).

This gap in digital literacy can lead to increased social isolation and reduced opportunities for engagement in educational and vocational settings. Browder, Wood, and Thompson (2017) discuss the role of technology in supporting students with ID within inclusive educational settings. They argue that technology can provide personalized learning experiences that cater to diverse learning needs. The successful implementation of technology in education requires collaboration among educators, families, and technology developers to create inclusive and accessible learning environments. Without this collaborative effort, the potential benefits of technology may not be fully realized, leaving students with IDD at a disadvantage.

Venkatesan (2023) provides an overview of digital literacy in PWD, emphasizing the necessity of developing comprehensive frameworks that address both the skills needed to navigate digital environments and the contextual challenges faced by these individuals. This narrative review suggests that a holistic approach is essential to foster digital inclusion, which includes not only training in technology use but also advocacy for accessible digital content and resources. Zhang, Lakens, and IJsselsteijn (2021) propose an adaptive decision-making framework for LS behavior change in the digital age, which can be applied to the context of individuals with IDD. Their work emphasizes the importance of integrating various theoretical perspectives to understand how technology can influence behavior and decision-making. By applying this framework, stakeholders can better design interventions that support individuals with IDD in making informed choices about technology use and LS changes (Havercamp et al., 2020)..

While digital technology holds significant promise for enhancing the lives of individuals with IDD, it presents substantial challenges. Addressing these challenges requires a multifaceted approach that encompasses assistive technology, digital literacy, educational support, and theoretical integration. By fostering an inclusive digital environment, we can empower individuals with IDD to thrive in an increasingly digital world, ultimately improving their QOL and social participation.

Other emerging issues and contextual challenges for IDD especially in India are multifaceted, encompassing social, economic, and systemic barriers. Stigma and discrimination continue to hinder their full participation in society, often leading to social isolation (Hall and McGowan, 2018). Access to healthcare, quality education and vocational training remains limited, resulting in high unemployment rates among this population (Rao, Sharma, and Verma, 2023; Dyer and McMahon, 2021; Butterworth, Gilmore, and Heller, 2017). The lack of awareness and understanding of person centered planing for IDD (Neuman, 2021; O'Brien and O'Brien, 2002; 2000), financial dependence (O'Neill, 2021) inadequate health facilities (Rao et al., 2023). The intersection of poverty and disability further complicates access to resources and support services, as families struggle to provide for their loved ones (Nair and Gupta, 2022). Barriers to preventive care, mental health services (Cooper et al. 2018), and disability-specific interventions persist, especially in under-served regions. Barriers in healthcare access, co-morbidities and diagnostic overshadowing further complicate care delivery (O'Connor and Anderson, 2020; McKenzie and Murray, 2018). Addressing these challenges requires comprehensive policy reforms, increased public awareness, and the implementation of inclusive practices to ensure that they can thrive in society. Other topics rarely studied about people with IDD are about their romantic relationships and sexuality (Habermann-Horstmeier, 2025; Hafford-Letchfield and McGowan, 2020), overprotection and its impact on the social relationships of young people with IDD (Stalker and McArthur, 2018), friendship and social networks of people with intellectual disabilities (Bigby and Wiesel, 2019), advocacy for better policies and practices (Heller and Hsieh, 2020)

6.6. Cultural beliefs and attitudinal barriers

Cultural beliefs and attitudes significantly impact the lives of individuals with IDD. These barriers can affect access to services, social inclusion, and overall QOL. Understanding these cultural contexts is essential for improving support and advocacy for such people. The beliefs surrounding disability vary widely across different societies. In some cultures, IDD may be viewed through a lens of stigma or shame, leading to exclusion from community activities and family life (Dhar, 2009). Other cultures may hold more inclusive views, recognizing their value and contributions. Many cultures associate disability with negative connotations, which can lead to discrimination and isolation (Shakespeare, 2006). In collectivist cultures, families may bear the brunt of care responsibilities, impacting their social standing and mental health (Hastings, 2002). Some cultures interpret disabilities as a form of divine punishment or a test of faith, influencing how IDD are treated (McKenzie, 2012). Attitudinal barriers are the perceptions and beliefs held by society about IDD can be deeply ingrained and often manifest in various forms of discrimination (Scior, 2011). They are stereotyped as incapable or dependent, which can limit opportunities for education and employment (Wehmeyer and Schwartz, 1997). Lack of understanding can lead to fear and avoidance, further marginalizing them (Goffman, 1963). Negative attitudes can influence public policy, resulting in inadequate support systems for them (Bunton and MacDonald, 2002). Addressing cultural beliefs and attitudinal barriers is crucial for improving their QOL. Advocacy, education, and community engagement are vital components in challenging stigma and promoting inclusion.

Cultural beliefs and attitudinal barriers about incarcerated IDD significantly impact their treatment in India. Traditional perceptions often view disability as a form of social stigma, leading to marginalization and discrimination (Choudhury and Dutta, 2021; Saini and Kapoor, 2020). Many feel ashamed, resulting in hiding or a lack of support for these individuals within the criminal justice system (Edwardraj et al. 2010; Kumar and Singh, 2022). Law enforcement and judicial personnel frequently lack training in understanding IDD, which can lead to inadequate responses and unjust treatment (Rao et al., 2023). The prevailing attitudes associate disability with criminal behavior further exacerbate the situation, contributing to a cycle of misunderstanding and mistreatment (Nair and Gupta, 2022). Addressing these cultural beliefs through awareness campaigns and training programs is essential to foster a more inclusive environment for incarcerated IDD (Naratan, 2014).

They show higher rates of chronic diseases, substance abuse disorder, untreated serious mental illnesses, restrictions on their liberty and autonomy, limited privacy, infringement on their basic human rights. Adverse staff reactions inside prisons, poor ventilation, overcrowding and stress, intimidation, inmate violence, and use of physical force and solitary confinement. In India, religion, cultural beliefs and attitudinal content about IDD is that the condition is the result of their past karma or misdeeds in the previous births (Kumar and Lal, 2024; Saini and Kapoor, 2020; Wilson, 2019; Kalgotra and Warwal, 2017; McKenzie, K. (2012). overburdened roles of moyjers than fathers (Kaniamattam and Oxley, 2022).

6.7. Crisis situations

Crisis situations, such as pandemics like COVID-19 or natural disasters, disproportionately affect IDD. They often face unique challenges, including limited access to healthcare, disrupted support systems, and communication barriers. During COVID-19, for example, people with IDD experienced higher rates of infection and mortality due to pre-existing health conditions and difficulties adhering to safety measures (Courtenay and Perera, 2020). Their physical mobility was restricted at home, their regular need-based therapies or exercise for social skills in special schools were lost. Parents faced financial hardships due to loss of income (Gogoi and Jha, 2025). Lockdown caused major regression in skills across several developmental areas (Kaur, Boobna, and Kallinga, 2022). Natural disasters further exacerbated these issues, as evacuation plans and emergency services were unavailable for their specific needs (Fox et al., 2007). These challenges require inclusive policies, tailored communication strategies, and enhanced support networks. Advocacy for equitable access to resources and training for caregivers and emergency responders are critical steps toward ensuring the safety and well-being of IDD during crises.

Venkatesan (2020) discusses the impact of the COVID-19 pandemic on IDD, highlighting the unique challenges faced by this population and the responses necessary from psychologists in India. Venkatesan, Yashodharakumar, and Lokesh, (2021) examined the challenges of conducting psychological testing for IDD through virtual platforms during the pandemic, addressing the associated problems and risks involved in this transition.

6.8. Lifestyle disorders

LS disorders, including obesity, diabetes, hypertension, and cardiovascular diseases, are becoming more common among individuals with IDD. These individuals often encounter obstacles in accessing healthcare, resulting in delayed diagnoses and insufficient management of their conditions (Krahn et al., 2015). This situation is further complicated by higher rates of comorbidities. Contributing factors include limited physical activity, sedentary LSs, poor nutrition, and inadequate health education, which heighten health risks (McGuire and Bhatia, 2018; Havercamp and Scott, 2015; Krahn et al., 2015). Social isolation can worsen LS-related health issues among those with IDD (Havercamp et al., 2020). Tailored interventions are needed to promote healthier LSs and improve access to resources (McGuire and Bhatia, 2018). Rimmer et al. (2016) highlighted the importance of customized health interventions to tackle these disparities and enhance health outcomes and QOL for these individuals. Limited access to recreational facilities, social support, and health education compounds these challenges. Many individuals with IDD may lack adequate motivation or opportunities for physical activity, creating a cycle of inactivity (McGuire and Bhatia, 2018). Addressing these LS factors is crucial for improving both physical and mental health outcomes (Yasav et al. 2025; Rana et al. 2024; Tewari, 2018).

Addressing LS disorders in individuals with IDD necessitates tailored prevention strategies that cater to their specific needs. One effective approach is promoting physical activity through structured exercise programs like the Special Olympics, which offers inclusive sports that encourage fitness and social interaction. Community fitness initiatives, such as adaptive yoga and dance classes, focus on enjoyment rather than competition, making participation more accessible. Improving nutrition education is also crucial; workshops that teach healthy eating habits and meal planning can lead to better dietary choices. Programs like Healthy Eating for Individuals with Disabilities provide practical cooking sessions. Additionally, creating simple nutritional resources, such as visual guides and apps, can assist individuals in making informed choices. Establishing peer education programs allows individuals with IDD to learn from each other, fostering a supportive environment. Collaborating with local recreation departments to create inclusive activities and providing transportation can further enhance physical activities to promote healthy LSs.

Several rare syndromes are associated with LS disorders in individuals with ID, impacting their overall health and well-being. For instance, Prader-Willi Syndrome (PWS) is characterized by obesity, hyperphagia, and developmental delays, leading to significant LS-related health issues (Whittington et al., 2016). Another example is Angelman Syndrome, which often presents with limited mobility and increased risk of obesity due to reduced physical activity (Williams et al., 2010). Additionally, Smith-Magenis Syndrome is linked to sleep disturbances, behavioral issues, sedentary LSs and associated health risks (Rosenberg et al., 2015).

6.9. Inclusive interventions and policy frameworks

To enhance autonomy, dignity, and well-being for IDD, several strategies are suggested. First, implementing Person-Centered Planning can tailor support to meet each person's unique needs and preferences, facilitating their involvement in decision-making (O'Brien and O'Brien, 2000). Additionally adopting policies that uphold the rights of people with disabilities, such as the United Nations Convention on the Rights of Persons with Disabilities (CRPD), is crucial for recognizing their inherent rights and promoting dignity (McSherry and McEwan, 2017). Furthermore, fostering community integration through inclusive education, employment, and social participation contributes to their overall well-being (Wehman and Kregel, 2018). Holistic approaches addressing physical, mental, and social health ensure comprehensive support (Schalock and Verdugo, 2002) while empowering self-advocacy enhances autonomy and quality of life (Rana et al. 2024; Ward, 2013).

Numerous effective interventions and programs have greatly improved the lives of individuals with IDD in India. The Path Program is a person-centered initiative that assists participants in defining their goals, leading to personalized plans that boost satisfaction and engagement. The Self-Advocacy Movement empowers individuals to champion their rights, supported by organizations like Vishwas-People First, which offer vital training. The Inclusive Education Program, exemplified by initiatives like Sankalp, aims to integrate children with IDD into mainstream schools, enhancing academic success and fostering social interactions that benefit all students.

Project SEARCH provides job training and internships with local businesses, particularly in Mumbai, offering practical experience and pathways to competitive employment, which significantly enhances financial independence and quality of life. Community Integration Programs, such as Snehadhara in Bangalore, create opportunities for these individuals to engage in sports, arts, and volunteer activities, helping to develop social skills and combat isolation. The Healthy Living Program promotes physical, mental, and social health through nutrition and exercise initiatives, with organizations like NASEOH conducting health camps for holistic well-being. Additionally, technology like the "My Voice" app facilitates communication, while Peer Support Programs connect individuals for emotional support, fostering self-esteem and social connections through mentorship. Despite inclusive education policies, students with IDD often face inadequate accommodations, low expectations, and limited access to vocational training, affecting lifelong learning and employability (McDonnell and Hardman, 2020; Huber and Egan, 2019; Wehmeyer and Palmer, 2018; Test and Neale, 2016).

6.10. Employment Discrimination and Economic Insecurity

Supported employment remains underutilized. Individuals with IDD frequently encounter workplace stigma, low wages, and unstable job placements, contributing to financial dependence (McGowan and Hafford-Letchfield, 2019; Wilson, 2019; Wehman and Kregel, 2018; Lindstrom and Doren, 2016; Welshman, Schall, and Carr, 2014).

6.11. Caregiver Burden and Family Stress

The literature on families with children who have intellectual disabilities highlights a range of challenges and impacts on family dynamics, QOL, and transitions to adulthood. Kumar and Lal (2024) explored the multifaceted challenges faced by families raising such children emphasizing the emotional, social, and practical difficulties that can arise. This theme is echoed in the qualitative study by Neely-Barnes and Dia (2017), which delves into the specific impacts of disability on family life, revealing how these challenges can strain relationships and alter family roles.

Transitioning to adulthood represents another critical phase for families, as discussed by Pomeranz (2017). The study outlines the unique obstacles families encounter during this transition, including navigating educational and vocational opportunities for their adolescents with intellectual disabilities. This transition phase is further complicated by the need for comprehensive support systems, as highlighted by Neuman (2021), who advocates for a holistic model of support that addresses the diverse needs of adults with IDD.

The overall QOL for families is significantly affected by these challenges. McStay et al. (2014) provide a systematic review showing that parenting a child with an ID can lead to decreased family quality of life, underscoring the necessity for supportive interventions. Together, these studies paint a comprehensive picture of the complexities faced by families of children with ID, highlighting the need for targeted support strategies to enhance family resilience and quality of life throughout various stages of development. Families report emotional, financial, and logistical strain in supporting individuals with IDD. Transition periods—such as adolescence to adulthood—intensify these challenges (Kumar, M., and Lal, 2024; Neuman, 2021; Neely-Barnes and Dia, 2017; Pomeranz, 2017; Yzar, Kearney, and McCarthy, 2016; McStay, Dempsey, and McKinnon, 2014).

7. Conclusion

IDD encounter numerous LS challenges that profoundly impact their QOL. A key aspect of their experience is SD, which allows them to make choices regarding their lives. However, many faces systemic barriers that hinder their ability to exercise control over personal decisions, often due to insufficient support. Their QOL is often diminished by social stigma, isolation, and limited access to essential resources. Improving their QOL necessitates a comprehensive approach that includes social inclusion, adequate healthcare, and customized support services tailored to their individual needs. Health disparities are a significant concern, as individuals with IDD frequently have inadequate access to healthcare and specialized services. This leads to higher rates of chronic health issues, worsening existing difficulties and resulting in poorer health outcomes. They are over-represented in the criminal justice system, often due to misconceptions about their disabilities, which perpetuates cycles of disadvantage and marginalization. Emerging challenges, such as technological advancements and changing societal attitudes, offer both opportunities and difficulties for those with IDD. Adapting to new environments or technologies that do not accommodate their needs can be particularly challenging. Cultural beliefs and societal attitudes often exacerbate these issues, as misconceptions can lead to discrimination and limit opportunities for education, employment, and community involvement. Crisis situations, including mental health emergencies, significantly affect them. Effective intervention strategies are essential for their safety and stability. LS disorders, such as obesity and mental health issues, are common due to limited access to healthy choices. Addressing these complex challenges requires inclusive interventions and strong policy frameworks that promote accessibility and equal opportunities. Furthermore, caregivers often experience high levels of stress, impacting their own well-being, highlighting the need for support systems to improve family dynamics. Ultimately, a comprehensive and inclusive approach is necessary to prioritize the rights and needs of individuals with IDD.

Recommendations

Future research on LS disorders in individuals with ID needs to focus on several key areas. Longitudinal studies are needed to understand the long-term impacts of LS interventions on health outcomes. Exploring the effectiveness of tailored physical activity programs and nutritional education can provide insights into best practices for promoting healthier LS. Investigating the role of technology, such as mobile health applications, in facilitating LS changes could enhance engagement and adherence. Research should address the intersection of mental health and LS disorders to develop comprehensive approaches for improving overall self-determination, QOL, well-being, and address health inequities in this population.

Compliance with ethical standards

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