

Cultural Beliefs towards Children with Disabilities: Perceptions of Parents in the Klang Valley, Malaysia

Luei Jia Qi^{1*}, Rosila Bee Mohd Hussain¹, Steward Gimman Stephen¹

Abstract

Individuals' cultural backgrounds in Malaysia significantly impact their views and behaviours, towards children with disabilities particularly medical issues such as physical disability. This influence is pervasive and extends to various aspects of life, including the upbringing of children with impairments. To gain insight into Malaysians' cultural ideas or opinions on children with disabilities, a qualitative research approach was employed or conducted. The study utilised semi-structured face-to-face interviews with 17 parents from Malaysia's three main ethnicities residing in the Klang Valley region, each with a child with a physical impairment. The interviews were conducted with the participants' informed consent and transcribed for thematic analysis. The findings revealed that attitudes towards impairments are shaped by socialisation, assimilation, and adaptation to current conditions rather than being limited to specific races or religions. Malaysians' cultural attitudes towards impairments are influenced by biomedical and traditional perspectives, independent or regardless of ethnic or religious origin. Cultural competence is, therefore, crucial for promoting inclusion and supporting the active participation of people with disabilities in Malaysian society, given the nation's heterogeneous makeup or context.

Keywords

Children, cultural beliefs, physical disability, ethnic, Malaysia, parents, perception

¹ Faculty of Arts and Social Sciences, Universiti Malaya

***Corresponding author:**

Email: jiaqiluei@gmail.com

Introduction

The definition of disability varies depending on the legal and cultural context. In the 1970s, the disability rights movement shifted from the charitable and medical models to the social model, recognising environmental barriers to full participation (Barnes, Mercer, & Shakespeare, 2010; McDonald & Raymaker, 2013). As a result, many international and national laws have been enacted or revised to protect the rights of people with disabilities (PWD) and promote social inclusion (McDonald & Raymaker, 2013). The United Nations Convention on the Rights of Persons with Disabilities (CRPD), signed by 82 nations in 2006, played a crucial role in this effort (CRPD, n.d.). Malaysia adopted and ratified the Convention on the Rights of the Child in 2008 and 2010, respectively (Status of Treaties, 2017), and then passed the PWD Act in 2008 to comply with the Convention (Khairil Azmin & Ikmal Hisham, 2016). The World Health Organization (WHO) also revised the concept of disability following this paradigm shift. According to WHO, disability results from the interaction between a person's health condition, personal circumstances, and environmental factors such as negative attitudes, inaccessibility, and poor social support (WHO, 2020). Similarly, Malaysia's PWD Act defines disability as an “evolving concept that results from the interaction between PWD and attitudinal and environmental barriers that hinder their full and effective participation in society on equal terms with individuals without disabilities” (Persons with Disabilities Act, 2008, p. 7). Both definitions are consistent with the social model of disability, which recognises the impact of environmental variables rather than relying solely on clinical diagnosis (WHO, 2023).

The disability model is based on Bronfenbrenner's Ecological Theory, which considers individuals as part of a larger ecosystem. This viewpoint is crucial because environmental factors influence people's perceptions of impairment. Cultural ideas, collectively agreed-upon doctrines within a society that explain the workings of nature (Engebretson & Headley, 2005), also play a significant role in shaping this perception. A study of mothers of children with disability in Kuwait found a strong correlation between their religious beliefs and their views of impairment (Sudha et al., 2010). Similarly, seeking religious agents was emphasised in a Turkish study on intellectual impairment (Diken, 2006). Cultural ideas directly impact how people understand and respond to disability. According to Haviland, Prins, McBride, and Walrath (2013), the barrel model of culture, spirituality, and religion precedes other significant characteristics, such as socioeconomic status or ethnicity, in shaping cultural views. Engebretson and Headley (2005) identified three common cultural ideas about health, or health beliefs, which are scientific or biological, magical or religious, and holistic.

Literature Review

Disability is a complex phenomenon that has been approached from various perspectives. A study conducted by UNICEF in 2017 revealed that there are commonly acknowledged causes of disability in Malaysia, which are shared by Malays, Chinese, and Indians alike and are ingrained in their socialisation (Moore & Bedford, 2017). While varying in prevalence, these causal factors are not limited to any particular race or ethnicity.

Malay and Disability

In Peninsular Malaysia, the Malay community comprises more than half of the population. As per Article 160 of the Federal Constitution (2010), the community is defined by adherence to Malay customs, speaking Malay language, and practising the religion Islam. According to Moore and Bedford's (2017) research, non-medical causes, such as parental guilt, curses, spirits, karma, and God's will, are regarded as the reasons for disability among Malays in Malaysia. Among these reasons, God's will is the most widely accepted rationale or reason. These beliefs are associated with the Quranic and Hadith (quotes from the Prophet of Islam) principles of fate and destiny, which imply that deformed infants are a divine test, and their parents are chosen. This religious system is strongly intertwined with the ideas of qadha and qadar (fate and destiny).

The belief of *kenan* holds significance among Malaysian Malays as it relates to the concept of cause and consequences, encompassing physical abnormalities, unusual movements, and attributing a baby's illness or disability to parents' violations of taboos during pregnancy (Mohd Anuar & Syamsul Azizul, 2014; Moore & Bedford, 2017). However, scholars such as Mohd Anuar and Syamsul Azizul challenge the validity of *kenan*, arguing that it lacks mention in the Quran and contradicts Islamic teachings that emphasize Allah's role as the ultimate arbiter of events. Additionally, individuals with mental illnesses commonly attribute disabilities to supernatural causes such as spirits and curses, which are reinforced through consultations with Malay traditional healers (Razali, Khan, & Hasanah, 1996). The practice of black magic, known as *santau*, is deeply rooted in Malay supernatural beliefs and involves the mediation of jinn and devils, but it constitutes a form of *shirk* that contradicts Islamic teachings.

Chinese and Disability

Malaysia has a diverse population comprising individuals from various ethnic backgrounds and religious beliefs. Among these, the Chinese community comprises 24.6% of the population and has different subethnic identities based on ancestral origins and dialects (Department of Statistics Malaysia, 2011; Tan, 1997). The Chinese religion encompasses popular or folk religion and three forms of Confucianism, Taoism, and Buddhism, which all offer ideas on the origins of disabilities. These disabilities may be caused by genetic, congenital, accident-related, environmental, and social factors, including karma, fate, retribution, and spiritual influences (Chiang & Hadadian, 2007; Moore & Bedford, 2017).

The Chinese concept of disability is influenced by the emphasis on social and moral dimensions of life in Confucianism and Taoism, as well as the spiritual components and dissonant integration of human beings with nature (Lam, Tsang, Chan, & Corrigan, 2006; Ngai, Wu, & Chung, 2017). Disability is viewed as a positive opportunity for spiritual progress in Buddhism, despite the inevitability of suffering (Harris, 2016; Schumm & Stoltzfus, 2008). Furthermore, Traditional Chinese Medicine utilises the Taoist principle of yin and yang to maintain healthy pregnancies and avoid congenital abnormalities (Lau, 2012).

Indian and Disability

According to the Department of Statistics Malaysia 2010 (2011), the Indian population in Malaysia makes up 7.3% of the total population. Although Malaysians of Indian heritage have the freedom to practice any religion, historical records indicate that Hinduism and Buddhism were introduced to

Malaya by Indian merchants (Dhorausigam, 2006). UNICEF's Knowledge, Attitude, and Practice (KAP) research conducted by Moore & Bedford (2017) shows that traditional beliefs, such as holding parents responsible for their child's disability, are prevalent among Indian participants.

Karma and its correlation with disability are discussed by Gupta (2011), while Arjun and Ganapathi (2014) investigate the ancient Indian notion of disability as an object of derision or pity. Raymond (2001) explores the social stigma associated with disability, guilt, and humiliation in South India. Dhiman, Kumar, & Dhiman (2010) state that Ayurveda specifies six procreative variables, any violation of which can result in foetal malformations. According to Edwardraj et al. (2010), maternal mental health and inadequate nutrition can cause intellectual impairment in South India, aligning with Ayurveda's perspective on consciousness and nutrition as procreative elements. Lastly, Buckingham (2018, 2011) documents the long-standing belief of considering persons with disabilities as ritually inept and polluting, portraying disability as a flaw or evil in Hindu myths and epics.

Methodology

The present study employed or used a qualitative research methodology, utilising purposive sampling to select participants who were parents of children with physical disabilities. The study included parents from Malaysia's three major ethnic groups - Malay, Chinese, and Indian - who had at least one child with a physical impairment. Face-to-face interviews were conducted with seventeen individuals residing in the Central region of Malaysia. The participants provided their consent for the interviews to be recorded. The demographic characteristics of the participants are presented in Table 1.

Table 1: Demographic profile

Profile	Frequency (n=17)	Percentage (%)
<i>Gender</i>		
Male	8	47
Female	9	53
<i>Ethnicity</i>		
Malay	6	35.3
Chinese	6	35.3
Indian	5	29.4
<i>Religion</i>		
Islam	6	35
Buddhism	5	29
Christianity	3	18
Bahá'í	2	12
Freethinker	1	6
<i>Highest education level</i>		
Not completed Form 5	3	18
Form 5	7	41
Diploma	2	12
Degree and above	5	29
<i>Monthly household income</i>		
≤ RM4,849	8	47
RM4,850 to RM10,959	7	41
≥ RM10,960	2	12
<i>No. of children with disability</i>		
1	17	100
<i>Diagnosis</i>		
Cerebral palsy	5	29.4
Duchenne muscular dystrophy	4	23.5
Global developmental delay	2	11.8
Osteogenesis imperfecta	2	11.8
Spinal muscular atrophy	4	23.5

Findings and discussions

The research showed that the informants, their families, and their communities held unique perspectives regarding children with disabilities. They tried to rationalise the causes of disabilities by relating them to more understandable circumstances. The findings revealed two themes or opinions: one based on factual evidence and the other on superstitions, folklore, mythology, fables, religion, and spirituality. Each of these themes was analysed in detail to showcase the various viewpoints present in society.

Theme 1: Biomedical beliefs

Biomedical ideas include biological causality, which may be explained medically or by using current facts. Each topic has a fair number of perspectives from all three nationalities. According to the informants, some of their social circles are unaware of disability. Although the impressions conveyed are biological, they are unrelated to a specific disease. Misconceptions concerning the causes of disability have also been documented in prior publications. One fallacy discovered in this research was that a child with brittle bone disease was seen as lacking calcium. In another case, a cerebral palsy child was considered deficient in folic acid during pregnancy. Both reports are classed as nutritional insufficiency.

i. Accident/ Injury/ Human Error

Malay and Chinese informants or interviewees expressed this viewpoint. Malay informants generally ascribe disability to accidents or human mistakes during pregnancy or birth, while Chinese informants blame the medical staff for their decisions. Parents believed they had picked the incorrect location for delivery and were unskilled in the childbirth procedure. A parent whose child has Duchenne muscular dystrophy is confronted with cultural beliefs that the child's disability results from a fall.

"I believe that maybe I had a fall during my pregnancy. She was 5 or 6 months in gestation then. I had a serious fall. I believe maybe this is one of the reasons she cannot walk."

-34 years old Malay female-

"It is the first child, and we do not have experience. The carelessness of the hospital and at that time, we are not rich."

-47 years old Chinese male-

ii. Disease/ sickness

Only Indian and Malay respondents blamed their children's limitations on diseases or illnesses. One informant, for example, feels a high fever and enlarged lymph nodes precipitated her child's genetic condition. At the same time, another family had a similar incident in which the community blamed their child's illness on a high temperature. Both children have late-onset genetic diseases. In certain situations, the children's illnesses are seen as infectious, and other parents may avoid them to prevent getting the sickness. Some parents have even taken their children from an inclusive kindergarten.

"They suspected he had an extremely high fever, but he never had any."

-43 years old Indian female-

"And some parents, ah, you know what they said? "Oh, afraid of being infected"."

-39 years old Malay female-

iii. Genetic

The informants feel that genetics have a role in developing disorders such as DMD, OI, and SMA, although CP and GDD are less specific. Some sources need to be more sceptical about the genetic reason. Two informants with DMD children stated they could be carriers of the faulty gene, but they were suspicious since no one else in their family had the disorder. They acknowledged the hereditary origin, and some believed the doctor's explanation. Several Indian informants noted consanguinity as a potential influence and doubted whether consanguinity existed in prior generations. Their society also questioned them since marrying relatives was considered typical among Indians.

"Maybe I am the carrier. I am the carrier, so he got it. They said it is genetic, but the prior generations do not have this disease."

-37 years old Malay female-

"Genetic as per specialist, Duchenne muscular dystrophy missing exon 49-52."

-48 years old Chinese male-

"So the first thing they ask was, are we related? You see because Indians usually marry some of them marry their relation. So they asked me, "Are you all related instead"?"

-57 years old Indian female -

iv. Medication

Some sources feel there is a relationship between pregnancy medicines and childhood problems. Only two informants' family members ascribed incapacity to treatment. When the informant's wife had chickenpox during her pregnancy, she was given medicine. In the second instance, the informant's family argued that her erratic thyroid medication use during pregnancy may have contributed to her handicap.

v. Nutrient deficiency

In three cases, nutritional insufficiency is mentioned as a probable cause of impairment. A mother of a child with DMD and her family believe that a lack of a balanced diet during pregnancy may have played a role. In contrast, an informant who had a child with OI was advised that she did not ingest enough calcium, causing the infant's bones to be readily shattered. Another informant's mother informed her that she was deficient in folic acid, which caused her child to have cerebral palsy.

vi. Psychological

A psychological cause is perceived based on occurrences that impact the mind and emotions. Three testimonies were recorded, including one traumatic event, the community's belief that viewing scary films might cause disability, and the impression that a child with GDD cannot walk or speak due to laziness. The psychological element includes the mother's psychological state throughout pregnancy and the child's psychological condition.

"I was sitting at home at my parent's house, and then a squirrel jumped over my stomach. I jumped from the window and landed on my stomach. Of course, I was shocked. So, some people said she was like that because I was shocked. I was traumatised."

-39 years old Malay female-

"They will say maybe you saw some frightening movie."

-57 years old Indian female-

"Some said he is lazy to walk, lazy to talk."

-40 years old Chinese male-

Theme 2: Traditional beliefs

Traditional beliefs include both magicoreligious and holistic views. According to Engebretson and Headley (2005), magicoreligious beliefs are a system that believes in the link between supernatural forces and health and sickness, ranging from destiny to retribution, breaking taboos, sorcery, or having evil spirits. Holistic systems, on the other hand, believe that when a person is by natural laws, they will be healthy, as demonstrated in Chinese medicine.

i. Curse/ witchcraft/ spirit

Malay informants most typically report the sense of incapacity associated with curses, witchcraft, or spirit studies. These beliefs include the notion that supernatural forces, such as a curse or spirit, may cause disease or disability and are often treated by traditional healers or shamans known as *bomoh*. Chinese and Indian informants had similar stories of being informed by a masseur or aunties that a spirit or monkey spirit caused their child's impairment.

"They asked whether he is afflicted by monkey spirit. I just told them I did not know. They are the Chinese aunties."

-40 years old Chinese male-

"The Malay masseur said there is a spirit which causes him not to want to walk. He can walk, but that spirit is preventing him from."

-43 years old Indian female-

ii. Gift/ blessing

The notion of children with disability as gifts or blessings is most prevalent among Indian respondents, followed by Malay and Chinese informants. Regardless of religious views, most informants see their children with disability as a gift from God. Some informants consider the child a reward or moral obligation, while others regard it as God's will. Some informants also say that the community views their children with disability as God's children, which leads to acceptance and appropriate treatment.

"Right now we are; we feel blessed that we have somebody like her, you know. We feel blessed because this is probably how God is showing us that there is much strength in us that we can bring out, that, you know, that teaches us many things we would not have known if we had not gotten her. You know, and this has made us stronger people. So, it is a blessing that we have got her and not for a day do we regret that why God gave her to us."

-61 years old Indian male-

"The church members consider him as one of God's children. That is why we have to take care of him."

-43 years old Indian female-

"A child is a trust from God. It is a gift, yes, but it is also a responsibility. Moreover, if you are a responsible adult, you will take responsibility for research."

-39 years old Malay female-

iii. Non-compliance to traditional practices

This was only conveyed by one informant concerned about monarchy in Kelantan. According to her mother-in-law, her child's impairment was caused by the informant's neglect to drape a yellow cloth beneath her and light candles during delivery. These practices are not Islamic, yet they are thought to protect the delivery process. On the other hand, the informant thinks them absurd, such as igniting a fire in the operation room to drive away mystical creatures.

iv. Punishment/ sin/ karma

Punishment, sin, or karma is a common belief in Indian, Chinese, and Malay civilisations, and it represents retribution for previous bad behaviour. This is the most common belief among Indian informants, followed by Chinese and Malay informants. Individuals, their families, and the community all share this conviction. Some people think that children with disability are retribution for their parents' sins, particularly the mother's wrongdoings in Indian society. Others say the impairment is the result of the child's misdeeds. With just one individual and one community story, the notion is less frequent among Malay informants.

"The Hindu community always said so. They have such thinking. Not sure what did his mother do. That is the reason why her son was born as such."

-43 years old Indian female-

"If you are a Buddhist, they will say that it is something that the parents have done in their previous incarnation. I do not know what was being done wrongly, so the child is here to demand repayment or needs payback. Some said it could be the child's sin, so he is like that."

-48 years old Chinese female-

"Maybe Allah is angry with something I have done and wants to remind me. Maybe I did something wrong or sinned. Maybe Allah wants to reciprocate my sin."

-37 years old Malay female-

v. Devine Test/ challenge

Malay parents have a shared perspective of Devine tests or challenges, with four out of five testimonies being personal perceptions. This viewpoint is shared by Chinese and Indian respondents, with one informant from each group seeing their child's impairment as a challenge from God, a test to be endured, and a test of their faith. Parents with this viewpoint state that they are unaffected by the opinions of others and are even grateful for the opportunity to travel. Informants also feel that the test from God is not just for parents but everyone around them in embracing a person with a disability.

"I consider it as a test. In Islam, it is stated that only the chosen one will receive a test like this. God chose me because I can bear whatever test given to me."

-41 years old Malay male-

"It is a challenge from Heavenly God. If my family did not have a child like this, we would not have encountered so much."

-47 years old Chinese male-

"So something He gives you as a Gift, you accept it; God is testing you in life, so why should He create one child? My eldest child is normal, and one child has this thing."

-63 years old Indian male-

vi. Being unlucky/bad luck

Some individuals feel that having children with disability is a sign of ill luck. Chinese and Indian informants exclusively hold this. Family members informed one informant that her child's cerebral palsy was unfortunate since other mothers who gave birth at the same institution had no issues. Another source was advised that having a girl with OI was considered unlucky.

vii. Violation of taboo

Only one case of a Malay informant recalling what her Chinese relative informed her of violating taboos has been documented. This source believes that banging anything on the wall during pregnancy will make children unable to walk. Hammering, carrying, hurling, or cutting anything on the bed during pregnancy is prohibited since it disrupts the foetus's rest. Furthermore, many foods and activities are restricted during pregnancy.

"It is like cannot eat lamb or beef, this type of thing you cannot eat, you cannot eat durian, or you cannot go to the places like you cross the road right, so you have a big drain so you cannot cross the drain like that."

-41 years old Chinese female-

viii. Will of God/ fate/ will of heaven/ chosen

The concept that a higher force has decided a person's destiny and that they have no influence over it is referred to as the will of God, fate, will of heaven, or chosen. This idea is shared by all three ethnic groups, with Chinese informants most often using words such as "Will of Heaven," "God's will," "fated," and "given by God." One source even connects this notion to karma, believing that her child was planned by a Supreme Being and verified by a medium. Similarly, followers of *Bahá'í* religion believe that their child was predestined and selected for them. The Malay informants also have a sense of inevitability regarding *takdir* (fate), which helps them accept it. The Quran and Hadith describe this notion, where fate and destiny are repaid with acceptance. Another informant expressed that he was picked to be the father of a child with a disability because of his skills. This viewpoint encourages informants to concentrate on their strengths rather than their flaws.

"I did not look so deeply into the issue. Sometimes I feel like it is the Will of Heaven (tiān yì), sometimes fated to take care of him due to debt accumulated in the past life as our culture dictates. During an encounter of medium seeking, I remember vaguely that the gods said he was fated (zhū dīng) to be this way."

-48 years old Chinese female-

"As a Muslim, I think it is God's arrangement."

-41 years old Malay male-

"During a specialist consultation: He said this child is given to you by God. Am I right? You are good at taking care, that is why given to you. If you are not good at taking care of it, there is no use in giving you this child."

-40 years old Chinese male-

Discussions

It was discovered that the question of disability cause and blame is often associated with it. The three factors described in this study to uncover the solution to disability causation are self-blame, being blamed, and blaming others. In a patriarchal country like Malaysia, mothers are primarily targeted for their child's illness. The data also show how the social circle attributed the child's impairment to the mother's conduct. The concept of karma may be derived from all tales that include the element of blame. Karma is the concept that acts have repercussions, either as a heavenly retribution in Hinduism or as a natural rule in Buddhism. Even though none of the informants profess Hinduism at the point of the interview, their upbringing and the community they are in do influence their perceptions. This is apparent when they responded that they are unclear whether they did anything wrong, and having a child with disability is a punishment from God. Except for the transgression of taboo, which is considered holistic, the traditional beliefs uncovered in this study are primarily regarded as magicoreligious. The informants discussed activities and foods that might damage the foetus, which is consistent with Taoist and Traditional Chinese Medicine's yin and yang practises.

The beliefs discovered in this study have both negative and positive meanings. Positive views were often based on the informants' religious beliefs. Regardless of ethnicity, most Christian and Muslim informants saw their children as a gift from God, transforming their viewpoint from considering the child as a burden to a valuable and worthy of care. This optimistic outlook affected the community's reaction to the child. By caring for and welcoming them, the informants demonstrated the community's faith in the child as a gift from God. The excellent effect of community assisted the informants in coping with the problems of parenting a child with a disability. As a result, the researchers discovered that the informants' ethnicity was not the sole factor influencing their opinions and replies. Religious views were also essential in creating people's cultures, with Malay informants being Muslim, Chinese informants generally practising Buddhism, and Indian informants not all professing Hinduism in this research. Three Indian informants professing various Christian denominations, while another pair professed the newest monotheistic faith, *Bahá'í*. Malaysia's cultural diversity impacts people's perspectives even more when socialisation occurs.

Conclusion

The study reveals that, regardless of race or religion, cultural attitudes toward disability are a complex mixture of biological and traditional beliefs. Although certain traditional beliefs influence parents and help them care for their children, many people unaware of disability depend entirely on their cultural understanding. This may lead to upsetting circumstances for parents and children with disabilities who are subjected to inappropriate remarks or body language. Cultural ideas are essential for comprehension since socialisation constantly impacts our choices and behaviours. Our cultural beliefs shape our perceptions, values, and other deeply embedded notions, influencing our decision-making processes greatly. Understanding how cultural ideas impact our perspectives and attitudes towards disability may help us create a more inclusive and welcoming society for persons with disabilities.

Acknowledgements Gratitude to We Care Journey for sponsoring the token of appreciation and to all the informants who shared their experiences and other parties involved in completing this research.

References

- Arjun, P., & Ganapathi, B. (2014). Understanding disability from a South Indian perspective: A case of Andhra Pradesh. *IOSR Journal of Humanities and Social Science*, 19(4), 25-29.
- Barnes, C., Mercer, G., & Shakespeare, T. (2010). The social model of disability. In A. Giddens, & P. W. Sutton (Eds.), *Sociology: Introductory readings* (pp. 161-168). Malden, MA.
- Buckingham, J. (2011). Writing histories of disability in India: Strategies of inclusion. *Disability & Society*, 26(4), 419-431. doi:10.1080/09687599.2011.567792

Buckingham, J. (2018). Disability and work in South Asia and the United Kingdom. In M. Rembis, C. Kudlick, & K. E. Nielson (Eds.), *The Oxford Handbook of disability history* (pp. 197–262). New York: Oxford University Press.

Chiang, L., & Hadadian, A. (2007). Chinese and Chinese-American families of children with disabilities. *International Journal of Special Education*, 22(2), 19-23.

Department of Statistics Malaysia. (2011). *Population Distribution and Basic Demographic Characteristic Report 2010*. Putrajaya: Department of Statistics Malaysia, Official Portal. Retrieved from https://www.dosm.gov.my/v1/index.php?r=column/cthem&menu_id=L0pheU43NWJwRWVSZklWdzQ4TlhUUT09&bul_id=MDMxdHZjWTK1SjFzTzNkRXYzcVZjdz09

Dhiman, K., Kumar, A., & Dhiman, K. S. (2010). Shad Garbhakara Bhavas vis-a-vis congenital and genetic disorders. *Ayu*, 31(2), 175–184. doi:10.4103/0974-8520.72384

Dhoraisingam, S. (2006). *Peranakan Indians of Singapore and Melaka*. Institute of Southeast Asian Studies.

Diken, I. (2006). Turkish mothers' interpretations of the disability of their children with mental retardation. *International Journal of Special Education*, 21(2), 8-17. Retrieved March 27, 2023, from <https://files.eric.ed.gov/fulltext/EJ843601.pdf>

Edwardraj, S., Mumtaj, K., Prasad, J. H., Kuruvilla, A., & Jacob, K. S. (2010). Perceptions about intellectual disability: a qualitative study from Vellore, South India. *Journal of Intellectual Disability Research*, 54(8), 736-748. doi:10.1111/j.1365-2788.2010.01301.x

Engebretson, J., & Headley, J. (2005). Cultural diversity and care. In B. Dossey, L. Keegan, & C. Guzzetta (Eds.), *Holistic nursing: A handbook for practice* (pp. 307–324). Sudbury, MA: Jones and Bartlett Publishers.

Federal Constitution. (2010). Petaling Jaya, Selangor: International Law Book.

Gupta, V. B. (2011). How Hindus cope with disability. *Journal of Religion, Disability & Health*, 15(1), 72-7-. doi:10.1080/15228967.2011.540897

Harris, S. (2016). Buddhism and disability. In D. Schumm, & M. Stoltzfus (Eds.), *Disability and world religion: An introduction* (pp. 25–4). Texas: Baylor University Press.

Haviland, W., Prins, H., McBride, B., & Walrath, D. (2013). *Cultural anthropology: The human challenge*. Belmont, CA: Cengage Learning.

Khairil Azmin, & Ikmal Hisham. (2016). A need for remedial provisions to protect persons with disabilities in Malaysia. *International Journal of Business, Economics and Law*, 3(3), 83-87.

Lam, C., Tsang, H., Chan, F., & Corrigan, P. (2006). Chinese and American perspectives on stigma. *Rehabilitation Education*, 269-279. doi:doi.org/10.1891/088970106805065368

Lau, Y. (2012). Traditional Chinese pregnancy restrictions, health-related quality of life and perceived stress among pregnant women in Macao, China. *Asian Nursing Research*, 6(1), 27-3-. doi:10.1016/j.anr.2012.02.005.

McDonald, K., & Raymaker, D. (2013). Paradigm shifts in disability and health: Toward more ethical public health research. *American Journal of Public Health*, 103(12), 2165-2173. doi: 10.2105/AJPH.2013.301286

Mohd Anuar Ramli, & Syamsul Azizul Marinsah. (2014). Kepercayaan kenan dalam masyarakat Melayu: Kajian dari perspektif hukum Islam. *Manusia dan Masyarakat*, 33-51.

Moore, K., & Bedford, J. (2017). *Childhood disability in Malaysia: A study of knowledge, attitude and practices*. Kuala Lumpur: United Nations Children's Fund (UNICEF).

Ngai, K., Wu, S., & Chung, J. (2017). A journey of change—history of disability in Hong Kong. In R. Hanes, I. Brown, & E. Nancy (Eds.), *The Routledge history of disability* (pp. 163-203). Routledge. doi:doi.org/10.1201/9781315198781

Government of Malaysia. (2008). Persons with Disabilities Act, 2008. Retrieved from <https://www.ilo.org/dyn/natlex/docs/ELECTRONIC/86297/117930/F139356912/MYS86297.pdf>

Raymond, L. (2001). Understanding disability from a South Indian perspective. *14th annual conference of the Society of Disability Studies, Winnipeg, Canada*.

Razali, S., Khan, U., & Hasanah, C. (1996). Belief in supernatural causes of mental illness among Malay patients: impact on treatment. *Acta Psychiatrica Scandinavica*, 94(4), 229-233. doi:10.1111/j.1600-0447.1996.tb09854.x

Schumm, D., & Stoltzfus, M. (2008). Chronic Illness and Disability. *Journal of Religion, Disability & Health*, 5-21. doi:10.1300/J095v11n03_02

Status of Treaties. (2017). Retrieved from United Nations Treaty Collection: https://treaties.un.org/Pages/ViewDetails.aspx?src=IND&mtdsg_no=IV-15&chapter=4&lang=en

Sudha, R., Silpa, M., Laila, K., Foley, N., Elham, H., & Landry, M. (2010). Exploring the meaning of childhood disability: Perceptions of disability among mothers of children with disabilities (CWD) in Kuwait. *World Health & Population*, 11(4), 49-60. doi:10.12927/whp.2013.21790

Tan, C. B. (1997). Chinese identities in Malaysia. *Asian Journal of Social Sciences*, 25(2), 103-116. doi:10.1163/030382497X00194

United Nations. (n.d.). Convention on the Rights of Persons with Disabilities (CRPD). Retrieved from United Nations: <https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html>

World Health Organization: WHO. (2020). Disability. *www.who.int*. https://www.who.int/health-topics/disability#tab=tab_1

World Health Organization: WHO. (2023). Disability. *www.who.int*. <https://www.who.int/news-room/fact-sheets/detail/disability-and-health>