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DIPLOMA THESIS

People with disabilities and relations to them among
young generation

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Affirmation of individual and independent work on diploma thesis:

I declare that I have worked on my diploma thesis titled “People with disabilities and relations to them among young generation” by myself. I did not copy any material which included other people ideas. If I used some information from other material I always marked it as a quotation and added the resources. Thereby I solemnly affirm that I worked on this thesis honestly, without any plagiarism.

In Prague on 9th April, 2010

Tereza Rombaldová

Acknowledgment to the supervisor:

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People with disabilities and relations to them among
young generation

Vztah k lidem s postižením a jejich vnímání mladou
generací

Summary

The way of perception of people with disabilities is starting to be one of the key factors, which shows the quality of life of the society, its economic, social and cultural state. In the background of this thesis there is a research question about how the way, in which people perceive the people with disabilities, influences the relation to them, including the projection into the practical procurement, which is connected with the social and economical context. This is the reason why the development of social thinking about people with disabilities in society is analyzed.

Thus, the main goal of this diploma thesis is to analyze how people with disabilities are perceived by society and by young generation in the Czech Republic. The diploma thesis begins with literature review where the main conceptual framework useful for following research is placed. The meanings of the social exclusion, quality of life, economic activity and welfare state are explained there as well. Empirical section focuses mainly on the small non-representative sample consisting of 17-20 years old students who attend grammar school *Gymnázium Jaroslava Heyrovského* and their perception of people with disabilities which is find out by questionnaires which they filled in.

The technique of the proper research which is used is the quantitative one and helps to measure the stated objectives of the thesis. The opinions are confronted and the recommendations, proposals and conclusions of the thesis included. Summarized, it was found out, that the perception of disabled people by society has improved through times but still further changes are necessary.

For the whole diploma thesis the experiences from Alaska where I have worked for three months with people with disabilities are used.

Key words

People with disabilities, young generation, quality of life, social exclusion, economic activity, welfare state

Souhrn

Problematika týkající se lidí s postižením se stává jednou z klíčových záležitostí, které vypovídají o kvalitě života společnosti, o jejím ekonomickém, sociálním i kulturním stavu.

Cílem této práce je analyzovat to, jak jsou lidé s postiženími vnímáni ve společnosti. Je zřejmé, že diplomová práce neumožňuje provést reprezentativní šetření v celé České republice, proto bude její výzkumná část představovat pouze sondu do vnímání lidí s postiženími u mladé generace (78 respondentů).

V pozadí práce je otázka, jak vnímání lidí s postiženími ve společnosti ovlivňuje vztah k nim, včetně projekce do praktických opatření, která mají také svůj ekonomický a sociální kontext.

Práce začíná literární rešerší, která je zaměřena na utvoření základního konceptuálního rámce využitelného pro následující výzkum. Proto je analyzován vývoj nazírání na lidi s postižením ve společnosti a přiblížen koncept sociálního vyloučení, kvality života, ekonomické aktivity a sociálního státu.

Jádro práce spočívá ve výzkumu, kde je kvantitativní technikou na vzorku mladé generace (studentů Gymnázia Jaroslava Heyrovského) s pomocí dotazníkového šetření analyzováno, to, jak jsou touto skupinou lidé s postižením vnímáni. Názory spojené s vnímáním mladé generace lidí s postižením jsou zjištěné dotazníkovým šetřením. V závěru jsou popsány výsledky analýzy, doporučení jak situaci řešit/zlepšit. Bylo zjištěno, že se vztah k lidem s postižením zlepšil, ale stále jsou nutné určité změny.

V diplomové práci byly také uplatněny zkušenosti s prací s lidmi s postižením, jelikož jsem s nimi pracovala na Aljašce po dobu tří měsíců.

Klíčová slova

Lidé s postižením, mladá generace, kvalita života, sociální vyloučení, ekonomická aktivita, sociální stát

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1. Introduction

The topic of this diploma thesis is „People with disabilities and relation to them among young generation“. As the title indicates, this diploma thesis focuses on the perception of people who suffer some type of disability by other people who do not have that type of handicap, considering mainly the perception of young generation. This social problem is interconnected with the economic problem which includes, for example, the surroundings where they had to or have to live in, its suitability/unsuitability, discomfort/comfort and so on.

It is important to write about this issue, because it serves as the indicator of development of the country. In other words, looking at it from a different angle, there is the possibility to see in disabled people's quality of life the advancement of the Czech society.

The object of the research was chosen because of two reasons. Firstly, working in Alaska for the period of three months as a volunteer in the Hope Community Resources, Inc was quite an experience, which helped me to understand lots of problems, necessities, attitudes and behaviours connected with people with disabilities. Secondly, as the letter (2008, January) to Mirek Topolánek (previous Czech Prime Minister) from Ines Bulic (the Coordinator of European Coalition for Community Living) shows, even though lots of changes have been made in the Czech Republic since Velvet Revolution, further improvements are still necessary.

To find out how the situation in the Czech Republic looks like, firstly, the theoretical section is placed, where the historical overview and analysis of the development of perception of handicapped people is stressed out on a general level. After that, the reflexion of understanding of people with disabilities in the Czech society, explanation of social exclusion, quality of life, economic activity and explanation of specific types of disabilities, takes place.

Based on the theoretical overview of how the issues connected with people with disabilities worked and are working (from the social and economic point of view), the search how the people with disabilities are supported and perceived by the Czech government and by the young generation (in the case of this work by the students of the *Gymnázium Jaroslava Heyrovského* – who are encouraged to express their social

feelings about people with disabilities through the questionnaire attached in the Supplements of this diploma thesis) appears in the empirical section. The questionnaire is analyzed and serves as the collecting evidence for the further conclusions. Finally the proposed measures, analyses, recommendations and conclusions are placed.

2. Objectives of the diploma thesis and methodology

2.1. Objectives of the thesis

It is well known phrase that the level of the development of every society can be also measured through the quality of life of people with disabilities (welfare states). It means also that the suggestions how to facilitate their lives are welcomed. That is why the main objective of this work is to analyze the attitudes of young generation towards people with disabilities. It is necessary to monitor and analyze these attitudes, because the young generation is the base of the future generation, the main driver of the trends which are going to be followed by next generations so their ideas are important. People should be educated to look after others, to care. This education and knowledge helps to show the level of development of society, because as more stimuli connected with this issue people receive, there is higher probability, they will participate in the improvement of the conditions for the people with disabilities within society.

This also claims one of the five behavioral Homans's propositions - the Stimulus Proposition. George C. Homans says that man has the tendencies to repeat the behavior if there are some stimuli which have led to the success in the past. Thus, humans make the thinks repeatedly if the way of the behavior works, leads to good results. (Šubrt, 2001) "Activities of the people do not come into existence in some vacuum, but in concrete situations. The perceived signs of these situations which represent remunerations/reward and punishments are their accompanying circumstances which are marked as stimuli." (Šubrt, 2001)

The research problem is connected with the quality of life of people with disabilities. As the general hypothesis is considered the research question which was already mentioned above, namely "that the way, in which people perceive the people with disabilities, influences the relation to them, including the projection in the practical procurement, which is connected with the social and economical context." One of the main goals of the thesis is to set the orientation results of this statement in empirical section (because of non-representative sample hypothesis cannot be confirmed or denied). Furthermore, for this purpose, three working hypotheses should help to resolve and clear the validity of the general hypothesis in the empirical section, which are:

- Young generation does not have sufficient information about people with disabilities and treat them in an inappropriate way;
- Generally men tend to have more negative attitudes to people with disabilities than women;
- Wealthier people tend to judge people with disabilities in a negative way.

Thus summarized, these are the main concrete objectives of the thesis:

- To analyze attitudes of young generation towards people with disabilities as these are necessary indicators of the development of the society and quality of lives of people with disabilities;
- To evaluate the literature review (where an overview of how people with disabilities were treated from the early times /renaissance/ until now is done, in other words, the change of the social view on disabled people over the years and what they had to undergo through the different stages of the history is pointed out) and to evaluate by the help of stated hypotheses the empirical section (mainly the questionnaire which should show knowledge and perception of young generation about this topic and collected data) as it gives the direction for solving the problem;
- To suggest possible measures helping to improve the situation of people with disabilities in the Czech Republic by the analyzed data and founded results as it is necessary for improvement of the whole situation.

2.2. Methodology

In this diploma thesis, sociological empirical research made by the help of quantitative method is used which is specified by Hudečková (2001) as follows:

From the positivistic approach of the sociological phenomenon, quantitative method is the verification with the goal to confirm expectation by the clarifying and testing the hypothesis. This quantitative method has the basic character in the form of numerical investigation and it is the deductive method. The inputs and outputs consist of the theoretical knowledge of the problem, testing of the hypotheses, and enrichment of the existing theory. The procedures used are mathematical and statistical processing,

techniques mainly standardized – questionnaire, study of the official documents. The threat of the interference is minimized; however the standardization must be done precisely. The goal of the collection of the data and information is to analyze and test hypotheses.

In this diploma thesis, however, the hypotheses are not tested and confirmed or denied, because only non-representative sample was analyzed (representative sample is too expensive to analyze). Thus the suggestion of the results can be provided. The hypotheses have more likely orientating value and show the proper direction to the research.

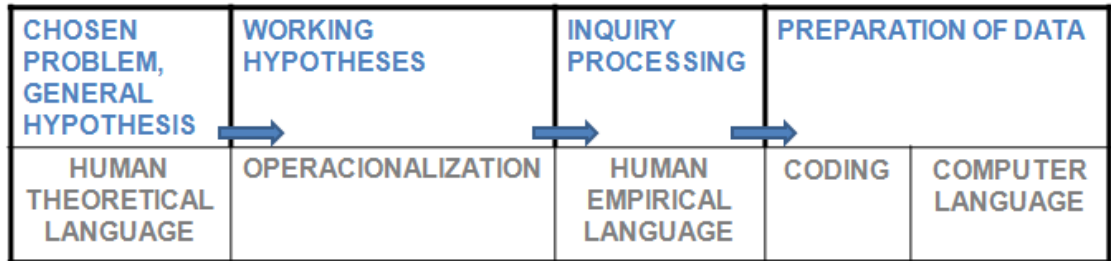
The object of the research is in this case young generation, represented by the sample of the 78 students of the selected grammar school – namely *Gymnázium Jaroslava Heyrovského*. The techniques are as was already mentioned above, the study of the documents and finding out the results by the help of developed questionnaire.

The empirical research is reduced in four dimensions because otherwise it would be too extensive research for which lots of information would be needed. This reduction in the extent and structure of variables is (Hudečková et al., 2001): “in the number of monitored variables; reduction in the analyzed relations between variables; reduction of the number of the monitored units; reduction of the monitored time period (i.e. monitoring right now).”

Firstly, according to Hudečková et al, 2001, different types of variables are used to make empirical research easier. These variables are: external variables and content variables (which include dependent and independent variables). Operationalization of socio-economical characteristics (their transformation into the empirical “language” of research) is essential. The transformation of the research problem through the general hypothesis and establishment of the research system (identification of the variables) to the working hypotheses is the key element for the correctly made questionnaire. From the specified variables, the working hypotheses (section 2.1.Objectives of the thesis) can be suggested.

Quantitative analysis of the collected data was made for preparation of the usable data. In the table below, there is an expression of this technique, which was made for obtaining data and results, necessary for the research. The last step - preparation of

data was made by the help of coding, which means “transcript of the variable values to the computer language.” (Hudečková et al, 2001)



Sources: (Hudečková et al, 2001)

It is important to mention, that validity and reliability of results should be in a good research high (but unfortunately it is not that possible in this case, as the sample is non-representative one – so it shows more likely just the orienting results). “Validity (relevance, credibility) is that characteristic of the acquired results which means that it was measured really the thing which wanted to be measured by the researchers.”(Hudečková et al., 2001) “Reliable is that characteristic of the acquired results, which means, that within repeatable monitoring/measuring, the results are always the same.” (Hudečková et al., 2001)

3. Literature review – theoretical section

According to Kacanu (2001), people can suffer these types of disabilities:

- **physical** (this diploma thesis focuses mainly on people in wheelchairs);
- **sensual** (this diploma thesis focuses on blindness, poor sight, deafness, partial deafness);
- **mental**;
- **psychical, inner and combined** (which are not considered in this thesis);

Nowadays, the definition of the disability could be represented by this sentence:

“It is possible to characterize health disability as a long-term or lasting unfavourable condition, which cannot be by treatment significantly improved or totally cured.” (Krása, 2010) However, the explanation/perception of disability has been changing during times. It is also different in various societies, cultures and influenced by lots of other factors.

In this theoretical section, firstly, the analysis of the issue under investigation is viewed from historical point of view when different perceptions of people with disabilities and understandings of them appeared, until nowadays, when the modern medicine tries to develop the most efficient ways how people with disabilities are to be treated. General evolution of the medical care and varieties of the places for their living/healing (internment, asylum, etc.) are stressed out in the theoretical section as well.

Secondly, analysis of the contemporary understanding of people with disabilities in the Czech society takes place.

Finally, main features of basic notions connected with the topic are explained in the literature overview too, mainly the key terms such as ‘quality of life’, ‘social exclusion’, ‘welfare state’ and ‘economic activity’.

3.1. Evolution of understanding people with disabilities in the society – analysis of the problem on a general level

3.1.1. Evolution of understanding people with mental disabilities

Madness perception and its conception differentiate from the beginning of the middle ages. Different concepts such as literal, philosophical and ethical exist. In the modern ages, there are determined clear boundaries between the mad person and intelligent person. They do not communicate anymore. Man endowed by intelligence sent the mad person to the doctor and the communication between them is more likely abstract. Relationship is based on the abstract universality of the illness, physical and moral pressure, the requirement of conformity and the pressure of the group. The common speech does not exist anymore, the dialogue stopped at the end of the 18th century, where madness was established as the mental disease. Short overview of how the understanding of people with disabilities in society has developed is described as follows. (Foucault, 1994)

At the beginning of the 15th century, it starts to be common to force out and excommunicate from the society mad people. This happens ritually “in the circle”, as the madman is repeatedly shipped and sent abroad and then again sent back. So in the European society, the association with mad people is usually in the connection with absolute journey, water. “Madman is the prisoner on the most independent and open from all the ways, imprisoned by his pilgrimage, madman is the pilgrim par excellence.” (Foucault, 1994) Art often expresses the “ship of the fools” emerging from the known scenery, in literature the figure of mad person, fool often takes the value of greater importance and expresses the person who knows the True and reminds it to the people. So a fool speaks in the intellectual language which includes also moral critique of all the people. However, it should not be confused with the “madness” as such, which just makes people blind. Madness is born from self-love; man who loves himself often considers a mistake as a true, lie as a fact, ugliness as a beauty and violence as fairness. (Foucault, 1994)

Ship changes into hospital in less than a century. The literature theme connected with hospital full of mad people appears in baroque. Madness does not remind tragic

threats anymore – it represents the life more confused than disquieting, ridiculous behaviour within the society, intellectual inequality. (Foucault, 1994)

So the 17th century represents the century when the internment (internment camps functioning as hospitals, prisons and houses of correction) started to be common all over the Europe. Mainly poor people, stragglers, punished people and fools were imprisoned together in internments. (Foucault, 1994)

As Foucault (1994) points out these internments served as the indicators of the rules, which were forced mainly against the poverty – it was new form of reaction on economical problems (reaction on the economic crisis of the 17th century in the Western Europe), unemployment, straggler, it set up new ethic of work and pressure on moral responsibility. (Foucault, 1994)

Municipality does not excommunicate and punish unemployed people, but takes their individual freedom; physical and moral pressure of internment is the punishment. Poor people without work and money were imprisoned in internment and served as the cheap labour. However, century and half later, when there was no crisis, the cheap labour caused competition which started to destroy otherwise working business. Also mad people were not so able to work and join the collective rhythm of work. There was the need for the separate regime for the mad people. So the changes were necessary. These changes culminated mainly in the 19th century when the land of internment previously intended to poor unemployed people, prisoners and mad people entirely devolved to mad people. (Foucault, 1994)

“Till the renaissance the experience of the madness created an imagination of transcendental forces. Starting with enlightenment, madness is embraced as the moral denouncement of idleness by the society where the work is the essence.” (Foucault, 1994)

The society has the moral right to reject all the forms of the “social uselessness” and in this society determined by necessity of the work madness receives the statute which is known nowadays. (Foucault, 1994)

Madness is thus firstly seen from the social point of view, from the perspective of poverty, inability to work, impossibility to join the collective, society. Importance is laid on liability to work and all the other moral values connected with work. (Foucault, 1994)

In the 17th century, mentally ill people are the exception and serve as a cashable entertainment in the form of show of angry fools and their acrobatic performance for curious, sometimes malicious and frivolous audience. Mentally ill people are considered to be monsters and figures that are useful to showing till the 19th century - it is a “thing” for seeing. “...it is not a monster inside the human interior any more, there is an animal, bestiality from which human being disappeared long time ago.” (Foucault, 1994)

This leads in the hospitals towards the system which is full of terror, practiced mainly in the cases of dangerous madmen (17th, 18th century), the negative fact that with the mad people is not behaved as with the human beings is seen. However, this system does not want to punish mentally ill people, it tries to limit the physical movement of the angry madness so different practices such as chaining to the bed or wall, cells with iron bars and others, are used. (Foucault, 1994)

Thus, in the renaissance, madness is the result of evil and transcendental forces, in enlightenment the animal madness is the clear proof of the fact that the mad person is not ill. “The animal nature serves as a protection against everything which is breakable, unclear, unhealthy, diseased – mentally ill person is protected against hunger, hot, coldness, pain.” (Foucault, 1994) Till the end of the enlightenment (the end of the 18th century) mentally ill people are lead to be naked in winter without any blanket, in their cells there is not enough space and light necessary for life, they live in wet, moisture environment full of rats, if able, fulfilling the hardest work on the fields during the day. The cure itself is the viewing mentally ill as animals. “During enlightenment mentally ill are called deranged, foolish, mad, demented and crazy.” (Foucault, 1994)

As was already mentioned above, in the hospitals madness was not healed. Their objective was to keep them away from the society and recover. However - despite of that - therapeutics of madness started to be continually developed outside the hospitals. Thus, without any reforms in the internment the sense of the excommunication started to change. The values were slowly changing towards positive ones, instead of neutral, empty, dark place the natural values embed.

“At the beginning of the 19th century, historians and psychiatrists rise up against imprisonment of the madmen into the internment together with criminals.” (Foucault, 1994) This attempt of extrication madmen from the “prison” continues without break

next half of the century - positivism. It should be highlighted the difference between general thinking at the beginning of the 19th century and during the 18th century was that at the former people were shocked by the fact that mad people are treated in the same way as criminals, but at the latter period it was highlighted that criminals deserve better fate than to mix them with the madmen.

The other unpleasant fact was that internment absorbed finances. These circumstances which happened during the 18th century did not encourage better behaviour towards madmen; however, the first step was taken - the common place of the internment wore off. (Foucault, 1994)

After all of this, the awareness of the madness was finally recognized, the behaviour towards mad people has changed and the establishment of asylum finally emerged. The treatment which is used tries to support religious rules and social principles and their influence on the spirit of madmen. This significant healing tool serves mainly during the clearer moments when the ill persons feel better - during madmen's healing that person should utilize in her or his favour the society of people with the same opinions and customs. By this mad people are inserted into the moral surrounding, with the repercussion of incessant discomposure under the threat of indiscretion – the principle of the fear – however, if they behave in a good way then a good treatment follows. Asylum does not punish the guilty madmen – crackpots punish themselves in the form of the consciousness of their guiltiness. Because of the understanding of the statute of guiltiness the consciousness of the free subject is coming back and with this the intellect as well. Hence, three bases play the most important role in the asylum: religion, rules and work tied together. (Foucault, 1994)

“Madness exists just till such a measurement, till which it is seen – significant is the “view”. What is in the madmen's mind is their secret, but they have to behave according to some specific norms, norms which were set up by the society.” (Foucault, 1994) Psychoanalysis invalidates the phenomenon of the “view” which is the feature of the asylum of the 19th century. (Foucault, 1994)

As it is necessary from the end of the 18th century to obtain a medical certificate from the doctor to be evaluated as appropriate candidate for putting to the internment, doctor becomes a crucial figure in the asylum slowly converting the asylum into the

space of medicine. This reached to the period of so called positivism, where the knowledge of the mental disease tried to acquire a positive sense. (Foucault, 1994)

One of the famous people who should be mentioned in the connection with the history and evolution of understanding people with disabilities in the society is Sigmund Freud, the first man, who takes the existence of mentally ill people seriously into the consideration. “He created a psychoanalytical situation in which estrangement by the genial short circuit invalidates the alienation, because the madman becomes to be a subject for the doctor.” (Foucault, 1994)

3.1.2. Evolution of understanding people with physical and sensual disabilities

Considering the history of the evolution of the view on the people with physical disabilities and disabilities of senses, the perception of them in a positive way had to be also developed through the centuries and often copied the perception of mentally ill and psychically disabled people. Maybe the worst known periods for them were - the period during the Second World War (1939-1945), when Hitler treated them as less valuable, labelled them as odd, disfigured, “abnormal” and sent lots of them to the concentration camps, during the Stalin times and communist regime in the 20th century.

American sociologist Erving Goffman (1961) emphasizes that the society defines ‘normality’. “It is we ‘normal people’ who discriminate, segregate, and construct an ideology about ‘handicapped’ as inferior or a threat, in order to justify our rejection, fear and prejudice about them. Yet we are all well aware of our own imperfections as we ‘face up’ to everyday situations.” Furthermore, Goffman (1961) argues, that stigmas of what is normal and abnormal is a social label created by the reaction of others in society – the individual involved fails to live up to people’s expectations and stereotypes about normal looks or behaviour and so is ‘disqualified from full acceptance’ (see section 3.3 –term ‘social exclusion’).

So the perception of people with disabilities varies according to the people, time, place, situation, social norms. The equalization of them within the society, diminishing social exclusion and considering their type of handicap just as a human disability finally appeared in the late 20th century. Nowadays the situation is going to be better all over the world. However still, in some countries, there are not that good conditions as it

should be (mainly in the developing countries, where the welfare systems do not work that good or at all – e.g. China) and in the developed countries, still some prejudices exist.

3.2. *Contemporary understanding of people with disabilities in the Czech society*

“People without disabilities nowadays have more positive relationship towards handicapped people than in the past. However still, in the mutual relations and contacts sometimes the problems have remained – mainly those resulting from unknowingness and unawareness of the difficulties and barriers, which the people have daily overcome and get over.”(Kacanu, 2001) These barriers differ according to the type of disability and its extent.

“The term ‘handicap’ means inequality of the conditions, disadvantage. In the deepen consequences the term ‘handicap’ points out also the lack of the adaptation of the surrounding, for example in the informational and communicational systems, educational and cultural institutions, which do not allow people with disabilities to become equally and without conflicts involved in the common life.” (Kacanu, 2001) The approach to people with disabilities is not just the matter of social differences of the country/region (different situations, public opinions and regimes). What also matter is the economical situation of every country/region. (Kacanu, 2001)

Several types and forms of disabilities/handicaps exist. People can suffer long-term, short-term, from the birth, inherited, gained or temporal handicaps, illness and frame of mind. As was already mentioned at the beginning of the theoretical section (see section 3.Literature review – theoretical section) people can suffer **physical** (this diploma thesis focuses mainly on people in wheelchairs); sensual **disability** (this diploma thesis focuses on blindness, poor sight, deafness, partial deafness); **mental**; (**psychical, inner and combined** which are not considered in this thesis). The most common term which should be used for this category of people is “people with disabilities”. (Kacanu, 2001)

There are several aspects which should be known to make the communication with people with disabilities easier/better, namely: respect, esteem, showing consideration for others, ability to listen to, empathy (ability to empathize the feelings

of others) and ability to show the capability of support. These aspects are crucial but there are some other facts, which should be known, differing within the type of disability. Generally, during the communication with disabled person, it is important (Kacanu, 2001): to not let your mind be infected with prejudice; talk slowly and clearly; start to speak with the disabled person even if she or he is with the supervisor at first, only if the person is not capable to get in touch with people with disabilities then it should be firstly talked to the supervisor or the member of the family.

To decrease social exclusion and increase their integration into the society and quality of disabled people's lives the facts about the specific disability should be known to diminish the possibility of miscommunication and misunderstanding. Every type of disability needs a specific approach. (Kacanu, 2001)

3.2.1. Contemporary understanding of people with mental disabilities in the Czech Republic

The first group of people with disabilities considered is the group of people who suffer mental disability. "As people with mental disabilities are considered people who live out backwardness/mental deficiency or people who finish their evolution of intellectual abilities or some of the personal characteristics in the early stadium, or people who experience disorders of social adaptation and acclimatization of the surroundings."(Kacanu, 2001) The problem here occurs much more often than in the cases mentioned below, as mentally disabled people are often the targets of the derision and jeering. Another problem here is that about the restriction of the help which is often limited just to be the material and physical one in the form of the physical care. As different stages and extent of the disability/retardation exist, mentally disabled people should not be perceived as children even if they in many cases do not behave like adults during their lives in any stage of the evolution. Each of them needs an individual approach. Also as in the cases mentioned below in this section, mentally disabled people should be behaved to with patience, love, encouragement, respect, their opinion and freedom should be taken into consideration, avoidance of the purposeless noisy or horrifying places provided. (Kacanu, 2001)

According to Kacanu (2001) the most significant fact which society often does not know is that even if the disabled person does not have so high IQ during talking

excessive compassion should not be shown, the conversation should not look like the conversation with the small child, the manipulation, restriction, speaking for them or making the decisions for them without their agreement should be avoided. (Kacanu, 2001)

3.2.2. *Contemporary understanding of people with physical disabilities in the Czech society*

There is a large range of types of physical disabilities so the considered extent of this type had to be reduced to make it less extensive. For this diploma thesis as the representative group of the physically disabled people were chosen people in wheelchairs.

People who are confined to wheelchairs are usually the same as others but cannot walk and have to confront mainly the architectonic barriers as they have restricted movement. People who meet them should not feel compassionateness about these people but take it for granted and help them if they find themselves in the uncomfortable - for them unsolvable – situation. Lots of them can move using their hands but sometimes they need help with breaking through the barriers such as steps, stairs, steep hill, curb, moving from the wheelchair to the other place and so on. (Kacanu, 2001)

If the cultural action or visit of the restaurant is planned it should be always found out if there is barrier-free access. When visiting bureaus or shops the officers or sellers usually tend to speak with the supervisor. In these cases supervisor should highlight that he or she is “just” a supervisor and try to draw their attention to the person on the wheelchair that should communicate and make his/her own decision. During shopping, products should be putted into beg or basket – not on the disabled person knees. (Kacanu, 2001)

3.2.3 Contemporary understanding of people with sensual disabilities in the Czech Republic

Selected sensual disabilities for this diploma thesis are blindness/poor sight and deafness/partial deafness (for the purpose to diminish the extent of the thesis). “Person with hearing defect always needs to see our face properly, for which the definite distance between the speakers is essential.” (Kacanu, 2001) As deaf people often lip-read, shouting or talking directly to his/her ears is usually not effective, just in the cases when people ask to do that. Because of that, people with hearing defect should chose their position where they want to stay or sit, to make sure, it is for their lip-reading the most comfortable position. (Kacanu, 2001)

On the other hand, people with visual handicap perceive the surrounding mainly by the quite sensitive sense of hearing. Also in this case help of the others should not be impressed upon people with visual handicaps. In this case, special rules are applied during the communication too. For instance, when somebody starts the conversation it is on the spot to introduce himself/herself at the beginning of the speech to make clear with whom the handicapped person speaks to. If somebody helps to the visually handicapped person, for example at the street, he/she should inform the disabled person about the surrounding which they are passing, about the surface, curves, barriers and all the other stuff which the person wants to be informed about (the speed of the walking, describing the interior of the building or the room or choosing the seat). (Kacanu, 2001)

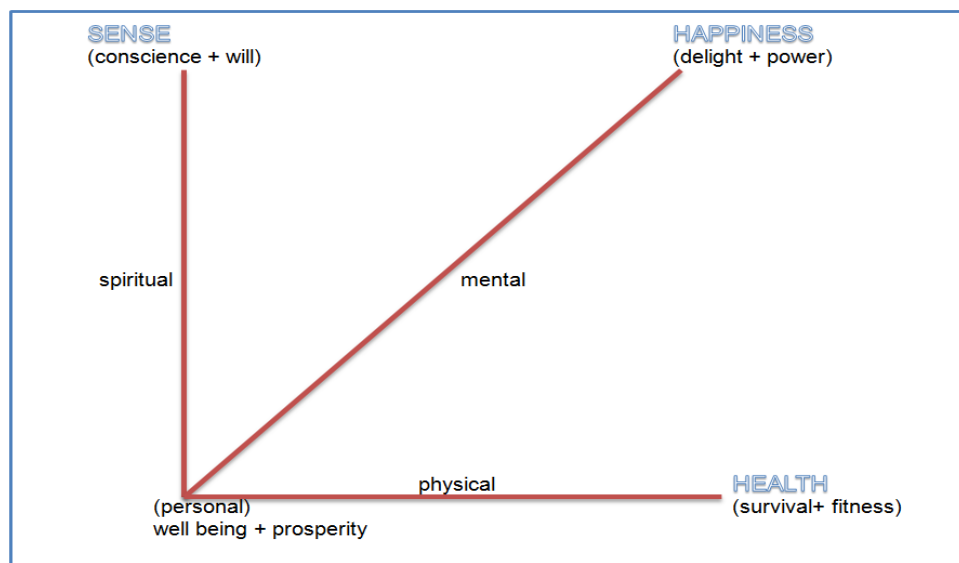
The rules which are often unknown, unsure or forgotten by the society are these two (Kacanu, 2001): If the visually handicapped person owns a guide dog, nobody should touch, call or feed it without agreement of the owner of that dog (because of the prevention of the decimation of the harmony between the handicapped person and the dog). It can happen that during the conversation with the visually handicapped person the other speaker uses the words or phrases such as “see, look at that” and the like. The second often unknown rule is, that “there is no need to worry about these expressions or even apologize for their usage – they belong to the common lives and should not be unmentionable.” (Kacanu, 2001)

3.3. Explanation of the terms: 'quality of life', 'social exclusion', 'economic activity' and 'welfare state'

3.3.1. Quality of life

According to Ivo Možný (2002), concept of quality of life can be perceived from two points of view. Firstly, social psychology orients more likely on **individual aspect** of experiencing and feeling of peace of mind, well-being or happiness. “This individual frame of mind, considering well-being, pleasure or happiness is marked as **subjective well-being**, which is composed by at least three components.” (Možný, 2002) These components - basic parameters of the quality of life - are in this case (Možný, 2002): absence of the feeling of unhappiness, dissatisfaction, depression or anxiety; necessity of present positive emotion, joyfulness or delight; and finally the registration of some stable condition – the overall satisfaction with the whole life – including family life, friendship, working environment, etc. According to Payne et al. (2005) these components of subjective well-being are these three components: cognitive evaluation of own life, concerning overall life satisfaction (relationships, work, friends, financial situation and so on); emotional feelings, concerning positive and negative emotions (happiness, peace, depression, anxiety...); and subjective health – which is subjective evaluation of “objective” health conditions. Three dimensions which define quality of life (the case of subjective well-being) can be expressed also as shows the picture 3.3.1.

Picture 3.3.1: Quality of life – dimensions of quality of life, motivational tools, valuable goals



Resources: Payne, J. et al. 2005. *Kvalita života a zdraví*. TRITON, ISBN 80-7254-657-0

Secondly, according to Možný (2002), sociology investigates **welfare** and in the comparison with social psychology, it is not interested in individual experiencing, but in the **quality of life of the whole society**. So, to examine quality of life of one society, it is significant to have the data of the other society, compare them and find out some common indicators showing the differences. These parameters "...create **objectively** utilized and in reality used space..." (Možný, 2002)

Gross domestic product used to be considered as **a common indicator of quality of life**, however, it is very misleading (does not consider housework, includes services which must be done to decline crime, improve environment, etc.). "From the beginning of 1970s, it was generated lots of pressure on the finding of the better indicator of the quality of life." (Možný, 2002) Furthermore, Možný (2002) thinks that the basic indicators are those, which fulfil the main human needs; such are satiation, health, sufficient income (decrease of income inequality) and education (– which is essential for the ability to spread the knowledge and experiences to the further generations). "In one number, they are all indicated by average duration of life; hope for the longer living is markedly influenced by the lifelong chance of healthy eating and having sufficient amount of food, and having sufficient accessible quality medical care during the illness." (Možný, 2002)

For better orientation, several types of indexes are used for counting the quality of life, however, the most commonly used is the United Nations Human Development Index which considers social and gender inequalities, indicators of the quality of environment, data about compliance of human rights etc. According to Možný (2002), eight profiles which measure the quality of life exist, these are: Family (children, abortions, sexual behaviour, marriages, divorces...); Health (illnesses, suicides...); Education (schools...); Work (employment, wages, salaries...); Environmental conditions (water, air...); Civil participation (migration, political climate...); Medias, leisure time, way of living and Crime and punishment.

In some cases of disorders, **people with disabilities** can provide useful information for the **measurement of their quality of life** by filling in the questionnaires. For example, Professor Jean Endicott from New York State Psychiatric Institute published the questionnaire, directly oriented to people with some type of disabilities (mainly with the chronic disorders such are chronic depression,

posttraumatic stress disorder, schizophrenia...), for measurement of their quality of life. This Questionnaire is called the Quality of Life Enjoyment and Satisfaction (Q-LES-Q). (Libigerová, 2003)

This questionnaire serves mainly for the effective feedback and evaluation of the results of work with people with disabilities. Through the time, quality of their life should improve. “Every illness/disorder affects different parts of the personal, work and social life of the patient. The goal of the treatment is not just to hold back symptoms of illnesses, but in the final phase it what mainly matters is the improvement of the quality of patient’s life. For this purpose the evaluative scales are made, which quantify defined items of the quality of life in the questionnaire, and facilitate long-term measuring.” (Libigerová, 2003) This example of scale was already mentioned in the paragraph above, namely Q-LES-Q. It again concerns and almost copy eight profiles which Ivo Možný (2002) points out, as the questionnaire consists of eight main groups of the questions, so called domains, these are (Libigerová, 2003): Physical health; Feelings; Working activities; Household activities; Study activities; Leisure time; Social relations and Summarized view on the quality of life.

To complete this section about quality of life, it should be mentioned, that not just health condition and other above mentioned factors influence to some extent quality of life, but also life style as such contribute to the quality of life. “Life style is evidently one of the factors which influence – directly or vicariously – quality of life.” (Payne et al., 2005) “By life style it is meant behaviour, which has expectant influences on health: smoking, drinking of alcohol, diet and physical activity.” (Payne et al, 2005)

3.3.2. Social exclusion

Social exclusion is a term often connected with people, who are not able or allowed to participate in social life. Unfortunately this term is often connected with people with disabilities. As they usually have some type of distinctness – difference if comparing with people who do not experience some type of handicap – disabled people are often attacked by others, have to force taunting, and variety of types of social exclusion.

Generally, “social exclusion refers to the multi-dimensional and dynamic process of being shut out, fully or partially, from the economic, social and cultural systems that determine the social integration of a person in society.”(Barnes, 2005)

“It involves the lack of resources, rights, goods and services, and the inability to participate in the normal relationships and activities, available to the majority of people in a society, whether in economic, social, cultural or political arenas. It affects both the quality of life of individuals and the equity and cohesion of society as a whole.” (Levitas et al., 2007) In other words, “social exclusion goes well beyond participation in consumer society and includes inadequacy, inequality, or total lack of participation in social, economic, political and cultural life. Exclusion extends from social isolation to a total rupture with society’. (Council of Europe, 1998) In 1968, American sociologist Erving Goffman “analyzed the human interaction and the way people present themselves in everyday life... Self-image, its creation and its maintenance and defence formed the heart of his approach and in his pioneering work *Stigma* Goffman turned his eye from the way ‘normal’ people present themselves to the strategies employed by the ‘abnormal’, those with ‘spoiled’ identities or ‘stigmas’; those cast out by society or locked away from normal life – the physically disfigured, the disabled and others.” (Slattery, 2003)

Goffman (1961) defined a stigma “as any physical or social attribute or sign that so devalues an actor’s social identity as to disqualify him or her from ‘full social acceptance’.” (Slattery, 2003) Furthermore, Erving Goffman (1961) identified three types of stigma, where one of them consists of physical defects. Thus, this stigma is closely related to the social exclusion and disabled people were often stigmatized – excluded. Different types of disability are treated differently. “Different implications inevitably follow for the stigmatized person, depending on whether the stigma is visible or invisible. A physical defect, for example, is generally less easy to manage and control than a ‘social’ one; blindness is far more immediately visible than say insanity.” (Goffman, 1961) Thus the stigmatization usually firstly appear, when the stigma is visible, the label of being different appear firstly when the person is visually or physically handicapped. In the Goffman’s essays, it is described how this stigmatization tries to be diminished by people, (plastic surgeries, wearing special clothes, wearing dark glasses, withdrawing the handicapped into home which is the secure place where

their defects are perceived as normal...). (Slattery, 2003) According to Goffman (1961) handicapped people have to go through a painful socialization process, as they have to learn to live in the society by which they are perceived as not complete, different and it is much more difficult for those, who are stigmatized late in life, as the result for instance of a crippling car accident.

3.3.3. Economic activity

The economic activity generally means the production and distribution of goods and services. As the economic activity, inflation, interest rates and other variables are interrelated it has a significant influence on security prices. (Husted et al., 2007)

There are several measures used to show the extent of the economic activity in a country - national welfare/economic welfare (well-being). “The two most common measures are the gross national product (GNP) and gross domestic product (GDP) of a country. Both GNP and GDP provide estimates of the total value of sales of final goods and services for a given country. And because sales of goods and services constitute income to those selling these products, GNP and GDP can also be thought of as indicators of total national income.” (Husted et al., 2007) These two factors are distinguished mainly by location and nationality and can be defined and explained as follows: “GDP refers to production within a country, no matter whether the factors of production (e.g. labour and capital) are domestic or foreign. GNP refers to production by domestic factors no matter where they are located.” (Husted et al., 2007)

However, this has several obstacles as it does not reflex fully the reality. Firstly, to minimize the influence of the inflation, real GDP/GNP should be used for more exact calculation as it reflex the changes in prices as well. The real GDP is inflation-adjusted measurement. This means that it reflects the value of overall goods and services produced in a given year, however, expressed in base-year prices. Similarly, the real GNP includes and counts with the effects of inflation. (Husted et al., 2007)

Furthermore, these factors are too wide and for the more precious measure of standard of living in a country real GDP/GNP should be divided by the population to receive the more exact measure. “Even if a country’s real output is growing, if population grows faster, then, on average, there are fewer goods and services available to each individual for consumption”. (Husted et al., 2007)

Thus, “a crude measure of the standard of living in a country is obtained by the ratio of that country’s GNP (or GDP) to its population which is called GNP/GDP per capita.” (Husted et al., 2007)

Still, even by receiving the ratio per capita, even this measure of economic activity and national income is not perfect. People do not share in exact proportion so the growing standard of living does not have to affect everybody in the same way.

The essential point is highlighted as follows: “Even this measure is not perfect, because it implicitly assumes that all individuals are able to share in the growing standard of living. Also, as calculated in the real world, this statistic ignores quite a bit of economic activity (e.g. housework, illegal trade) and leaves unmeasured other factors that contribute to the quality of life (e.g. leisure time).” (Husted et al., 2007)

So, even if the people with disabilities do not contribute that much to the real GDP of the national economy, they still often contribute to the increase of standard of living in the country, as they can provide some type of housework, or other support to their family, friends etc. Jean Vainer (2004) describes this contribution as follows: “The start of the journey towards humanity for me began when I started to live with the people with disabilities. These people are on the intellectual and practical level powerless, but they are endowed with good relations (deep humanity experience in life full of building common goodness).”

To sum up this section, it should be said, that people with disabilities contribute to the economic development, however these contributions are usually not counted in the indicators used for measurement of economic activity (GDP, GNP) - indicators are limited. So people with disabilities are not useless (as they were viewed by the society in the past times – see theoretical sections 3.1.1. and 3.1.2.) they are economically active but in informal economy.

3.3.4. Welfare state

The last term explained in this section is connected with the notion mentioned already in this thesis, that it is well known fact that perception of people with disabilities by society shows the level of development of every society, namely - **welfare state**. According to Giddens (2006), most industrialized and industrializing countries in the world today are welfare states. “The state plays a central role in the

provision of welfare, which it does through a system that offers services and benefits that meet people's basic needs for things such as healthcare, education, housing and income. An important role of the welfare state is managing the risks faced by people over the course of their lives: sickness, disability, job loss, and old age." (Giddens, 2006) The development of that welfare system can be seen on the level of investing to that system, and to the services provided by the welfare system. Investment to the welfare system also indirectly shows the level of overall development of the country. "Some countries have highly developed welfare systems and devote a large proportion of the national budget to them."(Giddens, 2006)

The importance of the welfare system for disabled people can be seen in the section 4.2.3.

4. Empirical section

In the empirical section, the problem of the object of the case study is pointed out. Then, the data about disabled people are collected from various resources to determine their numerousness, position in the Czech society and other facts about them. Furthermore, the results of the questionnaire of non-representative sample consisting of perception of disabled people by young pupils of the selected grammar school – *Gymnázium Jaroslava Heyrovského* are evaluated and analyzed for the purpose to find out the progress of the situation and its improvement. Finally, after this processing, the interpretation of results, proposals and recommendations follows.

4.1. Evolution and contemporary understanding of people with disabilities in the Czech society

To receive sufficient results of the whole analysis, the empirical section should be focused mainly on the exact period of time and place, namely, the second half of the 20th century and beginning of the 21st, in the Czech Republic. Due to significant turn of (political, cultural and economical) events in the 1989, mainly the last 20 years should be analyzed, to show, how the situation evolved.

After the Velvet Revolution (1989), lots of things have improved; however, still some things need to be changed, which are pointed out further in the text. Since the Velvet Revolution, The Ministry of Labour and Social Affairs regulates the conditions and social contributions to people with disabilities. The welfare system works better, although there are still some shortages. The example of shortage can be seen in redistribution of social benefits, where the exact disabilities, exact cases are still not fully reflected. “It is important in the future to adjust this issue by special law... These dues for people with disabilities represent one of the segments, in which the relation of the state and society towards this group of people appears ... During providing of social contributions, it is necessary to reflex the endeavour of disabled person to equalize the opportunities and preventing social exclusion.” (Krása, 2010)

“The first legal instrument concerning this issue - The National Plan of Actions for the Handicapped Persons - was adopted under Government Resolution No 466 in 1992.

Its goals included the removal of the most serious cases of discrimination and the launch of systemic changes related to the support of people with disabilities.” (National Plan for the Support and Integration of Persons with Disabilities 2006 - 2009) Since then, four National Plans have been adopted and it is adverted to the last one (2006-2009) in this diploma thesis as well. Nowadays, the preparation of the National plan for the years 2010 – 2014 is ongoing.

Another problem/shortage in perception of people with disabilities in the Czech Republic can be seen in still remaining prejudices against these people:

“In the last few years, the Czech Republic has become a country that realizes it has increased responsibility for removing barriers that prevent people with disabilities from participating fully in the life of society. Therefore, four National Plans have recently been adopted that aim to help improve their situation in society.” (National plan for the support and integration of persons with disabilities 2006 – 2009) However, still “individual tasks and measures of the National Plan indicate that, despite the significant headway made in the past, the Czech Republic has still not achieved a level of the equalization of opportunities, including the elimination of discriminatory obstacles, corresponding to the historical, cultural and social traditions of the Czech Republic and guaranteeing support for people with disabilities at a level corresponding to the economic performance of the Czech Republic.”(National plan for the support and integration of persons with disabilities 2006 – 2009)

Last but not least, another shortage is pointed out by the European Union. This shortage is connected with the standardization/improvement of the quality of life of disabled people in the Czech Republic. Ines Bulic (2008), coordinator of European Coalition for Community Living (ECCL) wrote in his letter which he sent to previous Prime Minister of the Czech Republic Mirek Topolánek, that at the beginning of 21st century, all people with disabilities are capable of, and have a right to live in the community, with the appropriate support services in place. Furthermore, cage beds from institutions for children and adults with disabilities should be removed; policy and practice and a system of comprehensive, quality community-based alternatives to institutions should be changed so the rights of people with disabilities in the Czech Republic will be fully respected.

“ECCL urges the Czech Government to give *all* people with disabilities in the Czech Republic, regardless of the level of their disability, the opportunity to decide how, where and with whom they will live their lives and to meaningfully participate in society. This includes providing access to housing, inclusive education, employment and the ability to participate in other aspects of community life.”(Bulic, 2008)

Summarized, although the situation in the Czech Republic has improved a lot, still, (the ECCL) Bulic (2008) highlighted in his letter these three points, which should be ameliorated: ECCL calls on the Czech Government to:

- Adopt appropriate policies and action plans for the social inclusion of people with disabilities, accompanied by a timeframe and a budget for the development of community-based services and the gradual closure of existing long-stay residential institutions for people with disabilities;
- Immediately remove cage beds from all social care homes in the country and ensure that the legislation outlawing the use of cage beds is implemented in all social care institutions;
- Ratify and implement, as a matter of priority, the UN Convention on the Rights of Persons with Disabilities and its Optional Protocol.

4.2. *General data about people with disabilities in the Czech Republic which express their quality of life and extent of social exclusion*

4.2.1. *Basic facts connected with quality of life and social exclusion of disabled people*

If somebody wants to help people with disabilities in the Czech Republic, set proper rules, laws, deliver sufficient support and so on, this person would need to know how many people compose that group. In other words, the exact statistical data about the number and structure should be known. It is quite surprising fact, that till the turn between year 2007/2008, there were no sufficient data about this available, however, since then, the progress can be seen also in this sphere. In the proposal of National Plan for the Support and Integration of Persons with Disabilities for the period 2010-2014,

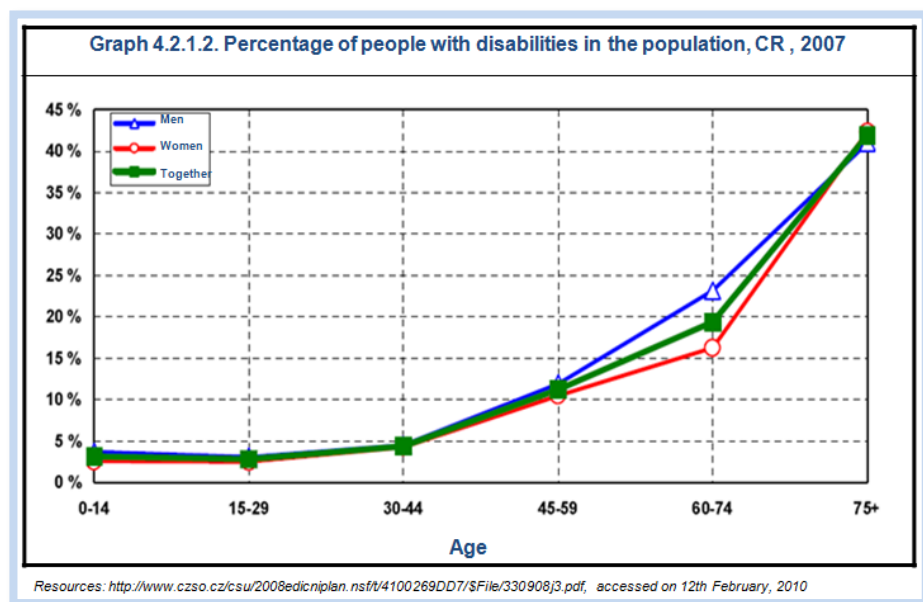
Václav Krása (2010) points out, that in the 2006 – 2009 Government Board for People with Disabilities asked Czech Statistical Office to elaborate the co-ordination of creating of the statistic about people with disabilities with the goal to continuously create consistent system of statistical information in this area. For this purpose, sample search was made in 2007 and public was informed about these results in 2008.

In the Table 4.2.1.1.below, it can be seen the exact **proportion of the people with and without disabilities** in the Czech Republic.

	Population in the CR	Inhabitants with healthy disability in the CR
No. of inhabitants in the CR	10,287,189	1,015,548
Gender		
Men	5,026,184	490,427
Women	5,261,005	525,121

Resources: [http://www.czso.cz/csu/2008edicniplan.nsf/t/4100269DD7/\\$File/330908j3.pdf](http://www.czso.cz/csu/2008edicniplan.nsf/t/4100269DD7/$File/330908j3.pdf), accessed on 12th February, 2010

Furthermore, the proportion of people with disabilities according the **age** is expressed graphically in the Graph 4.2.1.2.

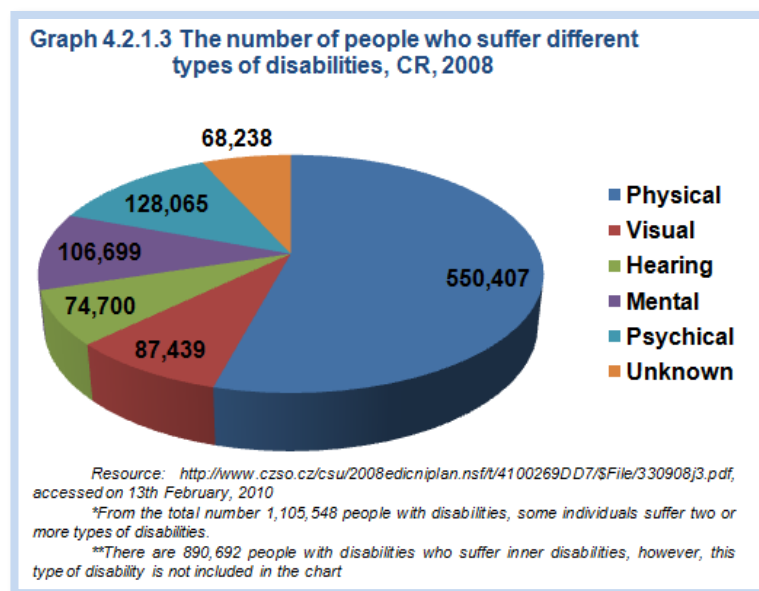


“From the results of Czech Statistical Office search emerge the estimation that 1,015,548 inhabitants in the Czech Republic live with health disability. That is 9.87 percent of the Czech population.” (Kalnická, 2008) This number serves for general overview, as all types of disabilities are counted in. From the graph 4.2.1.2., it is seen

that with the increasing age the number of disabled people increases too, which could be reasoned by the occurrence of the long-term illnesses connected with old age, disabilities which appear later on during the people's lives or possible occurrence of accidents which cause the everlasting handicaps.

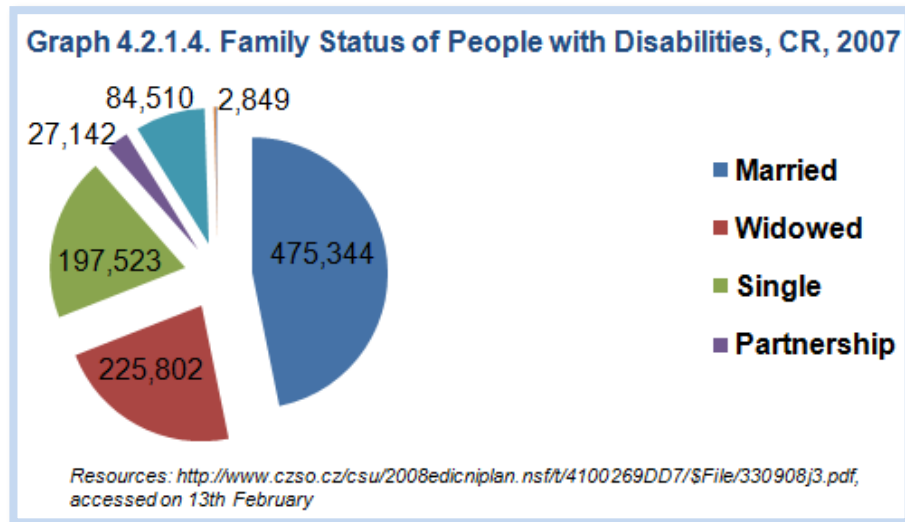
The basic types of the health disabilities were already listed in the theoretical section: physical, sensual defects, mental, psychical, inner and combined (but in this thesis it is not to be focused on the last three mentioned types of disabilities , just several not detailed notions remarked about them).

As there is seen in the Graph 4.2.1.3.below, in the Czech Republic, there are approximately 550,407 people who suffer some type of physical disability, 87,439 people with visual defects and 74,700 people with hearing defects. More than 230 thousand people suffer psychical and mental disabilities. From the total number of 1,015,158 handicapped people some of them suffer more types of disabilities. People who suffer inner disabilities are not expressed in the graph. Thus the people with inner disabilities and number of people where the information about them is not known create the rest of the amount to the total number of disabled people in the Czech Republic.



For better evaluation of the quality of life of disabled people, their **family status** should be taken into consideration. From the gathered data follows, that “structure of the population of people experiencing some type of the health disability according to family status is characterized in comparison with overall population by lower percentage of married individuals.” (Kalnická, 2008)

The Graph 4.2.1.4. shows the proportions of people who are married, widowed, single, in partnership, divorced or live separately from the total number 1,015,548 disabled people in the Czech Republic.

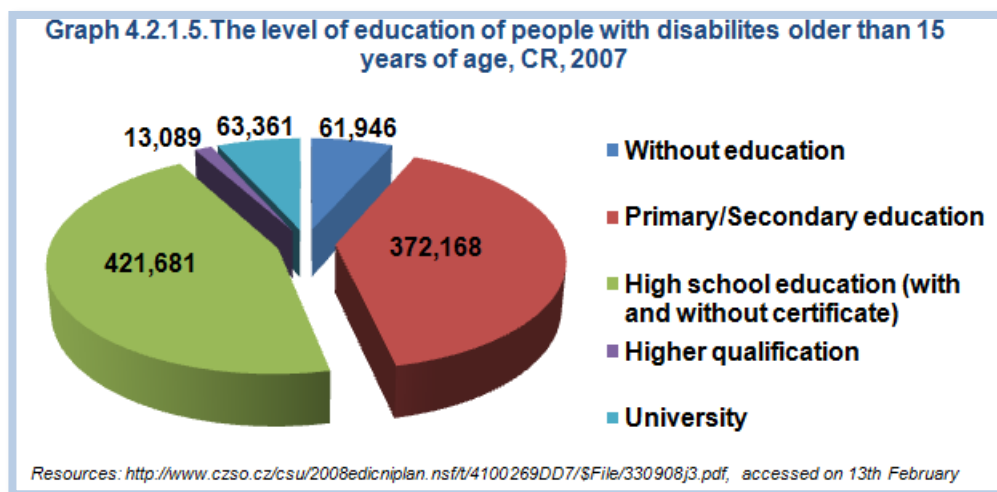


Another factors influencing quality of life of people with disabilities are: limited mobility (85 percent of disabled people in the Czech Republic, 2007); ability of communication, access to the information and other important limitations depending on the type of retardation. “One of the serious effects of the handicaps is diminished ability of self-support, which can lead to the powerlessness demanded permanent support of other person.” (Kalnická, 2008)

“The structure of the **education** of people with disabilities is in the Czech Republic (same as in other developed countries) worse than in the whole population. In 2007, there were 27 percent of people who completed education on the level of high school (certificated), but just 20 percent of people with disabilities. 81 percent of the Czech economically active population (age: 15-59) are people who achieved high school education without certificate or higher education (qualified/skilled), but just 50 percent of people with disabilities.” (Kalnická, 2008)

From the ‘quality of life’ point of view, this could be quite unpleasant situation for these people, as it is more difficult to find out a good job as for less skilled people is not that easy to find a job.

According to Czech Statistical Office, in 2007, people with disabilities older than 15 years, have the level of education as it shows the Graph 4.2.1.5.below (total number of people 932,245 – the younger people than 15 years of age are not counted):



From the Graph 4.2.1.5.above, it can be seen, that the prevailing groups represent the number of people with disabilities who finished primary/secondary education, and high school education, however this number includes also those people, who did not finish their studies with the final certificate.

Achievement of the higher educational level is significant for the people with disabilities similarly as for people without disabilities, because it plays one of the key roles in the sense of higher possibility of finding suitable employment. In the Czech Republic, the conditions for possibility of disabled people to study should be improved. (Krása, 2010)

4.2.2. Economic activity of disabled people in the Czech Republic

One of the key issues connected with people with disabilities and the way how they might be perceived by society is the issue concerning **economic activity** of people with disabilities. As the tables below show (data taken from the Czech Statistical Office, 2007), this activity compared to the economic activity of the whole population is very low. This could be the important element, which influences people minds - their perception of disabled people, as they have to work and pay taxes, from which the social security scheme are paid to people with disabilities (see section 4.2.3.Welfare

state). Thus, from the economic point of view, these people can be seen by society “disadvantageous”. “The most economically active group consisting of people having some type of disability are people in the range between 45-59 years. The higher age they have, the smaller number of employed people appears (retirement).” (Kalnická, 2008)

The Table 4.2.2.1.below shows the economic activity of people with disabilities, Table 4.2.2.2.of the economic activity of the whole population.

Children, students	Employed	Unemployed	Persons in disability retirement/old age pensioners with disability		House-keepers	Others	Together
			Unemployed	Employed			
21,741	124,539	42,755	689,031	34,520	8,415	11,244	932,245

Resources: [http://www.czso.cz/csu/2008edicniplan.nsf/t/4100269DD7/\\$File/330908j3.pdf](http://www.czso.cz/csu/2008edicniplan.nsf/t/4100269DD7/$File/330908j3.pdf), accessed on 13th February, 2010

Children, students	Employed	Unemployed	Pensioners		House-keepers	Together
			Unemployed	Employed		
1,769,785	4,472,007	486,843	2,244,107	180,123	879,708	10,032,573

Resources: [http://www.czso.cz/csu/2008edicniplan.nsf/t/4100269DD7/\\$File/330908j3.pdf](http://www.czso.cz/csu/2008edicniplan.nsf/t/4100269DD7/$File/330908j3.pdf), accessed on 13th February, 2010

By comparing the economic activity of the whole population with the activity of disabled persons, using the numbers from the tables above (Czech Statistical Office, 2007), it can be said, that 159,059 disabled people from the total number 932,245 (counting just people older than 15 years of age) was economically active (which is 16.4 percent) in 2007. Counting the whole population, from the number 10,032,573 there was 4,652,130 people economically active, which is 46.4 percent (which would be higher, if people with disabilities would not be to the overall number of population counted as well.)

4.2.3. Czech welfare state

As was already mentioned, not just the low economic activity, but also drawing a disability pension and other forms of **social benefits** could be a factor which could unpleasantly influence perception of people with disabilities by society. As it is shown in the Table 4.2.3.below, in the Czech Republic, there were 88.29 percent of people with disabilities from the total number 1,015,548 in 2007, which have drawn a pension.

The exact proportion of the social benefits taken by disabled people in 2007 can be seen as follows:

Table 4.2.3. Drawing of the social allowances by people with disabilities in the CR, 2007				
Disabled people who do not receive any social benefits	Disabled people who draw social benefits	Unknown situation	Total number of people with disabilities	Percentage of people with disabilities drawing some type of social benefits
111,973	844,093	59,482	1,015,548	88.29

Resources: [http://www.czso.cz/csu/2008edicniplan.nsf/t/4100269DD7/\\$File/330908j3.pdf](http://www.czso.cz/csu/2008edicniplan.nsf/t/4100269DD7/$File/330908j3.pdf), accessed on 13th February, 2010

“During 2007, full disability pension in the Czech Republic have drawn 30 percent and partial 11 percent of people with disabilities. Old-age pension, widow’s pension or orphan’s pension was paid to the half of the disabled persons. The number of people drawing social allowances was directly increasing with the age.” (Kalnická, 2008)

The Ministry of Labour and Social Affairs in the Czech Republic stands for social policy, social security and other labour and social related issues which consider the extent of support of people with disabilities and social services and benefits provided. It was established in 1990 (Ministry of Labour and Social Affairs, 2009) and since then the significant social changes have been undergone mainly in the sense of the attitude to the beneficiaries and methods of social work. This can be also seen in the so called Standards for Quality in Social Services where is described how the quality social service should look like in the form of measurable and verified criteria.

People with disabilities have several benefits entitlement in the form of state social support benefits namely Social Assistance Benefits for People with Disabilities. These benefits are pointed as follows (Ministry of Labour and Social Affairs, 2009): One-off Benefit for Acquisition of Special Aids; Benefit for Flat Modification; Benefit for Motor Vehicle Purchase; Benefit for General Overhaul of Motor Vehicle; Benefit for Special Modification of Motor Vehicle; Benefit for Motor Vehicle Operation; Benefit for Individual Transport; Benefit for Use of Barrier-Free Flat; Benefit for Use of Garage; Benefit to Totally or Almost Totally Blind Citizens. Next to these benefits

several others merits exist – extraordinary advantages (for holders of the handicap identity card), or free loans.

There are lots of factors which influence possibility of people with disabilities to be economically active. Obviously, seriousness of disabilities reflects the extent of limitations, which complicate their chances to be employed. The effectiveness of social policy, social responsibility of the employers and state, setting of the social allowances and services, situation on the labour market and development of country play important role in employment of disabled people as well. If the disability is not that serious, removal of the barriers which appear because of the limitations could help them to get the job. Higher educated people with disabilities have bigger opportunity to get the job. (Kalnická, 2008)

4.3. Developing a questionnaire

In this case, the group of the external variables contents age, gender distinction, and material status of the respondents. Unifying elements which unite the sample of respondents are: Citizenship: Czech; Status: Student; Ongoing studies: Grammar school.

The dependent variables (active participation in the improvement of the quality of lives of people with disabilities) are:

1. Active participation in the organization which helps people with disabilities
2. Direct help to the people with disabilities
3. Active donation to the organizations or directly to the people with disabilities
4. Collection of the money for the purposes to help
5. Active talking with others about the problems connected with this topic
6. Active demonstration of the negative/positive attitudes towards people with disabilities within the society

The independent variables (stimuli connected with the improvement of the quality of lives of people with disabilities) are:

1. The debates in the family or with friends - thinking and talking about the issue and possible solving of the problem, specific situations

2. Reading of the articles in the newspapers, books, brochures or internet, watching the TV programs or listening the radio discussion about the topic connected with the people with disabilities
3. Expression of the negative/positive attitudes towards people with disabilities within the society, judgment

From the variables mentioned above, the working hypotheses can be suggested. These hypotheses are already mentioned in the section 2.1 Objectives of the thesis.

Working hypotheses of the relations between content and external variables are:

- Young generation (age – external variable) does not have sufficient information (content variable) about people with disabilities and treat them in inappropriate way.
- Men (gender – external variable) tend to have more negative attitudes (content variable) to people with disabilities than women.
- Wealthier people (richness – external variable) tend to judge (content variable) people with disabilities in a negative way.

In this case, choosing of the sample is intentional. For the purpose of finding the relationship between people with disabilities and young generation, it is important to consider the age, as the main determination of the sample. To make it easier, specific grammar school is selected namely, *Gymnázium Jaroslava Heyrovského*, where the collection of data takes place. Another factor which should be considered in the questionnaire is the citizenship of respondents, which should be Czech. To find out the proper direction for finding out some tendencies of hypotheses, external variables such as gender and material status need to be known. So “the doubled reduction of the object – in the form of the extent and structure is made.” (Hudečková, 2001)

During elaborating the questionnaire, the economical and sociological knowledge, personal experience/practice with working with disabled people and students was used (pilot study was made).

4.4. Data analysis

For easier evaluation of results, the special statistic software for social sciences **Statistical Package for Social Science (SPSS)** was used. This software rewrites the collected data to the computer language by the help of so called ‘coding’. During the survey, 78 respondents were asked to fill in the questionnaires. However, that is just **non-representative sample** because it was not possible to collect the data of representative sample without further expenses. Thus, counting of chi-quadrade – statistically significant dependence or usage of other statistical testing methods is not necessary in this case, because as it is not representative sample it is not possible to confirm or deny the hypotheses. Thus, the set **hypotheses have more likely the importance of the directive setting of the research.**

Data analysis is placed in the next paragraphs and **in the section 4.5.orienting results of these data are evaluated and summarized.**

78 pupils attending grammar school – *Gymnázium Jaroslava Heyrovského* were asked the questions which are placed in the questionnaire (see section 7.Supplements) where the age varied from 17 till 20 years old respondents (see the Table 4.4.). 56.4 % were women, the rest – 43.6% men. Two of the respondents were girls who are in wheelchairs, which must be taken into consideration, as it could influence the opinion of other respondents.

Table 4.4. Gender and age of the respondents attending high school – *Gymnázium Jaroslava Heyrovského*, CR, 2010

		Age				Total
		17	18	19	20	
Gender	Female	10	22	12	0	44
	Male	1	20	12	1	34
Total		11	42	24	1	78

Considering material status of the sample, 44 people (56.4%) think that the level of their material status is medium, just one person think that it is low and the rest of the pupils evaluate their status (33 respondents – 42.3%) very high/high. However, pupils were asked to fill in their material status one more time in the question 13, which surprisingly differed from their first answering. Majority of them evaluated their status

higher than in the first time. This could be caused because they could be slightly influenced by the questions they were asked (unconsciously comparing themselves with the disabled people which helped to change their opinion and consider themselves even to live on a better material status than they thought firstly). Or it could be caused by the fact which stresses out Giddens (2006) that during surveys people often just something claim, but not what they really think or what they really do. The difference is shown further in the text (see section 4.4.4.).

4.4.1. Behaviour of respondents to people with disabilities

The contribution of young people to the improvement of the quality of lives of people with disabilities was taken into the consideration. This was found out by asking them to which extent are they able to communicate with people with disabilities. From 78 young people, just 3 (men) would not be usually able to communicate verbally or non-verbally with people with disabilities, the rest would be able. Sometimes would be able to communicate with them 50 respondents (64.1%), always 25 respondents (32.1%). Proportionally most women think they would be able to communicate always (see the table 4.4.4.1.):

Table 4.4.1.1. The ability of communication with disabled people according to gender, 2010, CR

		Communication			Total
		Yes, always	Yes, but just sometimes	Usually not	
Gender	Female	17	27	0	44
	Male	8	23	3	34
Total		25 (32.1%)	50 (64.1%)	3 (3.8%)	78

It can be said, that generally young pupils think they have sufficient information about the people with disabilities and because they think they would be able to communicate with them usually without any problem. However, their opinion is not sufficient evaluation because even if some of them think they would be able to communicate always without any problem and vice versa, it would not be necessarily

true which was seen in some answers on next questions provided by them (see the answers on question no.3).

In the next question, pupils were asked to write down, if they think, they can touch, call or feed the guide dog which helps to blind people easily overcome barriers without asking the owner.

“This dog is specially trained and the blind person is count upon the guide dog. Touching of the dog could take the focus off leading and supporting. Any dog should not be touched without owner’s agreement” These were the most common answers. 64 pupils strongly agree that the dog should not be touched without asking the owner, 11 agree and 3 (2 men, 1 woman) rather agree. Generally that means, that there are no differences between answers of different gender, age or material status, all of them agree with the statement.

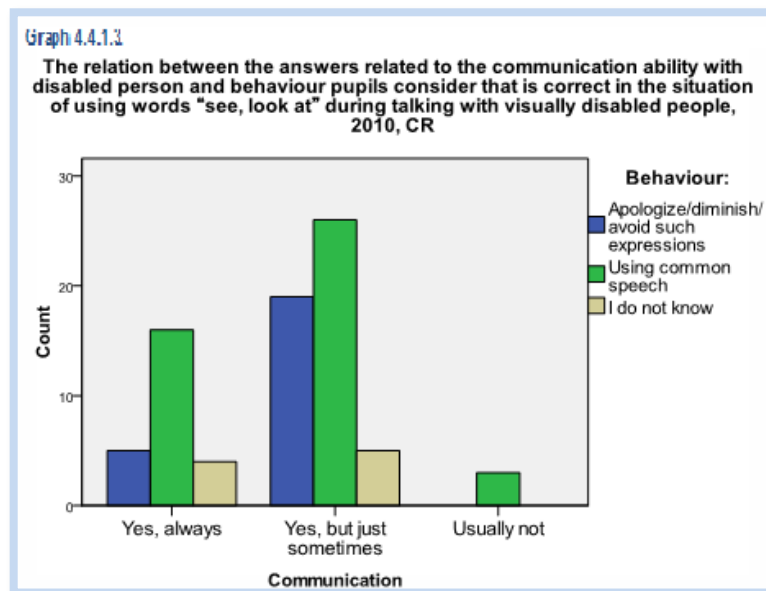
Further question contained the issue connected with communication with visually handicapped people. Although Kacanu (2001) points out from her experience with handicapped people that during the communication with visually handicapped it is not necessary to avoid phrases such are “look at that, as you can see and so on”, lots of pupils did not know that. 24 (30.8%) persons would apologize if they use that phrases mentioned above, and/or would try to diminish the frequency of using these phrases. 45 pupils (57.7%) consider these phrases as common and would not have problem to use them in front of the visually disabled person and the rest (9 pupils from which two boys – 11.5%) does not know. So, considering the hypothesis that “young generation does not have sufficient information about people with disabilities and treat them in inappropriate way” it can be seen in this case that 42.3% of the sample would not know how to behave or would behave in the way which is not “that correct”.

What is also interesting here is - as it can be seen in the Table 4.4.1.2.and Chart 4.4.1.3.below – that 4 people who marked in the first question that they would always be able to communicate with people with disabilities would not know, how to behave in this situation and 5 of them think that they should apologize and/or try to avoid using the phrases containing the words “look, see...”. Surprisingly, students, who wrote, that

they would usually not be able to communicate verbally or non-verbally with disabled people answered correctly.

Table 4.4.1.2. The relation between the answers related to the communication ability with disabled person and behaviour pupils consider that is correct in the situation of using words “see, look at” during talking with visually disabled people, 2010, CR

		Phrases containing “look at, see...”			Total
		Apologize	Common	I do not know	
Communication	Yes, always	5	16	4	25
	Yes, but just sometimes	19	26	5	50
	Usually not	0	3	0	3
Total		24	45	9	78



Next question included three sub-questions:

If the mentally disabled person does not have so high IQ, 4 persons would show excessive compassion during talking to that person, 14 people rather as well, and the rest would not (two people do not know how they would behave), (see Table 4.4.1.4.). So in this case the majority (58 people – 74.3%) would know how to behave.

Table 4.4.1.4.Excessive compassion to mentally disabled person with low IQ would show this amount of asked people, CR, 2010

Value	Count	Percent
Strongly agree	1	1.3%
Agree	3	3.8%
Rather agree	14	17.9%
Rather do not agree	29	37.2%
Do not agree	15	19.2%
Do not agree at all	14	17.9%
Do not know	2	2.6%

If the mentally disabled person does not have so high IQ, although the person is already adult, 24 people would prefer to speak to that person in the way like with the small child and 8 pupils would not know how to behave in such a situation (together 40.1%) which is quite high number. 46 respondents (59.1%) would know how to behave in the mentioned situation. The exact amount of people can be seen in the Table 4.4.1.5.below:

Table 4.4.1.5.Talking to mentally disabled person with low IQ in the way like to child would prefer/not prefer this amount of asked people, CR, 2010

Value	Count	Percent
Strongly agree	3	3.8%
Agree	2	2.5%
Rather agree	19	23.8%
Rather do not agree	25	31.3%
Do not agree	14	17.5%
Do not agree at all	7	8.8%
Do not know	8	10.0%

“Because of the low IQ of mentally disabled person, important decisions for that person should be made by other person even without agreement of handicapped person.” With this statement agreed 11 people and 3 did not know if it is true or not (see Table 4.4.1.6.). Thus, the majority has known the correct answer; young people in this case are mostly sufficiently informed.

Table 4.4.1.6.Making decisions for disabled person with low IQ even without their agreement would prefer/not prefer this amount of asked people, CR, 2010

Value	Count	Percent
Strongly agree	1	1.3%
Agree	2	2.6%
Rather agree	8	10.3%
Rather do not agree	18	23.1%
Do not agree	23	29.5%
Do not agree at all	23	29.5%
Do not know	3	3.8%

The next evaluation includes the opinion considering again the communication with disabled people, however in this case speaking to the half-deaf person is taken to the account. During this situation, 24 people (30.8%) would prefer to speak loudly to the disabled person's ears (even the people who answered in the first question that they would be able to communicate with disabled people), when the rest would prefer other possibilities (lip-reading, proper articulation, writing on paper...). 7 people (9%) would not know how to behave (see Table 4.4.1.7). Young people in this case are quite insufficiently informed.

Table 4.4.1.7. The amount of people who would speak loudly to the half-deaf person's ears during the communication with that person, 2010, CR

Value	Count	Percent
Strongly agree	2	2.6%
Agree	6	7.7%
Rather agree	16	20.5%
Rather do not agree	22	28.2%
Do not agree	20	25.6%
Do not agree at all	5	6.4%
Do not know	7	9.0%

4.4.2. Active participation in improvement of quality of life of people with disabilities

There are only two girls from the overall number 78 asked people who have worked with people with disabilities. One has actively participated in some organization which helps people with disabilities and the other has worked directly with disabled people. So from this point of view the active participation in the improvement of the quality of lives of people with disabilities is very low.

Another aspect showing the active participation in the improvement of the quality of lives of people with disabilities can be seen on the proportion of pupils who actively donate handicapped people (e.g. by buying some item supporting people with disabilities, sending money to the account or voluntary contribution, etc.) or the organizations helping to the people with disabilities. The proportion of people is stated in the Table 4.2.2.

From the Table 4.4.2.it can be indicated that nobody financially contributes to the disabled people neither 'often' (13 times per year and more) nor 'mostly' (7-12 times per year). The reason for such result can be that the sample consists of students,

who are usually not economically active. The percentage within material status shows, that most often contribute pupils, who classify themselves to the medium level of material status (25%), however, this group represents also the highest percentage of people who do not contribute at all (15.9%) in the comparison with other people being on a different material level. However, it can be also seen, that students who marked themselves as people with very high material status do not contribute that much (20% - 4-6 times per year) comparing to the students with the medium material status (25% 4-6 times per year).

Table 4.4.2. Cross-tabulation of students' material status and financial support provided by 78 pupils of grammar school Gymnázium Jaroslava Heyrovského to disabled people, CR, 2010

			Financial support				Total
			sometimes (4-6 times/yr)	rarely (2-3 times/yr)	almost never (1 time/yr and less)	Never	
Material status	Very high	No. of pupils	1	3	1	0	5
		% within material status	20	60	20	0	100
		% of Total	1.3	3.8	1.3	0	6.4
	High	No. of pupils	2	9	13	4	28
		% within material status	7.1	32.1	46.4	14.3	100
		% of Total	2.6	11.5	16.7	5.1	35.9
	Medium	No. of pupils	11	14	12	7	44
		% within material status	25	31.8	27.3	15.9	100
		% of Total	14.1	17.9	15.4	9	56.4
	Low	No. of pupils	0	0	1	0	1
		% within material status	0	0	100	0	100
		% of Total	0	0	1.3	0	1.3
Total		No. of pupils	14	26	27	11	78
		% of Total	17.9	33.3	34.6	14.1	100

Another aspect which can be seen in the tables below (see Table 4.4.2.1. and 4.4.2.2.) is that girls more likely provide financial support than men. 22.7% (10 respondents) of women contribute financially 4-6times per year – that frequently contribute just 11.8 % (4respondents) men. Almost one fourth of men have never contributed (23% within gender) comparing to women, where just 6.8% within gender have never financially contributed to disabled people.

Table 4.4.2.1. Cross-tabulation of students' gender and financial support provided by 78 pupils of grammar school *Gymnázium J. Heyrovského* to disabled people, CR, 2010

Gender			Financial support				Total
			sometimes (4-6 times/yr)	rarely (2-3 times/yr)	almost never (1 time/yr and less)	never	
Female	No. of pupils		10	17	14	3	44
		% within Gender	22.7	38.6	31.8	6.8	100
	% of Total		12.8	21.8	17.9	3.8	56.4
Male	No. of pupils		4	9	13	8	34
		% within Gender	11.8	26.5	38.2	23.5	100
	% of Total		5.1	11.5	16.7	10.3	43.6
Total	No. of pupils		14	26	27	11	78
	% of Total		17.9	33.3	34.6	14.1	100

Table 4.4.2.2. Cross-tabulation of gender and material status of 78 students of grammar school *Gymnázium Jaroslava Heyrovského*, 2010, CR

			Material status				Total
			very high	high	Medium	Low	
Gender	Female	Count	0	12	32	0	44
		% of Total	0	15.4	41	0	56.4
	Male	Count	5	16	12	1	34
		% of Total	6.4	20.5	15.4	1.3	43.6
Total	Count	5	28	44	1	78	
	% of Total	6.4	35.9	56.4	1.3	100	

Furthermore, active participation in the improvement of the quality of life of people with disabilities can be seen in the frequency of collection of the money for the purposes to help disabled people. 48 (61.6%) of the pupils have never or almost never collected money outside the home (collection at street, underground, etc) for the purposes to help people with disabilities. 30 pupils have this experience and have collected money in the frequency range - twice per year till 12 times per year. The trend that women participate more on this occasion than men can be observed (even if it is considered, that women have higher proportion in the researched sample than men). The exact proportion is indicated in the Table 4.4.2.3.:

Table 4.4.2.3. Cross-tabulation of students' gender and frequency of money collection provided by 78 pupils of grammar school <i>Gymnázium Jaroslava Heyrovského</i> to disabled people, CR, 2010							
Money collection			Material status				Total
			very high	High	medium	Low	
Mostly (7-12 times/yr)	Gender	Female	0		1		1
		Male	1		0		1
	Total		1		1		2 (2.5%)
Sometimes (4-6 times/yr)	Gender	Female		1	1		2
		Male		1	1		2
	Total			2	2		4 (5.2%)
Rarely (2-3 times/yr)	Gender	Female	0	5	11	0	16
		Male	1	4	2	1	8
	Total		1	9	13	1	24 (30.8%)
Almost never (1 time/yr and less)	Gender	Female	0	3	13		16
		Male	2	4	2		8
	Total		2	7	15		24 (30.8%)
Never	Gender	Female	0	3	6		9
		Male	1	7	7		15
	Total		1	10	13		24 (30.8%)

4.4.3. Perception of disabled people by respondents and stimuli connected with the improvement of the quality of life of people with disabilities

From 78 pupils, there were 47 (58.8%) pupils who do not agree with this statement that “generally, people with hearing or visual defect or physical disability have very low IQ” at all. 21 people (26.9%) who do not agree and 7 (9%) who rather do not agree. Two men rather agree with this statement, and one man agrees which could again show that the men of this sample (78 respondents) tend to have more negative attitudes towards people with disabilities comparing to women. However, summarized the answers on the question, it can be said, that 93.9% do not agree with the statement which is quite good result.

There was no one who strongly agreed with the opinion that “people with disabilities are economically non-active they just receive social benefits, which is bad for the state economy as such.” 13 (5 women, 8 men – 0 very high, 7 high, 5 medium and one low marital status) people who agree and rather agree and one who did not

know what to answer. 65 people think that disabled people are economically active which counts for 82.3 percent. This opinion could be influenced by their two schoolmates, who are on a wheelchair and one of them wrote to the questionnaire that has a temporary job. Or the positive answers could be explained by badly laid question, as it was too declarative – nobody would presume openly to judge others. “Validity (relevance, credibility) is that characteristic of the acquired results which means that it was measured really the thing which wanted to be measured by the researchers.”(Hudečková et al., 2001) It can be said, that these results are not valid.

Surprisingly, one woman wrote that agree with the statement that “generally, disabled people do not provide any contribution to society” and one that rather agree, one man wrote that agree and two that rather agree, which is together 6.3%. Any of these people who agreed with this statement did not have very high level of material status.

From 78 pupils, 6 people watched intentionally disabled people on the Internet. One because she watched the Czech music band called Tap Tap, one person was interested in the medical facts, one because of the interest in the research which was lead for the purpose to help them and the last person because of the interest in motor sport (to better understand how disabled people drive). One person who watched disabled people on the Internet was disabled as well (on the wheelchair), and she watched them to ensure herself that she can achieve something in her life. Only one person did it out of the curiosity.

Students were also asked to write down, how they think they are informed about the issues connected with disabled people and if they would change something about it. Answers are stated in the table below.

Stimuli connected with the improvement of the quality of life of people with disabilities
“Young people actively talk with their family members about the issues connected with the people with disabilities.” 24 people agree with this statement, 47 do not agree and 7 people do not know.
“Young people actively talk at school about the issues connected with the people with disabilities.” 27 people agree, 48 do not agree and 3 do not know.

“It is necessary to speak more about people with disabilities at schools.” Agree – 54 people do not agree 15 and 9 do not know.

“It is necessary to speak more about people with disabilities in families.” 39 people agree, 25 people do not agree and 14 do not know.

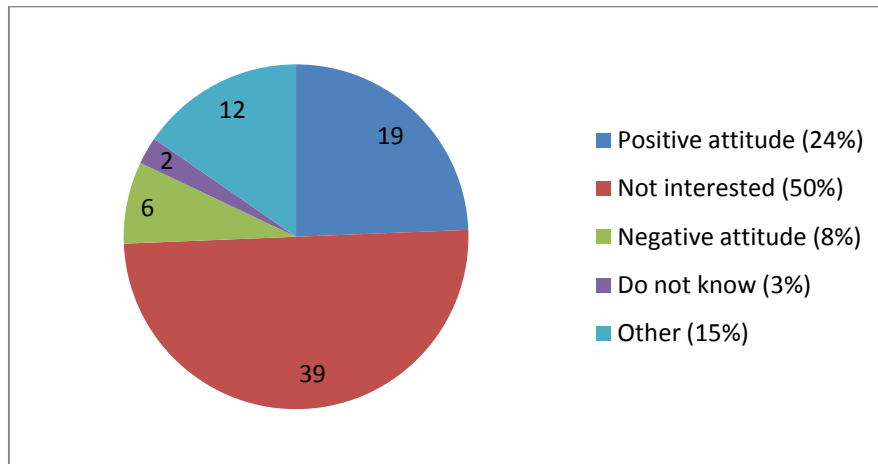
“It is necessary to include in the daily press (newspapers, magazines), TV and radio programs/discussions more information about the issues connected with people with disabilities.” 46 pupils agree, 27 pupils do not have this opinion and 5 pupils do not know.

Even though 47 people do not agree that young people actively talk about issues connected with disabled people in their families, just 39 people agree that it is necessary to speak more about it (so 8 people are not interested in talking about it in families) on the other hand, considering the situation at school, 48 pupils think that it is not talked so much about this issue at schools and 54 people think, it should be more talked about it.

Considering the information from the daily mass media, majority of students (46) think, it should provide more information about issue connected with disabled people, 27 people do not have this opinion. However, what is important to notice here, is, that some of the students who did not agree mentioned several resources, where they recently have read about it or gave the example of the TV program, where they have seen some discussion about this topic. Thus, some of them, who are interested in this topic, do not need more information, as they watch/read the already provided sources.

In the next question, pupils were asked to say, how they think that young generation perceives people with disabilities. As it is visible from the Graph 4.4.3.1, just one fourth (24%) of the students think, that young generation has a positive attitude to people with disabilities. 6 people (8%) have exactly the opposite opinion – these respondents think, young generation has negative attitude to people with disabilities. The majority -half of the sample supposes that young generation is uninterested in/indifferent to people with disabilities. This indirectly shows their own opinion - as they are young themselves- which is not that good evaluation.

Graph 4.4.3.1. The perception of disabled people by young generation according to pupils, 2010, CR



Where ‘positive attitude’ stands for “young people adopt a positive attitude to people with disabilities”;

‘Not interested’ express the opinion that “young generation is indifferent about people with disabilities”;

‘Negative attitude’ express the attitude that “young generation adopt a negative attitude to people with disabilities”;

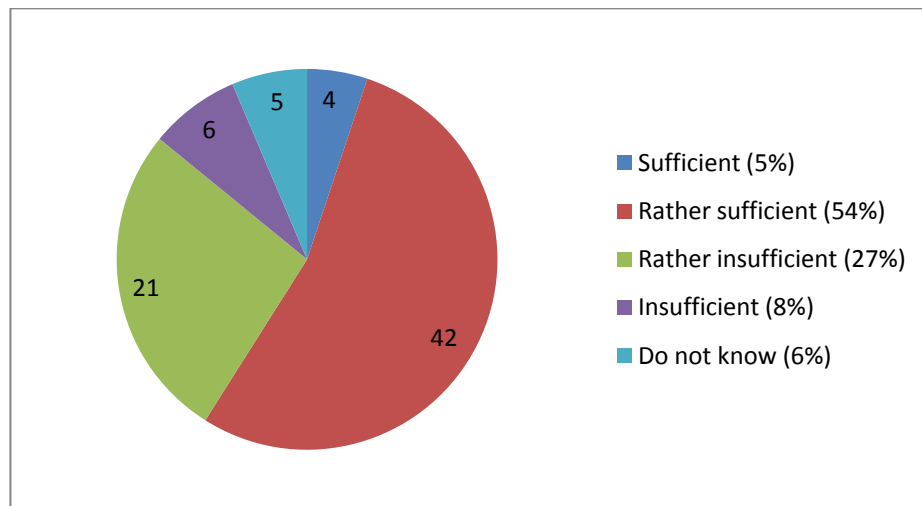
‘Do not know’ stands for the statement “I do not have any opinion”;

And ‘other’ is “other opinion”.

When pupils expressed other opinion, usually they wrote, that it differs within the individual, every person has different attitude, and it depends on character. They also mentioned, that it cannot be said generally, because they have also different (negative/positive) attitude to people without disability. The person who is in the wheelchair wrote, that she thinks, that often people without disability do not know how to approach them, behave to them. The second person in the wheelchair marked the statement, that young generation has a positive attitude to people with disabilities.

Finally young people were asked to write down their opinion about the sufficiency of conditions which have people with disabilities for their lives.

Graph 4.4.3.2. The opinions of pupils, if they think that people with disabilities in the Czech Republic have generally sufficient/insufficient conditions for their lives, CR, 2010

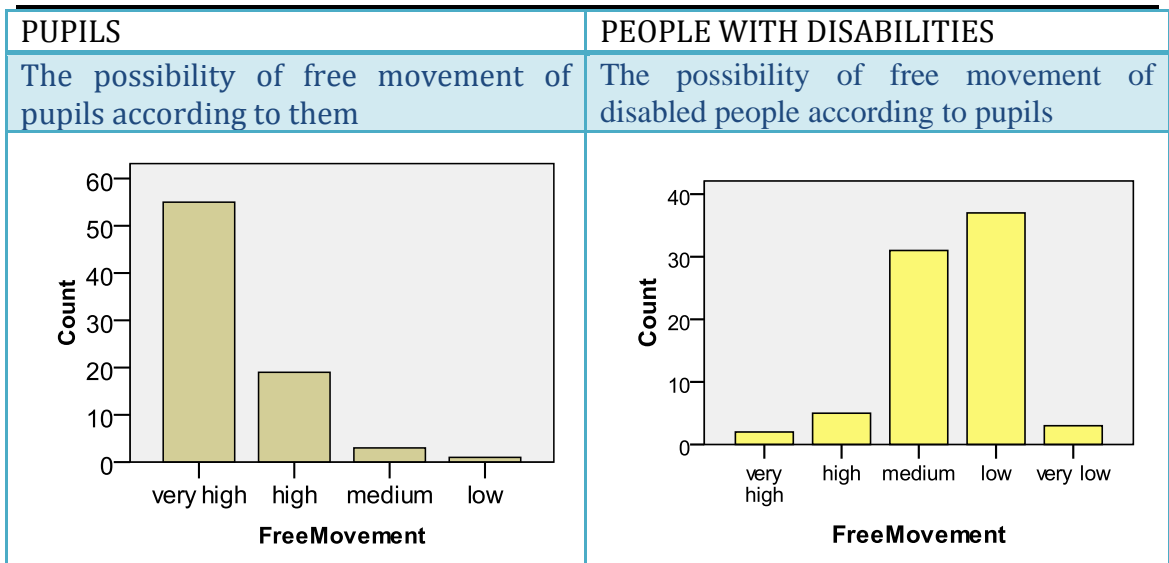


The majority (54%, 42 students) of respondents thinks that disabled people have rather sufficient conditions for their living in the Czech Republic, just 4 (5%) people think they have sufficient and 21 students (27%) rather insufficient the rest of the respondents move towards the opinion that disabled people live in insufficient conditions, (5 people do not know). Students were also asked to write down, what they would suggest to improve. Some examples of their answers are pointed out in the section 4.5.

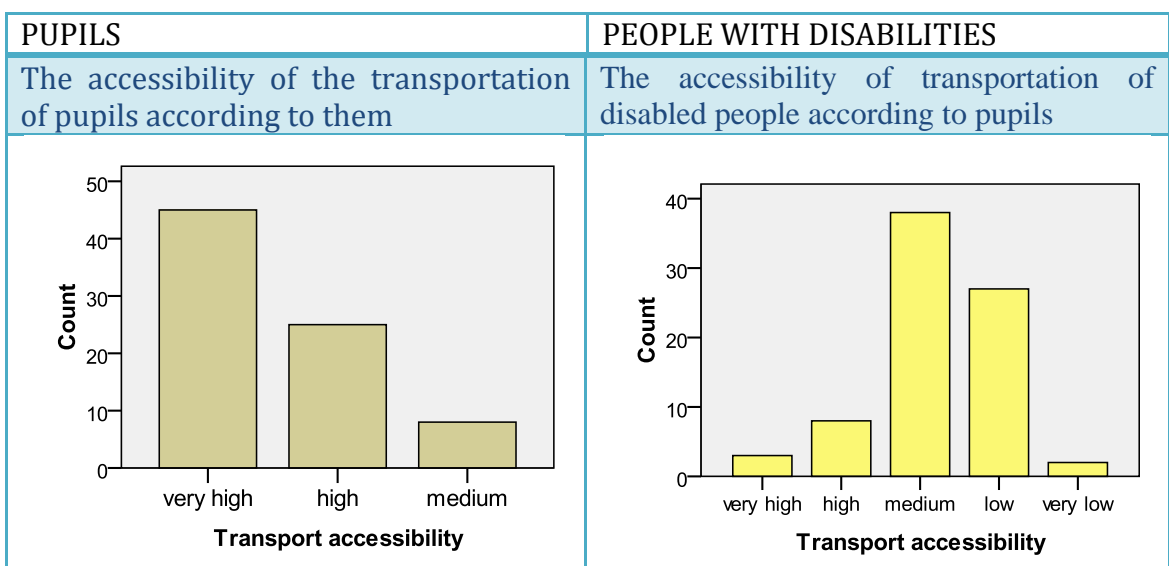
4.4.4. Comparing of the respondents' perception of quality of life of people with disabilities to the opinion about their quality of life

Considering the quality of life as such, as was already mentioned in the theoretical section, it has several elements, which contribute to personal satisfaction. These elements are for example material status, social security, free movement and others. In the graphs below there are specified the opinions of pupils about specific aspects, which they should evaluate from their perspective. The graphs on the left show, how they think, they have accessibility, possibility, availability of the element leading to better quality of life - the graphs on the right express their perception of disabled people and thus indirectly, how they perceive their quality of life. Two girls who answered these questions are in wheelchairs, which slightly influenced the results, as they evaluated both questions in the same way.

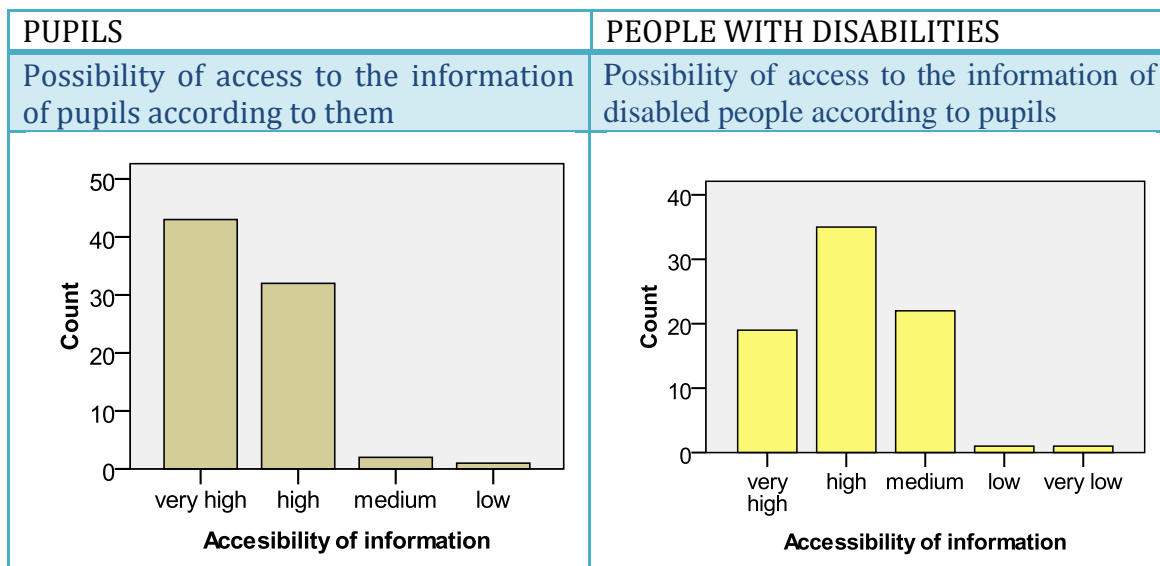
From the graphs, it can be seen that young generation think they have better possibility of free movement than people with disabilities. Most of them reasons, they have very high possibility of free movement while disabled people have the level much lower – medium, low.



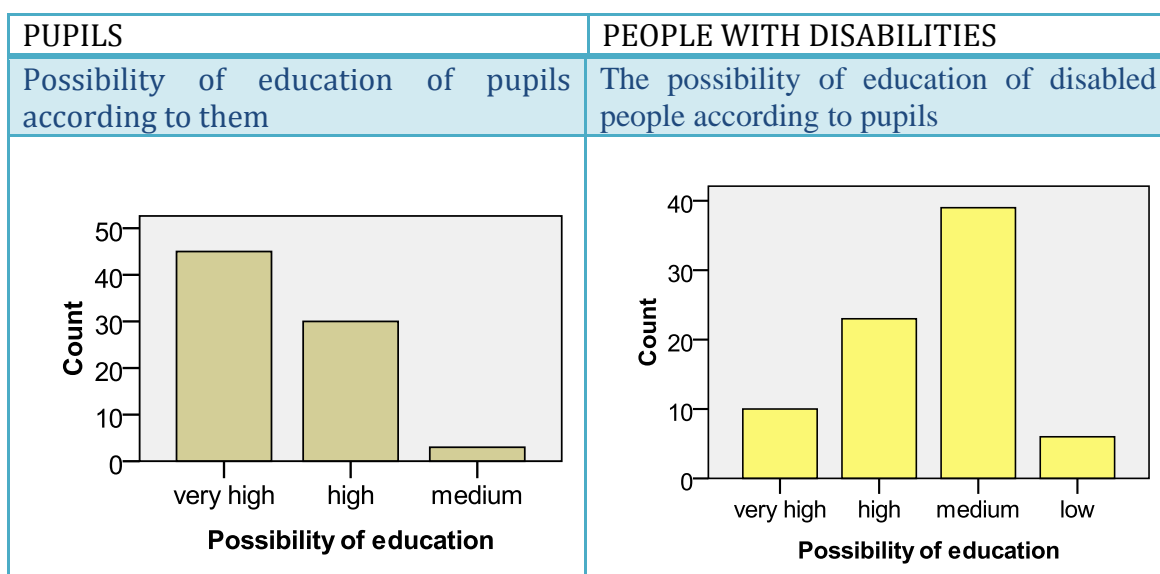
From the graphs, it can be seen that young generation think they have better transport accessibility than people with disabilities. Majority of pupils think disabled people have medium and low level of transport accessibility, comparing to them (very high, high level).



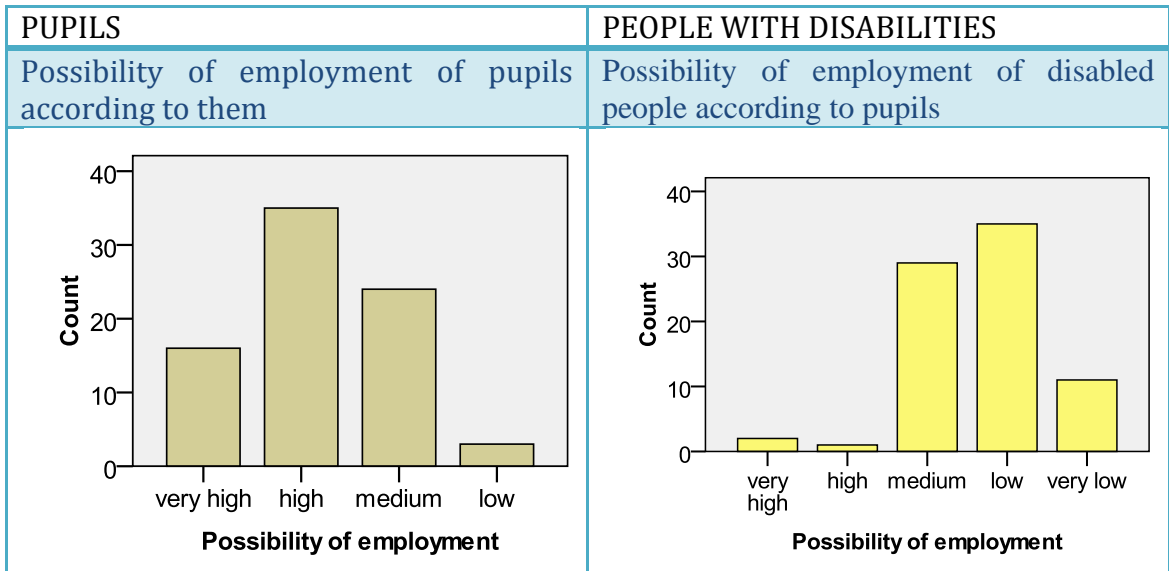
On the graphs “Accessibility of information”, it is shown that young generation thinks they have better information accessibility than people with disabilities.



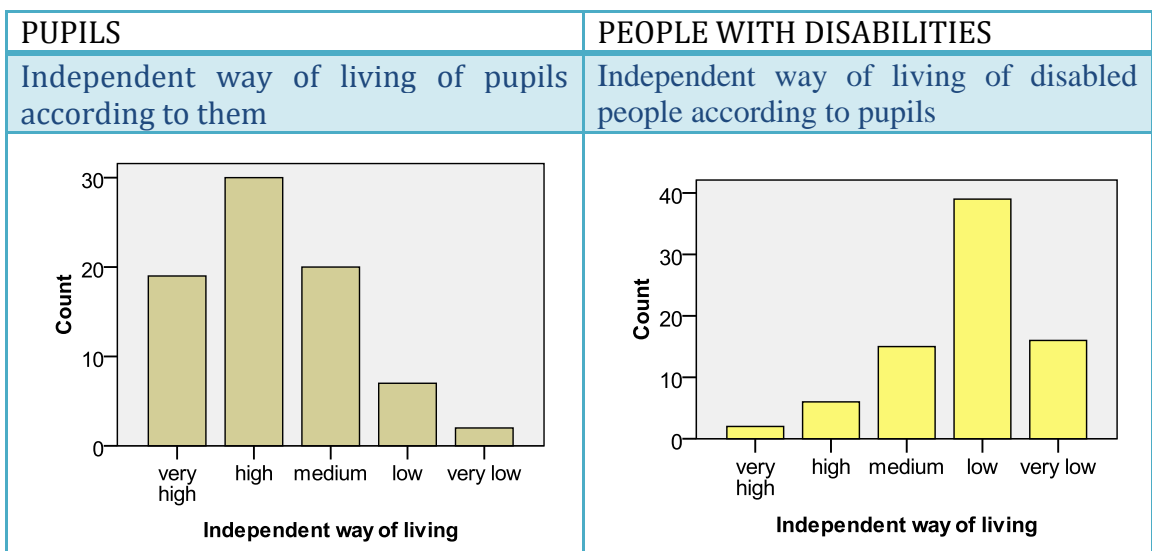
According to respondents, education is not that possible for disabled people as for people without disabilities (see the graphs below).



The most significant difference (considering comparison of the element influencing quality of life/social exclusion) can be seen in the opinions about the possibility of pupils/people with disabilities to be employed. Although the respondents which filled in the questionnaires are still students, they think, they have much higher possibility to be employed than people with disabilities. According to respondents, the level of possibility of employment of disabled people range from medium to very low (see the graphs as follows).

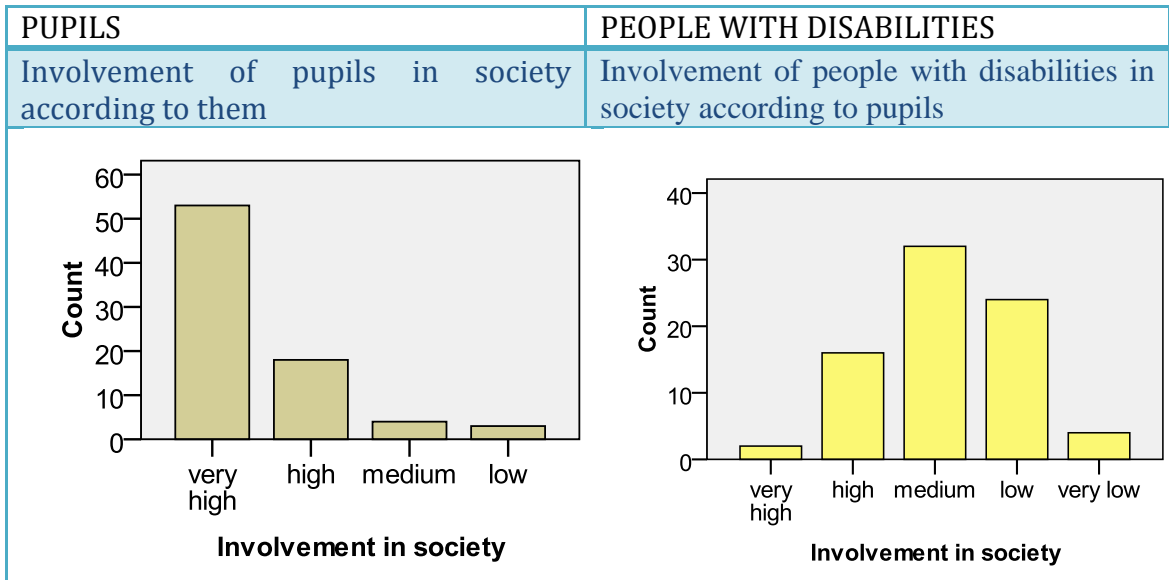


Although majority of pupils live still with their parents, they think, the way they live is independent (very high, high, medium level). On the other hand, however, according to them disabled people mostly do not live that independently (low, medium, very low level). Thus, also in the case of independent way of living, which is one of the elements creating the quality of life, pupils think, disabled people are disadvantaged.

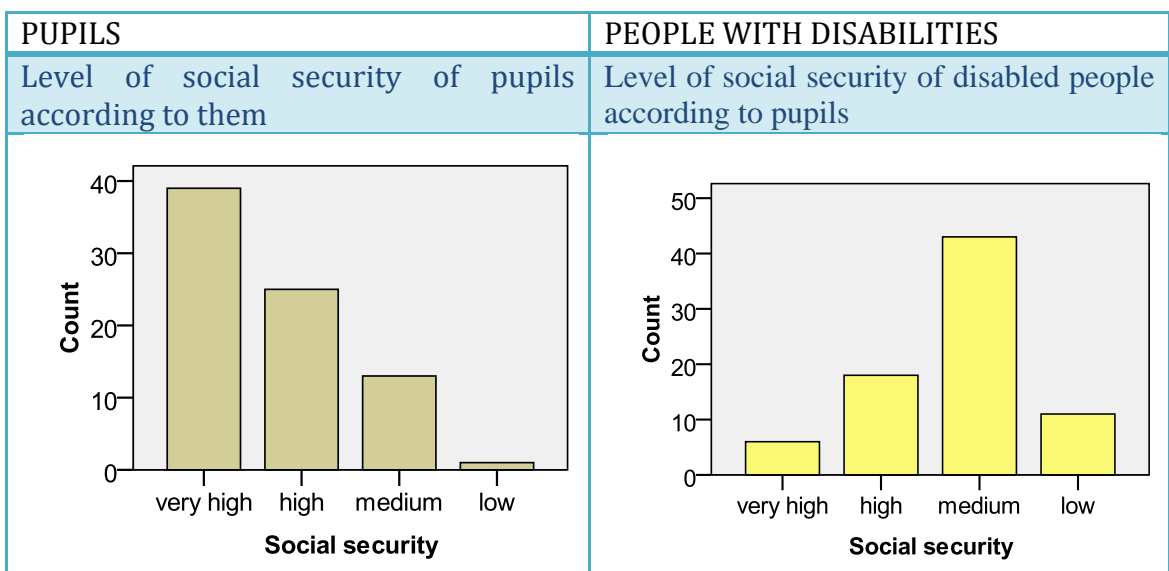


Considering participation in social activities (sport, visiting theatre, cinema, library ...), respondents classify themselves to have higher opportunity for social involvement. It should be noticed, the graph on the left side shows that some of pupils consider themselves to have low level of involvement in society, however, this is influenced by

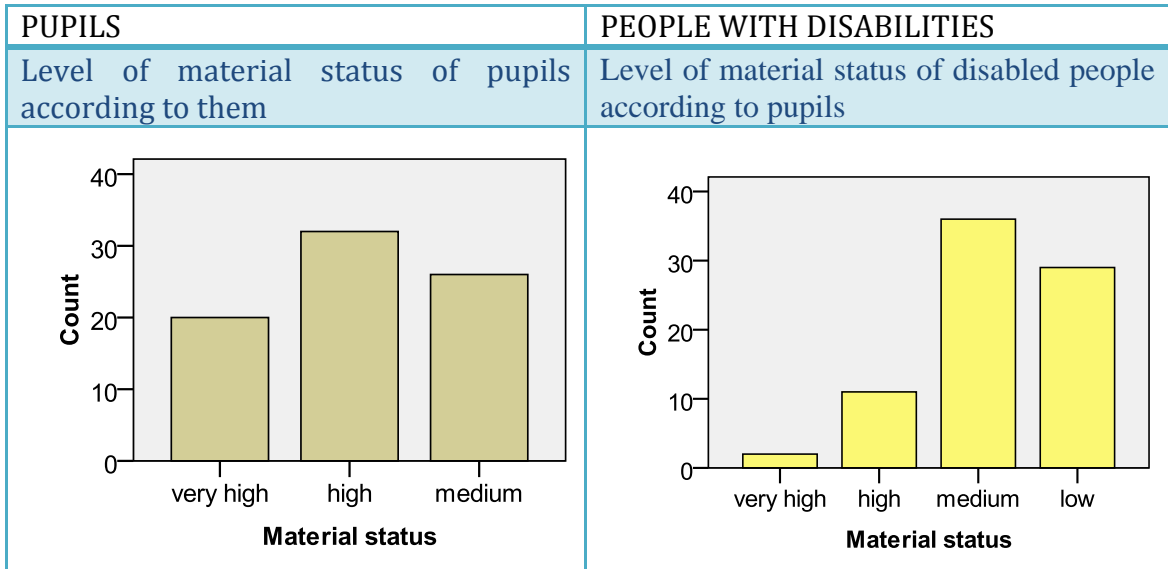
the fact, that two of respondents were disabled people, and their answers were included to the count as well.



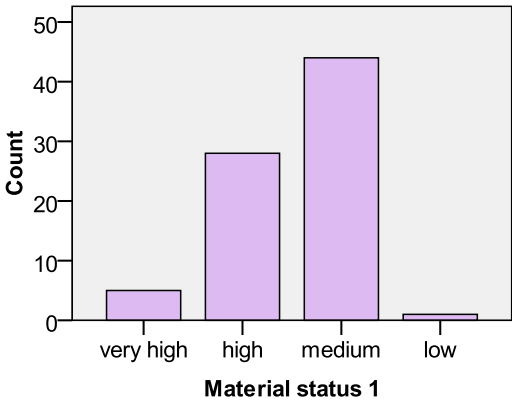
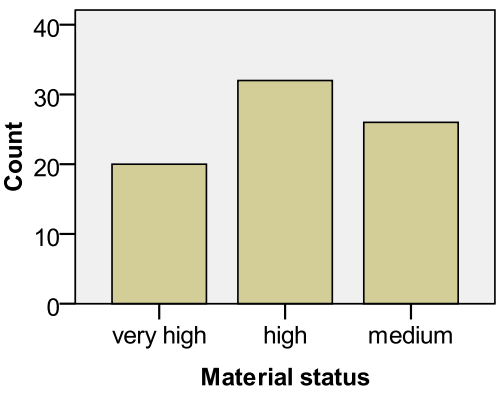
The tendencies of students' opinions that disabled people have worse conditions for their life than they have, occurred also in the case of levelling quality of social security. Whereas most of the respondents think, they have very high level of social security, most of the handicapped people in their opinion are not that socially secure, as they evaluated their level of security usually to be the medium one.



The final element indirectly showing the level of quality of life is material status. Again, pupils consider themselves to be wealthier than people with disabilities.



However, one more interesting fact appeared which was already mentioned in the section 4.4.). As the respondents should firstly circle their material status in the heading of the questionnaire and then again in the 13th question lots of them assessed themselves in both cases differently (see the following graphs). This phenomenon could be caused by influence of questionnaire on respondents. At the beginning, they evaluated themselves to have lower material status. However, after reading the questions, they felt the comparison with the handicapped people and the level of their material status suddenly rose up. Or as was already noticed in the section 4.4.it could be caused by the fact which stresses out Giddens (2006) that during surveys people often just something claim, but not what they really think or what they really do.

PUPILS	PUPILS																		
<p>Level of material status of pupils according to them. This picture shows the opinion before reading the whole questionnaire. Question was laid at the beginning.</p>	<p>Level of material status of disabled people according to pupils. This picture shows the answers on the same question laid at the beginning of the questionnaire, however, again repeated in the middle of the questionnaire. Respondents were unconsciously influenced by the issue of disabled people and lots of them changed their first opinion.</p>																		
 <table border="1"> <caption>Data for Material status 1</caption> <thead> <tr> <th>Material status 1</th> <th>Count</th> </tr> </thead> <tbody> <tr> <td>very high</td> <td>5</td> </tr> <tr> <td>high</td> <td>28</td> </tr> <tr> <td>medium</td> <td>45</td> </tr> <tr> <td>low</td> <td>2</td> </tr> </tbody> </table>	Material status 1	Count	very high	5	high	28	medium	45	low	2	 <table border="1"> <caption>Data for Material status</caption> <thead> <tr> <th>Material status</th> <th>Count</th> </tr> </thead> <tbody> <tr> <td>very high</td> <td>20</td> </tr> <tr> <td>high</td> <td>32</td> </tr> <tr> <td>medium</td> <td>26</td> </tr> </tbody> </table>	Material status	Count	very high	20	high	32	medium	26
Material status 1	Count																		
very high	5																		
high	28																		
medium	45																		
low	2																		
Material status	Count																		
very high	20																		
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As reliable results are considered these, were acquired repeatable monitoring/measuring, shows always the same results. (Hudečková et al., 2001) From this follows that it cannot be said, that these results are reliable.

It can be seen, that generally respondents evaluated their quality of life as much better than quality of life of handicapped people.

4.5. Discussion, evaluation of results, proposals and recommendations

After the analysis of the questionnaire, the evaluation and discussion of results take place. Then, proposals and recommendations are stated. There were 78 respondents, from which all of them were students attending grammar school – *Gymnázium Jaroslava Heyrovského*. The age of the respondents varied from 17 till 20 years old respondents and 44 (56.4 %) were women, the rest – 34 (43.6%) men. It is necessary to highlight, that two girls were however disabled – on a wheelchair, and thus, their schoolmates were definitely influenced by that. The answers of the disabled students were included to the evaluation as well, as they have just one type of disability

mentioned in this thesis, so they could without problem answer all the questions, and contribute to more valuable results as the issues are viewed from their perspective.

Considering the evaluation of dependent variables (**active participation in the improvement of the quality of lives of people with disabilities**):

1. **Active participation in the organization** which helps people with disabilities was found out just in one case (gender-female).
2. **Direct help** to the people with disabilities appeared also just in one case (gender-female).
3. **Active donation** to the organizations or directly to the people with disabilities did not occurred in the most frequent ranges neither often (13 times per year and more) nor mostly (7-12 times per year). This could be influenced by economic non-activity of students. However, from the range less than 7 times per year, students actively participated. Most of the contributors ranged themselves to be on a medium material level. However, women provided more likely financial support to disabled people than men.
4. **Collection of the money** for the purposes to help was done by 30 students (frequency: twice – 12 times per year). This number can be influenced by the fact, that for their help – collection of money, they are often paid (so sometimes they do it mainly because of earnings for themselves). But it is good that something like this exist anyway. 48 (61.6%) of the students have never or almost never collected money for the purposes to help people with disabilities.
5. **Active talking** with others about the problems connected with this topic – this issue was included in two questions, where pupils should express their opinion if young people actively talk with their family members/at school about the issues connected with the people with disabilities. The proportion of the answers was almost the same, considering talking with their family members about the issue, 24 people agreed with this statement, 47 did not agree and 7 people did not know. Considering school - 27 people agreed, 48 did not agree and 3 did not know. In both cases, one third of the respondents agreed with the statements, which is quite high number comparing, for example, with the history – communist regime, but not that good nowadays. Furthermore, as it is already written in the section 4.3.3. “Even though

47 people do not agree that young people actively talk about issues connected with disabled people in their families, just 39 people agree that it is necessary to speak more about it (so 8 people are not interested in talking about it in families) on the other hand, considering the situation at school, 48 pupils think that it is not talked so much about this issue at schools and 54 people think, it should be more talked about it.”

6. **Active demonstration of the negative/positive attitudes** towards people with disabilities within the society was not investigated; however, students’ opinions about the attitudes of young generation were generated from the answers. This indirectly expresses own attitudes of students. Half of the sample thinks that usually young generation is not interested in people with disabilities and is indifferent to people with disabilities. Just one fourth of the respondents agree with the statement that young people adopt a positive attitude to disabled people. The rest of opinions consists of thinking that young generation adopt a negative attitude to people with disabilities, other opinions or unknowingness - from that, 19 people wrote they have another opinion. This usually was connected with character of disabled person or differences in individual attitudes (every individual behave differently, adopt different attitude). What is also significant is the idea of two persons who are in the wheelchairs and filled in the same questionnaire because they are attending the same classes as other respondents. The first one wrote that often people without disability do not know how to approach them, behave to them. The second person in the wheelchair marked the statement, that young generation has a positive attitude to people with disabilities. So to sum up this paragraph, the majority of students think (and it shows indirectly their attitudes), that young generation demonstrate more likely negative attitudes/are uninterested in people with disabilities, which is not in the 21st century that good ascertainment as it should be.

Evaluation of results of **stimuli connected with the improvement of the quality of life of people with disabilities** is listed in three points as follows:

1. **The debates in the family or with friends** - thinking and talking about the issue and possible solving of the problem, specific situations. Majority of students think it should be spoken more about issues connected with disabled people in families (39

students) and at schools (54 students) - (for further details see no.5 of above written paragraph).

2. **Reading of the articles in the newspapers, books, brochures or internet, watching the TV programs or listening to the radio discussion about the topic connected with the people with disabilities.** Some of the respondents listed the exact resources, where they watched or read about the disabled people, so 27 students thought, it is not necessary to include in the daily press (newspapers, magazines), TV and radio programs/discussions more information about the issues connected with people with disabilities. However, again, for the majority of people the provided information was not sufficient - 46 pupils agreed with the necessity of more information, to be more aware of mentioned issue. (5 pupils did not know).
3. **Expression of the negative/positive attitudes towards people with disabilities** within the society, judgment – the connected topic of this are mentioned in points 1 and 2 and also in the 6th point of the above written paragraph.

From the variables mentioned above, the working hypotheses were suggested. These hypotheses are already mentioned in the section 2.1 called Objectives of the thesis. Now their orienting evaluations take place (cannot be statistically confirmed/denied, as the sample is non-representative).

Working hypothesis 1: Young generation does not have sufficient information about people with disabilities and treat them in inappropriate way.

There were several questions laid connected with this hypothesis. Firstly, respondents should answer, how generally they can communicate with disabled people and the majority thought, they are capable to do that. However, their abilities had to be grounded on some further proved knowledge, so they were asked more exact “projection” questions to know how they would behave in specific situations.

Pupils were asked to write down, if they think, they can touch, feed or call the guide dog, which helps to blind people easily overcome barriers, without asking the owner. All of the students agree that this behaviour is not possible. However, lots of them also think, that this is not possible neither in the case of guide dog, nor in the case of any other dog (pet). Generally that means, that there are no differences between

answers of different gender, age or material status, all of them agree with the statement, but pupils would behave in that way considering other dogs (pets...) as well.

Next question contained the issue connected with communication with visually handicapped people. Students were asked if they think that it is during the communication with them necessary to avoid phrases such as “look at that, as you can see and so on” or if they can be used – as they are considered to be common - and the blind person would not be hurt. 42.3% of the sample would not know how to behave or would behave in the way which is not “that correct”. 45 pupils (57.7%) consider these phrases as common and would not have any problem to use them in front of the visually disabled person.

Even if the mentally disabled person does not have so high IQ, excessive compassion should not be shown during talking to that person. This was the correct answer which answered the majority of the sample – 58 people (74.3%) would know how to behave.

If the mentally disabled person does not have so high IQ and the person is already adult, it should not be spoken to that person in the way like to a small child. 46 people (59.1% of the sample) think that it is true so they would know how to behave in the mentioned situation.

Because of the low IQ of mentally disabled person, important decisions for that person should be made by other person even without agreement of handicapped person. The majority (64 respondents) has known the correct answer that the statement is wrong.

24 people would prefer to speak loudly to the disabled person’s ears during the communication with half-deaf person when the rest (47 respondents) would prefer other possibilities (lip-reading, proper articulation, writing on paper...). 7 people would not know how to behave.

Even though the majority of the sample often knows the correct behaviour/answer, there is still high number of people who are not aware of the issue connected with disabled people.

Working hypothesis 2: Men tend to have more negative attitudes towards people with disabilities than women.

Considering the active help there were only two girls who have worked with people with disabilities. One has actively participated in some organization and the other has worked directly with disabled people. Generally this number is very low, but any of the men did not helped actively by this way.

Another aspect which can be seen from the research is that girls more likely provide financial support than men (it is considered that in the sample there is more women than men, calculation in percentage).

Higher proportion of women (even if considered that in the sample there is more women than men) also participates on the collection of the money for the purposes to help disabled people.

From 78 pupils, there were 75 (93.9%) pupils who do not agree with the statement that “generally, people with hearing or visual defect or physical disability have very low IQ” However, two men rather agree with this statement, and one man agrees.

65 people think that disabled people are economically active which counts for 82.3 percent. 13 (5 women, 8 men) people who agree and rather agree. One person did not know what to answer. Again, the prevalence of men having “negative attitude” occurred.

One woman and one man wrote that agree with the statement that “generally, disabled people do not provide any contribution to society”. One woman and two men rather agree with the statement. Considering the proportion of the sample (prevalence of women) again, the tendency of men having worse/more negative attitude to disabled people than women appeared.

From 78 pupils, 6 people watched intentionally disabled people on the Internet. However, only one person - man did it out of the curiosity - the rest of people had sufficient reasons – medical, help and so on.

From the results, it can be seen, that more men have negative attitudes to people with disabilities than women.

Working hypothesis 3: Wealthier people tend to judge people with disabilities in a negative way.

Considering the active help there were only two girls who have worked directly or within organization with people with disabilities. One had high material level and the second medium.

The percentage within material status shows, that most often (4-6 times per year) contribute to the disabled people pupils, who classify themselves to the medium level of material status (25%). However, this group of people has also the highest percentage of people within the material status (15.9%) who do not contribute at all. On the other hand, just 20 percent of the group of students who has the material status very high, contribute 4-6 times per year. The majority of people with very high material level (60% which is three people within material status) contributes 2-3 times per year. Nobody financially contributes to the disabled people neither 'often' (13 times per year and more) nor 'mostly' (7-12 times per year). The reason for that can be the fact that they are still students, thus not economically active.

Surprisingly, 5 respondents wrote that agree with the statement that "generally, disabled people do not provide any contribution to society" which is together 6.3%. Any of these people who agreed with this statement did not have very high level of material status

Some tendencies that wealthier students tend to approach people with disabilities more likely in a negative way than the respondents with lower material status appear, however, it was not further measured, as they should answer twice in the questionnaire their level of material status and the answers on the same questions were not often same.

Quality of life/social exclusion of disabled people according to respondents

Possibility of free movement, transport accessibility, accessibility to the information, possibility of employment and education, involvement in the social activities, independent way of living, level of material status and social security are the elements which indirectly show the quality of life (or if they are unsatisfactory - possible occurrence of social exclusion). Students should evaluate the above mentioned

elements, which show the level of quality of life - how they think they are available to handicapped people and then to themselves.

By comparison of results, it was found out, that respondents evaluated their quality of life as much better than quality of life of handicapped people.

Proposals and recommendations of pupils:

Pupils were also asked to write down, what they would suggest to improve. Some examples of their answers can be seen as follows:

- Higher interest of media, individuals and quality teachers as well – lack of the workers with disabled people.
- Better possibilities in movement and employment.
- Higher numerousness of the houses for disabled people.
- More barrier free entrances to the transport, buildings - but the efforts are already made and the situation is improving.
- Quicker penetration of new technologies.
- Tolerance, involvement in society, people's willingness to help (person thinks, that in reality it is not possible, he could not live like that).
- In Prague, it is quite alright, but the person cannot imagine the situation in smaller cities and less developed surroundings.
- Infrastructure is quite bad because of the history (communist regime), during the building of every pavement or building possible occurrence of disabled people should be taken into consideration.
- One of two pupils who are on a wheelchair wrote that the conditions are more likely sufficient; the other complained about the transport conditions.

5. Conclusions

In this diploma thesis, perception of disabled people by young generation is analyzed. Types of disabilities which are focused on are mainly physical, mental and sensual disabilities.

Firstly, main points of the literature review, where perception of disabled people was analyzed on a general level, are summarized. During the evolution of understanding people with disabilities, it can be seen that at the beginning madmen were from the social and economical point of view perceived in different ways through the various periods. Thus, different behavioural stages and perceptions of their disabilities caused them not usually lots of unpleasant experiences. For example, considered as not useful, they were sent to the countries of foreigners by people who hoped they will die somewhere on the way at the sea. From the economical point of view, more ill people in the country caused more money to spend for their “travelling” when they were sent abroad. Furthermore, later on, they were perceived as the encumbrance often even not considered as human beings but as animals, bestial creature or something supernatural. When the economical crisis occurred, society tried to “derive benefit” from people with disabilities and they served as the source of a cheap labour. Still, there were even problems with this. Cheap labour caused cheaper manufacturing and this caused the competitive advantage, as the goods and products which were then sold were cheaper than the goods of other manufacturers. So when the crisis ended, working businesses went bankrupt as they could not compete with this cheap labour.

All the internments (and later on asylums) were from the economic point of view expensive, usually unprofitable projects, however, “socially needed” to separate “crime, poverty, laziness, immorality and madness” from the “rest of the inhabitants”.

Also the rest of the people who suffered any other type of disability were not perceived with a good intent. They were sent to the concentration camps, considered as less valuable, useless, weak.

In every country the situation started to improve in different time, considering Czech Republic, the major change occurred after the Velvet Revolution in 1989. And this is the reason, why in empirical section, the perception of young generation about this topic connected with disabled people is analyzed. The major lacks and insufficient

treatments are pointed firstly. These were mainly still inappropriate policies and action plans for the social inclusion of people with disabilities, usage of the cage beds in social care homes in the country (criticized by European Union), remaining prejudices against these people, not sufficiently redistributed social benefits (exact cases of disabilities are still not fully reflected), insufficient spreading of the information about how to behave/help to disabled people. Another shortage which is pointed out in the empirical section is that “Czech Republic has still not achieved a level of the equalization of opportunities, including the elimination of discriminatory obstacles and guaranteeing support for people with disabilities at a level corresponding to the economic performance of the Czech Republic”.

As the perception of people with disabilities of young generation shows the direction for solving these problems, by the help of the questionnaires the research was made, to analyse the situation – the behaviour, perception, social conditions in which disabled people live according to young generation. The results of the analysis of attitudes of young generation towards people with disabilities are necessary indicators of the development of the society and quality of life of people with disabilities, from which further recommendations and proposals are made. For this purpose, one general hypothesis and three working hypotheses were set down. They could not be statistically confirmed or denied as the sample was non-representative, but determined the basic direction of the analysis.

It was found out that even if the majority of students had often sufficient information about people with disabilities there was still high number of people who did not know how to behave in specific situations, who did not treat them in appropriate way. Generally men tend to have more negative attitudes to people with disabilities than women. And, some tendencies that wealthier students tend to approach people with disabilities more likely in a negative way than the students with not that high material status occurred as well, but this was not that measured, as they should answer twice in the questionnaire their level of material status and the answers on the same questions were different.

To find out the level of quality of life of people with disabilities (and with this connected possible social exclusion), students evaluated how they think they have available the specific elements which contribute to the quality of life. These were:

possibility of free movement, accessibility to the transportation, accessibility to the information, possibility of employment and education, involvement in the social activities, independent way of living, level of material status and social security. Then students evaluated how they think these factors are available/accessible/possible to people with disabilities. Generally, respondents evaluated, that their quality of life is much better than quality of life of handicapped people.

To conclude the diploma thesis, recommendations for improvement of the situation of people with disabilities in the Czech Republic should be made.

Every disability influences not just the person who suffers some type of handicap, but also the surrounding, family, friends and society. The different way of living is closely connected with the quality of life of that person which often goes together with unpleasant consequences such as possibility of social exclusion. However, it is possible eliminate to some extent these unpleasant factors by the welfare system working in a country and approach of society. It is necessary to provide to disabled people the better access to information, transport, changes in the fields of education (changes in pedagogical process), employment (the priority here should be increased number of employed people with disabilities), barrier-free surrounding and others factors contributing to better quality of life. For people with disabilities should be provided more possibilities of studies with the help of special material adjusted to them.

Results of the questionnaire showed that nowadays people with disabilities are perceived by society in a better way, however still, in the Czech Republic, there is some evidence of prejudices and causes of discrimination. It is necessary to familiarize public with the harmfulness of discrimination and support positive attitude towards people with disabilities. Because (general hypothesis) “the way, in which people perceive the people with disabilities, influences the relation to them, including the projection in the practical procurement, which is connected with the social and economical context.”

6. References

- Barnes, M. 2005. *Social Exclusion in Great Britain. An empirical investigation and comparison with the EU*. Aldershot: Ashgate, p.15
- Bulic, I. 2008. *Letter to the Prime Minister Topolánek*. European Coalition for Community Living. 31st January
- Council of Europe. 1998. *Fighting social exclusion and strengthening social cohesion in Europe*. Recommendation 1355, Parliamentary Assembly debate on 28 January 1998
- Foucault, M. 1994. *Dějiny šílenství v době osvícenství: Hledání historických kořenů pojmu duševní choroby*. Praha: Nakladatelství Lidové noviny
- Giddens, A. 2006. *Sociology*. Cambridge: Polity press, 5th ed. ISBN10: 0-7456-3378-1
- Goffman, E. 1961. *Stigma: Notes on the Management of Spoiled Identity*. New York: Jason Aronson, Inc.
- Hudečková, H., Kučerová, E., Kříž, L. 2001. *Metodologie sociologického výzkumu pro nesociology*. ČZU Praha
- Husted, E. and Melvin, M. 2007. *International Economics*. Pearson International Edition. 7th ed.
- Kacanu, E. 2001. *Jsme invalidé*. Praha: Mutabene. ISBN 80-86745-05-8
- Kalnická, V. 2007. *Výsledky výběrového šetření zdravotně postižených osob za rok 2007*. Český statistický úřad.
- Krása, V. 2010. *Národní plán vytváření rovných příležitostí pro občany se zdravotním postižením na období 2010 – 2014; Dopis předsedy Václava Kráasy členským organizacím ohledně Národního plánu vytváření rovných příležitostí pro občany se zdravotním postižením na období 2010 – 2014*, leden, Česká republika
- Levitas, R. et al. (2007). *The multi-dimensional analysis of social exclusion*. Bristol Institute for Public Affairs, University of Bristol, p.25
- Libigerová, E. 2003. *Dotazník kvality života (Q-LES-Q)*. Praha: Academia Medica Pragensis. ISBN 80-86694-02-X

- Možný, I. 2002. *Česká společnost (nejdůležitější fakta o kvalitě našeho života)*. Praha: Portál. ISBN 80-7178-624-1
- Ministry of Labour and Social Affairs URL <<http://www.mpsv.cz>>, accessed in September 29, 2009
- Národní plán podpory a integrace občanů se zdravotním postižením na období 2006-2009, Česká republika /The National plan for the support and integration of persons with disabilities 2006-2009; Czech Republic
- Rambow, T. Scheller, R. 2006. *Realizing the Dream by Committing to the Journey: Inclusion & the Honoring of One's Cultural and Spiritual Paths*, Anchorage
- Slattery, M. 2003. *Key ideas in sociology*. Published by Nelson Thornes, UK ISBN 0 7487 6565 4
- Šubrt, J. 2001. *Postavy a problémy soudobé teoretické sociologie. Sociologické teorie druhé poloviny 20. století*. Praha
- Vanier, J. 2004. *Cesta k lidství*. Praha: Portál

7. Supplements

English version:

Questionnaire: People with disabilities and relations to them among young generation

Dear respondent,

In your hands you have got a questionnaire, which was made by the student of the Czech University of Life Sciences in Prague, Faculty of Economics and Management, for the purpose to find out the relationship between people with disabilities and young generation in the Czech Republic. The results from this questionnaire are going to be presented in the diploma thesis and are fully anonymous.

There are 18 questions which you should answer and fill in.

Please, do not hesitate to fill in this questionnaire in the most possible honest way to make it as valuable as possible.

Thank you very much, Bc. Tereza Rombaldová

Please, circle or write down the information about you:

Your contemporary age:

Gender: Female / Male

If you should evaluate your material status, would you say that your material level is (choose one option):

Very high ---- high ---- medium ---- low ---- very low

-
- 1) **If you meet a disabled person, would you be able to communicate (verbally, non-verbally) to that person?**
a) Yes, always b) Yes, but just sometimes c) Usually not d) Not at all
 - 2) **Write down to which extent do you agree or not with the following statement: "If you see the visually handicapped (blind) person who owns a dog, nobody should touch, call or feed it without agreement of the owner of that dog."**
a) Strongly agree b) Agree c) Rather agree d) Rather disagree e) Disagree f) Strongly disagree g) I do not know
Explain your attitude: _____
 - 3) **It can happen that during the conversation with the visually handicapped (blind) person the other speaker uses the words or phrases such as "see, look at that, how do you see the situation" and the like. Choose which behavior is the best in that case:**
a) Person should apologize for these expressions and try to avoid them in further conversation
b) These phrases belong to the common lives and there is no worry about using them during the conversation with visually disabled person
c) I do not know
 - 4) **If the mentally disabled person does not have so high IQ: Write down, to which extent do you agree with the following statements:**
a) Strongly agree b) Agree c) Rather agree d) Rather disagree e) Disagree f) Strongly disagree g) I do not know
"Excessive compassion should be shown during talking to that person."
a) b) c) d) e) f) g)

“Although the person is already adult, the conversation should be hold like the conversation with the small child.”

a) b) c) d) e) f) g)

“Because of the low IQ, decisions for that person should be made by you even without agreement of handicapped person.”

a) b) c) d) e) f) g)

5) Write down, to which extent you agree or not with the following statement: “If you meet half-deaf person the best way to communicate with that person is to speak loudly to his/her ears.”

a) Strongly agree b) Agree c) Rather agree d) Rather disagree e) Disagree f) Strongly disagree g) I do not know

Explain your attitude: _____

6) Do you actively participate in some organization which helps people with disabilities?

Yes/No

If yes, please specify which organization you participate in: _____

7) Do you actively donate some handicapped person (e.g. by buying some item supporting people with disabilities, sending money to the account or voluntary contribution, etc.) or the organizations helping to the people with disabilities?

- a) Often (13+ times/yr)
- b) Mostly (7-12 times/yr)
- c) Sometimes (4-6 times/yr)
- d) Rarely (2-3 times/yr)
- e) Almost never (1 time/yr and less)
- f) Never

8) Have you ever collected money outside your home (collection at street, underground, etc) for the purposes to help people with disabilities?

- a) Often (13+ times/yr)
- b) Mostly (7-12 times/yr)
- c) Sometimes (4-6 times/yr)
- d) Rarely (2-3 times/yr)
- e) Almost never (1 time/yr)
- f) Never

9) “Generally, people with hearing or visual defect or physical disability have very low IQ.” Do you agree with this statement?

a) Strongly agree b) Agree c) Rather agree d) Rather disagree e) Disagree f) Strongly disagree g) I do not know

10) “People with disabilities are economically non-active they just receive social benefits, which is bad for the state economy as such.” What do you think about this statement?

a) Strongly agree b) Agree c) Rather agree d) Rather disagree e) Disagree f) Strongly disagree g) I do not know

11) "Generally, disabled people do not provide any contribution to society." Do you agree with this statement?

- a) Strongly agree b) Agree c) Rather agree d) Rather disagree e) Disagree f) Strongly disagree g) I do not know

12) Think about the points mentioned below and mark, how do you think they are available, possible, sufficient to you on the scale 1-5 (1 means the best ranging):

1 Very high ---- 2 high ---- 3 medium ---- 4 low ---- 5 very low

- a) The possibility of free movement _____ 1 2 3 4 5
b) Accessibility of the transportation _____ 1 2 3 4 5
c) Access to the information _____ 1 2 3 4 5
d) Possibility of education _____ 1 2 3 4 5
e) Possibility of employment _____ 1 2 3 4 5
f) Independent way of living _____ 1 2 3 4 5
g) Involvement in society - participation in social activities (sport, theatre, cinema, library ...) _____ 1 2 3 4 5
h) Social security _____ 1 2 3 4 5
i) Material status _____ 1 2 3 4 5

13) Write down to which extent do you agree with following statements:

- a) Strongly agree b) Agree c) Rather agree d) Rather disagree e) Disagree f) Strongly disagree g) I do not know

"Young people actively talk with their family members about the issues connected with the people with disabilities." a) b) c) d) e) f) g)

"Young people actively talk at school about the issues connected with the people with disabilities." a) b) c) d) e) f) g)

"It is necessary to speak more about people with disabilities at schools." a) b) c) d) e) f) g)

"It is necessary to speak more about people with disabilities in families." a) b) c) d) e) f) g)

"It is necessary to include in the daily press (newspapers, magazines), TV and radio programs/discussions more information about the issues connected with people with disabilities."

a) b) c) d) e) f) g)

14) Have you ever watched intentionally disabled person on the internet (e.g. YouTube)?

Yes/No

If yes, please, specify why: _____

15) Please circle how do you think the points mentioned below are available, possible, sufficient to people with disabilities on the scale 1-5 (1 means the best ranging):

1 Very high ---- 2 high ---- 3 medium ---- 4 low ---- 5 very low

- a) The possibility of free movement _____ 1 2 3 4 5
b) Accessibility of the transportation _____ 1 2 3 4 5
c) Access to the information _____ 1 2 3 4 5
d) Possibility of education _____ 1 2 3 4 5
e) Possibility of employment _____ 1 2 3 4 5
f) Independent way of living _____ 1 2 3 4 5
g) Involvement in society - participation in social activities (sport, theatre, cinema, library ...) _____ 1 2 3 4 5

- h) Social security _____ 1 2 3 4 5
i) Material status _____ 1 2 3 4 5

16) How do you think that young generation perceives people with disabilities?

Circle your opinion:

- a) Young people adopt a positive attitude to people with disabilities
b) Young generation is indifferent to/not interested in people with disabilities
c) Young generation adopt a negative attitude to people with disabilities
d) I do not have any opinion
e) Other opinion: _____

17) Generally, do you think that people with disabilities in the Czech Republic have generally sufficient conditions for their lives?

- a) Sufficient b) Rather sufficient c) Rather insufficient d) insufficient e) I do not know
If not, would you suggest something to improve? How?
-
-

Thank you very much for your time!!!!

Česká verze:

Dotazník: Vztah k lidem s postižením a jejich vnímání mladou generací

Vážený/á dotazovaný/á,

Právě před sebou máte dotazník, který sestavila studentka České zemědělské univerzity v Praze, Provozně ekonomické fakulty, za účelem zjištění vztahu mezi mladou generací a lidmi s postižením v České republice. Výsledky tohoto dotazníku budou prezentovány v diplomové práci a jsou plně anonymní.

V dotazníku se nachází 17 otázek k zodpovězení.

Prosím neváhejte vyplnit tento dotazník co nejpřesněji, zajistíte tím hodnotnost tohoto dotazníku.
Děkuji, Bc. Tereza Rombaldová

Zakroužkujte nebo napište pravdivý údaj o Vás:

Váš věk:

Pohlaví: Žena / Muž

Pokud byste měl/a ohodnotit Váš materiální status (materiální úroveň), řekl/a byste že je (vyberte jednu z možností): velice vysoká ---- vysoká ---- střední ---- nízká ---- velmi nízká

1) Kdybyste potkal/a osobu s postižením, dokázal/a byste s ní komunikovat (verbálně nebo neverbálně)?

- a) Ano za všech okolností
b) Ano, ale pouze někdy
c) Většinou ne
d) Vůbec

2) Napište do jaké míry ne/souhlasíte s následujícím výrokem: "Pokud uvidíte zrakově postiženého/slepého člověka, který vlastní vodícího psa, neměli byste se psa dotýkat, volat na něj nebo ho krmit bez souhlasu vlastníka psa."

- a) Plně souhlasím b) Souhlasím c) Spíše souhlasím d) Spíše nesouhlasím e) Nesouhlasím f) Vůbec nesouhlasím g) Nevím

Vysvětlete Váš postoj:

- 3) **Může se stát, že během konverzace se zrakově postiženým/slepým člověkem druhá osoba použije slova nebo fráze jako jsou „podívej se, viděl jsi, jak se díváš na tu situaci...atd.“. Rozhodni, jaké si myslíš že je nejlepší chování v tuto chvíli:**
- d) Osoba by se měla omluvit za tyto výroky a pokusit se nepoužívat je v další konverzaci
 - e) Tyto fráze patří do běžné konverzace a tak není nutné se obávat jejich použití při konverzaci se zrakově postiženým člověkem
 - f) Nevím
- 4) **Pokud mentálně postižený člověk nemá vysoké IQ:**
Napište, do jaké míry ne/souhlasíte s následujícími výroky:
- a) Plně souhlasím b) Souhlasím c) Spíše souhlasím d) Spíše nesouhlasím e) Nesouhlasím f) Vůbec nesouhlasím g) Nevím
- “Při rozhovoru s touto osobou by měl být projev z Vaší strany viditelný soucit vůči postižené osobě.”**
- a) b) c) d) e) f) g)
- “Přestože je postižená osoba dospělá, kvůli nízkému IQ postižené osoby by vedená konverzace měla vypadat jako když mluvíte s dítětem.”**
- a) b) c) d) e) f) g)
- “Kvůli nízkému IQ dané osoby byste za ni měl/a dělat různá rozhodnutí. Souhlas dané osoby není zapotřebí.”**
- a) b) c) d) e) f) g)
- 5) **Napište, do jaké míry ne/souhlasíte s následujícím výrokem: “Pokud potkáte polohluchou osobu, nejlepší způsob jak s ní komunikovat je “mluvit hlasitě do jejího ucha“.”**
- a) Plně souhlasím b) Souhlasím c) Spíše souhlasím d) Spíše nesouhlasím e) Nesouhlasím f) Vůbec nesouhlasím g) Nevím
- Vysvětlete Váš postoj: _____
- 6) **Jste aktivními členy nějaké organizace, která pomáhá lidem s postižením?**
 Ano/Ne
 Pokud _____ ano, _____ prosím _____ napište _____ danou organizaci: _____
- 7) **Podporujete finančně lidi s postižením nebo organizaci, která se stará o postižené (například koupí nějaké věci určené pro tento účel, posláním peněz na účet, atd.)?**
- a) Často (13+krát/rok)
 - b) Většinou (7-12krát/rok)
 - c) Občas (4-6krát/rok)
 - d) Zřídka (2-3krát/rok)
 - e) Skoro nikdy (1krát za rok - méně než 1krát za rok)
 - f) Nikdy
- 8) **Zúčastnil/a jste se někdy veřejné sbírky (na ulici,...) za účelem pomoci lidem s postižením?**
- a) Často (13+krát/rok)
 - b) Většinou (7-12krát/rok)
 - c) Občas (4-6krát/rok)
 - d) Zřídka (2-3krát/rok)
 - e) Skoro nikdy (1krát za rok - méně než 1krát za rok)
 - f) Nikdy

9) "Obecně lidé se sluchovou, či oční vadou nebo fyzickým postižením mají velice nízké IQ." Souhlasíte s tímto tvrzením?

- a) Plně souhlasím b) Souhlasím c) Spíše souhlasím d) Spíše nesouhlasím e) Nesouhlasím f) Vůbec nesouhlasím g) Nevím

10) "Lidé s postižením nejsou ekonomicky aktivní, pouze pobírají sociální dávky, což je špatné pro ekonomii jako takovou." Co si myslíte o tomto tvrzení?

- a) Plně souhlasím b) Souhlasím c) Spíše souhlasím d) Spíše nesouhlasím e) Nesouhlasím f) Vůbec nesouhlasím g) Nevím

11) "Obecně, lidé s postižením nejsou ničím přínosní pro společnost jako takovou." Do jaké míry souhlasíte s tímto tvrzením?

- a) Plně souhlasím b) Souhlasím c) Spíše souhlasím d) Spíše nesouhlasím e) Nesouhlasím f) Vůbec nesouhlasím g) Nevím

12) Zamyslete se nad níže zmíněnými body (a-i) a označte, jak si myslíte, že jsou pro Vás dostupné, možné, dostatečné na stupnici 1-5. 1 znamená největší dostupnost, možnost, dostatek; 5 nejmenší.

1 velice vysoká ---- 2 vysoká ---- 3 střední ---- 4 nízká ---- 5 velmi nízká/žádná

- j) Možnost volného pohybu _____ 1 2 3 4 5
k) Přístupnost/dostupnost dopravy _____ 1 2 3 4 5
l) Přístupnost/dostupnost k informacím _____ 1 2 3 4 5
m) Možnost vzdělání _____ 1 2 3 4 5
n) Možnost zaměstnání _____ 1 2 3 4 5
o) Nezávislý způsob života _____ 1 2 3 4 5
p) Zapojení do společnosti - účast na společenských aktivitách (sport, divadlo, kino, knihovna ...) _____ 1 2 3 4 5
q) Sociální zabezpečení _____ 1 2 3 4 5
r) Materiální status (materiální úroveň) _____ 1 2 3 4 5

13) Napište míru vašeho souhlasu:

- a) Plně souhlasím b) Souhlasím c) Spíše souhlasím d) Spíše nesouhlasím e) Nesouhlasím f) Vůbec nesouhlasím g) Nevím

"Mladí lidé aktivně mluví s jinými členy rodiny o tématech, spojených s lidmi s postižením."

- a) b) c) d) e) f) g)

"Mladí lidé aktivně mluví ve škole o tématech, spojených s lidmi s postižením."

- a) b) c) d) e) f) g)

"Je nutné, aby se ve školách více mluvilo o lidech s postižením."

- a) b) c) d) e) f) g)

"Je nutné, aby se v rodinách více mluvilo o lidech s postižením."

- a) b) c) d) e) f) g)

"Je nutné, aby bylo poskytováno v denním tisku (noviny, magazíny...), televizi, a rádiových diskuzích více informací o postižených lidech a témat s nimi spojených."

- a) Plně souhlasím b) Souhlasím c) Spíše souhlasím d) Spíše nesouhlasím e) Nesouhlasím f) Vůbec nesouhlasím g) Nevím

14) Sledoval/a jste někdy záměrně lidi s postižením na internetu (například na YouTube)?

Ano/Ne

Pokud ano, specifikujte proč: _____

15) Jak si myslíte, že jsou pro postižené lidi dostupné, možné či dostatečné níže zmíněné body (a-i)? Prosím označte na stupnici 1-5? 1 znamená největší dostupnost, možnost, dostatek; 5 nejmenší.

1 velice vysoká ---- 2 vysoká ---- 3 střední ---- 4 nízká ---- 5 velmi nízká/žádná

- a) Možnost volného pohybu _____ 1 2 3 4 5
- b) Přístupnost/dostupnost dopravy _____ 1 2 3 4 5
- c) Přístupnost/dostupnost k informacím _____ 1 2 3 4 5
- d) Možnost vzdělání _____ 1 2 3 4 5
- e) Možnost zaměstnání _____ 1 2 3 4 5
- f) Nezávislý způsob života _____ 1 2 3 4 5
- g) Zapojení do společnosti - účast na společenských aktivitách (sport, divadlo, kino, knihovna ...) _____ 1 2 3 4 5
- h) Sociální zabezpečení _____ 1 2 3 4 5
- i) Materiální status (materiální úroveň) _____ 1 2 3 4 5

16) Jak se domníváte, že mladá generace vnímá lidi s postižením?

Zakroužkujte odpověď, která vystihuje Váš názor:

- a) Mladá generace má pozitivní vztah k lidem s postižením
- b) Mladá generace se nezajímá o lidi s postižením, je k nim lhostejná
- c) Mladá generace zaujímá negativní postoj vůči lidem s postižením
- d) Nevím, jaký je můj názor
- e) Jiný názor:

17) Myslíte si, že lidé s postižením žijící v České republice mají vesměs uspokojivé podmínky pro život?

- a) Uspokojivé b) Spíše uspokojivé c) spíše neuspokojivé d) neuspokojivé e) nevím
- Pokud si myslíte, že neuspokojivé, co si myslíte že by pomohlo k jejich zlepšení?

Děkuji mnohokrát za Váš čas!!!!