

THE EDUCATIONAL AND SOCIAL CONDITIONS OF YOUNG ADULTS LIVING WITH DISABILITIES IN HUNGARY

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ABSTRACT

The present study elaborates on the educational and social conditions of young adults living with disabilities in Hungary by utilizing the most recent statistical data available. One of the most pressing issues in our society is the mapping of the specific living circumstances of people living with disabilities as well as their support in those areas where such need may arise. Providing assistance is important not merely due to considerations of social solidarity, but also because it can prevent the perception of discrimination and relegation to the fringes of society among people receiving such aid. A major dilemma of the current paper is whether the prevailing conditions of the disabled can be explained by statistical analysis or rather they provide simply a blank tabulation of numerical data. Accordingly, in the section on theoretical approaches the various definitions of applicable terms are tackled, including the gradual modification in the designation of disabilities; whereas in the analytical part with the use of statistics the shifts in the number of young adults living with disabilities in education and vocational training becomes visible. Thus, figures may indicate both advantageous and disadvantageous conditions; nevertheless, they are able to acquaint the interested public only with one aspect of the living conditions of young adults living with disabilities.

KEYWORDS

Adults living with disabilities, discrimination, social solidarity, education, quality of life

INTRODUCTION

What may be the hypothetical framework of necessary sophistication that does not merely consider individual disabilities and the connected behavioural and lifestyle patterns separately, but rather treats disabilities as a complex yet unitary phenomenon still allowing for the examination of the most significant correlations, principles, and values? {1}

People living with disabilities enrich society by their sheer being and the added experiences they live through due to their specific conditions. They can bring additional value to their specific communities and environments of they reside. {2} Disabilities are defined in various ways depending on the angle of the specific field under examination. The term disability is central to the discipline of special education and originates from medical science. It entails the permanent and chronic changes and damage in bodily and biological functions with attendant psychological alterations in the individual. {3}

The pedagogical definition of disability calls it a condition that may originate from genetic causes or physical damage to the body and can lead to physical or mental dysfunctions, vision or hearing impairments, speech impediment as well as to psychological trauma that may adversely affect the personality traits and development of the individual. {4}

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In contrast to the above definition sociology treats disabilities within the framework of social organization and structures and thus refers to it as impaired or diminished capacities that stem from the partial or complete disregard, on the part of society, of people living with disabilities, thereby preventing them from participating in many normal activities. {5}

The WHO's definition of disabilities is more inclusive and comprehensive. The International Classification of Impairments, Disabilities, and Handicaps (ICIDH), first issued in 1980, has brought a new approach to defining disabilities based on the consequences of disease, injury or congenital condition.

This new multidimensional approach proved to be an important milestone in the development of Hungarian special education. In this reading, disabilities are seen as consequences of some disease or condition, which may be impairments, or as a further consequence - disability, and finally may become handicaps. The newly endorsed, 2001, International Classification of Functioning, Disability and Health (ICF) of the WHO primarily deals with health and health related domains; it does not classify the illnesses or accidents per se, but rather their consequences on functioning in the life of an individual. {6}

Volume 11 of the Census of 2011 on people living with disabilities, treats disability from the aspect of measurability, thus it states that disabilities are such permanent conditions and states which adversely affect or lead to a complete loss of an individual's physical or mental abilities, sensory or communicative capacities and thereby prevent in a substantial manner his/her participation in normal daily life and attendant activities. {7}

The legal regulations dealing with the conditions of people living with disabilities add further content to the definition of the term disability itself. In the legal treatment of the topic an inherent contradiction can be found: while, as a result of social development processes, the individual's uniqueness and utility for the sake of the community are measured and evaluated, his/her right and access to a complete and satisfactory life is not guaranteed; rather society aims to direct and influence those segments of life which impact society as a whole. The entire topic of disabilities is overshadowed by the dichotomy of the individual as end to him/herself and as a useful contributing element to society. {8}

Act 62 of 2013 On assuring equal opportunity for persons with disabilities, amending Act 26 of 1998, introduced a new definition to disabilities, whereby *a person is characterized as disabled if he/she lives permanently or chronically with the loss of sensory, speech, physical, mental, and psychosocial abilities or any combination of these, which prejudice, in conjunction with environmental, social, and any other significant factors, effective, and equal participation in normal life activities.* (Paragraph 1)

Since the Census of 2001 the interpretation of disabilities has changed substantially in Europe. The most significant shift occurred in that previously disabilities were viewed by professionals from a medical angle and treated the topic as a health problem; recently it is approached as a challenge for social integration and the obstacles facing it. The UN's recommendation for the censuses conducted across Europe around 2010, in conformity with the UN Washington Group on Disability Statistics, classifies people living with disabilities according to their capacities to fulfil various functions in their daily lives. An additional important new development was the recommendation of a more extended set of survey items for the classification of disabilities. The current classification protocol further diversifies mental disabilities; it gives special emphasis to autism, includes as a new category organ dysfunctions, and now contains the category of deafblindness. {9}

The examination of the legal background dealing with the condition of people living with disabilities must extend beyond the mere enumeration of the pertinent laws and regulations. It must be realized that usually all these legal acts are the results of the interactions among a

number of involved actors, often with conflicting agendas. The notion selfless assistance, stemming from the universal values of modern democratic societies, continuously are in conflict with the interests of various involved groups depending on what each of these actors considers beneficial or at least acceptable for ‘integration’ in any specific situation. {10}

THE PRINCIPLE OF DISABILITY

The issue of disabilities must be treated in a wider context; to properly decipher it there is a need to familiarize oneself with the affected individual’s physical and social environment, as well as cultural and socio-cultural milieu. Such markers, however, by themselves may not be sufficient since if a given country or region does not possess the proper legal and economic background offering support and encouragement, then being a person living with disabilities registers undoubtedly as a disadvantage. The local Hungarians laws, regulations and ordinances clearly prove that in this country the right framework is present for the disabled segment of society to actively utilize the opportunities provided by the social, political and economic facets of involved actors.

“Of the pertinent international regulations primarily the UN Convention on the Rights of Persons with Disabilities (CRPD) must be mentioned, which the members states of the European Community signed in 2007. Hungary ratified the above Convention second in the world with the adoption of Act XCII of 2007 on the Convention on the Rights of Persons with Disabilities and the Optional Protocol to the Convention. This legal document coherently and comprehensively lists the basic rights of people living with disabilities, thereby guaranteeing equal opportunities to them.” {11} At the same time the European Union became a signatory to the CRPD in December 2010. “By this act the EU recognized that people living with disabilities face challenges in the attainment of their rights and emphasized that the European Union and her members states must continuously remain vigilant to enforce the relevant EU regulations.” {12}

Besides the elaboration of the legislative acts already passed when scrutinizing the decision-making process connected to disability affairs, it is indispensable to involve or provide opportunities for involvement to the affected groups so that they become partners not mere observers in the legal process that will have prime relevance on their lives.

“In the census of 2011 490,578 individuals or 4.9 % of the entire population identified themselves as disabled. A much larger number of respondents, 1,648,413 individuals, classified themselves as suffering from some form of chronic illness. To the census question of “In what ways does your disability negatively affect you?” 72.6 % of the respondents or 356,000 people listed at least hindering factor. 8.4 % did not select any of the listed options as having a negative impact on their lives, whereas 19 % did not wish to provide an answer. Of those who selected some form of hindrance the majority felt disadvantaged in their daily activities and transportation. Both categories were marked by more than half of the respondents. In contrast, only a relatively small segment, 6 % of respondents, feels their disability negatively impacts their family life.” {13}

Among the disabled population group the share of those attaining only primary education has decreased substantially, this trend was least observable among those living with mental disabilities; simultaneously the percentage of those progressing to higher levels in education has increased. As a general tendency, the share of those employed has also increased. Among the blind, hearing impaired, and those suffering from speech impediment this increase occurred at the expense of dependents and the inactive working age segment. However, among the mentally disabled a substantial 17 % increase was registered for the inactive working age

segment, while a decrease of 19 % was seen for the dependents. “In disability affairs the complex rehabilitation’s final phase, primarily aiming to secure equal opportunities and offset isolation at segregating institutions, is to promote coexistence, acceptable living conditions in the same space with non-disabled people, secure work and access to education.” {14}

The level of education among people living with disabilities is of special significance since it is below that of the general population. “Genderwise educational achievement shows no meaningful difference between the disabled and non-disabled populations, however, in the segment which only completed elementary schooling, 8 grades, the gap between disabled men and women is wider to the disadvantage of women.” {15}

Of the surveyed age groups in the case of 14-19 year olds the majority have completed elementary school education (7,961 of the 11,931), 1,804 individuals only completed 4th-7th grades, whereas 925 individuals did not manage to complete even the 1st grade. Among the 20-24 and 25-29 year old age groups we can find almost half as many in comparison to the 14-19 year old group who did not finish the 1st grade and there are half as many who compared to the 14-19 year olds graduated from secondary school (beyond elementary school education secondary education with or without graduation registers). Among the 20-24 and 25-29 year old groups in the latter 10.1% or 1,166 individuals achieved college or university degrees, which translate to 0.2% of all people living with disabilities, of the 20-24 year old age group only 0.3% earned a degree.

It is clearly discernible that with the advance of age higher educational qualifications are attained in all three age groups examined; these figures, however, if applied to the entire disabled population are still very low. A possible reason for the improvement in educational indicators is the realization of integration in schools and a transformation in the perception of the educational function of schools and a shift in acceptance in the general public.

The condition of people living with disabilities, especially those of younger age groups and young adults is of special importance since they are the future productive members of society and active participants in the labour market. If the topic is analyzed from the specific angle of the research proposal it becomes obvious that the constructive steps must be reinforced since if the number of students living with disabilities increases in higher education and consequently on the labour market then social mobility and equal opportunities are better served thereby working toward the ‘Open Society’ model based on the principles of Karl Popper.

In Hungary higher education is regulated by Act CCIV of 2011 On National Higher Education which covers the admittance of students living with disabilities to institutions of higher learning. A student with disability is defined as someone who suffers from physical, sensorial or speech disorders, autism, or disorders of cognitive and behavioural development, i.e. learning and attention deficit or behavioural disorders, and if multiple disabilities are simultaneously present is considered severely disabled. {16}

YOUNGSTERS AND YOUNG ADULTS LIVING WITH DISABILITIES

The sociological definition of who constitute the younger age groups can be traced back to the ideas of Endre Roth who says that youth as a social group includes those who are on the verge of becoming social beings. Being a part of this age group entails a transient status of those who are in still searching for themselves. They have not yet fully adapted to the surrounding social structures, but have already made their first tentative steps into that direction; they are not yet independent but are at the threshold of it. {17}

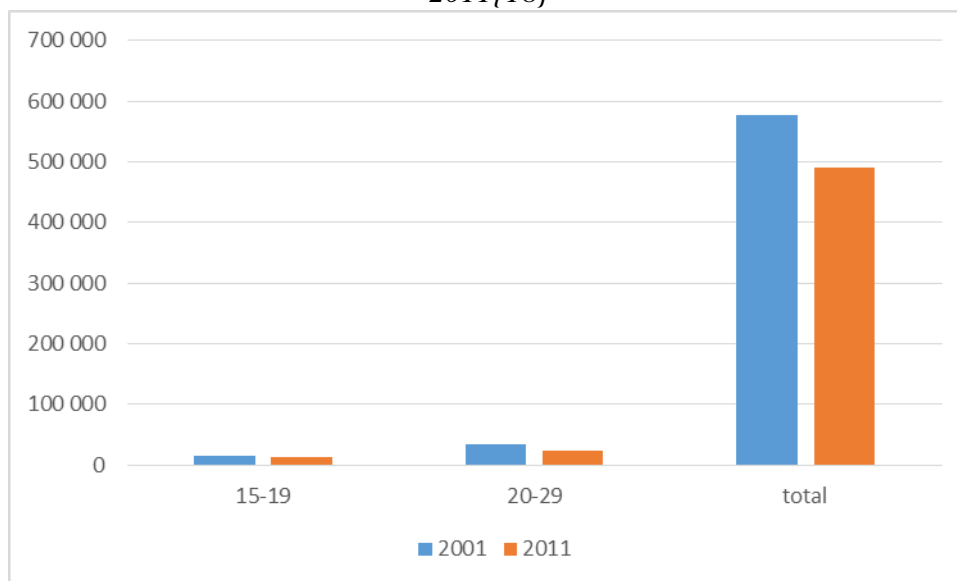
The designation of the younger age group varies substantially depending on which discipline one consults; however, in every case it applies an integrative approach. Sociology de-

defines this age group as those between 14-29 years of age; the Hungarian Central Statistical Office (HCSO) employs further subcategories of 15-19 and 20-29 year-olds.

Within this age group those living with disabilities constitute an additional subgroup with its own uniqueness that derives from the specific disabilities its members have to contend with.

Table 1

The 15 to 29 year-old age group among all people living with disabilities between 2001 and 2011{18}



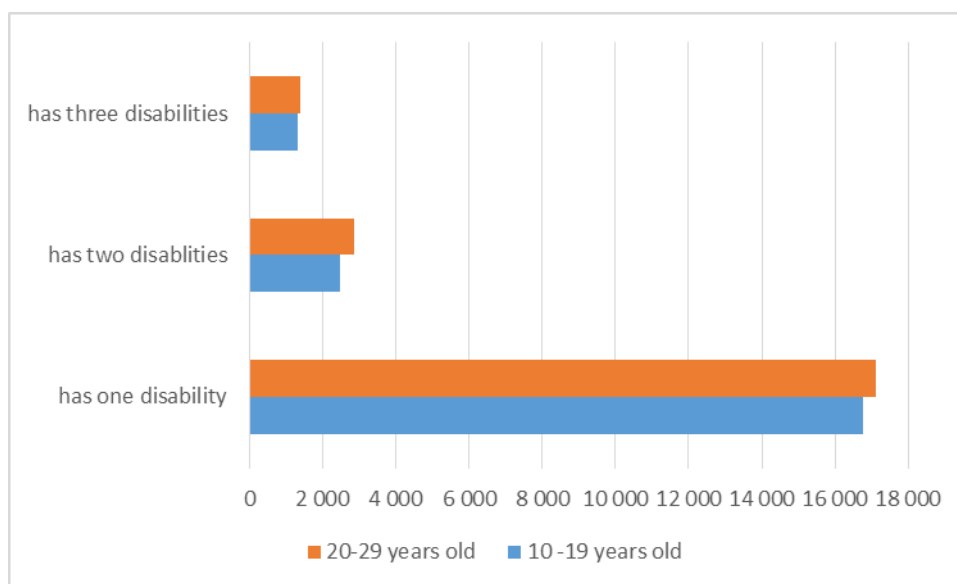
In 2001 and 2011 of all people living with disabilities in Hungary the 15-19 year-old age group consisted of 2.4%, whereas the 20-29 year old young adults in 2001 made up 5.7% but in 2011 4.7% of the disabled population. The assumed reason for the marginal decrease in the latter group, less than 1%, was the introduction of a new set of qualifications in the 2011 census and the possibility of reclassification into the category of those suffering from a chronic disease.

Table 2
The 15 to 29 year-old age group according to the type of disability between 2001 and 2011{19}

2001			2011		
type of disability	number of individuals	number of individuals számadat (fő)	type of disability	number of individuals	number of individuals
age group	15-19	20-29	age group	15-19	20-29
physical disability	2 339	6 708	physical disability	2 391	5 256
missing upper or lower limb	133	455	-----		-----
other physical disability	538	1 863	-----		-----
vision impaired	2 286	5 073	vision impaired	1 717	3 238
half blind	325	915	-----		
blind	232	514	blind	186	457
mental disability	5 757	10 870	mental disability	4 083	7 303
hard of hearing	907	2 178	hard of hearing	865	1 864
deaf, deaf and mute, mute	500	1 196	deaf	264	645
speech impediment	812	1 884	speech impediment	760	1 422
other	2 473	6 763	other	105	146
altogether	13 882	32 916	autistic	735	1 071
			mental disorder	1 059	2 804
			speech impairment	598	1 114
			severe organ dysfunction	764	1 546
			cannot be classified	999	1 687
			altogether	11 931	23 059

Among young people living with disabilities in Hungary in both surveyed times the number of physical and mental disabilities and vision impairments has been high; from 2011 the categories of mental disorder and hard of hearing appeared as well. By looking at the surveyed period in the case of young adults it can be clearly ascertained that with the advance of age the number of people living with disabilities increases. Based on gender, males tend to be in a more disadvantaged position as they have a higher proportion among young people living with disabilities than females. However, the specific types of disabilities materialize in equal measure for both sexes.

Table 3
The number of youngsters and young adults living with disabilities (2011){20}



Besides the different types of disabilities the number of disabilities an individual lives with should be also considered.² Of the 20-29 year-old age group 80.1% live with one disability, 13.3% with two, and 0.6% with three.

The members of the above age group face a number of obstacles in their normal daily lives, which are further impacted by the type and number of disabilities one lives with. In the case of young people living with disabilities being in a dependent status is usually of longer duration. Efforts to achieve independence are usually compromised by interventions and prohibitions from parents or guardians, which often stem from doubts whether the disabled young person is able to develop and lead an independent life. {21} This phenomenon especially applies to youngsters and young adults living with mental disabilities. All age groups and especially those 20-29 years of age referred to impairments as the primary negative consequence of disability, as a secondary factor the disadvantages suffered in securing employment and engaging in formal education were listed. In the latter case institutional integration is also a feasible possibility between the disabled person and a specific institution. Although the Hungarian education system shows preference to integration or inclusive education it seems that in reality the current model suffers from some imperfections. The third factor is influenced by the specific disability an individual lives with and it manifests itself in the daily life of such a person, i.e. whether the single, two or perhaps even three simultaneous disabilities in what way impact the daily lives, opportunities and surroundings of those affected.

Integration in disability affairs is the final stage in a complex process of rehabilitation that aims to attain equal opportunities for the affected person; as opposed to isolation and segregation in various forms, it aims at achievement of decent living conditions, employment or educational opportunities within the non-disabled segment of society. {22}

The question of education is of special importance for people living with disabilities since their level of educational attainment is generally low. Educational qualification based on gender does not show any significant variation from the non-disable population; however, among

²In the pertinent section of the HCSO instead of the 15-19 year-old age group the data concerning the 10-19 year-olds is analyzed.

those only with elementary education the divergence between the two sexes, at the disadvantage of women, is more pronounced. {23}

It can be ascertained that with the advance of age in all three age groups higher educational qualifications can be attained. However, in comparison to the whole of society the achieved levels are still quite inadequate. The recent improvements can be attributed to the realization of integrated schools; shifts in the roles played by educational institutions, as well as a new approach by mainstream society to the issue of disabilities.

SUMMARY

The basis for the new approach of the past few decades in disability affairs is the so-called normalization principle which primarily aims to create normal living conditions for people living with disabilities at individual levels by deemphasizing institutional care and settings. Its basic tenet is to create the most optimal social environment for the individual that is most beneficial for his/her development and quality of life while offering an individual life path in a more inclusive social setting.

Gaining further insight and shedding light on the condition of young people living with disabilities will become indispensable in order to build the healthy societies of tomorrow, which do not segregate and discriminate in any form against those living with disabilities. The current study primarily attempted to provide a broad survey of the various angles of interpreting disabilities with the pertinent terminologies analyzed. The legal background as an existing framework and social norms as value system were discussed in detail. Attempts to regulate disability affairs also raise a number of problems. On the one hand, the individual oriented value systems of the so-called western civilization and the parallel drive to bring equality to all, emerging from the foundations of feudal societies, treat and evaluate any person according to his/her merits, while on the other hand the profit focused orientation sets the utility of the individual into the centre, i.e. any man should be a useful and constructive member of society and contribute with his/her own labour and efforts to the maintenance of the existing social, economic, and political order. {24}

Viewed from social, legal, and political angles, people living with disabilities deserve equal rights and opportunities with the rest of the society; however, it is a far greater challenge to prove their value and worth to the whole of society. Most institutions even in the 21st century follow such interpretations - although they make serious efforts, nevertheless there are still a number of shortcomings to be overcome before the western model can be fully realized.

The statistical data used illustrated in part this approach and also through self-assessment the portrayal of disabilities within society. The focus on young people living with disabilities intended to be only a small segment of the entire topic of disabilities; as it was previously mentioned, their role in the building of healthier societies is indispensable. It is nevertheless an absolute necessity to include active integration, normalization, and social solidarity into our daily lives.

As a final conclusion to summarize the challenges the disabled encounter every day - as long as society pursues idealized images, roles, and practices about how ‘healthy’ people should look, act, and behave, till then within the required, preferred, and desired social framework people living with disabilities will be relegated to the role of being ‘abnormal.’ According to this line of reasoning to normalcy are attached all the positive connotations, meanwhile to ‘abnormal’ all the negative images and prejudices are attributed. {24}

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