THE ASSOCIATION OF DISABILITIES PEOPLES WITH
DISABILITIES (PWDs) & POVERTY IN THE SELECTED
SOCIAL WELFARE ASSOCIATION IN KUCHING, SARAWAK

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ABSTRACT

The study is related to the association of registered Person with Disabilities (PWDs) and poverty in two selected Social Welfare Association in Kuching, Sarawak. The research problems include the relation between the poverty and disability, the main reason for PWDs to register themselves under the Department of Social Welfare and preference on type of assistance provided. The main purpose of this study was to explore the relationship between poverty and disability among registered PWDs and to find out whether is it true that poverty did influence the causes of disability in Kuching, Sarawak.

The method that has been used in this study was by conducting a questionnaire toward the PWDs. The study showed that most of the PWDs were having physical defects and their family’s income and household’s consumption fell below a predetermined poverty line. Apart from that, majority of the PWDs decides to register under Social Welfare Department because they were recommended to do so by doctors or their relatives and friends. This study also shows that most of the PWDs prefer social assistance instead of financial assistance to survive. Thus, the researchers conclude that disability and poverty are actually intricately linked as both a cause and consequence of each other.
ABSTRAK


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Chapter 1: Introduction

In Sarawak, there is a gradual increase in the number of persons with disabilities registered with the Social Welfare Department of Malaysia (Sarawak branch) from the year 2007 until 2009. According to the Persons with Disabilities Act 2008, those who are recognized as ‘persons with disabilities (PWDs)’ are “persons who have long term physical, mental, intellectual or sensory impairment, which in interaction with various barriers, may hinder their full and effective participation in the society”.

‘Disabilities’ are usually caused by traumatic injuries (damage inflicted on the body by an external force such as accident or abuse), congenital anomalies or the complications of diseases. The major categories of impairment are sight, hearing, speech, learning difficulties, physical, mental and multiple disabilities (Social Welfare Department of Malaysia, 2008). These categories can be further broken down into a number of sub-categories.

1.1 BACKGROUND INFORMATION

The Malaysian Government realizes that PWDs are not able to neither perform their errands effectively nor compete in an open job market due to their impairment, especially in a surrounding where discrimination towards the PWDs is still quite immense. With the intention of improving the PWDs’ socio economic status and quality of life, various policies and programs for the disabled were created which emphasizes on providing protection, rehabilitation, development and well-being of persons with disabilities. In order to commence these, it is important to know first the number and distribution of persons with disabilities in the country. Thus, registration is required.

In fact, there are three main objectives as to why registration of PWDs is required. The first objective is to know the number, distribution and categories of PWDs in the country.
in order to plan programmes regarding prevention, education, habilitation and rehabilitation, practice and services. Secondly, to plan the set up of suitable facilities in accordance with the PWDs needs. Finally, to enable registered PWDs to acquire suitable services based on their needs in relevance to their functionality or disability level (Social Welfare Department of Malaysia, 2008).

There are two agencies involved in the PWDs registration process in this country, namely the Social Welfare Department of Malaysia (Jabatan Kebajikan Masyarakat) under the Ministry of Women, Family and Community Development (Kementerian Pembangunan Keluarga, Wanita dan Masyarakat) and the Ministry of Health Malaysia (Kementerian Kesihatan Malaysia). The Ministry of Health is responsible in verifying the disability while the Social Welfare Department is in charge of the registration process. However, it is important to know that PWDs registration is voluntary based and is only meant for Malaysian who is staying in Malaysia.

The registration process was first started in 1994. In the year 2005, the Social Welfare Department started to produce and distribute the PWD identification cards to those who have registered. The cards are of different colors for different types of disability. PWDs that have this card will get discounts when they go to the government clinics or hospital for treatments.

The Government ensures that the disabled will continue to benefit as well as participate in the mainstream of development. This is implemented by providing a variety of special benefits which include financial assistance, job opportunities, special education, priorities as well as price discounts when purchasing houses and many other interesting benefits that are not given to those who are not disabled. In other words, in order to be eligible
to enjoy the special benefits provided by the Government, a person must be registered under
the Department of Social Welfare as a ‘person with disability’.

1.2 RESEARCH QUESTION

_The research questions are:_

1. Is there any relation between poverty and disability among registered PWDs in the
two Social Welfare Associations in Kuching?
2. Did the persons with disabilities register themselves under the Department of Social
Welfare because they want the benefits provided?
3. Which type of benefit does the persons with disabilities preferred more: financial or
social assistance?

1.3 PURPOSE OF STUDY

This research was concerned mainly in the evaluation of the relation between poverty
and disability among registered PWDs in Kuching. Thus it was carried out to find out whether
poverty played a role in the cause of their disablement. At the same time, this study will also
find out whether the PWDs register themselves under the Social Welfare Department due to
their interest in the benefits provided which will help to improve their quality of life after
registering or whether they register because of other reasons.

1.4 SIGNIFICANCE OF STUDY

The research done will assist in the understanding of the relation between poverty and
disability among registered PWDs in Kuching area. By understanding and proving the
existence of the relation between poverty and disability, the problem of poverty can be solved
by conducting some constructive measures in which may indirectly reduce the number of PWDs from increasing alarmingly in the future.

1.5 OBJECTIVES

General Objectives

This study aimed to reduce the number of PWDs caused by poverty in Kuching from increasing in the future.

Specific Objectives

1. To find out whether poverty plays a role in the cause of disablement among PWDs in Kuching.

2. To find out whether the PWDs register themselves under the Social Welfare Department due to the benefits provided or because of other reasons.

3. To find out which types of benefit do the PWDs preferred more: financial or social assistance.
Chapter 2: Literature Review

2.1 INTRODUCTION

Persons with disability (PWD) are increasing nowadays which corresponds with the increasing in the world population where Ferguson (2001) states that when there is a continuous increase in the growth of American population, the number of disabled people also will continually increase. 650 million people, which is about 10% of world’s inhabitants live with disabilities (WHO, 2011). Internationally, one out of ten people is assumed to be a PWD (Altius Directory, 2011).

The Preliminary Count Report of Census 2010 shows that the total population of Malaysia is 27,565,821 (Department of Statistics Malaysia, 2010). Thus, it is estimated that 2.75 million of Malaysian population are PWDs. However, there are only 280,000 of PWDs, that is 10% of estimated are registered under the Social Welfare Department of Malaysia (Wong, 2010).

Out of the 27.5 million Malaysian populations, 2.42 million are staying in Sarawak. Thus, it is estimated that 242,000 of Sarawakian population are PWDs. From 2007 to 2009, there is a gradual increase in the number of registered PWDs in Kuching.

2.2 REGISTRATION OF PERSONS WITH DISABILITIES

Persons with Disabilities (PWDs) Act 2008 under laws of Malaysia provided the registration, protection, rehabilitation, development and wellbeing of the persons with disabilities. Under this Act, the equal status of the PWDs with the society are emphasized, so as the PWDs full and effective participation in the society. Besides, the significance of the cooperation of the governmental and non-governmental organizations in assisting and developing the disabled persons were also recognized under the PWDs Act 2008. The
governmental agency which deals mainly with provisions and services for disabled people is the Department of Social Welfare under Ministry of Women, Family and Community Development (Kamarulzaman Kamaruddin, 2007).

According to the Malaysia Social Welfare Department (2008), the services and facilities provided for the persons with disabilities including the synthetic/support tools help, launching grant (Geran Pelancaran, GP), allowance for disabled workers (Elaun Pekerja Cacat, EPC), aiding assistance for bedridden PWDs (Bantuan Pesakit Kronik Terlantar, BPT) and assistance for PWDs who are unable to work. The synthetic/support tools help is the assistance aimed to assist the disabled persons who cannot afford to order or buy the prosthetic limbs, artificial hands, calipers, wheelchair, hearing aids, special glasses, or other equipments that is suggested or recommended by the medical doctors. EPC was introduced in 2007 with a rate of RM300 per month. BPT on the other hand was introduced in January 2008 with the same rate as EPC while assistance for PWDs who are unable to work was introduced in January 2009 with a rate of RM150 per month. In addition, according to Kamarulzaman Kamaruddin (2007), Sheltered Workshop of Disabled which is a Social Welfare Department's institution had been set up by Department of Social Welfare since year 1979. These workshops offer support, supervision and jobs that PWDs will find thrilling and challenging, the pride of achieving meaningful employment, compatible peers and the all-important salary.

2.3 DISABILITY AND POVERTY

Poverty is defined as “the state of one who lacks a usual or socially acceptable amount of money or material possessions” (Merriam-Webster, 2008). Many demographic studies have significantly found a growing relationship between poverty and risk for disability (Fujiura & Yamaki, 2000; Kaye, LePlante, Carlson & Wenger, 1996; Seelman & Sweeney,
1995). For instance, a longitudinal estimate done by Fujiara and Yamaki (2000) signified a major increase in the rate of childhood disability over the past 14 years among constituencies defined by poverty and single-parent headed families.

Disability is both a cause and outcome of poverty because poverty and disability reinforce each other. Disability increases vulnerability to poverty, while poverty creates the conditions for increased risk of disability (Emmett, 2006). Tauseef Ahmed (1995) claimed that the major cause of disablement is poverty among the community. He found out that extra helps are always needed to assist with family work in poverty-stricken developing societies; thereby supplementing family earnings. Usually, the loss of family labour in addition to the diversion of family resources to concern for the needs of a child with some kind of impairment results in additional fertility to offset the loss of that child's potential contributions to family income. Thus, due to this line of reasoning, the family will register their disabled child to the institution for disabled people for assistance, making the number of registered person with disabilities to increase.

PWDs face injustice and discrimination globally, including exclusion from education sectors (Peters, 2009). Shapiro (1993) said that it is not easy for someone who is temporarily in good shape to actually understand someone who has disability, just like someone who is majority ethnic or racial background to understand the perspectives of those who are minority. As a consequent of discrimination from education sectors, lack of education and poverty always go hand in hand (Peters, 2009).

Smith (2002) stated that the potential contributions of the disabled have failed to be notice due to their continued unemployment and underemployment. As a consequence of being outcasts from economic productivity, PWDs had to live in poverty and scarcity, which furthers their alienation and isolation from the social and economic life of the community.
In addition, deprived environment in the poverty areas may also contribute to disability (Reyes-Ortiz, 1999). Anderson and Armstead (1995) declared that residents of poverty areas may be exposed to high crime rates, poorer housing, lack of transportation, and higher levels of environmental contaminants, leading to the development of disability.

2.4 COMPLICATIONS OF OTHER DISEASES AS A CAUSE OF DISABLEMENT

Children and infants have weaker immune system than the adult because they are exposed to less pathogen than the adults. According to KidsHealth (n.d.), as people grow up, their immune system becomes stronger due to contact with more different types of pathogens. This explains why adults and teens are less susceptible to colds compared with kids. This causes children or infants more prone to get infection by the weaker pathogens which usually cannot infect a healthy adult except the immunosuppressed adult.

Since children and infants have weaker immune system, they are prone to get more severe form of infection which can cause severe complications from the infections. One of the complications is childhood disability where the disability can be categorized into two types, which are physical disability and learning disability. Erickson and Lee (2008) stated that physical disability is a disability that has long-term conditions that significantly limit the physical activities such as walking, climbing, reaching, lifting, or carrying. On the other hand, Neuwirth (1993) declared that learning disability is a disorder that interrupts people’s capability to interpret what they had seen and heard or to link the information from one part of brain to another part of brain.

There are a few major causes of the childhood disability which was mentioned by Rasheed (1999). The common preventable causes are polio, malnutrition and micronutrient deficiency. Polio is an infectious disease caused by a virus. It can cause physical disability
and learning disability in children or infants. Polio causes the paralysis of the upper and lower limb of the children and infants but more commonly affect the spinal cord. Malnutrition usually cause the learning disability of the children and infants. This was mentioned by Levitsky and Strupp (1995) that malnutrition not only slows down the brain growth but also causes the brain to be in small size permanently. Micronutrient deficiency is the deficiency of the essential vitamin and trace minerals such as vitamin A, iodine and iron. Vitamin A is an essential vitamin for the function of the visual system. Vitamin A deficiency can cause continuous damage to the eyes and causes blindness. This disorder is called xerophthalmia. Next, iodine is an important substance for the synthesis of the thyroid hormone which functions to regulate body metabolism. The iodine deficiency can cause mental retardation and impaired physical development which is mentioned by Bhan, Sommerfelt and Strand (2001). In the meantime, iron is also a very important micronutrient for the synthesis of red blood cells. Iron deficiency can cause the reduction of the production of the functional red blood cells and cause anaemia. Anaemia causes less amount of oxygen which can be carried to the brain. If this situation is prolonged, the children or infant may develop learning disability.

Apart from the complications of diseases that cause the disabilities in children and infants, there are also diseases that can lead to disabilities in adults. Some of the diseases that can cause disabilities in adults are diabetes mellitus, stroke and stress (depression). Diabetes mellitus can lead to reduced or blocked arteries, resulting in altered blood flow to the area supplied by the blocked artery. This can lead to dry gangrene and if not treated early, amputation of the gangrene part can cause diabetic patients to lose an arm or a leg which is then considered as physical disability (MedicineNet, n.d.). Stroke, on the other hand, can cause temporary or permanent damage to the brain. Blockage in the blood vessels of the brain, if
severe, can lead to infarction of the brain. One of the complications of stroke is paralysis or loss of muscle movement which can lead to the physical disability (MayoClinic, 2010). Finally, stress is a normal fraction in everyone's life and different people have different ways in managing stress. However, when a person has to encounter extreme stress every day, this will affect the person's quality of life in the long run and eventually leads to mental disability. (Conquer Anxiety and Depression, n.d.)

2.5 CONGENITAL MALFORMATION AS A CAUSE OF DISABLEMENT

In poorer countries, leading causes of newborn morbidity and mortality are infections and but in developed countries, the main causes of disablement are cancer, accidents and congenital malformations.

In one study, the prevalence of CM was 3% for single major anomaly and 0.7% for various major anomalies. It has also been shown that during the perinatal period, 12.3-32% of deaths that have occurred are related to congenital anomalies (Tayebi et al., 2010). In urbanized countries such as the United Kingdom, congenital defect account for a substantial proportion (26-34%) of prenatal mortality. Also, the occurrence of congenital anomalies in Denmark is roughly 3%. (Tayebi et al., 2010).

Congenital is an evocative term indicating a condition existing at birth; hence congenital malformations or congenital deformities are defined as distortion of structure present at birth. Functional as well as morphological imperfections were considered to be included as developmental or congenital abnormalities, defect and anomalies (Rousseaux, 1988).

The aetiology of these defects is either genetic (recessive gene) or environmental, and include malnutrition, endocrine disorders, intense temperature during pregnancy,
radioactive emission, drugs, chemicals, toxic plants and infectious illnesses (Roberts, 1971). All of these will eventually lead to mutation. At a molecular level, the times at which certain genes of individual cells are expressed are important in the production of the correct cell mass and cell products necessary for organ development (Rousseaux & Wenger, 1985). Since each cell carries the heritable material or genes, on chromosomes, thus excess or loss of genetic sequence usually will result in phenotypic deformity in several organ systems because a single chromosome carries genetic sequence important to many metabolic and developmental pathways (Shows et al., 1982) and so, congenital defect takes place. Failure of tissues to interrelate with each other at the correct place and time may also result in deformities even though the genotype of the individual is normal and external environmental insults is absent (Rousseaux, 1988).

Ashford (2002) added that pregnancy-related complications can endanger women’s survival and contribute to death and disability in infants. Furthermore, women suffering from malnutrition and infections during pregnancy are more prone to have low birth-weight newborns weighing less than 2,500 grams and are 20 times to 30 times more likely to die in the first week of life than newborns of normal weight. However, if those newborns did survive after the first week of their life, unfortunately they are more likely to suffer disabilities such as cerebral palsy, seizures, and severe learning disorders.

2.6 ACCIDENTS AS A CAUSE OF DISABLEMENT

Worldwide, about 16,000 individuals die because of accidents every day. For each individual who dies from an accident, several thousand injured people survive, however many are left with permanent disabling sequelae or consequences. According to Manning, Davies, Kemp and Frostick (2000), an accident is defined as “an unintended or unforeseen event or