

PART 3. CONCLUDING REMARKS

We come now to some key concluding remarks of the report. These remarks are supported by empirical data collected from the survey of 8,068 households randomly selected from all the households in 49 rural communes and urban wards of the four selected provinces, and from 5,497 PWD who are the members of these households. Among these PWD, one important group included the people who were reported to be affected by Agent Orange (AO).

Remark 1: PWD, particularly those affected by the AO, is a particularly disadvantaged population regarding their demographic and socioeconomic characteristics.

A sample of 8,068 households was randomly selected from all the households in 49 rural communes and urban wards of the four studied provinces. Of those households, 4,826 had members who were PWD (5,497 individuals in total). The rest were households without PWD, to be selected as the control group in analysis. Preliminary findings evidenced the following difficulties that the PWD have:

Demography of disadvantages: Key demographic characteristics of the households with PWD show disadvantages compared to those households with no members with disabilities. Households with PWD tend to have either a shortage of labor (thus having low production capacity) or too many dependents to support (economic burden). More of the households with PWD are headed by females (lower social status). Educational attainments of household members are generally very low, with many members having education below the primary level (low labor quality). Many of the household heads are PWD themselves with poor health.

Poor assets: Households with PWD are more likely to live in inadequate houses with very poor conditions for health. Their houses tend to be in geographically disadvantaged locations with difficulties in accessing economic opportunities and basic social services.

Low income and expenditure: Those households with PWD can sustain only minimum income for survival. Household expenditure is consequently very low, hence affecting the well-being of all household members.

Unemployment: Few PWD aged 15 and above are employed; Most PWD either never work or used to work but were unemployed at the time of the survey. Disability is the major cause of their unemployment.

Remark 2: Because of their disability-caused disadvantaged status, PWD are facing multiple and critical vulnerabilities in all spheres of life

Disability is the major causes of PWD difficulties in performing daily activities, in education, employment, access to health care services, marriage and child bearing, and social participation, including cultural and sporting activities. To cope with these difficulties, PWD mostly rely on the support of their families as the major source of assistance. These difficulties are however worsened by the negative attitudes towards their disability from the community where they live (see more in Remark 3).

Remark 3: Perception of society on disability is negative, viewing them as being “abnormal”. Largely because of it, there are evidences of widespread stigma and discrimination (S&D) in various forms against PWD in different settings (family, community, schools, hospital, workplace, and local organizations). The very poor awareness of the society on the rights of PWD and government policies on disability has worsened the situation.

Negative perception of community: Almost all the community populations consider PWD as being “pitied”, and there are high percentages of them view PWD as being over-reliant on others; cannot live “normal life” like the other people, thus it is good to send all PWD to institutions for “better care”; PWD deserve their fate because they are paying the “price” for bad conduct in their “previous lives”; and it is “bad luck” if encountering PWD.

Discrimination in family: A high number of the respondents know PWD who are discriminated against by their own family members: disregarded; considered to be a lifelong burden; “useless being”; consistently insulted; left without care; even abandoned; provided with no food; locked/chained in house; forced to beg. Many of families with PWD blamed “fate” for having member(s) with disability.

Discrimination in community: Various forms of discrimination against PWD are found in their own community. Many respondents reported knowing PWD in the community who are: disregarded; insulted; ignored in community activities; refused to marry; beaten up; refused to be served in restaurant/shops; and sexually abused;

Poor awareness of policies and rights of PWD: A considerable proportion of the surveyed people had never heard of the Ordinance on Disabled Persons; or had heard of the Ordinance but know nothing of the content.

Remark 4: Stigma and discrimination is the direct cause of the marginalization of PWD and their exclusion from community socioeconomic, political and cultural activities. Stigma and discrimination have also caused a high level of unemployment and low education among PWD. It has also prevented many PWD from pursuing married life and having children which are very important culturally.

Discrimination at work place: Forms of discrimination include: job refusal; disrespect at work; assigning to “appropriate jobs” (low paid; low status); refusing to be promoted; having only short-term contract; few/no opportunity to receive training; labor exploitation; etc.

Discrimination in education: The general perception of the community of the education needs of PWD is very poor: Many think that PWD of various disabilities should not go to school as they will not be able to learn or will affect the learning of other “normal” students. Partly as a result of these attitudes, most PWD never go to school. For those who did attend school, or could not finished primary education level. Most of students with disability have difficulties at school because of their disability, including difficulties in travel, learning, communication with teachers and classmates, participation on school activities, disability-unfriendly school

infrastructure; teachers' lack of skills to teach PWD, discriminatory behaviors of classmates and teachers.

Discrimination regarding marriage and having children: A rather common view of the surveyed people is that PWD should not get married because: PWD cannot have a “normal life”; unable to support themselves and their family; will be burden for their family. Similarly, many of the community think that women with disability should not be having children because: they will not be able to raise their children; more burden for themselves and their family; their children can be disabled “genetically”. Partly as the result of these attitudes, about a half the PWD aged 15 and above have never been married.

Discrimination regarding social participation of the PWD: Community people tend to think that PWD should not participate in social activities. As a result of these attitudes, most PWD do not participate in any local organizations (formal and informal) and in cultural and sporting activities in their community.

Self-stigmatization of PWD: Societal attitudes towards PWD in fact constructed PWD as being “disabled” (disability is a social product). There are quite few PWD think of themselves as being “normal”. Most PWD consider themselves as being inferior, having an inferiority complex, difficult to integrate into community life, thus avoiding social participation.

Remark 5: Since the rights of PWD are poorly realized and mainstreamed into current socio-economic agenda, support for PWD is limited to the provision of a safety net. It has also limited efforts of the government to mobilize community resources to support PWD. There is therefore a large gap between PWD's real needs and the actual support they receive.

Charity driven rather than human development support from government and community: Observations of the respondents show most supports come through provision of health and social insurance or hunger relief rather than employment, vocational training, and social participation. Supports are therefore sporadic and unsustainable in nature.

Remark 6: Compared to other groups of PWD, those affected by dioxin are found in the survey to be in more critical conditions of disability and therefore face much more difficulties in almost all areas of work and life.

Remark 7: A new approach in social policies for PWD is urgently needed with a shift in focus towards human development (human capacity building) and the provision of an enabling environment for their active and sustainable integration into life as equal members of the community.

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