Improving the situation of people with disability in Vietnam

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Disempowerment is characteristic of people with disability in developing countries. Not only are they the poorest of the poor but the most disadvantaged among the disadvantaged (UN Enable 2011). They suffer a variety of barriers to education, information, employment, transportation, health and welfare systems (Momin 2004). In Vietnam, poverty, together with an overall low level of economic development and cultural beliefs are significant hindrances to the full social participation of people with disability. Society does not expect people with disability to do the same work as others, and frequently discourage them by staring at them or treating them with sympathy and tolerance. As a result, while people with disability in developed nations can focus on promoting their rights at a more progressive level, most people with disability in Vietnam are struggling to survive. That is why many self-help groups focus on employment opportunities for their own members rather than on the rights of people with disability (Yoder 2002).

Based on a review of studies on empowerment and disability in Vietnam and the writer’s working experience with the Disability Research and Capacity Development Center in Vietnam, this paper presents an overview of the disabling environment in Vietnam and explores some approaches that can positively change the life of people with disability.

The facts: Poverty, employment and education

A 2006 survey conducted by the General Department of Statistics shows that 13 million people or 15.3 per cent of the Vietnamese population has a disability. Data from the Ministry of Labor, Invalids and Social Affairs (2007) shows that 32.5 per cent of people with disability live below the poverty level (less than $US1/day); 65 per cent are living in temporary accommodation; 70 per cent are of working age while 30 per cent have stable incomes; and only 4.62 per cent of households or individuals with disability have received rehabilitation support and/or supportive devices.

The education level of those with disability is low. Of one million children with disability 230,000 of 24.5 per cent are going to school (Ministry of Education and Training 2007). Forty-one percent of people with disability over six years of age are illiterate, compared with less than 10 per cent of the general population. Only 19.5 per cent of people with disability have finished secondary school; 93.4 per cent over the age of 16 do not have professional qualifications and only 6.5 per cent have vocational training certificates; 2.75 per cent have finished technical senior secondary schools or higher, and less than 0.1 per cent have finished higher education. Although many are capable of learning they cannot go to school due to poverty, attitudinal or physical barriers in the general environment and even within the schools they wish to attend. The lack of access to social services mean people with disability are among the least nourished, the least healthy, the least educated, the least employed, and as a result, the poorest people in Vietnam.

Legislation and policies

Despite a progressive legislative framework and strong commitment from Government there is still a large gap between policy and reality and very limited implementation. Ministry of Labor, Invalids and Social Affairs’ analysis in the National Action Plan 2006-2010 indicates many reasons for this status quo:

1. Information on agencies responsible for disability-related policies is not widely circulated, and so people with disability and their families have little knowledge of where to go for information or support.
2. The Government budget to support people with disability is limited and there is no financial mechanism to allocate funds for disability programs or activities.
3. There are no monitoring tools or guidance for agencies responsible for implementation of the law and policies to support people with disability.
4. There is little collaboration among agencies and social organisations in implementing programs that could increase opportunities for the participation of people with disability.
5. Authorities of provinces and cities do not assign enough staff to implement the policies and provide recommendations for support of local people with disability. Thus, the majority of current social projects or programs for people with disability are limited to charity and medical models rather than the social model emphasised in the Convention on the Rights of Persons with Disabilities.

Social and cultural attitudes

Attitudes about disability are key barriers to inclusion (Le et al. 2009). Attitudes can vary, with ‘care and protection’ being a dominant theme in Vietnam. Most participants to the workshops held by the Disability Research and Capacity Development Center within the last five years repeatedly stress that people with disability in Vietnam have been neglected. They are often regarded as incapable, inadequate, pitiable, unhealthy, dependent on charity, costly for society to support and a drain on family resources. They are not considered able to take care of themselves, achieve in school, or contribute through work. Inclusion is not clearly understood in society generally. Even when there is willingness to include more people with disability in education, work or society there is a knowledge gap as to how that might happen. Therefore, although new disability policies call for their full participation, people with disability are still acting as passive recipients of charitable programs created by good-hearted
helpers who have little knowledge of the desires and needs of people with disability.

The disability movement

The disability movement in Vietnam is quite weak and it is questionable whether ‘movement’ is at all a suitable word to use (Yoder 2002). Very few people with disability have political awareness and few have an understanding of their rights or think of themselves as a potential political force. Nor do they recognise the role that disabled people organisations might play in the social developmental processes. Even well educated people with disability know little about concepts used in social models (DRD 2007–13). As this suggests, most disabled people organisations are mutually-supported organisations; but they lack strategic, operational and financial planning and management, advocacy skills, participatory and leadership skills, and co-ordination among themselves and with other social organisations. Therefore, very few of these organisations play an advocacy role. If they are to become a collective and effective voice, they must first become strong representative organisations and aim to build a cohesive movement throughout the country to ensure that Government policies are implemented.

Opportunities for empowerment

According to community psychologists, empowerment enhances individual capability and self-image. This can help increase perceptions of personal control and as a result, directly affect life outcomes (Wallerstein 1992). Therefore, it is important to focus on increasing the personal power of people with disability (Emener 1991; Zimmerman et al. 1992). The empowerment vision of Rowlands (1995:103) has three dimensions:

- Personal: where empowerment is about developing a sense of self and individual confidence and capacity, and undoing the effects of internalised oppression.
- Close relationships: where empowerment is about developing the ability to negotiate and influence the nature of relationships and decisions made within it.
- Collective: where individuals work together to achieve a more extensive impact than each could have had alone. This includes involvement in political structures, but might also cover collective action based on cooperation rather than competition. Collective action may be locally focused, for example, at village or neighborhood level, or institutional, such as national or international networks.

Empowerment thus consists of both personal and social growth. It is a process of assisting people with disability to identify their life values, and build their capacity to understand the importance of social participation and of working with others for collective goals.

The process of becoming personally empowered involves competence enhancement. Rifkin and Pridmore (2001:11) support this by stating that, ‘information (education) is power; people who lack information lack power and lack choices about how to improve their lives or control what happens to them’. Education is undoubtedly a powerful tool for empowerment of people with disability.

Through either formal or informal training programs, people with disability can gain the knowledge and skills needed to perform functions, tasks or carry out some socio-economic activities for personal and community development. They also need information to know their rights, as well as government policies and programs that concern them. The capacity-building process helps develop the leadership of individuals with disability as advocates, beginning by facilitating the recognition of the types of barriers to community accessibility that individuals with disability confront, and then encouraging people with disability to become active members of the community (Balcazar et al. 1994). For that reason, to change the deep-rooted perception that they are incapable and merely objects of charity actions, people with disability in Vietnam need supports such as information, training and counselling to help them understand the nature of their disability and their limitations, as well as their potential and the opportunities they have. They also need help to develop the confidence and skills to claim their rights.

The social participation of people with disability should receive equal attention since self-help groups or community-based organisations provide opportunities for their members to gain the skills and competencies required to move towards achieving more positive outcomes (Laverack 2001). This empowerment can be extended to include an individual’s connectedness with other people and their participation in groups and communities of interest which aim to gain more power with the intent of bringing about changes in their environment (Zimmerman and Rappaport 1988).

As noted by the Japanese Society for Rehabilitation of Persons with Disabilities (1999): ‘It is not enough to be merely independent, but it is also necessary to have a group that supports and provides an empathetic relationship.’ Self-help groups are important because they provide emotional support for people facing similar tough situations. Self-help groups allow people to share information and openly discuss their problems without judgment, to process their feelings and to hear others talk about their situation. Participation in these groups or community organisations can help people deal more effectively with their problems. Crucially, self-help groups provide the feeling that you are not alone. In addition, a self-help group’s function is to democratically and accountably attain the collective goals of the group and play the role of representative for the integration of people with disability into the larger community.

Conclusion

People with disability in Vietnam can be considered the most disadvantaged group and need to be empowered to change their life. Empowerment is a helpful approach because it addresses issues at both an individual and organisational or community level. This approach focuses on increasing an individual’s control over his/her life, and equipping an individual with more self-confidence, a better perception of oneself and increased knowledge and skills. With such qualifications the individual will be better able to identify the barriers which reduce self-realisation and control over his/her life (Askeheim 2003). At the organisational level, empowerment enables collective action to improve the quality of life.
in a community and also emphasises the importance of connections among community organisations (Perkins and Zimmerman 1995). In employing the empowerment approach, people with disability in Vietnam can gain the ability to achieve their highest personal and collective aspirations and goals.

References


