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NUMBER OF HANDICAPPED CHILDREN IN HUNGARY

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Abstract: *The authors review the number and the ratio of handicapped children compared to the total number of primary school pupils. The study is based on educational statistics in Hungary from the 1954–55 schoolyear till today about children aged 6 to 14 years.*

First, the Hungarian interpretation of different groups of the handicapped, i.e. mentally retarded, hearing impaired, visually handicapped and physically handicapped will be introduced.

During the first three decades the number of registered handicapped pupils increased steadily, in spite of the well-known changes of the number of primary schoolchildren. This phenomenon indicates a real increase of the care for the special population.

In the previous (1989–90) schoolyear, the percentage of the primary school children and the pupils of special school for mentally retarded, hearing impaired, visually and physically handicapped was 96.74, 3.02, 0.10, 0.04 and 0.10, respectively.

Key words: *Number of primary schoolchildren; Number of disabled children, Hungary*

Introduction

As it was demonstrated by the statistical data of UNO one tenth of the population in the world in at least one respect is disabled. This problem has been followed in Hungary for two decades by studying mainly the school statistics and the national censuses taken in every ten years in this country. The statistics are based on the registrated status of 1st of October in every year and have been published by the Ministry of Education since the 1954–55 schoolyear. These data include the primary schoolchildren, aged from 6 to 14 years. In Hungary all of the handicapped children attend some separate special school or registered in a school with a special aid of peripathetic teacher.

It seems to be necessary to summarize the meaning of some cathegories, as they are used in Hungary.

1. *Mental deficiency* is a permanent disturbance of the cognitive functions: i.e. a pathological diminuation of the level of intelligence. From the educational point of view, *mentally retarded children* are devided into three groups: slightly deficient (their IQ is between 70 and 50), moderately deficient (with IQ between 50 and 25) and seriously deficient (with IQ under 25). It is to be noted that IQ between 80 and 70 usually means slow mental development, but not mental deficiency.

2. In the case of *children with hearing impairment* the natural development of speech is obstructed by the impairment of central or peripherial part of auditory system.

2.1. Children with *moderate hearing* have speech receptive threshold between 30 and 50 dB. They are educated in regular primary schools with a special aid of speech therapist.

2.2. In the case of children with *serious hearing disability* the speech-receptive threshold is in the range of 40 and 80 dB. Their education is carried out at special school for weak of hearing, or sometimes in primary schools using hearing-aid equipments.

2.3. Children are titled as *deaf* with hearing loss more than 80 dB. They are educated in eight special schools for the deaf.

3. From the pedagogical point of view, the sight of *visually handicapped children* is reduced by more than 67% and due to this fact, development of their personality deviates from the normally sighted persons. These children are devided into three groups:

3.1. *Partially sighted children* have a visus of 33 to 10 percent of the normal one. They are educated in two special schools for partially sighted under special conditions, or sometimes in primary schools with appropriate glasses.

3.2. The degree of sight reduction of *practically blind children* is more than 90%. Their residual sight is not enough to build up a visual way of life. Therefore their education is aimed at the blind way of life including the teaching of the Braille alphabet.

3.3. *Blind children* are not even perceiving light and they are educated at special school for the blind.

4. The motion organs of *physically handicapped children* are permanently restricted.

4.1. The *spastic paralysis* is caused by the lesion of the motoric part of the central nervous system. A typical form of which is CP or by previous name: Little syndrome. One of the main features of it is the spasm of the muscle.

4.2. The most important characteristic of the flaccid form is the *atony of the muscle.* The well-known type of it is the Heine-Medin disease but this form does not exist in Hungary any longer after the use of Salk and Sabin vaccine.

These "pure" forms of disability are going to be more and more rare, and the multiple forms are occure the most frequently. These children are educated in special schools corresponding to the main disabilities e.g. blind and mentally retarded are educated at the school for blind.

Before discussing the results it is necessary to make one further remark: a child attending a special school or living in a special institution on 1th of October is qualified as a *disabled* – in the statistics.

Results

The results are presented on the *Fig. 1.* The different kinds of disabilities were considered separately without differentiating between the different levels of seriousness. The logaritmic scale was used on the ordinate of this diagram.

Two bumps can be seen in the curve of primary school children. It is a multifactorial phenomenon of course, but perhaps the main reason of it are as follow: The first bump is due to an anti-abortation law of the late 40's. Its influence can be observed from the end of the 50's. In June 1956 the atrificial abortation was allowed. Therefore the number of births and then ten years was the year of issue of the child care allovance law. As a consequence of which the number of primary school children decreased as well. 1967 was the year of issue of the child care allovance law. As a consequence of which the number of primary school children started increasing in the 1972–73 schoolyear. For the last five years this number has been decreasing again probably due to the economic situation of the country.

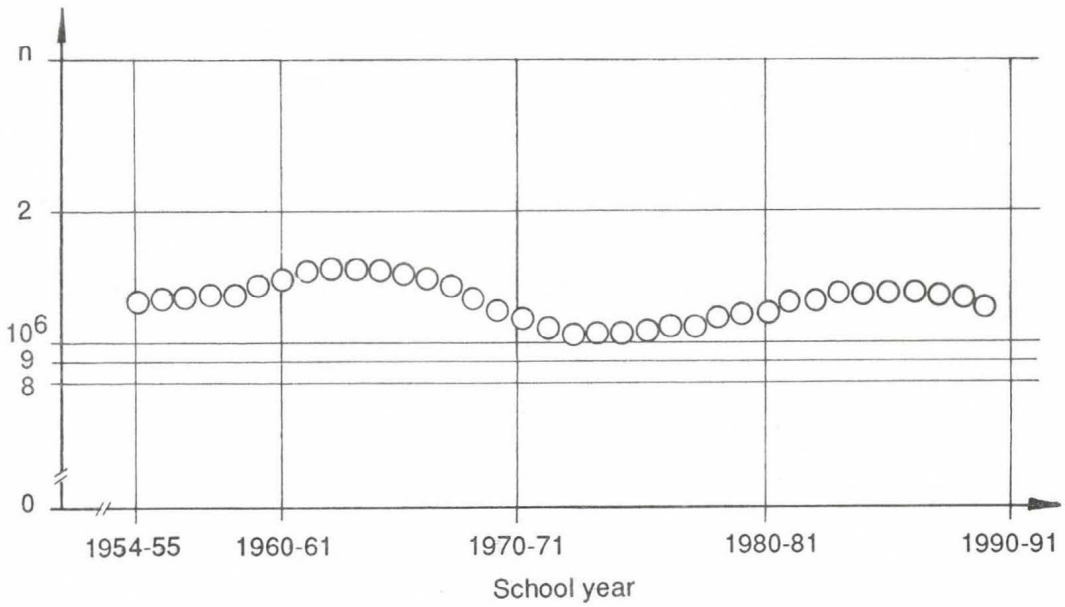

Fig. 1: Changes of number of Hungarian primary schoolchildren.
Logaritmic scale was used at the ordinate

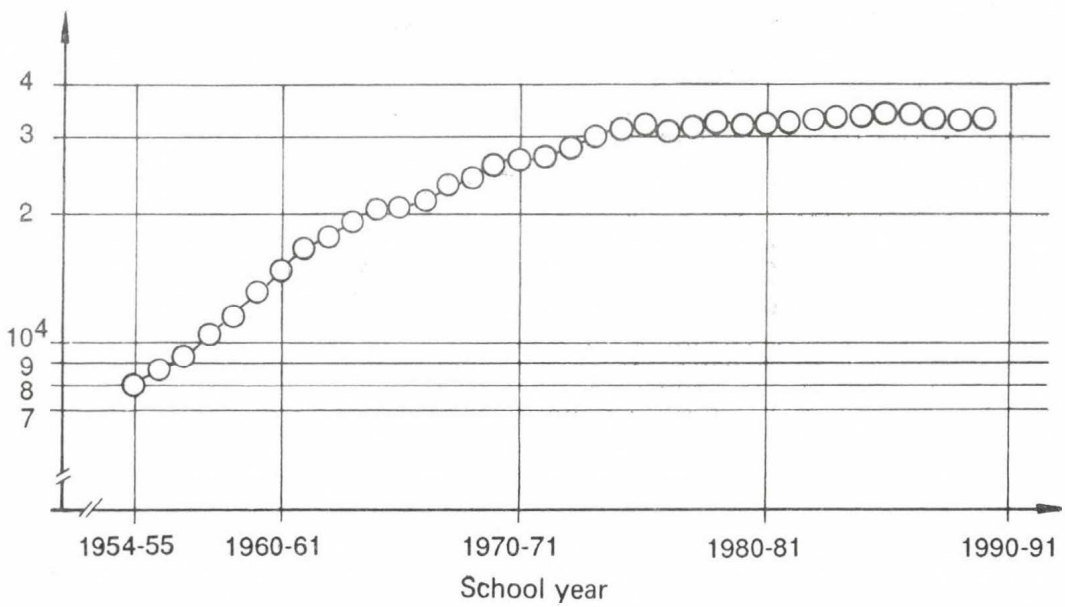

Fig. 2: Changes of number of registered mentally retarded children.
Logaritmic scale was used at the ordinate

The number of mentally handicapped children (*Fig. 2*) increased almost monotonously from the first studied schoolyear up to 1985–86 however this increase is not significant during the last ten years.

The number of hearing impaired (*Fig. 3*) children stagnates in the examined period: it is between 1300 and 1600.

The number of visually and physically handicapped children also increases. The number of visually handicapped ones is under 600 pupils, and that of the physically handicapped children is still less then before the 1983–84 schoolyear. Their number has increased substantially since that time due to the increasing number of pupils of the Pető Institution.

There are two suspected factors behind these numbers. The main factor is, without any doubt, the development of the *institutionalized care of disabled.* But we cannot exclude the real increase of the number of these children. Similar expectations are suggested for the turn of the century by these factors and those are defined as our future tasks.

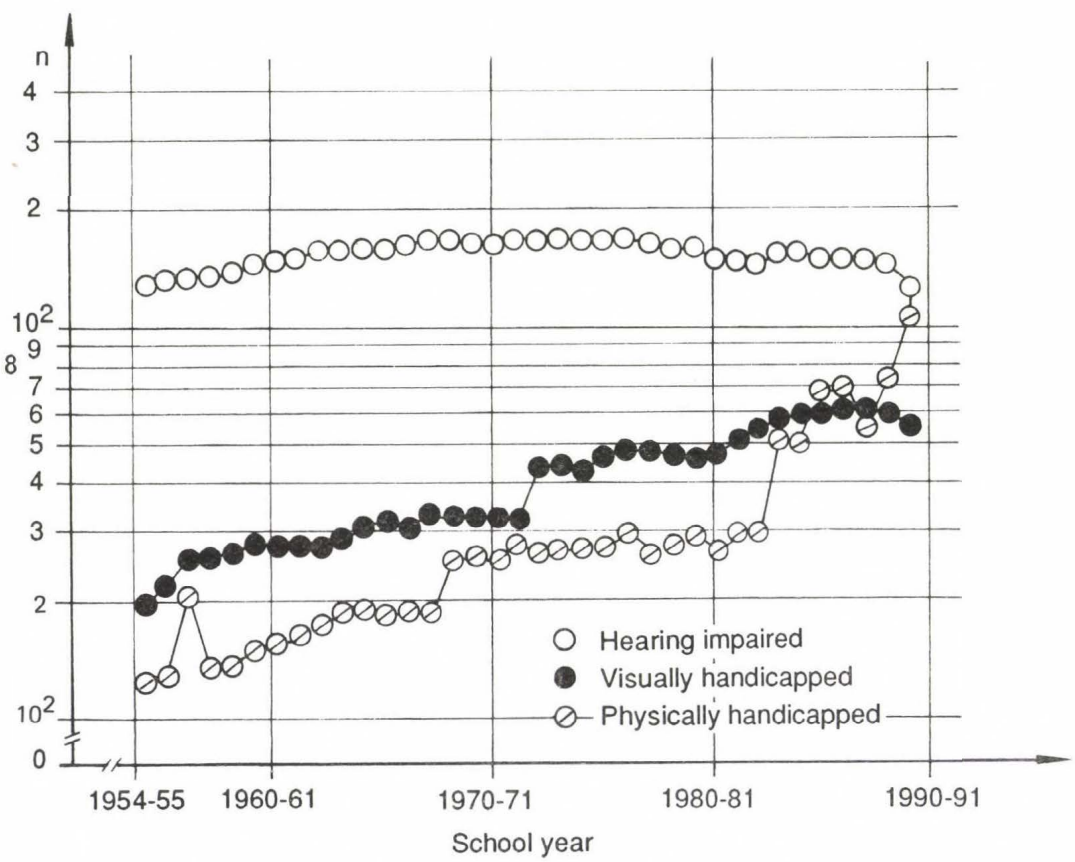

Fig. 3: Changes of number of registered hearing impaired (O), visually handicapped (●), and physically handicapped (Ø) children. Logaritmic scale was used at the ordinate

The first task can be summarized as *prevention:* this is the task of genetic councellors and other medical efforts. But we are afraid that the real solution of these problems is out of the responsibility of professoinals. As one may know, the rate of prematurity is ca astrophally high in this country. One part of these newborns are so called "small for date baby". These babies can damaged easily and some years later we often see them as a disabled. The decrease of their number would be very important but it probably can be solved by the general development of economic and social situation of the country.

After their birth, disabled children have special rights, declared by UNO. Therefore we have to make special efforts for their health and also for their (re)habilitation.

This paper is perhaps beside the theme of our symposium, but we thought, that disabled children are also part of the young generation of a country. In school ages their total number is around 40 000. This size of the popultation is big enough to take the problem into consideration.

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