

Disability and poverty: from EU Regulations to National statistics.

A comparative analysis: Romania-Bulgaria

Gabriela Motoi ^{*a}

^a *University of Craiova, Faculty of Social Sciences, Craiova, Romania*

Abstract

Despite the EU social policy documents and strategies which and also adopted by the EU Member States, many persons with disabilities do not have equal access to health services, education services and/or employment opportunities; they do not receive the specific services they need, being, thus, excluded from the activities of everyday life. In some European societies, people with disabilities are unable to find a job, their difficulties varying from the accessibilities that the community and employers have to provide to them, to the employers mentalities related to their employment. However, for a person with disabilities, having a limited access to employment may put her/him in a high risk of social exclusion and poverty. The secondary data that we will analyse in this article will highlight the fact that in Romania and Bulgaria, the quality of life of persons with disabilities, is much lower than the European average, the activity limitation, conditioned by a state of health or difficulty in carrying out the daily activity is high, the access to medical and social services is limited, and, thus, the quality of life is low, which can lead us to the conclusion of an existing vicious circle (disability and poverty).

Keywords: *EU social policy; disability; poverty; material deprivation; activity limitation.*

1. Disability – a conceptual framework

Deficiency is a reality that lies at the border between the biological and the social dimension, a reality that has appeared in the forefront of the social sciences, in which over the last five decades an attempt has been made to clearly define this concept, using, alternatively, concepts such as: disability, limitation, deficiency, etc.

The need for conceptual delimitation of disability was so great that it led to the emergence of a field of study for this issue (Bodin 2018; Boucher 2003: pp. 147-148; Oliver 1983, 1996). Disability is an “umbrella term for impairment, activity limitations and participation restrictions, which denotes the negative aspects of the interaction between an individual (with a certain health condition) and the contextual factors of that individual - personal and environmental factors” (WHO/WB 2012: p. 321). According to the *Dictionary of Social Policies*, disability refers to “any reduction, lack or loss (resulting from a disability or deficiency) of the ability to carry out an activity under conditions considered normal for a human being” (Pop 2002: p.277). Disability can be defined as “a disadvantage that a certain person suffers from, as a result of a disability that prevents

*Gabriela Motoi, Senior Lecturer, Ph.D.; *E-mail address:gabriela.motoi@edu.ucv.ro.*

them from totally or partially satisfying the tasks considered normal for them (in relation to age, gender and different social and cultural factors)” (Pop 2002: p. 357).

In scientific literature, disability represents a “restriction of activity caused by a contemporary social organization which takes no or little account of people who have physical impairments and thus excludes them from participation in the mainstream of social activities” (Oliver 1996: p. 22). The term disability in Romanian legislation denotes the negative aspects of the interaction between the individual, a child or an adult who has a health problem and the contextual factors in which it is found, respectively environmental factors and personal factors. The assessment of disability is made by applying the bio-psycho-social criteria for inclusion in the degree of disability. The term disability is equivalent to the term handicap, but not all children with disabilities are classified as disabled, the latter being granted only at the request of parents / legal representative.

Disability represents a physical, mental or mental state that restricts and limits a person's daily activities. Romanian legislation has replaced the term “handicap” with “disability”, although the former continues to be used. There is no synonymous relationship between the two terms, but a cause-and-effect relationship. Disability is a concept that covers a wide range of deficiencies, limitations, restrictions on certain activities. This is related to the proper functioning of the body, but also to the inadequate physical and social environment of people with disabilities. An impairment of a person's health or the existence of a deficiency can lead to disability, but it is not mandatory that this will happen. The medical diagnosis is no longer enough to substantiate the determination of the state of disability: “it must be correlated with the results of a psychosocial assessment that highlights the functioning of the activity and social participation, the way in which environmental factors, including family, are constituted as facilitators or barriers, and the influence of personal factors on the evolution and development of the person” (Gherguț 2013: pp. 21-22).

There are two models used in analysing the disability: the individual (medical) model and the social model (Haegele and Hodge 2016; Dirth and Branscombe 2017). The individual model, taken from medicine and psychoanalysis, implies that a disability will diminish the quality of life of the individual, and medical intervention will reduce this disability (Marks 1997: p.85). Also, the medical model aims to cure the disease or reduce its effects. The medical model, also known as the ‘model of personal tragedy’ (Manea 2006: p. 42), affects the way people with disabilities look at themselves, which strongly affects their self-esteem.

Many people have come to believe that their problems are due to the body which is not “normal”. There has also been the use of labels that have legitimized this medical model, the formation of negative opinions about disability and even the neglect of the perspectives of people with disabilities, which can lead to self-exclusion (Beaudry, 2016). In fact, in sociology, there are numerous studies that focus on the idea of stigma as an effect of disability (Ilie Goga and Niță 2018: pp. 49-50) or studies that have addressed the issue of disability, analyzing this concept by referring to the theory of labeling or the analysis of the difference between stereotypes and prejudices (Ilie 2012: p. 19). Moreover, in American sociology, Goffman viewed disability as a stigma, as the relationship between an attribute and an injury it triggers at the level of the person (see Goffman 1990).

The social model of disability considers disability as a socially created problem and an issue related, first of all, to the full integration of the individual in society (Oliver 1996). Disability is not an attribute of an individual, but “a complex mixture of conditions,

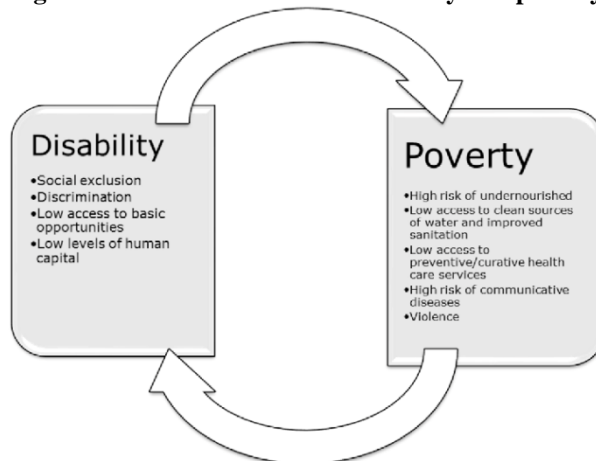
many of which are created by the social environment” (WHO 2007: p.19), ultimately constituting a risk factor (Manea 2006) for social exclusion.

The objective of this model is to eliminate restrictions, barriers and negative attitudes that prevent certain categories of people from participating in different areas of social life. This argument involves a model with two poles: *impairment* and *disability*, and a separation between these two poles. Impairment is a personal specificity, it designates the physical description of the body, while disability is a collective reality, it designates the social exclusion suffered by people with disabilities because of the multiple barriers set up by society to their participation. Impairment is, thus, a medical issue; on the other hand, disability is a political issue (Barnes 1996: pp. 44-45). According to this model, in this sense, even different forms of physical disabilities appear as types of social oppression (Pop 2002: p. 278)

The social model has often been criticized for its insistence that disability can only be addressed in terms of changing society and does not recognize the real impact that deficiencies have on their lives. However, the social model of disability has been recognized in numerous specialized studies; moreover, there have been studies that have highlighted the need to integrate the social model of disability in medical practice (see Evans 2004).

Disability strikes all types of families, but in an accentuated way families already affected by poverty. Poverty and disability are reciprocal causes and consequences. Together they form a vicious circle, as shown in the figure below (Figure 1). Poverty can lead to disability because it is associated with malnutrition, limited access to health services, poor hygiene, and risky living and working conditions. Conversely, disability can condemn a person to poverty as it limits access to education, employment, public services and even marriage. Disability affects not only people with disabilities, but also often their family members.

Figure 1: The vicious circle of disability and poverty



Source: Pinilla-Roncancio, M. (2015). “Disability and poverty: two related conditions. A review of the literature”, *Revista de la Facultad de Medicina*, 63, 113-123.

The status of people with disabilities “derives from society's attitude towards disability and deficiencies, because it is the one that builds a certain social image of man, which is fully invested in society” (Enăchescu 1996: p. 188). According to this image, persons with disabilities are often socially excluded, and the factors that contribute to this exclusion mainly lack of education or low level of education, low income, unemployment, limited access to transport and other facilities and, of course, discrimination. Moreover, inadequate housing in which people with disabilities live accentuates their condition and can also lead to social exclusion. In the following paragraphs we will exemplify these arguments, in the form of a comparative analysis (for Romanian society and Bulgarian society).

2. An overview of EU regulations on disability

At European and national level, programs have been adopted in recent years in which states make a moral and political commitment to act in order to equalize the opportunities of people with disabilities, to set up a European benchmark, based on the non-discrimination of people with disabilities (Mohanu 2008: pp. 15-16). They include principles of responsibility, action and cooperation, areas of decisive importance for quality of life, as well as the achievement of full and equal participation. The purpose of these measures is to fight against discrimination and exclusion of people with disabilities (Arpinte et al. 2008: p. 344), and thus to promote the inclusion of people with disabilities.

This principle of social inclusion recognizes that “the solution to inequality is not simply to offer the excluded the same formal rights (...). Instead of waiting for the marginalized to conform to the prevailing norms and practices of those at the center, social inclusion involves a reconfiguration of the center to encompass the practices of the marginalized”(Luxton 2002)

The first document which aims to outline the contours of a future European strategy reflects this diversity by identifying five “spheres of exclusion”: education, employment, mobility, housing and poverty (Commission Européenne 1996: pp.2-3)

At the European Congress held in Madrid on March 20-23, 2002, a conceptual framework for action was adopted at national, regional and local level, on the occasion of the 2003 European Year of People with Disabilities, an event designed to raise awareness of their rights.

The Convention on the Rights of Persons with Disabilities was adopted on 13 December 2006 at the United Nations Headquarters in New York and was opened for signature on 30 March 2007. It is the first global human rights treaty of the 21st century, the first human rights convention to enter in force on 3 May 2008 and follows the decades-long work of the United Nations to change attitudes and approaches towards people with disabilities. The Convention is conceived as an instrument for human rights, with an explicit dimension and social development.

On November 15, 2010, the European Commission adopted a new strategy to remove the obstacles that prevent people with disabilities from fully participating in the life of the City on the same basis as the rest of the community members – this document is the *European Strategy for People with Disabilities 2010-2020*. This strategy highlights eight areas for joint action between European Union (EU) and EU countries: accessibility; participation; equality; employment; education and training; social protection; health; external actions.

The European Strategy 2010-2020 for People with Disabilities is the main document on EU disability policy. It sets objectives and actions for the implementation of EU disability policy, with a view to promoting a barrier-free Europe, and is the instrument used for the implementation of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) at EU level.

3. How is linked poverty and material deprivation to disability? A comparative statistical analysis: Romania-Bulgaria

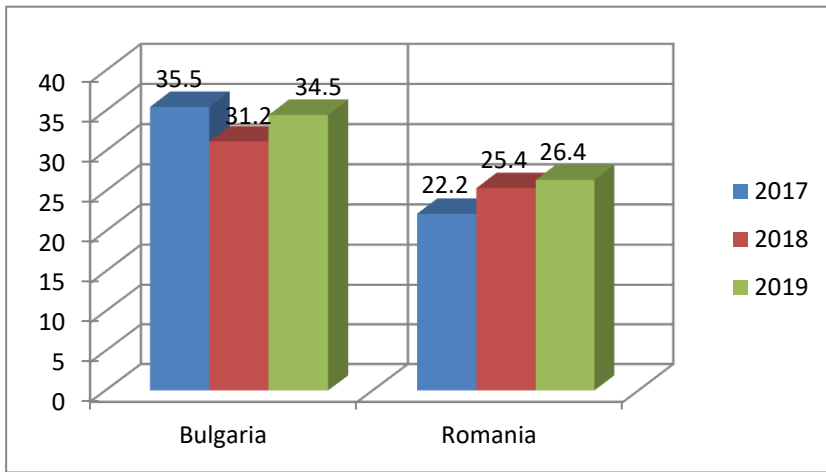
At the level of Romanian society, the *Strategy on social inclusion of people with disabilities 2014-2020* through social policies (from “rehabilitation” of the individual to reforming society) continues and develops the approach initiated by the previous national strategy, based on evaluating the results of its implementation and obligations assumed through the documents of the international and European organizations to which Romania is a member.

In Bulgaria, as legislation in force for the social protection of persons with disabilities, the most important are: Law on the Integration of Persons with Disabilities Regulation on the Law on the Integration of Persons with Disabilities. Also in force is Ordinance H-19 of December 2, 2008 on the conditions regarding the exemption of persons with incapacity for work of 50 and over 50 percent or type and degree of disabilities, and of persons or families, who raise children with disabilities lasting up to the age of 18 and until the completion of secondary education, but not later than 20 years, from the payment of vignette fees.

In this article we have chosen to present, in a comparative manner, starting from the analysis of secondary data provided by the Statistical Office of the European Union (Eurostat), the situation of people with disabilities and the level of risk they present to fall into the category of vulnerable groups, affected by material deprivation and therefore prone to poverty. It should be noted that the statistical data we used do not refer directly to people with disabilities, but to people who have “some or severe” difficulties in daily activities.

Regarding the exposure to poverty in the period 2017-2019, it can be seen from the figure below (Figure 2) that the share of people exposed to this type of risk is higher in Bulgaria than in Romania, by about 8.1%. What is interesting to note is that for the analyzed period (2017-2019), the situation of people with disabilities in Bulgaria has not deteriorated, there are very small variations in the percentage of people at risk of poverty. Regarding the situation in Romania, it can be seen that the living standard of people with disabilities has deteriorated, the share of those exposed to poverty increasing from 22.2% in 2017 to 26.4% in 2019 (which means an increase by 18.9%).

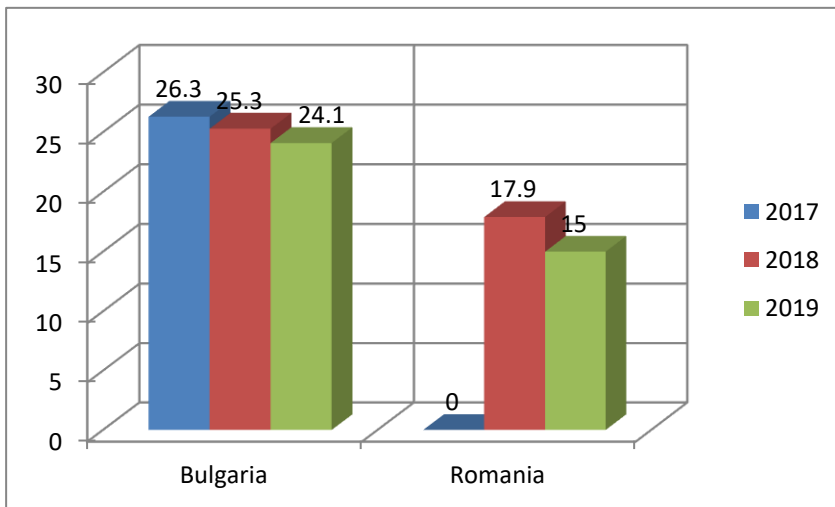
Figure 2: People at risk of poverty by level of activity limitation – “some or severe”
Comparative analysis: Romania –Bulgaria (2017-2019) %



Source: Data calculated by Eurostat DataBase, code hlth_dpe020, november 2020

At the level of 2019, in Bulgaria, 24.1% of people with disabilities lived in households with very low work intensity, their share decreasing compared to 26.3%, which represents at the level of 2017. The same decrease is found in the case of Romania, where at the level of the same year, 2019, 15% of people with severe limitations in daily activity lived in households with very low work intensity.

Figure 3: People living in households with very low work intensity by level of activity limitation, – “some or severe”
Comparative analysis: Romania –Bulgaria (2017-2019) - %

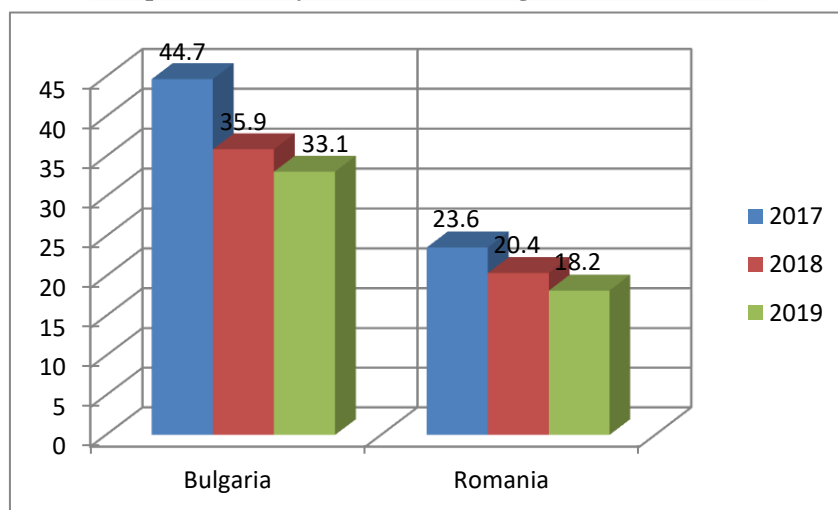


Material deprivation is one of the first signs of exposure to the risk of poverty, being often the most important criterion for determining the degree of marginalization of a

person or a community, deprivation that can be moderate or severe (Chelcea 2001) . Material deprivation covers indicators related to economic pressure and durable goods. People who face severe material deprivation have extremely limited living conditions due to lack of resources. At the level of 2017, the beginning year for our statistical analysis, in Romania, 4.5% of the population (over 900 thousand people) lived in marginalized communities (Teșliuc Grigoraș and Stănculescu 2015). In the case of those two countries we analyze, it can be seen that the share of people facing severe material deprivation decreased in the period 2017-2019, from 44.7% to 33.1% in Bulgaria and from 23.6% to 18.2% in Romania. This may be an indicator of the effectiveness of social policy measures and projects implemented, both in Romania and in Bulgaria, and intended for vulnerable populations (Kaleynska, 2014, p. 124), including people with disabilities. During the 2007-2013 financial year, Bulgaria benefited from European funds for human resources development, poverty alleviation and the promotion of social inclusion (Kaleynska, 2013). Funds were also allocated to EU member states through Erasmus + programs, which aimed to exchange experience and transfer good practices (Sorescu and Iacobescu 2019) about successful techniques in order to diminish the difficulties that children with disabilities are facing in school (Brez and Goian 2019; Brez 2020).

In Romania, in the financial year 2014-2020 of the European Social Fund, funds were allocated to marginalized communities, to projects that offered integrated support measures for people from such communities, including people with disabilities. In fact, one of the criteria that a community had to meet in order to benefit from such funds was that the proportion of people with disabilities, chronic diseases or other conditions that limit their daily activities, in the total population of the community concerned be at least 8% (Motoi and Popescu 2017: pp. 112-113). These projects had a particularly important role for the Romanian society, the specialized studies highlighting the fact that in Romania the number of marginalized communities is significant, communities in which “all vulnerabilities cumulate, making the termination of the exclusion cycle impossible in the absence of outside help” (Pârnu and Niță 2020: p. 61).

Figure 4: People with severe material deprivation, by level of activity limitation – “some or severe”
Comparative analysis: Romania –Bulgaria (2017-2019) - %

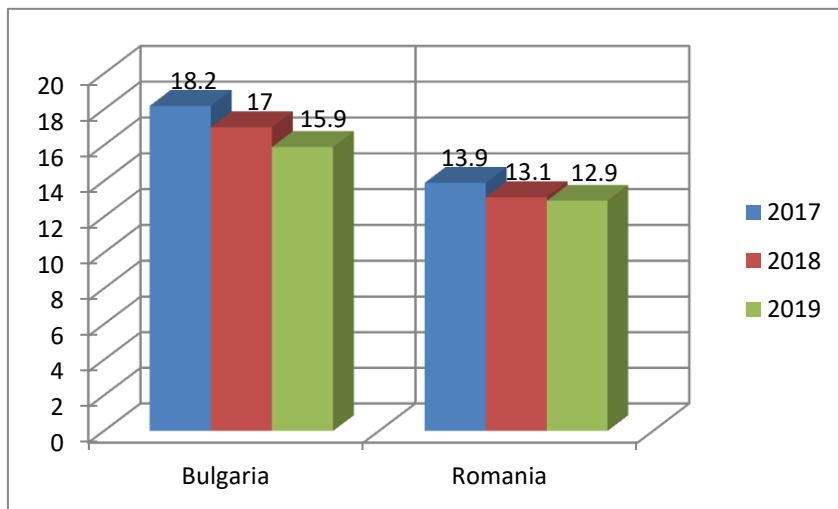


Source: Data calculated by Eurostat DataBase, code hlth_dm010, november 2020

Another indicator that can be analyzed in relation to the situation of people who face severe limitations in daily activities, also correlated with material deprivation, is access to goods that are considered goods of strict necessity, such as a washing machine, laundry, TV or your own car. Regarding owning a personal computer, the situation can be much more complicated with several possible explanations for its lack:

There are people who do not have a computer because they cannot afford to buy a computer, and their situation is shown in Figure 5. Thus, the share of people with disabilities who could not afford to buy a computer decreased, both in Bulgaria and in Romania, during 2017-2019. Although the decrease is not significant (if we analyze the statistical indicators) it is still a signal of the improvement of the quality of life, of the standard of living, of the increase of the purchasing power of this category of population. At the level of 2019, the share of people who faced a severe limitation of daily activity and who could not buy a computer was 15.9% in Bulgaria and 12.9% in Romania, fairly high weights compared to other European Union countries.

**Figure 5: Share of persons who cannot afford a computer by level of activity limitation, by level of activity limitation – “some or severe”
Comparative analysis: Romania –Bulgaria (2017-2019) - %**



Source: Data calculated by Eurostat DataBase, code hlth_dm090, november 2020

There are, as we have already mentioned, other possible explanations for not owning a personal computer, and one of those explanations is the low level of digital literacy of this category of population. Digital literacy has a very important role in the quality of life of people with disabilities, promoting their participation in society and having the effect of reducing their social isolation in the communities they belong to. Moreover, digital literacy can contribute to increasing social inclusion, and social inclusion through e-inclusion and digital literacy is a matter of national interest, both in Romania and in Bulgaria (Motoi and Bourgatte 2020: p. 95, p. 59). Last but not least, digital literacy can create facilities for them to help them develop independent living in their own homes

(for example, using technology to provide online shopping services, or remote care and medical services).

Conclusions

Despite the existence of many social policy measures for people with disabilities, they regularly face discrimination and are often excluded from access to water and sanitation, health, education, work and community life.

Not infrequently, social policy measures exist, but they are not effective, because they do not represent integrated measures, which would represent a “convergence between passive, legislative and active measures of integration on the labor market, through the real application of the legislation measures” (Guttman 2011: p. 255). Not a few times, people with disabilities face additional disability-related costs such as personal assistance, healthcare or assistive devices. These additional costs increase their risk of being poorer than others. Disability is both a cause and a consequence of poverty: the poor are more likely to become disabled, and people with disabilities are among the poorest of the poor.

References:

Arpinte, D., Baboi, A., Cace, S., Tomescu (Doboș), C. and Stănescu, I. (2008) “Politici de incluziune socială”, *Calitatea vieții*, XIX, 3-4, 339-364.

Barnes, C. (1996) “Theories of disability and the origins of the oppression of disabled people in western society”. In Barton, L. (ed). *Disability and Society. Emerging issues and insights*, London/New York: Longman Sociology Series, 43-60

Beaudry, J. (2016) “Beyond (Models of) Disability?”, *Journal of Medicine and Philosophy*, 38, 441-459.

Bodin, R. (2018) *L’Institution du handicap. Esquisse pour une théorie sociologique du handicap*, Paris: La Dispute.

Boucher, N. (2003) “Handicap, recherche et changement social. L’émergence du paradigme émancipatoire dans l’étude de l’exclusion sociale des personnes handicapées”, *Lien social et Politiques*, (50), 147-164.

Breaz, M.A. and Goian, C. (2019) “Recovery of children with intellectual disabilities in the mass school”, *Journal Plus Education*, 87-96.

Breaz, M. A. (2020) “Preventing absenteeism in the primary school by social work counseling”, *Journal Plus Education*, 26(1), 178-191.

Chelcea, L. (2001) “Grupuri marginale în zone centrale: gentrificare, drepturi de proprietate și acumulare primitivă postsocialistă în București”, *Sociologie Românească*, 3-4, 51-67.

Dirth, T. P. and Branscombe, N. R. (2017) “Disability models affect disability policy support through awareness of structural discrimination”, *Journal of Social Issues*, 73(2), 413-442.

Enăchescu, C. (1996) *Tratat de igienă mintală*, Bucharest: Didactică și Pedagogică.

European Commission (1996) *Communication de la Commission sur l’égalité des chances pour les personnes handicapées*, Brussels: DG Emploi et affaires sociales

Evans, J. (2004) “Why the medical model needs disability studies (and Vice Versa)”, *Disabilities Studies Quarterly*, 24(4), 93-98.

Gherguț, A. (2013) *Sinteze de psihopedagogie specială*, 3rd Edition, Iasi: Polirom.

Goffman, E. (1990) *Stigma. Notes on the Management of Spoiled Identity*, Paperback, New York: Penguin Books Ltd

Guttman, F. (2011) "Dizabilitatea ca o condiție determinantă a sărăciei", *Revista Română de Sociologie*, XXII, 3-4, p. 249-256

Haegele, J. A., Hodge, S. (2016) "Disability discourse: Overview and critiques of the medical and social models", *Quest*, 68(2), 193-206.

Ilie, C. (2012) "The connection between stereotype and prejudice", *Revista Universitara de Sociologie*, 2/2012, 18-26

Ilie Goga, C. and Niță, A.M. (2018) "Perception of disabled people on their image and status in society", *Sociology and Social Work Review*, 1, 49-55

Kaleynska, T. (2013) "EU funded projects implementation in the municipalities of Veliko Turnovo oblast challenges and risks – Financial period 2007-2013" *Maximizing Comparative Advantages of Cross-Border Regions*, (ed. Vihren Bouzov), Gabrovo: EXPRESS, pp. 33-44

Kaleynska, T. (2014) "Children and Inclusion – European Standards and Community Implementation (The Case of Veliko Turnovo, Bulgaria)", *Challenges in Building Child Friendly Communities*, Zadar, Europe House Slavonski Brod., 124-129

Luxton, M. (2002) *Feminist perspectives on social inclusion and children's wellbeing*, Toronto: The Laidlaw Foundation.

Manea, L. (2006) "Dizabilitatea ca factor de risc privind accesul la serviciile de educație", *Calitatea vieții*, XVII, 1-2, 41-50.

Marks, D. (1997) "Models of disability", *Disability and rehabilitation*, 19(3), 85-91.

Mohanu, V. A. (2008) "L'européanisation de la question du handicap à travers le forum européen des personnes handicapées", *Revue Européenne de Recherche sur le Handicap*, 2, 14-31.

Motoi, G., Popescu, A.M. (2017) "A Comparative Analysis of the Educational and Health Indicators in Rural Marginalized Areas from Dolj County", *Revista de Stiinte Politice*, (55), 111-122.

Motoi, G. and Bourgatte, M. (2020) *Les politiques d'éducation au numérique en Europe. Former des citoyens connectés*, Paris: L'Harmattan

Oliver M. (1996) *Understanding disability: from theory to practice*. New York: St. Martin's Press.

Oliver M. (1983) *Social Work with Disabled People*, London: Palgrave Macmillan.

Pinilla-Roncancio, M. (2015) "Disability and poverty: two related conditions. A review of the literature", *Revista de la Facultad de Medicina*, 63, 113-123.

Pârvu, M. C. and Niță, A. M. (2020) "Social projects financed from European Funds as a community development instrument in Romania", *Sociology and Social Work Review*, 4(1), 55-65.

Pop, L. (2002) *Dictionar de politici sociale*, Bucharest: Expert.

Sorescu, E. M. and Iacobescu, G. E. (2019) "Promoting Mobile Learning in the Social Work for Children with Communication Disabilities", *Conference proceedings 9th International Conference „The Future of Education”*, 11th edition, 197-203

Teșliuc, E., Grigoraș, V. and Stănculescu, M.S. coord. (2015) *Atlasul Zonelor Marginalizate Rurale și al Dezvoltării Umane Locale din Romania*, Bucharest.

[online]. Available at:

http://www.mmuncii.ro/j33/images/Documente/Minister/F6_Atlas_Rural_RO_23Mar2016.pdf.

World Health Organization (2007) *Clasificarea Internațională a Funcționării, Dizabilității și Sănătății*, New York: WHO/The World Bank

World Health Organization (2012), *World Report on Disability*, New York: WHO/The World Bank

*** *Cadrul general privind funcționarea, dizabilitatea și CES la copii*, O.M. 1985, 2016, art. 5, alin. e.

*** *Law no. 448/2006 on the protection and promotion of the rights of persons with disabilities* (Romania)

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