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# **Empowering Children with Disabilities through Communication and Social Skills**

Zakiyah Jamaluddin, Rusimah Sayuti, Norzalinda Mohd Ali Hanafiah, Yusmarhaini Yusof & Azlin Hilma Hillaluddin

Social Work Program, School of Applied Psychology, Social Work & Policy University Utara Malaysia, Malaysia Email: zakiyah@uum.edu.my

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#### Abstract

The study focuses on the empowerment of disabled children at the Community-Based Rehabilitation Center (CBR) in Kubang Pasu, Kedah, Malaysia. The objective of the study is to examine the communication and social skills of children with disabilities attending CBR based on parents' perspective. This study is quantitative in nature where data collection is done using the survey method involving parents/guardians who send their children/wards to CBR. A total of 95 respondents were involved in this study from the 137 trainee population. Findings show that the number of disabled children with a good, moderate and low levels of communication and social skills is almost the same at 35.79%, 32.63%, and 30.53% respectively. It is found that the relationship between age, and communication and social skills of children with disabilities have a moderately positive relationship, improvement of skills is aligned with the increment in age. Further, communication and social skills are different for all categories of PWD. Overall, this study found that CBRs are effective in empowering disabled children to participate in formal education.

Keywords: Empowerment, Disabled Children, Community-Based Rehabilitation Center (Cbr), Communication Skills, Social Skills

### Introduction

The World Health Organization (WHO) estimates that 15% of the world's population consists of Persons with Disabilities (PWD) (WHO, 2011). The Malaysian Government estimates that there are about 1.3 million PWDs in the country (Ariffin, 2006). However, based on statistics on the registration of PWD from the Department of Social Welfare of Malaysia up to 2012, only 436,317 (1.5%) PWD are registered with the department.

In November 2007, the Persons with Disabilities Act 2007 which granted legal rights to the disabled was passed by the Parliament. The PWD Bill 2007 is intended to provide for the registration, protection, rehabilitation, development, and well-being of the disabled. The Persons with Disabilities Act came into effect on 7 July 2008 and is the first legislation purely on the basis of the right of the disabled.

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According to the 2008 Persons with Disabilities Act, Persons with Disabilities (PWD) are defined as those who have long-term physical, mental, intellectual or sensory shortcomings that when interacting, those various barriers can restrict their full and effective participation in society. With this act, the government intends to ensure that all persons with disabilities are entitled to effective and full involvement in the society as in the case of other individuals. There are 15 strategies outlined in this act which include advocacy, education, health, employment, social support, availability of services and so on.

In line with that development, welfare institutions that provide services directly or indirectly to the disabled are increasingly established. These institutions are managed and financed, either by the government, non-governmental organizations or by individuals, including the Community-Based Rehabilitation Center (CBR). At the same time, the struggle for equal rights of PWDs is intensified by activists in the field through associations representing the group. These prove that the issues of the PWD are increasingly getting recognition.

The CBR is an option for parents with disabled children who are unable to attend formal education in schools due to more serious disabilities, compared to those with disabilities attending special education schools. Teik-Beng Hoo, Aminah Bee Kassim, Mohd Azahadi Omar, Nazirah Hasnan, Rahmah Mohd Amin, Zaliha Omar & Ahmad Faudzi H. J. Yusoff (2009) found that 31.5% of children with physical disabilities did not receive a formal education. Independence issues are highlighted in that study because with the increased disability of a child, the higher their dependence on parents and teachers. Thus, a study needs to be done to examine how the CBR program empowers disabled children. This is because CBR is the only daily rehabilitation center that offers education for disabled children who are not accepted at special education schools.

The objective of this study is to examine the communication and social skills of disabled children attending CBR based on the parents' perspective.

### **Literature Review**

Children with disabilities, especially with limited capacity are prevented from undertaking activities like children in the same age group. Furthermore, those children may experience health problems in the emotional aspects and have behavioral developments requiring treatment and counseling sessions to empower their functionality (Bethell, Read, Stein, Blumberg, Wells, & Newacheck, 2002)

Conger, Conger, Elder, Lorenz, Simons, & Whitbeck (1992) conclude the outcome of a health study on poor children in relation to the family problems including financial status, psychological stress and parenting problems (e.g. ineffectiveness of parenting roles). The psychological stress is the result of family financial problems and the health status of children with disabilities themselves.

According to Weisner, Beizer, and Stolze (1991), the daily life of a family will be difficult during the process of raising children with disabilities as parents, professionals and the communities have assumed that the care of children with disabilities is inconvenient. Parents also find it difficult to have a normal child and parents are often faced with struggles to adopt new motivation and expectations because they think it is very painful. Those researchers believe

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children with disabilities do not necessarily cause problems and suffering to the guardians. Some reasons for not being able to manage children with disabilities are because of financial, psychological, social support and religious, as well as parents' well-being factors.

According to Leane, Kingston, and Edwards (2016), siblings play a very crucial role as part of an unofficial network where they should be more active in conducting social and community activities together with the disabled.

In that study, the researchers seek to:

- (i) Document the life journey towards the nature and level of siblings relationship where one or more are disabled children;
- (ii) Explore their feelings and understanding as well as to support their relationship to maintain a source of aspiration in caring for them in relation to future roles;
- (iii) Gain insight from them about resources and others as well as to support them in determining, negotiating and maintaining the caring nature between them;
- (iv) Analysing the roles of each sibling so that their examples of practices are exemplified by those who lack intellect or spectrum disorders-autism in the future.

However, the main purpose of that study is to understand the life experiences of siblings aged 18 to 45 years old who have a younger/older brother or sister who has an autism spectrum disorder. Leane et al. (2016) also noted that that study was one of the efforts to discuss social issues and siblings' interactions.

# Methodology

This study uses quantitative research design method using questionnaire survey method. Table 1 shows the population and sampling of the study which includes the number of trainees in all four CBRs. However, since the trainees could not be interviewed because of their conditions, their carers including parents and guardians are the respondents in this study.

Table 1: Population and sampling of the study

| CDR (Kubang Pasu District) | Trainee Population(disabled children) | Samples<br>(Parents/Guardians) |
|----------------------------|---------------------------------------|--------------------------------|
| CDR Kota Siputeh (Kodiang) | 20                                    | 18                             |
| CBR Changlun               | 37                                    | 27                             |
| CBR Ayer Hitam             | 28                                    | 17                             |
| CBR Jitra                  | 52                                    | 33                             |
| Total                      | 137                                   | 95                             |

For the sampling of the study, all parents were selected based on purposive sampling where only those who were willing to be involved were chosen. There are various types of child disabilities in the CBR such as physical, mental, Down syndrome, autism and hyperactivity. All types of disabilities described above were included in the sample of the study, and not limited to certain types.

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The research instrument used for the quantitative method is a questionnaire. The questionnaire is provided to parents and guardians to be filled up (self-administered), but when there was a parent or guardian who could not undertake that, the researcher helped by asking questions and noting/marking the answers given. The questionnaire used is based on and modified from the Inventory for Client and Agency Planning (ICAP) which includes aspects of motor skills, social and communication skills, personal life and community life skills (Bruininks, Hill, Weatherman & Woodcock, 1986).

This questionnaire consists of three parts: Part A (Demographic Information), Part B (Child/Disabled Trainee Information) and Part C on Communication and Social Skills containing 18 items. For Part C, the four-point Likert scale is used from Scale 0 – Totally cannot perform (even when instructed), Scale 1 - Can perform within limitation (when instructed), Scale 2 - Can moderately perform (when instructed) and Scale 3 - Perform well (without being told).

Prior to the fieldwork, consent of the Director General of the Social Welfare Department of Malaysia was obtained. Following that, the researcher obtained permissions from the four CBR supervisors. Once permissions were obtained, the appointment to distribute questionnaires for the carers and guardians was set during the operating hours of the CBR. This was done to facilitate the researcher in meeting the guardians within a specified period of time. The data collection did not interfere with the activities of the trainees in CBR as the data collection was conducted in a designated place provided by the CBR management.

The quantitative data were analyzed using the SPSS (Statistical Package for Social Science) version 22. The data obtained were analyzed using descriptive statistical analysis using percentage, cross tabulation, and mean. In order to classify disabled trainees to different levels of disabilities, the score scale for skills is used.

Table 2: The scale of communication and social skills

| Score    | Ability Level             |
|----------|---------------------------|
| 0        | Totally Unable to Perform |
| 1 to 18  | Low                       |
| 19 to 36 | Moderate                  |
| 37 to 54 | Good                      |

### **Results and Discussion**

# **Background of Disabled Children and Parents/Guardians**

This section discusses the background or demographics of parents/guardians of children with disabilities involved in the study. For parents/guardians to children with disabilities, in terms of race, all parents or guardians of trainees involved are Malays except for two Indians and a Chinese. Majority of the parents/guardians of the trainees are Muslims, two Hindus and a Teo Chew. Among the parents/guardians, six were unmarried, three were widows, while the rest were married. As for the education level, the highest percentage was recorded for those with high school education representing 61.29%, followed by primary school education and so on. Figure 1 shows the percentage for different levels of education among the guardians. Among the parents/guardians of the children with disabilities involved in the study, 62.37% were

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mothers, 32.26% were fathers and the rest was older sisters, grandparents, and adopted grandfather. Figure 2 shows the detail of the above.

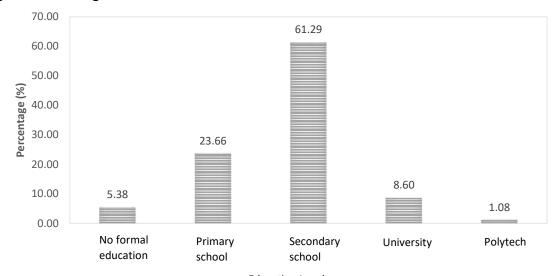


Figure 1: Level of parents'/guardians' Education Level

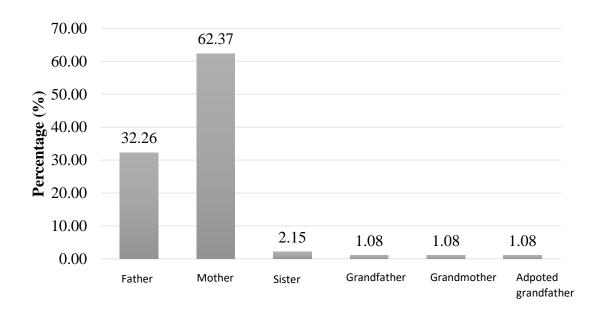


Figure 2: Relationship between respondents with children with disabilities

Children with disabilities involved in this study consist of 47 males (49.5%) and 48 males (50.5%). They were from four different CBRs, with CBR Jitra represented by the highest number of 32 persons (33.7%). Next, CBR Changlun with 28 people (29.5%), CBR Kodiang with 18 people (18.9%) and CBR Ayer Hitam with 17 people (17%).

Persons

In terms of age distribution, they consist of children with disabilities aged 3 to 39 years old. Their average age is 13.53 years with a standard deviation of 7.078. Almost all trainees were Malay children with disabilities representing 96.8%. As discussed above, two of them were Indians and one a Chinese.

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Disabled children in this study can be separated into six categories: autism, Down syndrome, hyperactive and slow-learner learning problems, physical disabilities and multiple disabilities. Majority of them consisted of 34.0% multiple disabilities category, followed by 22.3% slow learners, 17.0% Down syndrome learning problems, autism learning problems and physical disabilities with the same percentage of 11.7%, and hyperactive learning disabilities of 3.2%.

Table 3 shows the total number of children with various learning disabilities. The highest total is six (6) trainees of autism learning problems at CBR Changlun. Down syndrome learning problems is highest at CBR Jitra with eight (8) trainees. There are only three trainees with hyperactive learning problems disabilities, two at CBR Changlun and one at CBR Kodiang. Children with slow learner learning problems are the highest at CBR Ayer Hitam with eight trainees. In the category of disabled with physical problems, CBR Changlun and Jitra have four trainees each. The highest number of multiple disabilities is recorded at the CBRs Kodiang and Jitra, which consisted of 11 trainees each. Thus, the total distribution of disabled children based on the specific categories in each CBR is different.

Table 3: Categories Of Children With Disabilities In Each Cbr

|                 |   | CBR     |       |               |          | Total |
|-----------------|---|---------|-------|---------------|----------|-------|
|                 |   | Kodiang | Jitra | Ayer<br>Hitam | Changlun |       |
| PWD<br>category | Learning<br>problems -<br>Autism        | 1       | 2     | 0             | 6        | 10    |
|                 | Learning<br>problems - Down<br>Syndrome | 1       | 8     | 6             | 2        | 17    |
|                 | Learning problems-hyperactive           | 1       | 0     | 0             | 2        | 3     |
|                 | Learning<br>problems- slow<br>learner   | 2       | 5     | 8             | 6        | 21    |
|                 | Physical                                | 2       | 4     | 1             | 4        | 11    |
|                 | Multiple<br>disabilities                | 11      | 11    | 2             | 8        | 32    |
|                 | Unknown                                 | 0       | 1     | 0             | 0        | 1     |
| Total           |   | 18      | 32    | 17            | 28       | 95    |

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## The level of Communication and Social Skills Capability

The results show that the number of disabled children with a good, moderate and low level of skill is almost the same at 35.79%, 32.63% and 30.53% respectively, for communication and social skills.

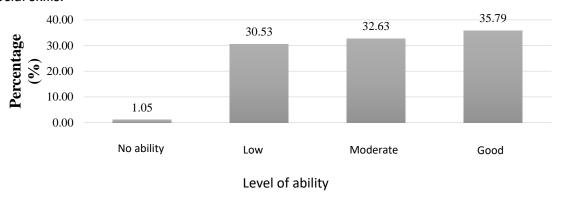


Figure 3: Communication and social skills ability

# Relationship and Differences between Demographic Factors based on the Communication and Social Skills Ability Level

### **Age Factor**

Correlation analysis was used to study the relationship between age and the level of communication and social skills of the disabled children, Analysis is carried out between the ages and the scores for each skill. The result of the analysis is as shown in Table 4. Based on the data, it is found that the age of disabled children has a moderately positive correlation where there is an improvement in skills in line with age increment. This study is contradicted to the study by Agaliotis & Kalyva (2008). Their study showed that the younger and older children with and without learning disabilities did not differ significantly in their noverbal responses (communication skills) but there was a significant difference in terms of younger children's nonverbal initiations.

Table 4: Results of Correlation Analysis Between Age And Skill Level According To Skills

|     |                         | Communication and Social Skills |  |  |
|-----|-------------------------|---------------------------------|--|--|
| Age | Spearman<br>Correlation | 0.492                           |  |  |
|     | Significant Level       | 0.00                            |  |  |

# **Category of PWD Factor**

Based on Table 5, it is found that communication and social skills and personal life skills/ability skills are different for all categories of PWD.

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Table 5:

Kruskal-Wallis test results between the Category of PWD and the ability level according to the skills

|                                 | Significant |  |
|---------------------------------|-------------|--|
| Communication and Social Skills | 0.013       |  |

To get a clearer picture, Dunnet C test was conducted to identify pairs of categories with different levels of ability for communication and social skills. The Dunnet C test shows the result for all pairs of categories involved based on communication and social skills. Based on Table 6, it can be concluded that, at 95% confidence level (5% significant level), the level of disability of children with slow learner disabilities and multiple disabilities are different based on communication and social skills.

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Table 6:
Dunnet C Test Results Between The Pwd Category And The Level Of Communication And Social Skills

|                             |     | I<br>(PWD Category)                | J<br>(PWD Category)                 | Average<br>Difference |
|-----------------------------|-----|------------------------------------|-------------------------------------|-----------------------|
|                             |     |                                    |                                     | (I-J)                 |
|                             |     | Learning problem -<br>Autism       | Learning problem –<br>Down Syndrome | -12.18182             |
|                             |     | Learning problem –<br>Autism       | Learning problem –<br>Hyperactive   | -2.51515              |
|                             |     | Learning problem -<br>Autism       | Learning problem –<br>Slow learner  | -13.18182             |
|                             |     | Learning problem -<br>Autism       | Physical                            | -3.18182              |
|                             |     | Learning problem -<br>Autism       | Multiple                            | -1.80682              |
|                             |     | Learning problem-<br>Sindrom Down  | Learning problem –<br>Hyperactive   | 9.66667               |
| Communication Social Skills | and | Learning problem-<br>Syndrome Down | Learning problem – Slow<br>learner  | -1.00000              |
|                             |     | Learning problem-<br>Syndrome Down | Physical                            | 9.00000               |
|                             |     | Learning problem-<br>Syndrome Down | Learning problem-<br>Multiple       | 10.37500              |
|                             |     | Learning problem –<br>Hyperactive  | Learning problem – Slow<br>learner  | -10.66667             |
|                             |     | Learning problem –<br>Hyperactive  | Physical                            | 66667                 |
|                             |     | Learning problem –<br>Hyperactive  | Physical                            | .70833                |
|                             |     | Learning problem-<br>Slow learner  | Physical                            | 10.00000              |
|                             |     | Learning problem –<br>Slow learner | Multiple                            | 11.37500*             |
|                             |     | Physical                           | Multiple                            | 1.37500               |

Therefore, parents and siblings can play crucial roles to enhance the communication and social skills of the disbilities chidren. Previous studies (Weisner, Beizer, and Stolze, 1991; Leane, Kingston, and Edwards (2016), believe children with disabilities do not necessarily cause problems and suffering to the guardians. Some reasons for not being able to manage children with disabilities are because of financial, psychological, social support and religious, as well as parents' well-being factors and not because of their children's disabilities. Thus,

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parents and siblings can play a very crucial role as part of an unofficial network where they should be more active in conducting social and community activities together with the disabled, besides the staff and teachers at the CBR.

### Conclusion

From this study, it was found that the number of disabled children for communication and social skills is almost the same which is good (35.79%), moderate (32.63%) and low level (30.53%). Based on the age factor, it was found that the age of disabled children has a moderately positive correlation where there is an improvement in skills in line with age increment. Meanwhile, the level of disability of children with slow learner disabilities and multiple disabilities are different based on communication and social skills.

Based on the findings, parents and the CBR staff can enhance the empowerment of the disabled children in communication and social skills. Some suggestion to empower the disabled children are increasing positive peer interactions, effective communication between the disabled children, parents and the disabled children and also between the disabled children and the CBR staffs. The overall benefits could be all disabled children are enriched and have a positive attitude, professional skills are developed for teachers, parents are better equipped to deal with their disabled children and the disabled children are better prepared for independent living.

In conclusion, the CBR was established to help disabled children (PWD) participate in formal education. This study found that the Rehabilitation Program has provided effective service on the level of communication and social skills development that is essential in cognitive and socialization development of children with disabilities.

This study makes a huge contribution to the disabled children, the parents and also the CBR in Kubang Pasu district in Kedah, Malaysia. All of the CBR makes a significant contribution in terms of empowering disabled children with communication and social skills. In long-term, well-developed communication and social skills can help children with disabilities develop strong and positive peer relationships, succeed in school, and begin to successfully explore adult roles such as employee, co-worker/colleague, and community member.

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