International Journal of Psychosocial Rehabilitation, Vol. 24, Issue 04, 2020
ISSN: 1475-7192

THE CULTURAL REPRESENTATION OF DISABLED WOMEN IN MALAYSIA

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ABSTRACT *--This paper sets to explore how disabled women in Malaysia are being perceived in society. The data of this study was collected from in-depth interviews with 33 Malaysian women with physical (mobility) impairment. Over a period of 6 months, 17Malays, 8 Chinese and 8 Indian women were interviewed twice in Malaysia. The majority of informants came from low income and rural families and thus many of them had limited access to basic living needs; such as healthcare, transportation, education and training, as well as employment. Being disabled in Malaysia is complicated by the fact that there are very few positive public role models. Not only are disabled people rarely seen on the street, they are also almost entirely absent from the media, television, or other forms of public life. Living in a society that has very low representation of positive disabled role models in the public and media, and also a persistent negative cultural representation of disabled people, have made many disabled women developed low self-esteem. Many of them were systematically excluded from full participation in society. They spent much of their time within their home environment because many of them lived in remote areas and living in poverty. The family played a key role for them and they had very limited contact with the wider population (both disabled and nondisabled people) so their recognition was almost totally absent in public. Therefore, further discussion on these aspects will be discussed in this paper.*

Keywords*--role model, representation, disabled women, poverty, Malaysia*

I. INTRODUCTION

In the post-independence era Malaysian women have gradually enjoyed equal opportunities in their access to basic social needs and services. They have gained significant life improvements and play important roles within the family, organisation and societal level in contributing to the national agenda, together with men (Ministry of

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DOI: 10.37200/IJPR/V24I4/PR201525
Received: 22 Sep 2019 | Revised: 13 Oct 2019 | Accepted: 15 Jan 2020

Women, Family and Community Development, 2007). It is argued that, changes and political involvement transformation among women in Malaysia getting more apparent compared to the decade earlier. They often regarded as supporters and middleman for a party but nowadays women play an essential role in party development and country. They are more prepared and having political consciousness, and this is important as a counterbalance in decision making (Nor et al., 2017). As a member of the United Nation Human Rights Council (UNHRC) Malaysia has signed the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) in 1980, and acceded to the Convention in 1995 with some reservations (UN Women Regional Office for Asia and the Pacific, 2013)**.** In January 2001, the Ministry of Women's Affairs was established and later it was expanded and renamed as the Ministry of Women and Family Development in February 2001. In March 2004, the roles and functions of the Ministry were further broadened and subsequently the Ministry was restructured and renamed as the Ministry of Women, Family and Community Development (MWFCD) which is also responsible for looking after disabled people (Ministry of Women Family and Community Development, 2013).

Whilst the importance of women is recognised at the local and international level, gender disparity is still prevalent in Malaysia and research on disabled women is very limited. Little is known of how Malaysian disabled women experience their lives. This paper therefore will explore how (disabled) women in Malaysia experience their lives in terms of identity development and representation in public.

II. METHODOLOGY

This full qualitative study was conducted in three different states of Peninsular Malaysia: Kuala Lumpur, Selangor and Negeri Sembilan. However, the majority of informants formerly lived in other states in Malaysia; all over the country including states in Borneo. The data of this study was collected from in-depth interviews with 33 Malaysian women with physical (mobility) impairment. The majority of informants came from low-income and rural families and thus many of them had limited access to basic living needs; such as healthcare, transportation, education and training, as well as employment.

Over a period of 6 months, 17 Malays, 8 Chinese and 8 Indian women were interviewed twice. The informants' age ranged from 21 to 57 years old. They had physical impairment (mobility impairment) as a result of spinal cord injury, polio, spinal muscular atrophy, muscular dystrophy, marfan syndrome, systemic lupus erythematosus, traumatic brain injury, gestational diabetes mellitus, osteosarcoma, spina bifida, teratoma, dysmelia, leg amputation and leg injury. The recruitment of the participants took three different strategies of recruitment via: non-governmental organisations (NGOs) for disabled people (six NGOs for disabled people in Malaysia), disabled friends' networking, and snowballing.

This full qualitative research used narrative approach (Jovchelovitch & Bauer 2000; Creswell, 2007) that explores the lived experiences of the participants. The majority of participants were interviewed twice in six months to understand their lives in relation to employment experiences. The time interval between the first and second

DOI: 10.37200/IJPR/V24I4/PR201525
Received: 22 Sep 2019 | Revised: 13 Oct 2019 | Accepted: 15 Jan 2020

interview was three to six months. The in-depth interviews were conducted twice to give space to the informants to share experiences that are more sensitive in the second interview. They were interviewed in a conducive environment such as at the non-governmental organization premises and the informants' home. The data gathered from the in-depth interviews were transcribed and then organised in a computer software - NVivo 9 and the data were analysed by using thematic analysis.

III. RESULTS AND DISCUSSION

Many of the informants interviewed were significantly influenced by their family in many aspects of their lives. The inadequacy of state's welfare system worked to reinforce the strong reliance on family as the primary support system. These informants were strongly conscious of how their presence and impairment affected their relationships with family, friends, and people surrounding them because they had few opportunities to be independent. Also, many informants were psycho-emotionally affected by the negative attitudes exhibited towards them by their friends, teachers, employers and significant others. They valued how other people perceived them and this significantly impacted on how they viewed themselves. The data revealed that of the 33 informants the majority of them identified themselves as 'disabled' and this strongly linked to their social interactions with others. It was observed that they were heavily affected by the cultural representations of 'disability' and 'femininity' in Malaysian society, and the absence of disabled people in public spheres. This section therefore will discuss how these social aspects reinforced the formation of 'disabled identity' among the majority of women.

The cultural representation of 'disabled people'

Many informants talked about how, for most of the time, they were 'rejected', 'devalued' and 'differentiated' by other people because of their impairment. They experienced constant 'disapproval' from people surrounding them in home, school, workplace, public spheres and personal life. They were constantly reminded that they were 'different' and 'worthless' by their families, friends, colleagues, teachers, employers, partners, prospective families in law, and even strangers. Through such daily encounters with others in their private and public lives, many women felt 'discredited' as individuals and thus it reinforced the cultural representation of 'disabled people' as a 'spoiled identity' (Goffman, 1968). Consequently many women tended to focus on the negative aspects of being disabled and acquiesced to the cultural stereotype of what being disabled is. This significantly influenced how these women identified themselves as 'disabled'.

In discussing these findings *Stigma*, the work of Erving Goffman (1968) which examines the experience of 'spoiled identity', becomes central to the analysis. In *Stigma,* it is society which 'establishes the means of categorizing persons and the complement of attributes felt to be ordinary and natural for members of each of these categories' (Goffman, 1968: 11). Goffman argues that one's appearance enables us to place him or her into a category and grants a specific attribute that is his or her 'social identity' (1968: 12). The concept of 'normality' is

DOI: 10.37200/IJPR/V24I4/PR201525
Received: 22 Sep 2019 | Revised: 13 Oct 2019 | Accepted: 15 Jan 2020

also assumed and one who is ‘different’ from the category allocated to him or her will be ‘stigmatized’ and reduced ‘from a whole and usual person to a tainted, discounted one’ (Goffman, 1968: 12). For example people with a stigma, like those with a visible impairment, are assumed to be not ‘quite human’ and face discrimination which reduces their life opportunities (Goffman, 1968: 15). Also Goffman talks about people who are stigmatized themselves adopting the stigma and agreeing with it (Goffman, 1968). Thus, stigmatized persons who display an unacceptable difference in their social interactions (between the ‘normal’ and the ‘abnormal’) are constantly striving to adjust their social identities.

As observed in this study, many of the informants had to meet the challenge of fitting in to the structure of their own family as Yana[4] said:

“ I feel upset as my parents treated me differently. Yes, I know that I am disabled - that’s why they treat my brothers and sisters better than me. “

Yana felt that she was ‘disabled’ not because of anything internal to her (e.g. her impairment) but because her parents treated her differently and this made her aware of her disability. As a result of such different treatment in her family, she developed low self-esteem and felt inferior to her siblings. This was also experienced by Imah who perceived herself as ‘disabled’ because of her siblings’ negative attitude towards her:

“ Yes, I know that I am disabled that’s why they [her siblings] look down on me. ”

Likewise Yasmin was also upset with the attitude of her family towards her:

“ It was not your neighbour or someone else but it was your own family members who looked down on you. You don’t need people telling you that you are such a ‘pitiable’ person. Don’t use those words. It will only let me down. “

This negative treatment experienced by these informant made them feel ‘discredited’ as a person. This challenged their identity formation and hindered them from being a ‘credited’ member in their family. Yana for instance always felt that she had no value in her family because of ‘constant disapproval’ from her parents, as discussed earlier. This significantly impacted on her self-esteem not only within her familial environment but it also extended to her friendships. She avoided making good friends with other residents in her sheltered employment:

“ I don’t have close friends here, not even one. I can’t be close with them because I feel difficult to trust them. I don’t know, maybe I am used to being alone [...] ”

The ‘disapproval’ treatment that she received in her family heightened her ‘distance’ from her colleagues and thus it prevented her from developing a close friendship with anyone. This can be directly linked with Thomas’ notion of psycho-emotional disablism (2007; Reeve, 2012) working within her familial interactions. In this respect Dilah, who was ‘rejected’ by her father and her step siblings after she had her leg amputated, also experienced psycho-emotional disablism in which she gave up her hope in developing friendships:

DOI: 10.37200/IJPR/V24I4/PR201525
Received: 22 Sep 2019 | Revised: 13 Oct 2019 | Accepted: 15 Jan 2020

“ But for me I can’t. I have an intense level of low self-esteem although I have tried to overcome it in many ways. That’s why I said that I don’t have many friends. I am afraid to get close to other people because I don’t want to hurt them. That’s why it’s hard to have friends, if I do have some friends, I am afraid that I will say something they don’t like. So for me it’s better to not have close friends […] I don’t have close friends who I can laugh and cry together with […] “

As discussed earlier, family played key roles in the lives of the majority of the informants and as such it influenced their identity formation. The effect of psycho-emotional disablism (Thomas, 2007; Reeve, 2008; 2012) within familial interactions could be extended to other interpersonal relationships as experienced by Yana and Dilah. This ‘spoiled’ their sense of self and prevented them from having a positive social identity. Such disablism not only affected their identity formation, but it also led them to social isolation because ‘friendship is important for emotional, practical and even medical reasons’ (Shakespeare, 2006: 169). Therefore the negative interactions that took place between informants and their family members reinforced the idea that ‘disabled people’ in Malaysia were ‘different’, ‘spoiled’ and ‘worthless’ and this encouraged them to develop low self-esteem.

The absence of public role models

In the above section it was discussed how the wider social and economic exclusion towards disabled women influenced how they were viewed in society and how this affected their identity formation. This can be directly linked to two main consequences: 1) their limited presence in public places meant that many people (non-disabled) had very little contact with them and thus led to unwanted attention or stares, stigmatisation and prejudice towards disabled women, 2) poor representation of disabled role models in the public domain disempowered disabled women: this latter factor will become key element discussed in this section.

Being disabled in Malaysia is complicated by the fact that there are very few positive public role models. Not only are disabled people rarely seen on the street, they are also almost entirely absent from the media, television, or other forms of public life. Not only that, there are few media platforms portray inaccurate information about disabled people. This condition may lead to prejudice, discrimination and stereotypes towards them. They should help people understand more about disabled because the media plays a significant role to promote disabled as a competent person instead of trying to gain sympathy (Rosli et al., 2016).As discussed earlier, many informants were systematically excluded from full participation in society. They spent much of their time within their home environment because many of them lived in remote areas and poverty. Individuals usually admire more than one role model in his or her life, including family members and professionals. The role models have a different impact on their specific roles in life. For example, in overcoming trauma and psychological disorders, the role models are also an important aspect to look at (Manap et al., 2013). The family played a key role for them and they had very limited contact with the wider population (both disabled and non-disabled people) so their recognition was almost totally absent in public. Therefore many of the women only came into contact with other disabled people when they

DOI: 10.37200/IJPR/V24I4/PR201525
Received: 22 Sep 2019 | Revised: 13 Oct 2019 | Accepted: 15 Jan 2020

left home to obtain vocational training at disabled people's institutions or when they became disabled. It was only later in these situations that they often developed positive attitudes towards their impairment and this significantly influenced their identity formation.

Intan, who was born with an impairment, related how she gained her confidence after her first interaction with other disabled people and her subsequent identification of herself with a 'disabled identity':

"I came from a village and never came across any disabled people. I thought everyone was fine except me. Then, when I studied at the institute I saw many disabled people with more severeimpairments than me. Oh Allah [God], they were in a worse condition than me. I thought I was the only one. Since then, I have felt proud of myself. "

Moreover Lijuan, who was born with an impairment, felt empowered by knowing other disabled people, and was then inspired to lead an independent life:

" I felt happy when I studied there [at a disabled people's institution]. I met with many disabled friends. I saw many of them went out, even those with more severe impairments than mine. So, I thought if they can have an independent lifestyle, I also can be independent […] Previously, I never thought that I could be independent, I just stayed at home most of the time. "

Their interaction with disabled role models gave them positive perceptions of a disability identity and it eventually increased their self-esteem. In the previous section it was observed how many informants were perceived as 'different', 'spoiled', 'weak' and 'dependent' by people surrounding them and this caused them to develop low self-esteem. The significant exposure to other disabled people, as described above by Intan and Lijuan, changed their perceptions towards themselves. The positive social interactions that took place between these women and their disabled peers gave them new insights into their ability to lead an independent life and empowered their sense of self as 'disabled persons'. Although the segregated educational or training for disabled people excluded them from mainstream society, this was the only means for them to come into contact with other disabled people. Therefore it is important to have positive representation of disabled role models in Malaysian public spheres, especially for those who were born with impairment.

Informants who acquired impairment later in their life were also affected by the absence of disabled role models in Malaysian society. Yasmin who acquired impairment at age 16 described:

" After the accident, I locked myself up for 2 years in my room. I never went out except for medical and traditional treatments. I didn't want to meet anyone at all. One night, I heard about an institute for disabled people on the radio. I applied and I was accepted. It was my first time living outside my room after two years since the accident. I observed there were many others with more severe impairments than mine. I learned from them that my life is not practically over. Since then, I told myself that I wanted to be independent just like them.

The lack of exposure to positive disabled role models has made Yasmin much more susceptible to psycho-emotional disablism. Drawing on Bury's concept of 'biographical disruption', the onset of chronic illness (in the above case it refers to impairment) has a disturbing impact on self-perception and identity 'exposing the individual

DOI: 10.37200/IJPR/V24I4/PR201525
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to threats to self-identity and the potentially damaging loss of control' (Bury, 1997: 124). As Yasmin acquired her impairment in her adolescence this crucial transition period challenged her identity formation from young 'non-disabled' to young 'disabled' person, and this biographical disruption brought unexpected pain and suffering to her. Living in a society that has very low representation of positive disabled role models in the public and media, and also a persistent negative cultural representation of disabled people, Yasmin had little confidence to carry on her live with disability. However her initial interactions with other disabled people after the onset of her impairment informed her that living with impairment was not something 'too bad'. Such positive social interactions with disabled peers helped her to change her negative perception towards disability identity as a 'spoiled identity' to a positive one. This is an important aspect of identity formation for many women because the majority of informants interviewed (21 out of 33) were not born with impairment but acquired it through many different ways.

Likewise Deepa, who acquired her impairment in a road accident at age 21, also described:

" When all the visitors [at the hospital] came and went, at night it was just me and my disability. So I was, I didn't go into a deep depression but I was aware of you know, the things I had lost and that I wouldn't be able to walk […] So it was like not until two ladies you know who are in a wheelchair […] And these two ladies came to visit me on two separate occasions […] And they were confident, and when they came to speak to me, that was a turning point for me. I thought to myself if they can continue life in a wheelchair you know, I should be able to […] "

The above examples demonstrate that the absence of disabled roles models in Malaysian society not only affected how 'disabled people' were perceived and identified but it also impacted upon identity formation of the women with impairment. For these informants the effect was even greater when there was no possibility for self-affirmation. The self-affirmation theory asserts that:

People have a fundamental motivation to maintain self-integrity,a perception of themselves as good, virtuous, andable to predict and control important outcomes. Invirtually all cultures and historical periods, there aresocially shared conceptions of what it means to be aperson of self-integrity. Having self-integrity meansthat one perceives oneself as living up to a culturallyspecified conception of goodness, virtue, and agency (Baumeister and Vobs, 2007: 787).

Therefore the negative cultural conception of 'disabled people', and the absence of positive disabled role models in Malaysian society, reinforced the idea that people with impairment have a 'lack of self-integrity' and 'lack of agency'. By coming into contact with other disabled persons many women with both congenital and acquired impairments recognised that their identity as a disabled person was not something unusual - as 'knowing that you are not alone with problems that you may have believed were unique to you' (Wendell, 1996:12) was very important to them. They eventually developed an understanding of their own experiences in relation to other disabled persons' experiences that advanced their feeling of self-worth (Crow, 1996). Consequently such exposure to positive disabled role models empowered them to have self-affirmation as 'disabled persons' and helped them to form, reform and negotiate their identities.

‘Being feminine’ and/or ‘being disabled’?

The informants interviewed were not only constantly challenged to negotiate their identity as ‘disabled persons’ in Malaysia’s disabling society, but they were also challenged to establish their gender identity. Morris (1991) argues that being disabled is a gendered experience and women’s narrative identities were acquired through their reference to gender norms that made up their social worlds (Thomas, 1999; 2001). As discussed, Malaysian society reinforced strong traditional gender roles and stereotypes of how women should look and behave. Those who do not conform to such gender roles and stereotypes are against the cultural norms. Negative attitudes toward the self and body, the low confidence level in the ability to perform women’s expected roles and lack of money are among few reasons why women feel scared to form a romantic relationship with men (Amin, Shaari & Khairuddin, 2019). This section will discuss how women were challenged to incorporate their gender identity or femininity into their identity formation.

Gender identity refers to the degree to which one sees herself or himself as feminine or masculine in a given society (Burke et al.1988;Spence, 1985). The socially-constructed feminine role that asserts the beauty and efficacy of the female body (Butler and Bowlby, 1997) has been established and maintained within society (Begum, 1992). For women with visible impairment these established norms pose a ‘threat’ to them being seen as ‘beautiful’ and ‘attractive’ because they feel that their impaired bodies could not conform to the societal template. As Huifang described:

“ They [her sisters] dressed beautifully and put on make-up like real women. But me? I felt so isolated and different. As a woman, I also want to become beautiful too like them, but I can’t. Then I realised that I am a disabled woman - that’s why I am different. “

It was interesting to observe that Huifang was not feeling ‘different’ because she had an impairment, but because she was unable to fulfil her gender identity of ‘being feminine’. Again it was through social interactions with others, and in this case through familial interactions, that Huifang felt that she was ‘different’ because she did not regard herself as ‘being beautiful’ like her sisters. This cultural conception associating ‘being a woman’ with ‘being beautiful’ intersected with Huifang’s impairment, reinforcing the idea that an impaired woman could not be accepted as ‘being feminine’ because their body was ‘different’ and ‘impaired’.

Likewise, Azni felt upset because she was incapable of emulating her friends by dressing beautifully and wearing high heeled shoes:

“ I was fine with most of my friends as they were nice to me. However, sometimes I felt a little bit different, especially in terms of dressing. I saw them beautifully dressed and putting on high heeled shoes. But I can’t wear high heeled shoes, so I felt quite upset with myself […] I also want to become beautiful too. “

Here the social construction of ‘difference’ was not only reinforced through the cultural conception of disability but also femininity. These women had adopted the cultural values of physical attractiveness and embodied femininity. They found that their physical appearance did not fulfil typical expectations, which caused them to suffer a distorted self-image due to their physical appearance differing from societal norms (Lonsdale, 1990). This can be linked directly with Thomas' notion of 'impairment effects' (Thomas, 1999) that observed that these women felt restricted to 'being feminine' because of their impairment and, as a result, they felt more 'disadvantaged' as a woman than as disabled.

Whilst Huifang and Azni felt 'disadvantaged' because of their impaired body 'failed' to conform to the notions of femininity, Murni was prevented from embracing such feminine attributes:

" Since I was young, my mum never dressed me like a girl. She always put on pants [trousers] and t-shirts on me. She said that I have to be tough like a boy. She did not want me to become gentle and weak like girls. She was afraid that I would be bullied by other kids because of my impairment. In her mind, it was better to dress me like a boy so people would see that I was tough and would not bully me. Because of that, I never liked being like a typical girl or a woman. It's not 'me' to be like a gentle woman and so on. "

Murni could not be 'feminine' because her mother associated it with being 'weak' and 'vulnerable' and this linked directly with how disability and femininity are perceived within Malaysian society. By having an impairment, Murni's mother thought that she would not only be disadvantaged as a girl, but even more as disabled, and thus the societal oppression and discrimination towards her daughter would be 'multiple'. This reinforced a dominant construct that Malaysian women are always second to the men (Noraini, 1999) and are always perceived as 'weak' (Azman &Juliana, 2005; Rohana, 1997). As discussed earlier, family played an important role in the women's lives and Murni was no exception to this. As a result she was prevented from articulating her gender identity as she wanted:

" You know that there were times when you realised that you were not attractive like 'normal' people. Like you know that you don't have a boyfriend because you don't wear feminine clothes. You know that I always wear boys' clothes so I don't look attractive to men. These kinds of things make you aware of your disability. "

She not only had barriers to 'being feminine' because of her familial influence and her impairment, but she also had barriers preventing her from forming romantic relationships with men because she was not 'feminine'. Whilst incorporating femininity into her identity was perceived to multiply the discrimination and oppression towards her, embodying masculinity would also disadvantage her romantically. This intersection between family's control, gender and impairment made Murni aware of her disability and it created a constant dilemma for her in negotiating her disability and gender identities. Therefore she felt disadvantaged by being both a woman and disabled.

It was important to observe that the informants felt that they could not accomplish 'being feminine' and 'being disabled' at the same time. As women with visible impairment, their identities as 'disabled' and/or 'women' were seen as 'spoiled identities'. By being 'disabled' they felt that they could not conform to the feminine attributes and even if they conformed to the feminine attributes they felt that they might be subjected to the societal oppressive attitudes towards disabled people and women in Malaysia.

DOI: 10.37200/IJPR/V24I4/PR201525
Received: 22 Sep 2019 | Revised: 13 Oct 2019 | Accepted: 15 Jan 2020

This paper discusses how Malaysian women with physical impairment experience their identity development and representation in public. These two elements show that recognition parity is very important for disabled women as Fraser argues:

Within social movements such as feminism, for example, activist tendencies that look to redistribution as the remedy for male domination are increasingly dissociated from tendencies that look instead to recognition of gender difference […] These, I maintain, are false antitheses. It is my general thesis that justice *both* redistribution *and* recognition. Neither alone is sufficient (Fraser, 2003: 8-9, emphasis in original)

Therefore the vital step to address the social injustice towards disabled women in Malaysia is through the politics of recognition. Malaysian disabled women have to struggle for recognition; both as individuals with impairment and as disabled women. The political struggle for social recognition and equality before law has been rooted in the long-term struggles of disabled people in Malaysia since the colonial period. Although in recent years the Malaysian government proclaimed its commitment to shift its paradigm from a charity approach to a rights-based approach with the ratification to the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) in 2008, and subsequently introduced the Persons with Disabilities Act (PWDA 2008) in the same year, disabled people still experience significant stigma, oppression and discrimination in society.

It is argued that the PWDA 2008 failed to put disabled people on the mainstream agenda and proved politically incapable of recognising the rights of disabled people due to the absence of a penalty for non-compliance (Malaysian Bar Council, 2009; Jayasooria, 2000). Therefore it is only through equality law recognising the rights of disabled people that Malaysian society will grant them social justice. There is an urgent need to establish the Disability Discrimination Act in Malaysia which should cover all aspects of life in order to replace the PWDA 2008. The implementation of this discrimination act will not only recognise the rights of disabled people and eliminate the societal oppression and discrimination towards them; it will also empower them to have self-respect within society. It will also educate society that disabled people are not ‘different’, ‘weak’, ‘dependent’ and ‘pitiful’ but that they are equal before the law. This equality law is envisaged to bring significant changes to the physical environment for people with physical impairments and concurrently to societal attitude:

Changing the physical environment is indeed essential to improved access to public space for disabled people but so also is changing the social environment, and in particular, changing social attitudes and behaviour towards disabled people. […] There may of course be a link between the limitations imposed by the physical and social environment—thus a physical environment which enables the presence of disabled people in public space may stimulate positive social attitudes towards people with bodily impairments and more positive attitudes should encourage more positive physical planning (Butler and Bowlby, 1997: 411-412)

Consequently, the implementation of equality law in Malaysia may change the cultural conception of disability from a ‘charity approach’ to a ‘rights-based approach’ and as such it will increase the societal awareness of the importance of equal opportunities for social and economic participation for disabled people in the country and grant them justice.

Crucially disabled people in Malaysia also need a better cultural representation as ‘recognition is rooted in social patterns of representation, interpretation and communication […]’ (Danermark and Gellerstedt, 2004: 344). Riddell and Watson argue:

In contrast with earlier writing which focused on disability as social and economic oppression, disabled people have recently come to see cultural revaluation as central to their political struggle. Writers such as Anne Karpf (1998), Tom Shakespeare (1994), David Hevey (1992), Martin Norden (1994) and Lois Keith (2000) have sought to show how images of disabled people are used to in the media and in literature. They point to the media fondness for cure stories; the role of charity appeals; the invisibility of disabled people on television; the stereotyped portrayal of disabled characters in screen drama; the under-employment of disabled people in broadcasting; the representation of disabled people as flawed or damaged (Riddell and Watson, 2003: 2)

In view of that Malaysian mass media should integrate disabled people into their mainstream agendas to empower them, as well as to encourage positive representation of disabled people in society. Nevertheless, Fraser proposes that we should avoid an identity model of recognition which assumes that disabled people have a universal shared identity. Instead the politics of recognition should emphasise a social status perspective that focuses on participation parity (Fraser, 2000). This is particularly relevant to disabled women in Malaysia with diverse sociocultural backgrounds and identities. The Malaysian disabled women in this study constantly fought to prove to their family and people surrounding them that they were capable of becoming active social agents in society. They challenged the social stigma, prejudice and discrimination that people displayed towards them in many aspects of their lives, in both the public and private spheres, and both as disabled women and individuals. This is closely linked to gender gap in Malaysia that strongly perceived women as ‘weak’ and ‘dependent’ on men (Rohana, 1997) as well as being assigned to domestic roles and stereotypes (NGO Shadow Report Group, 2005;Aminah, 1998). As such there was little room for these women to exercise their agency at the levels of personal and political. Therefore, Malaysian disabled women need better representation in the mainstream media to recognise their rights as individuals and women with impairments.

The mass media should foster a positive image of disabled women with different roles and abilities also including the portrayal of disabled women in traditional roles as wives and mothers (Fine and Asch, 1988 cited in Barnes and Mercer, 2010: 194). Whilst it may not be popular amongst many feminists to encourage such stereotypical gender roles, disabled women want the media to display a variety of images of disabled women; including those with domestic roles as wives and mothers (Barnes and Mercer, 2010) to counter the societal misconception of them. Such media representation is important for disabled women as many participants were culturally denied their rights for a family life due to lack of societal understanding regarding their abilities to become wives and mothers. Therefore, constructive media representation of disabled women playing different roles in society may encourage positive societal attitudes towards them from their own families, friends, employers, partners, prospective partner’s family and members of the public.

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