

## Disability in Malaysia in the Context of the Asian and Pacific Decade of the Disabled

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### 社会経済発展におけるマレーシアの障害者福祉

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「アジア太平洋障害者の10年」も5年目をむかえ、マレーシア政府は国家福祉政策や「支え合う社会」の理念に基づき、障害者福祉増進のため法制化、人材開発、意識向上、障害の発生予防など目標にむけて努力を続けている。国内の社会福祉を補完するためにマレーシアではNGOの活動が非常に活発で、地域社会における有効かつ革新的なアプローチやサービス提供に多くの期待が寄せられている。また近年では、障害の予防とリハビリを地域社会で行う「地域リハビリテーション (CBR)」が注目されており、すべての部門での協力がさらに必要となってきた。

本論文はマレーシア政府やNGOの役割、CBRの実施について事例などを取り上げながら、マレーシアの障害者福祉の現状と課題、および社会経済発展における障害者福祉の展望を考察している。

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#### 1. INTRODUCTION

1.1 The Disabled community in Malaysia are thankful to the government and the people of Malaysia. This is due to the farsightedness of the government and the non-government organisations working in harmony complementing and supplementing programmes for the disabled in the community. In terms of national policies the country is spearheading the caring society concept which is enshrined in the Vision 2020. This paper sets out to outline the status quo of the disabled in Malaysia in the context of the Asian and Pacific Decade of the Disabled 1993 - 2002. The current socio-economic experience in Malaysia has made Malaysians more resilient, prudent and creative in sourcing alternatives whilst encouraging and appreciating local content/produce and consumption. On a positive note it is a turning point for all Malaysians to work cooperatively, confidently and vigorously to

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emerge as a dynamic community. The disabled community have become more articulate and assertive to champion and realise their rights. They are more visible in the community as productive individuals and making inroads in entrepreneurial skills, acquisition and development.

## 2. DEFINITION

2.1 Malaysia's definition of disability has long been controversial or debatable in various quarters as to what entails disability. Especially in the National Language (Bahasa Malaysia) there has been much discontention with regard to the translation of disability from the English Language. However, this is necessary so as to arrive at a meaningful understanding of the term disabled. The Disabled People's Movement have become more articulate and have shown disapproval to the terms used locally.

2.2 Way back in the 1980's the World Health Organisation (WHO) published a document on the International Classification of Impairment, Disability and Handicap (IDH)<sup>1)</sup>. Malaysia has adopted this classification which is widely used in Health, Welfare, Educational and Human Resource environments. Although it has taken time for the popularity in the usage of IDH terms, it is widely discussed now.

WHO's IDH terms namely refer to the following :

- *Impairment* - an impairment is any loss or abnormality of psychological, physiological, or anatomical structure or function.
- *Disability* - a disability is any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered for a human being.
- *Handicap* - a handicap is a disadvantage for a given individual, resulting from an impairment or a disability, that limits or prevents the fulfillment of a role that is normal (depending on age, sex, and social and cultural factors) for that individual.

2.3 While the professionals appear to be comfortable with the above terms however, the Disabled People's International (DPI) appear to view these terms to be more of a medical model<sup>2)</sup>. A true classification should reflect on the individual and the environment. The focus should be on the physical and social environment and not their own disabilities that restricts participation in the community<sup>3)</sup>. To address this, WHO has been working on a detail document known as International Classification of Impairment, Disability, and Handicap 2 (ICIDH 2). This trial document will be discussed later in this paper.

## 3. PREVALENCE OF DISABILITY

In Malaysia there is no actual national surveys on disabilities. However there are some localised surveys conducted at different periods that could give some indication of the prevalence of disabilities in Malaysia<sup>4)</sup>. The Malaysian Council for Rehabilitation (MCR) is making some positive steps towards convincing the government for a significant survey on disabilities<sup>5)</sup>. The main objectives of the survey were :

- To locate and identify disabled persons for data collection and for referral as necessary.
- To help create a national database to facilitate the updating of information on disability, for systematic analysis and for planning.

## 4. LOCAL DATA

4.1 1958 - 1959 : Survey by the Social Welfare Department<sup>6)</sup>

This sample survey was conducted to ascertain the extent of disability among 5 percent of the population. Based on this survey it was estimated that 1 percent of the population had some form of disability.

1981 : Kuala Langat District<sup>7)</sup>

A field survey was conducted in the Kuala Langat District by eight teams, over a period

of three weeks. Each team had a doctor and one trained field assistant. A total of 2,518 were screened for disabilities. The overall prevalence of disability was 94.9 per thousand persons, while that of handicapping conditions was 18.3 per thousand.<sup>8)</sup>

This means that 9.49 per cent of the population has some form of disability, confirming WHO estimates that 10 per cent of the world's population are disabled.<sup>9)</sup>

1983 : A pilot study in Sentul<sup>10)</sup>

The above study covered a densely populated area of mixed social status background. The study covered 1,000 children to identify the extent of severe childhood disability. From the study 31 cases of severe childhood disability was identified.

1984 : Tanjong Karang Study<sup>11)</sup>

In this study which was conducted in a Malay community, the focus was on locomotor disabilities. The prevalence of locomotor disabilities was determined as 3.9 per cent.

1989 : A study from Jerantut<sup>12)</sup>

This study was carried out by workers from the Malaysian Association for the Blind (MAB). It was a general survey in Jerantut whose population was at 60,000 persons. The field workers made contact with 39,132 persons, 349 of whom were identified as being disabled. Among the disabled population in the survey were 82 blind persons, 77 deaf and 190 orthopaedically disabled.

#### 4.2 Analysis of local data

The 1 per cent conservative estimate which is in force in Malaysia need to be reassessed. Although the IDH definitions were used in some of the surveys mentioned above, there was a lack of uniformity in the classification with others. Several organisations for and of the disabled are in the forefront now

championing the cause for a reliable census count of the disabled in the country. There is a need for an effective data bank system to ascertain the nature and extent of disability as a result of nation wide surveys. Household surveys are more effective than a general census of the population as indicated in the World Programme of Action<sup>13)</sup>.

### 5. NATIONAL REGISTER FOR THE DISABLED

5.1 Since 1992, the Department of Social Welfare of Malaysia started the above register as one of the means to ascertain the extent of disability in Malaysia. The registration is voluntary. It involves filling up a comprehensive form which is usually coordinated by local hospitals. The duration of the completion of the form could sometimes take more than six months. Until May, 1998, the number of disabled persons registered with the Department of Social Welfare of Malaysia stands at 71,454. See Table 1 for details. Together with this registration an identification card is given.

There are four type of cards :

- Blue with letter B is for the blind
- Green with letter A is for the physically disabled
- Purple with letter P is for the deaf
- Pink with the letter T is for the mentally handicapped

The benefits for the identification card holders are as follows :

- Tax exemption for their children and dependents
- Concession fares from Malaysian Airlines
- Concession fares from National Rail Service
- Rebate on monthly telephone rental from Malaysia Telecommunication
- Rebate on monthly hand phone rental
- Discounts for medical aids such as wheelchairs, hearing aids, etc.
- Exemption from medical fees for treatment at government hospitals.<sup>14)</sup>

## 6. MALAYSIA'S STATEMENT ON THE MID-POINT OF THE ASIAN AND PACIFIC DECADE OF DISABLED PERSONS (1993-2002)

The authors wish to thank the Director General and staff of the Department of Social Welfare of Malaysia for their support in providing information that has given more depth to this paper. The following information is largely taken from the above document prepared by the Department of Social Welfare of Malaysia. Wherever necessary it has been updated and relevant information has been added based on our investigations and readings. The following information gives Malaysia's stand and directions in the context of the above decade.

### 6.1 Current Situation

Malaysia's vision of 2020 and the caring society's concept together with the IYDP, followed by the U. N. Decade of Disabled Persons and the World Programme of Action have played significantly roles in enabling the government and the people of Malaysia to be more sensitive and responsive to the needs of disabled persons. More so in the area of selfworth and dignity.

A hallmark of this is the National Welfare Policy of 1990 with the following aims :

- a. to create a society that upholds the spirit of self-reliance
- b. to equalise opportunities for the less fortunate, and
- c. to foster a caring culture.

The government and non-government organisations (NGO's) work in harmony in supplementing and complementing programmes for the disabled. Early detection, identification and appropriate referrals is well in place and is more accessible. Rehabilitation, treatment, education and training of the disabled is more possible now than before. The concept of a inclusive society is more frequently discussed now as the Ministry of Education spearheads the task of enabling inclusive education in the regular schools.

The signing of the proclamation on Full Participation and Equality of People with Disabilities in May 16, 1994 by Malaysia is a further commitment by the government on the quality of life of the disabled. Malaysia has also ratified the Convention of the Rights of Children which also includes all children thus paving the way towards full participation in the mainstream of social and economic development.

The following is Malaysia's response to the Agenda for Action for the Asia and Pacific Decade of Disabled Persons (1993-2002) covering the 12 policy areas :

#### ( i ) *National Coordination*

On August 30th 1990, a National Implementation Committee for the well-being of the Disabled was established under the Chairmanship of the Secretary-General of the Ministry of National Unity and Social Development. Representatives were also invited from relevant Ministries and departments and other related NGO's. Several Technical Working Groups (TWGs) were also formed to draw up plans of action.

A need for a National Coordination Council was proposed by the National Implementation Committee to the Cabinet so that the council will be more effective with political clout. On 25th of February, 1998, the cabinet approved the National Coordinating Council. The purpose of this Council is to plan, implement, coordinate all policies, programmes and activities of the disabled. It will be headed by the Minister of the Ministry of National Unity and Social Development represented by the Secretary General of the Ministry, heads of Departments from the various ministries who provide services to the disabled. Representatives from NGO's and disabled persons are also included in this Council. Subsequent to this, State level committees are also to be formed for the smooth running and effectiveness of the National Council.

(ii) *Legislation*

It is apparent that there are no specific legislation concerning the disabled. There are piece-meal legislations involving the disabled in areas such as tax exemptions and others. There appears to be efforts undertaken to formulate legislation to protect the rights of persons with disabilities and prevention from abuse and neglect. The Attorney General office has been assigned to deal with the formulation of the legislation. A Technical Working group has been established for the drafting of this legislation. Constitutionally, a disabled person may claim his rights based on Article 8, of the Federal Constitution which guarantees equality to all persons.

(iii) *Information*

The Department of Social Welfare provides pertinent information and data to concerned agencies in the country as appropriate. Other ministries like the Education, Health and Human resource do also provide such information concerning the disabled and their progress. The Social Welfare Department can take pride in that they are the only one who actually keep a register of the disabled. Details of this have been given in section 5 of this paper.

With Information Technology in the environment the Deaf have been fast to use it well. The Kuala Lumpur Society for the Deaf have a Malaysian Deaf Homepage since 1996 for easy access to information on the deaf community, deafness and services.

(iv) *Public Awareness*

Malaysia's media keeps its people well informed of current affairs and educates them to be more caring or people sensitive. The local press especially is well informed and provides rich information on all the daily events concerning the disabled and their aspirations. Activities and programmes from both government and NGO's are well covered. A local daily press also has a disabled person responsible

for a column in the paper, writing pertinent information and raising issues and awareness to the public. Malaysia celebrates Disabled Day on the 3rd of December every year. Much publicity and activities are organised for the disabled and the public.

In May 1996, a telephone Hot-line known as "TeleKU" was launched with the cooperation from CELCOM Technology Sdn. Bhd. It is believed that with this service more disabled persons will be assertive and register themselves for their future positive development.

Public awareness is crucial for the success of disabled persons in the community. **Rehabilitation of the society and not of the disabled is the challenge now for all communities.**

(v) *Accessibility and Communication*

For a long time the disabled community has been very vocal about the environment been unfriendly to them. They have articulated this through various organisations and via media coverage. All their efforts became a success when the government gazetted the amendments to the Uniform Building By-Laws 1984 under the Street, Drainage and Building Act 1974. The Malaysian Standard Codes of Practice for Access for Disabled People Outside Buildings has been accepted by the government and incorporated into the Uniform Building By-Laws 1984 whereby it became mandatory for all new buildings to have facilities and amenities as contained in the Codes of Practice. More recently a review of the Code of Practice is underway to make it more realistic and effective. Whilst the provision will pave the way for greater access for the disabled the enforcement of it is much to be desired.

(vi) *Education*

Currently there is no legislation that ensures and protects the rights of the disabled with respect to education. However, section 25 of the Education Act 1961 provides that the Ministry may establish

and maintain special schools which provides special education for pupils with disabilities. Subsequent to the new provisions of the Education Act, the Ministry has expanded their special schools and Integrated programmes for the visually impaired, the hearing impaired and children with learning difficulties. The growth of special classes for children with learning difficulties (Autistic, Down syndrome and Severe Learning Difficulties) was a result of a memorandum that was sent to the Ministry of Education in 1987 by a group of parents and professionals through the parents committee of the Selangor and Federal Territory Association for Mentally Retarded Children. In 1988 two experiment classes were started by the Ministry of Education. Details of the growth of the special programmes is in Table 2.

In addition to the above, the concept of inclusive education was also accepted in principle by the Ministry. Efforts to inculcate this concept in selected schools in Malaysia was undertaken by the Ministry through several seminars and workshops. To ensure success of this concept it was necessary to monitor and implement the following strategies as critical factors :

- a. Restructuring of schools to include inclusion practices
- b. Preparing the administration of the concept in the widest sense
- c. Preparing the community and the regular students the benefits of inclusion
- d. Making adequate budgetary allocations
- e. Training of teachers and support staff
- f. Preparing school staff and involving them to make inclusion a success (collegial relationships)
- g. Ensuring appropriate educational materials and apparatus are readily available.
- h. Implementing a negotiable/ecological curriculum to suit special educational needs of children

On October, 1995 the Ministry of Education gave due recognition and raised the status of the Special Education Unit to a Special Education Department

of the Ministry. This department is currently making inroads and preparing itself to monitor and implement new programmes in the schools in Malaysia. It is also working closely with other Ministries advising and supporting the various initiatives.

(vii) *Training and Employment*

The Department of Social Welfare currently has 13 sheltered workshops for the disabled in the country. More recently the department has also built a one-stop centre complex for the disabled in Bangi, Selangor at a cost of RM 37 million. Although it is for the orthopaedically/physically disabled it is also a resource centre for others. The centre boasts of the latest facilities for the physically disabled preparing them for competitive work and a quality of life. In addition to the government the NGO's also have established vocational training and adult education centers in Malaysia. To some extent they have been doing pioneering work in exploring and educating the community the potential of the disabled especially the intellectually disabled who have been deemed unproductive and ineducable.

With regard to the public sector, the government had issued a circular in 1989 providing for a 1% quota for employment opportunities for the disabled. This was a very positive move by the government and gave confidence to the public and the disabled. To enable employment of the disabled in the private sectors, a National Committee was established in 1990. This committee has since conducted various awareness campaigns and activities for the promotion of suitable employment for the disabled. The government strongly urges the private sector to provide 'user friendly' environments for effective and challenging work opportunities for the disabled. The need for transportation and housing is also encouraged so that disabled workers are consistent and sustain in their jobs for a suitable period of time. Job sustenance and work development are key issues that need to be effectively addressed for a meaningful and a quality of work

for the disabled.

(viii) *Prevention of Causes of Disability*

The Ministry of Health is mainly responsible for this sector. They have initiated various comprehensive programmes providing pre-natal and post-natal care. Some of the programmes launched are such as the National Programmes for the Prevention of Blindness and the National Iodine Deficiency Prevention Programme and others. The Ministry is very active in Early Intervention programmes in the community. Their community nurses are trained to detect and identify children at risk and with special needs in the community. Early referral and appropriate treatment is provided at the community level. This is necessary more so in the rural communities. Community based involvement is a responsibility of the Department of Health. Together with media cooperation the ministry is active in disseminating appropriate information to the public on a healthy life and a quality of life in families. Regular forums and tele-talk is aired to the public on health issues. Disabled persons involvement in these forums and consultation is much encouraged.

(ix) *Rehabilitation*

From the medical model of rehabilitation we are seeing the impetus for a social model of rehabilitation. The disabled have been assertive in this direction for sometime. The global trend since then is to make this a reality. Community based rehabilitation programmes have taken firm roots in Malaysia since 1983. Moving from an institutionalised based programme to a community based one. The Department of Social Welfare is very active in pioneering this programme, closely following the WHO guidelines and development. It is estimated that in the year 2002, Malaysia is expected to have some 267 CBR centers catering for about 5,000 children. In addition to CBR, the Department of Social Welfare has also launched into Group homes, Home help and Fostering of

children/persons with special needs. More details on CBR is given below.

(x) *Assistive Devices*

The Department of Social Welfare plays a key role here to enable disabled persons access to assistive devices. Some of the equipment/appliances like hearing aids, wheelchairs, orthosis and prosthesis are the norm. The National Welfare Foundation assists individuals with motorised tricycles and other assistive devices. Community Service organisations also lend a helping hand in providing hardware to enable disabled individuals lead a quality of life.

(xi) *Self-Help Organisations*

Non-government organisations constitute a significant provider and pioneer of services for the disabled in the country. Voluntary welfare organisations which they are also referred to are part of the growing welfare system. More details on this will be given under NGO activities later in this paper. On the main, together with government agencies they play complementary and supplementary roles in the community. Some of the organisations are very assertive and visible in the work they do and their commitment for the disabled. The government supports and encourages these organisations and helps to realise their aspirations and goodwill in the community. The government provides grants based on the objectives, clients served and such effective programmes implemented by the self-help organisations. It is reported that up to 1997, there are 64 organisations catering for various categories and age groups of disabled persons receiving grants of more than RM 2 million annually.

(xii) *Regional Cooperation*

Malaysia is a team player with regards to regional cooperation. It hosted the Consultative Experts Meeting on National Disability Legislation for the Asia and Pacific Region in December, 1993, and is committed to regional cooperation. It also funded

and organised the Inter-Country Seminar on Multisectoral Collaborative Action for People with Disabilities in December 1996. Malaysia is also represented at international meetings hosted by ESCAP or NGO's on matters pertaining to the disabled.

## 7. NON-GOVERNMENT ORGANISATIONS

As indicated earlier, NGO's play a significant role in fostering a caring society. Side by side with government and the community these organisations provide direct services. These organisations are National, State and Community Based. Several organisations are established by disabled themselves, e.g. the Blind, Deaf and the Orthopaedically disabled have established organisations that is 'of' and use them as a vehicle to request, advise and champion their cause as necessary.

For example in the Klang Valley which is the hub of socio-economic activity in Malaysia a four fold classification of organisations could be identified which is reflective of the Malaysian context.<sup>15)</sup>

### *The custodial care approach*

Often the services established are organised by parents, professionals and volunteers. In the Klang Valley 3 organisations provide such a service which is institutional in character. On the main the residents are severely/multiply disabled and thus would require skilled care and total supervision. On the other hand in an institutional setting the individual model accentuates the disability and encourages dependency. Is this a quality of life?

### *Enabling Care Approach*

Of the 31 organisations providing services in the Klang Valley 14 appear to fall under this category. The approach here is positive as it provides and encourages disabled individuals to be independent and productive. Appropriate programmes are identified to assist the individual to be independent and integrate successfully in the community. Due to the nature of the organisation often it is

enveloped in basic provision and sustenance only. These organisations do not progress so far as to enable individuals to be leaders and advocates. There are exceptions of course like the YMCA self reliance centre (Pusat Majudiri 'Y') and Malaysian Care who believe in being a catalyst (change agent).

More recently a newly registered organisation plays a similar role in encouraging organisations to set up toy libraries as an extension to the various services they provide. This is the Malaysian National Council of Toy Libraries with its current membership of 15 organisations is spearheading the purpose and benefits of setting up toy libraries in the community. The main rationale being to give a **head-start** to young children with disabilities in maximising their potential through structured and unstructured educational environments using educational materials as the medium of challenge.

### *Self-Help Approach*

These organisations are of the disabled themselves and is initiated and run by disabled themselves. The programmes are of current interest to its members and the challenge is to seriously to champion and monitor unresolved issues that affect them daily. There are 13 organisations in the Klang Valley that fall under this category. Several CBR centers have been initiated in this manner. The Society of the Orthopaedically Handicapped (POCAM), main objective is to enable disabled members to be self-sufficient and independent. It is reported that the Society attended to 420 individual cases in 1991/92. The nature of help was in employment and training, orthopaedic and mobility aids and welfare development. POCAM's objective is to make recommendations to the government, and to advocate and promote laws, amendments to Laws and other regulations in the interest of its members.

### *Advocacy approach*

There appears to be just one organisation that is an



advocacy movement. This is the Dignity and Services (D&S). This organisation advocates for persons with learning difficulties (intellectual disabilities) and rightly so as the intellectually disabled are yet to be vocal enough to champion their rights. D&S works on the basis of the universal human rights standards through the formation of self-advocacy groups as well as the training of advocates who will fully support the well being of the intellectually disabled.

On the main NGO's are in the fore-front in Malaysia, active and very visible in community work and working towards a quality of life for the disabled. The services provided in the Klang Valley are as follows : <sup>16)</sup>

#### *Community Action*

This involves action to influence public policy and try to advocate changes in the community. The main focus is to initiate and have such dialogues with government and related agencies on matters that concerns the welfare of the disabled. To make such submissions like memorandum and mass media/information technology publicity as appropriate. It is reported that six of the organisations are active in community action.

#### *Day Care Services*

Under this concept only six organisations provide such services in the Klang Valley. The main reason being the costs involved in the day to day running could be a severe responsibility and especially with the current economic situation this is not helping with regard to sustenance. Many of these organisations cater for the intellectually disabled. Organisations of the disabled do not have such services, this must be due to financial constraints and manpower issues.

#### *Educational and Training services*

Its reported that 12 organisations run educational services for the disabled in the Klang Valley. This includes schools for the deaf and the blind. On the

main, special schools and early intervention programmes at community levels are the norm especially for the intellectually disabled. NGO's are really challenging and convincing the government the need for adequate services for the intellectually disabled. This group and persons with cerebral palsy appear to be not in the mainstream of services or deemed to be not so productive. With the articulation of several organisations there appears to be positive signs by the government if the concept of inclusive education really becomes a reality.

#### *Employment services*

Several organisations offer vocational services and placement for the disabled. The Malaysian Association for the Blind has its own training school and placement facilities. NGO's have prepared and are diligently working towards acquisition of market driven skills so that disabled persons can participate in a wide variety of occupational skills including owning businesses. The Society for the Deaf and YMCA Deaf Club are fine examples. The Selangor and Federal Territory Association for Mentally Retarded Children, Bethany Home, Kiwanis Job Training Centre, and PERKOB a parent group initiated by Malaysian Care are welfare organisations with effective vocational programmes and a very good track record of successful employment for the intellectual disabled in the community.

#### *Personal Services*

On a personal level several organisations do assist individuals in their pursuit for education, work referrals or counseling as necessary. In emergency or family needs, organisations have come to the aid of individuals.

#### *Public Awareness*

The media in Malaysia is very supportive and empathetic to the cause of the NGO's. They inform and educate the public about the NGO's and in rallying for community support in the various

projects of and for the disabled. Several organisations are preparing to be one-stop centre so as to provide all kinds of information for any type of disability. Several organisations periodically organise seminars, workshops, forums and public awareness campaigns for interested groups and the public at large.

#### *Religious Services*

Several organisations have religious affiliation but very few actually provide a direct religious service. For example developing religious materials available in braille or when praying, religious instruction and related programmes. There is a local church in the Klang Valley that has an active deaf group and are fortunate to attend mass/service in sign language and in other related religious services. The need for effective religious materials and considerations for the disabled in this respect is still underdeveloped. Access to places of worship is still a barrier to many disabled persons.

#### *Residential Services*

Very few organisations actually provide residential services. The Malaysian Association for the Blind, and Rumah Insaniah (Society for the Rehabilitation for the Disabled) provide hostels for residents attending vocational courses. However Cheshire Home and Asrama Cahaya do provide long-term residential services for concerned disabled individuals. It is actually good practice for disabled individuals to be in least restrictive environments promoting successful integration in the community.

#### *Social Programmes*

The need to socialise and for successful occupation of leisure time is a very important factor in the life of the disabled. Often this is neglected or it could be lukewarm response or mild efforts made by organisations to provide recreational programmes for the disabled. Some organisations do make an effort to organise social activities from time to time but they are not necessarily consistent.

#### *Empowerment of Disabled Persons*

A local study <sup>17)</sup> indicates the extent of the empowering process of the disabled by examining the following mechanisms : the direct involvement of disabled persons in formation of the organisation, identification of needs, policy formulation, decision making, and elected office. The study quotes that at the point of founding only 2 out of the 21 organisations had the involvement of disabled persons i.e. four persons in total all all who are orthopaedically disabled.

The study further reports that only 3 organisations have disabled persons holding office i.e. Involvement of 5 disabled persons. In the case of two of these organisations the disabled persons are professionals and well placed in society. The third organisation whose members are direct service users are members of the management committee running the YMCA deaf self-reliance centre. This reflects that on the main, disabled persons do not actually involve themselves at decision making levels or are not invited or given opportunities to do so.

The above study gives three reasons as to why there is lack of participation of disabled persons in organisations "for". Firstly, majority of the organisations "for" the intellectually disabled persons and therefore it is difficult for them to incorporate them into the main decision making process. Secondly, organisations "for" tend to rely on full time staff in contrast to organisations "of" which are self-help groups. In the Malaysian context a majority of the staff have only basic training but within an underdeveloped professional context full time staff can still be seen to be called "experts". Thirdly, the prevalent view of charity or caring can be seen to be a major obstacle for the active involvement of disabled persons. The attitude of assisting another rather than enabling the other is a cause for concern. Some disabled persons appear to have commented that some of the current leadership in organisations "for" are a major obstacle for the dynamic involvement of disabled persons.

### *Parents Participation*

The importance of parents participation in the care and in the wholistic development of persons with disabilities cannot be denied. Almost in all the organisations for the disabled, parents have been a party to the founding of it. It is through parents commitment and perseverance that many of the organisations are continuing to deliver services and breaking new ground in the challenge to provide a quality of life for persons with disability. Many of the parents play key roles in the management of several organisations whilst others are members of the organisation playing a supportive role. Several organisations have in their constitution that there must be a minimum number of parents in the executive committee. More recently a Society of Families of Persons with Learning Difficulties was established and is the only organisation and is made up families with disabled persons.

Several organisations do conduct parents training/workshop and such meetings to enable parents to be more informed and efficient in their care and education of persons with disabilities. This is a continuing process as more and more parents accept the challenge and become meaningfully involved in assisting their children to reach their fullest potential.

### *Problems in Non-Government Organisations*

As Malaysia is saddled with its economy downturn, most NGO's are experiencing severe hardship and increased challenges. The government in their wisdom are continuing to provide grants as the welfare department monitors the situation closely. Naturally these organisations are consolidating their work and seek fresh ideas to cope with the current situation. Organisations are becoming more resilient and seek inner strength to maintain the quality of service as cost effective measures are quickly implemented and encouraged. The Malaysian spirit to respond generously when in adversity is very transparent and much to be ap-

plauded. The challenge is how long will this continue?. For now multi-ethnicity collaboration and spiritual bonding including a healthy political climate prevails.

## **8. COMMUNITY BASED REHABILITATION PROGRAMME**

Community Based Rehabilitation or 'CBR' was first initiated and established by WHO for developing nations in the seventies. Since then the concept of CBR has been interpreted and established at various levels in various countries arbitrarily<sup>18)</sup>. The first pilot project in Malaysia started in 1983. Since then the growth and a better understanding of CBR has led to the establishment of 186 such centers. Table 3 gives all the details of the centers in Malaysia. CBR programmes in Malaysia is largely due to the efforts of the Department of Social Welfare of Malaysia. However several NGO's also complement the services.

Models of the programme vary depending on the nature of initiation and in the implementation process. For example the rationale for setting it up; how it all started; resources available; management; extent of coverage; assessment and planned activities. The Department of Social Welfare currently spends about RM 3 million for the success of the programmes.

Activities of CBR programmes differ from programme depending on the resources available and the commitment of the management committee. The National Coordinating Committee of CBR programmes is currently working towards standardising programmes/activities so that minimum standards are observed. A local study (Program Desa)<sup>19)</sup> has highlighted the strengths and weaknesses of a pioneering CBR project in a rural community in Selangor. The study raised anxious comments as to the sustenance of the project as it heavily depended on outside funding and visiting professionals.

The current situation with regard to the nature of CBR programmes is that it is largely centre based.

Very few centers conduct home visits largely due to financial constraints. The birth of the National Coordinating Committee of CBR programmes in Malaysia is hallmark of achievement and recognition for the development of CBR centers in Malaysia. The main purpose of the National Body

- Formulate national policies on CBR
- Carry out research and development activities
- Initiate and organise information dissemination and awareness campaign
- Promoting and assisting in the development of CBR programmes
- Fostering networking
- Providing bursaries, training and educational visits
- Setting up a CBR foundation to support the objectives and functions of the national committee

Within the country there is urgent need to share appropriate CBR information and tighten programmes so that they are qualitative and meet the objectives outlined by the community. There is urgent need to know how others are fairing in this respect in the ASEAN and Asia Pacific region. What good practices and experiences can we adopt and learn as CBR programmes are economically sensitive and timely now.

## 9. INTERNATIONAL PERSPECTIVE

### 9.1 Introduction

We believe that there are more than 500 million people in the world who are disabled as a result of physical, mental or sensory impairment. It is reported that out of these, more than 300 million live in the Asia and Pacific region <sup>20)</sup>. Due to the vast differences in attitude, environment, cultures and other social barriers, it is apparent that persons with disabilities often or sometimes coerced to live marginal or segregated lives. The call is for concerted efforts to be taken to overcome and confront this trend failing which the number of disabled persons could rise or live in such conditions

that is inhuman.

9.2 The 1981 UN Proclamation International Year of the Disabled was a clear hallmark in the Asian and Pacific region for a positive and confident growth in the context of socio-economic development for persons with disability. This declaration in most countries encouraged greater government and non-government organisations involvement and commitment towards a quality of life for persons with disabilities. Growth such as in human resource development, national policies, birthing of numerous self-help groups and meaningful participation of disabled individual at various levels of organisation and participation.

9.3 The United Nations Decade of Disabled Persons, 1983-92, gave further continuity in the rapid growth of services in the region and greater visibility of the potential of individuals with disabilities. Especially in Malaysia it was a booming economy and social life and development was rapid and the government was very receptive and responsive to the needs of the disabled community. Various activities at national and regional levels were organised via experts meeting and cooperation. This was mainly through ASEAN, and Asian collaboration. As a follow up to this ESCAP resolution 48/3, Asian and Pacific Decade of Disabled Persons 1993-2002 was adopted by 33 countries attending the forty-eight ESCAP session in April, 1992. This endorsed the government commitment and full participation and equality of people with disabilities. The Malaysian government ratified this document in May 1994.

9.4 To mark the mid-point of the Asian and Pacific Decade of the Disabled Persons, an International seminar was held in Tokyo, in November 1997. The purpose of this seminar was to bring together, strengthen and reinforce efforts of individuals, communities and countries in disability prevention and rehabilitation for the remainder of the

Decade and beyond. The following is a brief summary of the main areas of concern that was discussed at the meeting and published by the National Rehabilitation Centre for the Disabled, Tokorozawa, Japan and WHO, Manila, Philippines <sup>21)</sup>.

#### *Prevention*

In the area of preventive measures, members suggested the following : improvement in education (education for all includes children with special needs) ; better health service delivery and primary health care ; better economic-social status of the population ; early detection and intervention ; effective immunization programmes ; national legislation and regulations ; better life style ; control and better management of hazards ; information based prevention and rehabilitation ; good family support systems.

#### *Rehabilitation*

In discussing the various aspects of rehabilitation the following was suggested : early detection and diagnosis for effective treatment limiting disabilities ; rehabilitation services should include training in self-care activities and mobility ; communication skills (sign language - MAKATON language programme and other alternative communication systems) ; social education, psychological assistance like in counseling and others as necessary ; rehabilitation should also involve provision of technical aids; special education services ; and vocational rehabilitation services.

Members agreed that there should be more efforts towards developing and reinforcing CBR programmes as the core rehabilitation service. Family support systems, networking in the community is much encouraged.

#### *Assistive devices*

To promote independence and mobility, technical aids are necessary and should be readily available. Wherever and whenever possible low-cost aids using indigenous materials should be encouraged.

Many countries give tax exemption on imported equipment and have eliminated other obstacles. As we are rapidly progressing with the information technology age, the disabled must not be neglected.

#### *Education*

There probably will be many disabled children deprived of school in regular, non-formal or specialised education. The concept of inclusive education must be systematically implemented so as to ensure the philosophy and aims of special education is effectively realised. The concept of primary education for all should at least be adhered to.

#### *Training and Employment*

With structured training, guidance and assessment, counseling on work ethics, disabled persons can be involved in competitive and semi-sheltered employment. Some members countries have realised this via quota schemes and tax concessions. For the multiply disabled, sheltered workshops can be made available for significant occupation.

#### *Human Resource Development*

The importance of manpower training was well recognised and encouraged in many of the member countries. The need for training/curricular programmes to be localised and culture fair was highlighted. Appropriate staff needs assessment and development in accordance with national policies is a must. The significant role of CBR workers in early detection of impairment and appropriate treatment was acknowledged. Continuing/further education for professionals supervising and training rehabilitation team members was also highlighted. The need to establish a regional research and training centre was crucial in this respect.

#### *Self-Help Organisations*

Towards fulfilling the aims of full participation and equal opportunities, many countries have organised advocacy groups to champion the rights of disabled persons. An effective working relationship and

continuous consultation with the disabled community was deemed to be important. More self-help groups of disabled persons are common in many of the countries.

#### *Accessibility*

Barrier free and disabled friendly environment are the call in many countries. Legislation and code of practices are now available in many countries. The quality and functionality of access facilities must be monitored and appraised.

#### *Data Availability*

Many member states do not have accurate and comprehensive data which reflects the disabled situation. Definitions of impairment, disability and handicap is not uniform. There is a need to establish a standardised database on the causes, types and incidence of disabilities and the availability of resources for rehabilitation delivery.

#### *Research*

Most countries do not appear to have organised research agenda for disability prevention and rehabilitation. Recent advances in bio-medical research should be tapped. Finding solutions which are appropriate to the cultural and economic conditions in developing countries is important.

#### *Legislation*

Most member countries have enacted some laws to guarantee disabled persons the right to, and opportunities for, education, employment, social security, and access to community facilities. But still many conditions prevent disabled persons from exercising their rights and freedom guaranteed to their fellow citizens. An appropriate legislation taking cognizance of current development in disability issues and performance is essential for the disabled to have a full and satisfying life.

#### *National Coordination*

National bodies should coordinate the efforts of

each sector, public or private, which has responsibility for specific areas concerning disabled persons - health, education, vocational and social - should be established and strengthened. In this way there is coordination in policy formulation, programme planning and implementation. This will also ensure that the system functions as a whole in the field.

#### *Regional Cooperation*

Members agreed that regional cooperation should be encouraged in the field of prevention of disability, rehabilitation of disabled persons and equalization of opportunities. More efforts are needed to intensify technical cooperation and exchange of information and experience among countries in the Region. Cooperation could be in such areas as establishing or strengthening national committees, identifying needs, collecting and analyzing information and collaborating in research activities and training.

#### 9.5 *International Classification of Impairment, Disability and Handicap - II (ICIDH-II)*

ICIDH is a classification of "disablements" and "functioning" which systematically groups consequences associated with health conditions (e.g. Diseases, disorders or injuries). "Disablement" and "functioning" are umbrella terms covering three dimensions : (1) body structures or functions ; (2) personal activities ; and (3) participation in society. These dimensions of health-related experience are termed as " impairments of function and impairments of structure : " activities" (formerly disabilities) and " participation" (formerly handicaps) respectively. <sup>22)</sup>

ICIDH-2 : is the present title which reads-International Classification of Impairments, Activities, and Participation. The reason for this change is to avoid the negative connotations of certain terms previously used. Thus the term " disability" has been replaced by a neutral term " activity" and negative circumstances in this dimension are de-

scribed as " activity limitation" . Similarly, " handicap" , has been replaced by " participation" , and negative circumstances in this dimension are described as " participation restriction" <sup>23)</sup>.

According to WHO, ICIDH-2 belongs to the " family" of classifications developed by WHO for application to various aspects of health. The WHO family of classifications encompasses a wide range of information about health care (i.e. diagnosis, disablements, reasons for encounter) and provides a standardized common language enabling communication about health and health care across the world in various disciplines and sciences <sup>24)</sup>.

The above document is a trial document that is going through extensive trials in various countries in the world. It is envisaged that by the year 2000 the above document will become a reality. It is in relation with this that WHO held a meeting to review initial results of the field trials of the ICIDH -2 Beta-1 draft. The meeting was held in Japan on 23-26 March 1998 and was hosted by the WHO Collaborating Centre in Tokyo, Japan. Forty experts from 24 countries spend valuable time to discuss the initial trial results. Through the courtesy of Prof. Hisao Sato via a research grant, several Asian countries were able to attend the meeting as well and participate. We would like to convey our deepest appreciation to Prof. Sato for making this possible. This experience has brought us closer, working together with the world. Currently we are sharing our experiences and the documents in our respective countries and hoping to make a significant contribution to WHO in their trials.

For member countries information the following is a brief statement of the aims of the ICIDH-2. <sup>25)</sup>

- To provide a scientific basis to understand and study the consequences of health conditions
- To establish a common language for describing consequences of health conditions in order to improve communications between health care workers, other sectors and disabled people/people with disabilities
- To provide a basis to understand the impact of disablement phenomena on the life of individuals and their participation in society
- To define consequences of health conditions in order to provide better care and services to improve the participation in society of people with health conditions
- To permit comparison of data across countries, health care disciplines, services and time
- To provide a systematic coding scheme for health information systems
- To stimulate research on the consequences of health conditions
- To collect data on facilitators and inhibitors in society that affect the participation of people with disablements

## 10. CASE STUDIES

For purposes of this paper case studies were also conducted to ascertain the social development and problems of disabled individuals in the society. On the main personal interviews were conducted with 5 disabled individuals and with a group of hearing impaired persons. Individuals were selected using the following criteria :

- That they were successful in the present life style
- That they have achieved professional education
- They have and are contributing to development of the disabled in the community
- That they are also self advocates
- They are active in the community representing self-help organisation/s
- That they are respected by the disabled themselves and the community at large.

In terms of types of disability, 3 of them are physically disabled ; two of them visually impaired and a hearing impaired group made up of 11 individuals. For the intellectually disabled there were no direct interviews but a seminar that was facilitated by the writer on personal and social development for the intellectually disabled is summarised below to give their stand on the topic.

### 10.1 *Status of social development*

Based on the interviews, individuals felt that those who had worked hard and consistently, had achieved a good measure of social status and respect in the community. Social development here refers to, having regular and substantial income, have transportation or has ready access to it, can use the amenities in the community independently, has or is active in a social group and is also respected and consulted in the community.

In terms of public awareness, the group felt there is good media coverage and regular information dissemination to the public. But the rural communities do not appear to have the same degree of public awareness and involvement. In Malaysia we now see more disabled individuals coming to the forefront seeking redress or making suggestions to the local authorities on pertinent issues affecting their lives.

The National Welfare Policy was sighted as one of the hallmarks for significant social development of the disabled in the country. Code of practice inside and outside buildings for a barrier free environment 1983/84 was another milestone for the disabled especially in the urban environments. The local self-help group scored their first with a corporate body that was constructing the Light Rail Transit in Petaling Jaya in ensuring that it was disabled friendly. Now disabled persons can use this mode of transportation which is barrier free. Some of the new cineplexes have gone barrier free as well. They have installed a heavy duty chair lift for disabled persons to reach the upper floors and have access to the entertainment provided. The government 1% quota for employment of the disabled is well received. The private sectors participation in the employment scheme is equally encouraging.

Disability participation at various levels in government and non-government agencies is encouraging although there is much room for improvement. More disabled individuals are members of self-help groups and hold executive positions and are regular-

ly consulted.

More recently the government recruited 38 student teachers for college training who are all disabled. This is a good sign for the future, as the government is more confident and has faith in the disabled.

The rapid growth of Community Based Rehabilitation Programmes across the country is a positive indicator of good social development for the disabled. More disabled persons will be identified and assisted paving the way for a quality of life and dignity in the community. More able bodied persons will now be able to share and learn from each other as the social climate (caring society) is conducive although in challenging times.

With regard to the intellectually disabled, for the first time there has been a public conference to discuss the issues of positive social and personal development. At least 40 individuals with intellectual disabilities took part in the discussions speaking openly about the individual as a sexual being and his/her role in the community as a productive and valued individual. A parallel conference was also conducted where more than 200 persons (parents, care-givers, teachers, professionals and volunteers) also discussed and participated on the same topic. Six of the intellectually disabled made short presentations on their expectations and shared their views. On the main, they felt that the community is still not making it possible for them to be socially independent. Parents are very cautious and over protective over them. Materials and opportunities in social and personal development for the intellectually disabled are very limited and out of date. On the positive side the intellectually disabled are more successful in the world of work. There are more opportunities and social mobility in work environments. Participants were generally challenged with the issues discussed at the seminar especially in hearing the intellectually disabled speak and giving their point of view. A small group of interested persons have signed up to form a committee who will then progress to develop the findings from the seminar and respond to the requests of partici-



pants.

The UN Declaration and the Asia Pacific Decade of the Disabled is welcomed by the disabled community. ESCAP is playing positive roles in the region promoting the welfare and the development of the disabled. For example in providing leadership courses for the disabled, know your rights, media awareness and others. It is reported that there will be a another chapter of the Gallaudet University to be set up in Thailand (for the hearing impaired). The Japan International Cooperation Agency (JICA) has been very active in providing assistance in training and staff exchange programme in Malaysia. The mid-term meeting of the Asia Pacific Decade is yet to be well discussed by the disabled in Malaysia and to make appropriate suggestions to the various quarters. Inter-country meetings and regional cooperation is much desired but very few disabled persons are actually involved or participate actively in it.

*Problems encountered by the disabled and suggestions*

In addition to some of the limitations mentioned earlier the following problems were also cited by the disabled as restricting and limiting the development of the disabled :

- Policies and code of practices established should be reviewed and enforced as appropriate. Whilst there are some regulations, many of these are persuasive documents only and do not necessarily lead to effective implementation. Regular consultation and opportunities for the disabled to be an active member of these committees is very desirable.
- Whilst the government and the community has been very responsive to the needs of the disabled, there still exists to some degree difficulties in inter agency/inter departmental coordination thus all good intentions does not meet with the requirements of the disabled but only frustrates them further.
- The proclamation of full participation and

equal opportunities is well received by the disabled but the semantics of it is not well understood by various quarters in the government and the private sector. More reworking is necessary on this proclamation so that the administration is sensitive and is confident to a greater degree in responding to the plight of the disabled as and when they arise.

- The disabled community appears to be unsatisfied with the progress of the "caring society concept", largely because of the lack of effective monitoring mechanisms to ensure its implementation. This is more significant especially in the rural environment. The plight of the disabled in rural communities in terms of social development is unsatisfactory. Many of the disabled do not get jobs as employers are not very confident and sometimes misinformed of the disabled potential. As a result of the economy slow down many of the disabled who have their own small businesses have been affected badly. As some of them are dependent on the success of their business, more recently find themselves living below the poverty line in the rural communities. This is compounded further when there is lack of infrastructure and support groups to help overcome the difficulties.
- There appears to be a gap between economic development and the economic status of the disabled. Whilst very few have made it, the large majority appear to be seeking economic opportunities. There appears to be a lack of knowledge and training in preparing the disabled for the world of work. Job sustenance and job development are crucial issues that need to be addressed well for the disabled to be successful and gainfully employed in the world of work.
- Information technology has arrived and here to stay. The Multi Media Super Corridor (MSC) the flagship of Malaysia's age of the "IT", provides challenging opportunities for

Malaysians to be a part of it and to develop it further. To what extent are the disabled involved and opportunities available in the field of information technology. More opportunities are required for the disabled to have access to information technology and development.

- ④ ASEAN meetings of disabled persons should be stepped up and a greater level of cooperation and meaningful networking must be encouraged. Regional cooperation and information based communication is much desired. As the Asian economy is undergoing turbulence, closer relationship for economic viability and sustenance is crucial for all parties. **When the state of the welfare of a country is challenged, quite frequently the disabled are the first ones who will experience it.**

## 11. MULTISECTORAL COLLABORATIVE ACTION FOR PEOPLE WITH DISABILITIES

In December 1996 an inter-country seminar was held for persons with disabilities in Malaysia. As a result of the seminar some positive future directions together with short-term and long-term recommendations was endorsed by Malaysia. At a macro level the deliberations at this seminar has salient implications to the way we approach disability in many countries. The need for a multisectoral collaboration for full participation and Equality of people with Disabilities is crucial for the very success of this noble aim. What then constitutes a multisectoral collaboration? By looking briefly at the current situation and future directions/approaches we can make some clear statements on how one can consolidate and meaningfully manage and meet the needs of persons with disabilities.

The following is a brief summary of the discussions

### 11.1 *Current Perception*

There is much awareness now with regard to the

ability of disabled persons and their role in the community. We know, historically the disabled were viewed as a medical issue. There is much recognition and encouragement now on the role of the individual and his/her development in the environment. (social model). The emphasis is more on making the environment barrier free thus promoting a ready access and full participation. The notion that disability is not an obstacle but a foundation to welcome and face life's challenges is much discussed now.

The growth and diversity of disabled persons organisations is well encouraged and numerous now. The social and employment needs of the disabled is a challenging situation now but that is the very core aspect that will enable and empower the individual towards a quality life.

The need to rework or consolidate the UN Standard Rules on the Equalisation of Opportunities for persons with disabilities (1994), would only then address the changes and put to practice such policies towards equal opportunities. Whilst each government reviews and discusses the implications of National and International documents and other guides it is apparent that the answer could well be in multisectoral collaboration. This would help maximise and optimise existing services/resources together with other inter-agency support.

### 11.2 *Future Trends Towards Disability*

All this while we have seen disabled persons been prepared to be rehabilitated into the society. Terms such as integration, mainstreaming, inclusion, least restrictive environment and others been used as an indicator towards meaningful and a quality of life for the disabled. More recently there has been much discussions especially amongst the disabled groups on the perception of the able bodied about the disabled and their needs. The notion now is that, differences does exist in societies and this is natural. " A society truly concerned with human rights is believed to be different and does not compel those minorities to adjust to a 'norm' estab-

lished by a majority”<sup>26)</sup>. With this notion it is apparent that limitation of the disabled has a direct relationship to the perception and limitation of the community to treat all citizens equally. The emphasis now is how to **rehabilitate the society** through increased awareness and actions that will reduce/eliminate barriers and promote full inclusion of persons with disabilities together with the other minorities. The new approach on the basis of 'rights' rather than 'charity', total acceptance of differences rather than coercive integration with the mainstream, of full inclusion, participation and citizenship.

” The idea of equalisation of opportunities has received the full endorsement of the United Nations and its agencies. It is explicitly mentioned in the most important international texts and instruments of the last few decades, in particular in the UN Standard Rules on the Equalisation of Opportunities for Persons with Disabilities, adopted by the UN General Assembly in 1993, in the ILO Convention 159 and Recommendation 168 concerning the Vocational Rehabilitation and Employment of Disabled Persons, adopted by the International Labour Conference in 1983, in the UNESCO Salamanca Statement and Framework for Action on Special Needs Education, adopted by the World Conference on Special Needs Education in 1994, as well as implicitly in the WHO Alma-Ata Declaration of 1978, which established the Primary Health Care system and subsequently made possible the incorporation of the Community - Based Rehabilitation (CBR) approach into that system” .<sup>27)</sup>

### 11.3 *The Multisectoral Approach and Inter-Service Collaboration*

Any changes proposed should be in the light of the present socio-economic conditions in a country. There must be continuous and effective preparation at the various levels to view changes as non-threatening and positive to the whole society. The new approach challenges the present system to evaluate the extent of services available to the

individual and the family wholistically. The need to ensure effective coordination and implementation is equally critical. For example, it would be difficult to facilitate the vocational integration of an individual if his/her educational inclusion had been previously ignored.

It is crucial then, for every Ministry/Department to collaborate for effective and a wholistic response to the challenging needs of the disabled. In some countries it is a welfare based approach to disability. The Ministry of Welfare Services is totally responsible for the needs of the disabled. Welfare is regarded as the dominant function for all the needs of the disabled person. This could bring about some negative consequences such as inappropriate technical services, lack of responsibility of other ministries and the belief that disabled persons are welfare cases. As a result persons with disability find themselves subject to the supervision and budgetary constraints of ministries and departments which no longer possess either the financial resources or the technical skills necessary to offer them the services required.

### 11.4 *Multisectoral Policy and its Implications*

The policy of integration will give rise to new integration functions for ministries of social welfare that go beyond the framework of sectoral policies.

“The integrated functions are actually intermediary functions. Their sole purpose is to facilitate access to sectoral services, not to replace them. They have a low profile, but they are essential, since without them the sectoral activities would remain inaccessible to most disabled people. These functions include :

- The promotion, at all levels, of provisions for people with disabilities in sectoral policies, programmes and projects, in particular in the sectors of health, education, vocational training and employment.
- Coordination of sectoral activities for the benefit of disabled persons. The transfer of operational activities of the ministries of social

affairs to the technical ministries concerned reinforces the need for the coordination of those same activities, to ensure a consistent national policy.

- ⊕ Management of a statistical information system : the ability (in terms of skills and logistics) to collect, update, analyse and circulate data on disabilities. The lack of such a disability information system is currently reflected in :
  - an imperfect knowledge of the true extent of the disability phenomenon
  - an almost total ignorance of its structural characteristics (the health, education, employment, unemployment, underemployment, situation of disabled persons, etc.)
  - a limited awareness of the various initiatives in the private sector
- ⊕ Guidance for disabled people seeking assistance for education, health, vocational training, employment and other matters.
- ⊕ Assistance in the integration of disabled people into community development efforts and, where necessary referral to district services (CBR).
- ⊕ Placing information and specialised technical skills related to the rehabilitation of disabled persons at the disposal of the sectoral partners.”<sup>28)</sup>

The implementation of a multisectoral strategy requires a clear commitment by the government as a whole, and not just by the ministry of social welfare, to a multisectoral policy of inclusion of people with disabilities and hence to a reallocation of public resources in favour of the intermediary functions. The inclusion of people with disabilities is primarily a question of political will. If the will is not there, inclusion can only be marginal.

#### 11.5 *Malaysia's Short Term Recommendation (1998-1999)*<sup>29)</sup>

- a. Translation and dissemination of the Agenda for Action and Pacific Region to the national language and other relevant vernacular lan-

guages.

- b. The present legislations to be reviewed in order to identify whether provisions given are sufficient, if not to introduce new legislations. Enforcements components must be strengthened.
- c. All ministries must look at existing facilities to ensure accessibility/barrier free/freedom of movement for persons with disabilities to be implemented (e.g. Ministry of Transport, Housing, Local Government, Public Works Department, Ministry of Health, Ministry of Education, etc).
- d. Ensuring 1% employment policy for persons with disabilities to be fully implemented by private/public sector.
- e. With the new awareness for the inclusion of persons with disabilities in the mainstream society, additional allocation must be provided in the current budget of the individual ministries.
- f. Encourage and assist self-help group through the provision of more funds through various ministries.
- g. UNDP funding which is available should be channeled towards training programmes of personnel involved in providing care for persons with disabilities.

#### *Long Term Recommendations (2000-2002)*<sup>30)</sup>

- a. To set up medical rehabilitation units in government hospitals.
- b. Towards the end of the 7<sup>th</sup> Malaysian Plan, 11 special schools for children with disabilities will be built.
- c. To complement 1% employment policy decision for persons with disabilities skill training programmes should be provided.
- d. For monitoring and evaluation, comprehensive database to be developed for inter-ministries collaboration with the secretariat based at the Social Welfare Department.
- e. To complete National Registration of persons

with disabilities, National Survey should be conducted in collaboration with Statistic Department.

- f. To develop centre of excellence for research and resource centre on persons with disabilities.
- g. Formulate and develop indicators for purpose of monitoring and evaluations.

## 12. CONCLUSION

In this paper an attempt has been made to update and inform the current involvement and future directions of Malaysia for persons with disabilities. Many of the suggestions made in this paper are the views of the government namely the Department of Social Welfare and Voluntary Organisations who play supportive roles to the development of persons with disabilities. Malaysia's stand on the Asia Pacific Decade for the Disabled (1993-2002) through short-term and long-term recommendations highlight our countries commitment for the disabled. One should not rule out the economic situation of the present that it could influence the degree to which many of the programmes may be implemented. Self-help groups of the disabled are making their needs and potential well known to the public at large. This is a good sign of things to come, that through their efforts together with the community the lives of the disabled in Malaysia will be more meaningful. This paper has also touched on the need for a multi-sectoral collaboration working in tandem towards maximising and meaningful use of resources towards the benefit of the disabled wholistically. The way forward is to look at the disabled as productive and dignified citizens of the country and nothing less.

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(補注)本文中の金額はマレーシアドルで表記。なお、マレーシア  
1ドル=31円。

Table 1

## NUMBER OF DISABLED PERSONS REGISTERED 1998 (End of May)

| STATES                             | VISUAL IMPAIRED | HEARING IMPAIRED | PHYSICALLY IMPAIRED | INTELLECTUALLY IMPAIRED | TOTAL |
|------------------------------------|-----------------|------------------|---------------------|-------------------------|-------|
| Johore                             | 1094            | 2099             | 3780                | 3189                    | 10162 |
| Kedah                              | 639             | 979              | 1827                | 2179                    | 5624  |
| Kelantan                           | 2445            | 1024             | 2316                | 1203                    | 6988  |
| Malacca                            | 294             | 679              | 1214                | 904                     | 3091  |
| Negeri Sembilan                    | 561             | 702              | 1286                | 1214                    | 3763  |
| Pahang                             | 555             | 585              | 1057                | 861                     | 3058  |
| Perak                              | 1608            | 1706             | 3213                | 2838                    | 9365  |
| Perlis                             | 245             | 219              | 548                 | 412                     | 1424  |
| Penang                             | 862             | 1136             | 2183                | 1921                    | 6102  |
| Selangor                           | 608             | 1640             | 2863                | 3396                    | 8507  |
| Terengganu                         | 1340            | 984              | 1890                | 1171                    | 5385  |
| Federal Territory-<br>Kuala Lumpur | 1098            | 1463             | 2397                | 2835                    | 7793  |
| Federal Territory-<br>Labuan       | 12              | 34               | 84                  | 62                      | 192   |
| TOTAL                              | 11361           | 13250            | 24658               | 22185                   | 71454 |

Research & Planning Division  
 Department of Social Welfare Malaysia  
 10/7/98

Table 2

Department of Special Education  
 Ministry of Education of Malaysia  
 Number of Schools, Classes, Students and Teachers in Special Education  
 (31-10-97)

| No. | Type of programme   | No. of Schools |           |       | Number of Classes |           |       | Number of Students |           |       | Number of Teachers |           |       |
|-----|---------------------|----------------|-----------|-------|-------------------|-----------|-------|--------------------|-----------|-------|--------------------|-----------|-------|
|     |                     | Primary        | Secondary | Total | Primary           | Secondary | Total | Primary            | Secondary | Total | Primary            | Secondary | Total |
| 1   | Blind               |                |           |       |                   |           |       |                    |           |       |                    |           |       |
| a   | Special School      | 5              | 1         | 6     | 45                | 14        | 59    | 283                | 102       | 385   | 78                 | 31        | 109   |
| b   | Intergrated         | 7              | 12        | 19    | 12                | 45        | 57    | 58                 | 232       | 290   | 17                 | 54        | 71    |
|     | Sub-total           | 12             | 13        | 25    | 57                | 59        | 116   | 341                | 334       | 675   | 95                 | 85        | 180   |
| 2   | Deaf                |                |           |       |                   |           |       |                    |           |       |                    |           |       |
| a   | Special School      | 23             | 2         | 25    | 256               | 50        | 306   | 2125               | 529       | 2654  | 453                | 93        | 546   |
| b   | Intergrated         | 30             | 23        | 53    | 100               | 83        | 183   | 665                | 797       | 1462  | 151                | 138       | 289   |
|     | Sub-total           | 53             | 25        | 78    | 356               | 133       | 489   | 2790               | 1326      | 4116  | 604                | 231       | 835   |
| 3   | Learning Disabled   |                |           |       |                   |           |       |                    |           |       |                    |           |       |
| a   | Special School      |                |           |       |                   |           |       |                    |           |       |                    |           |       |
| b   | Intergrated         | 217            | 39        | 256   | 546               | 91        | 637   | 4149               | 560       | 4709  | 935                | 138       | 1073  |
|     | Sub-total           | 217            | 39        | 256   | 546               | 91        | 637   | 4149               | 560       | 4709  | 935                | 138       | 1073  |
|     | Grand total (1,2,3) | 282            | 77        | 359   | 959               | 283       | 1242  | 7280               | 2220      | 9500  | 1634               | 454       | 2088  |

Table 3

Number of CBR centers and budget estimate for their management 1998

| No | State           | No of CBR (State) | No of Staff (State) | No of Children (State) | No of CBR (Record) | No of Staff (Record) | No of Children (Record) | No of CBR (Approved) | No of Staff (Approved) | No of Children (Approved) | Estimated Budget 1998 |           |         |           |
|----|-----------------|-------------------|---------------------|------------------------|--------------------|----------------------|-------------------------|----------------------|------------------------|---------------------------|-----------------------|-----------|---------|-----------|
|    |                 |                   |                     |                        |                    |                      |                         |                      |                        |                           | Rent                  | Allowance | EPF     | Total     |
| 1  | Perlis          | 4                 | 8                   | 86                     | 4                  | 8                    | 86                      | 4                    | 8                      | 86                        | 8,040                 | 48,000    | 5,760   | 61,800    |
| 2  | Kedah           | 12                | 30                  | 258                    | 11                 | 28                   | 243                     | 11                   | 28                     | 243                       | 31,080                | 168,000   | 20,160  | 219,240   |
| 3  | Penang          | 17                | 27                  | 205                    | 17                 | 27                   | 205                     | 16                   | 27                     | 201                       | 16,992                | 162,000   | 19,440  | 198,432   |
| 4  | Perak           | 20                | 35                  | 313                    | 20                 | 35                   | 313                     | 19                   | 34                     | 307                       | 15,000                | 204,000   | 24,480  | 243,480   |
| 5  | Selangor        | 28                | 78                  | 567                    | 28                 | 78                   | 567                     | 28                   | 78                     | 567                       | 110,340               | 468,000   | 56,160  | 634,500   |
| 6  | FT-Kuala Lumpur | 2                 | 4                   | 30                     | 2                  | 4                    | 30                      | 2                    | 4                      | 30                        | 3,480                 | 24,000    | 2,880   | 30,360    |
| 7  | Negeri Sembilan | 23                | 46                  | 512                    | 22                 | 44                   | 502                     | 22                   | 43                     | 502                       | 27,360                | 258,000   | 30,960  | 316,320   |
| 8  | Malacca         | 10                | 21                  | 270                    | 10                 | 21                   | 270                     | 10                   | 21                     | 270                       | 35,040                | 126,000   | 15,120  | 176,160   |
| 9  | Johore          | 24                | 47                  | 600                    | 18                 | 38                   | 499                     | 18                   | 38                     | 499                       | 6,000                 | 228,000   | 27,360  | 261,360   |
| 10 | Pahang          | 20                | 44                  | 317                    | 20                 | 44                   | 317                     | 20                   | 44                     | 317                       | 3,600                 | 264,000   | 31,680  | 299,280   |
| 11 | Terengganu      | 10                | 25                  | 197                    | 8                  | 21                   | 162                     | 8                    | 21                     | 162                       | 29,400                | 126,000   | 15,120  | 170,520   |
| 12 | Kelantan        | 15                | 25                  | 299                    | 15                 | 25                   | 299                     | 15                   | 25                     | 299                       | 13,368                | 150,000   | 18,000  | 181,368   |
| 13 | Sabah           | 6                 | 16                  | 163                    | 6                  | 16                   | 163                     | 5                    | 14                     | 148                       | 30,000                | 84,000    | 10,080  | 124,080   |
| 14 | Sarawak         | 4                 | 8                   | 136                    | 4                  | 8                    | 136                     | 4                    | 8                      | 136                       | 9,600                 | 48,000    | 5,760   | 63,360    |
| 15 | FT - Labuan     | 1                 | 2                   | 12                     | 1                  | 2                    | 12                      | 1                    | 2                      | 12                        | 6,000                 | 12,000    | 1,440   | 19,440    |
|    | TOTAL           | 196               | 416                 | 3965                   | 186                | 399                  | 3804                    | 183                  | 395                    | 3779                      | 345,300               | 2,370,000 | 284,400 | 2,999,700 |