Survey of the Needs of and Services for Persons with Physical Disability in China

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<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
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<tbody>
<tr>
<td>ADL</td>
<td>Activities of daily living</td>
</tr>
<tr>
<td>CBR</td>
<td>Community-based rehabilitation</td>
</tr>
<tr>
<td>CDPF</td>
<td>China Disabled Persons’ Federation</td>
</tr>
<tr>
<td>CFD</td>
<td>The China Fund for the Disabled</td>
</tr>
<tr>
<td>CRRC</td>
<td>China Rehabilitation Research Center</td>
</tr>
<tr>
<td>LCPDP</td>
<td>Law of the People’s Republic of China on the Protection of the Disabled Persons</td>
</tr>
<tr>
<td>PWDs</td>
<td>Persons with disabilities</td>
</tr>
<tr>
<td>RMB</td>
<td>Renminbi (Chinese money)</td>
</tr>
<tr>
<td>SCI</td>
<td>Spinal cord injury</td>
</tr>
<tr>
<td>TCM</td>
<td>Traditional Chinese Medicine</td>
</tr>
<tr>
<td>UN</td>
<td>United Nations</td>
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<tr>
<td>CP</td>
<td>Cerebral palsy</td>
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ABSTRACT

**Background:** There are 63 million persons with disabilities (PWDs) in China, and most of them live in rural areas. They have received inadequate education, employment and the treatment for rehabilitation. They are disadvantaged in society. Discrimination of and prejudice against PWDs still exist in China. Their living conditions are below the social average although PWDs are being given more and more attention by the government and society in recent years.

**Objectives:** To survey the needs of PWDs and the services for PWDs; To find the factors that influence the realization and possible fulfillment of their needs and desires; To make suggestions to relevant departments of government for possible improvement of the situation of PWDs.

**Methods:** Both qualitative and quantitative methods were used in this study. There were 109 persons with physical disability involved in this study, 50 were from a rural area, 59 from an urban area. Data were collected through a questionnaire. 10 PWDs were involved in a semi-structured interview. Two focus group discussions were respectively conducted in a rural area and an urban area. A total of 12 PWDs participated in these two group discussions.

**Findings:** There is a big difference in the needs of and the services for male and female PWDs between the rural and the urban area on various aspects, such as medical
rehabilitation (including western medicine and Traditional Chinese Medicine), education, rehabilitation knowledge, employment, and free-barrier environment reconstruction, etc. Rural PWDs live in a poorer situation than urban PWDs in Chinese society. Therefore Community-based rehabilitation (CBR) programs should be given more attention and further facilitated in order to promote more participation of PWDs in social activities.

1. INTRODUCTION

1.1 Problem Statement

The United Nations (UN) estimates that some 10% of the world’s population (500 million people) has substantial disability; 80% of these people live in the developing world. For millions, their lives are hard indeed. For the medical needs alone, the UN estimated that only 3% of those in need of rehabilitative care actually receive any treatment(1).

China is a developing country by size almost one-fifteenth of the world’s landmass. It has the largest population (1.26 billion) and the largest number of persons with disabilities (PWDs) in the world. Facts show that PWDs are also creators of material and cultural civilization and constitute a force for social progress. Due to the existence and constraints of disabilities, PWDs stand as group with special difficulties in society. Owing to historical reasons and the constraints for a low-level of productive forces in China, the work for PWDs has lagged behind the overall social and economic development(2). PWDs have received inadequate education. Many of them are yet to receive the necessary treatment for rehabilitation(2). A considerable number of PWDs yet capable of work are still unemployed and those employed have not been ensured stable and appropriate jobs(2). Discrimination of and prejudice against PWDs still exist in society to various extents. There is also environmental hindrance to their participation in public life. The quality of their living conditions is below the social average. In short, there is a host of problems for PWDs that call for urgent solutions in present-day China. (2).
1.2 Research Objectives

Carrying out this survey to identify the needs of and services for PWDs can be helpful in defining the magnitude of the problems and to promote discussions with local communities about priority activities.

At present in China, PWDs are still at a relative disadvantage in society. How to improve their social position and promote their participation in the mainstream of social life are the imperative task for the government and the organizations for PWDs. However, the first thing is to know what their needs are; what their difficulties are; and what services they have received. The purposes of this study are:

- To survey the needs of adult persons with physical disabilities
- To survey the services for adult persons with physical disabilities
- To find the sources of the influential factors: the PWDs, their families, or society.

1.3 Background

1.3.1 National Survey on Disability in 1987

In 1987, a sample survey was conducted on PWDs in China pursuant to the criteria for defining five categories of PWDs (see table 1). This survey shows that 18.1% percent of households had among their member PWDs that made up 4.9% of the population. It can be inferred from the above-mentioned findings that China has approximately 51.64 million PWDs of the five categories, i.e. physical disability, visual disability, hearing and speech disability, mental retardation, mental illness and multiple disability. In 1996, China Disabled Persons’ Federation (CDPF) announced new statistics on PWD, there are 60 million PWDs; and among them persons with physical disabilities are 8.77 million. In 2000, CDPF based on its 1987 national survey, claimed PWDs comprise 5 percent of the Chinese population (63 million). This national survey was the biggest action for PWDs, and will be the basis of future work for them. (7)
Table 1: 1987 census of persons with disabilities

<table>
<thead>
<tr>
<th>Types of disabilities in China</th>
<th>Amount (million)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hearing and speech disability</td>
<td>17.70</td>
</tr>
<tr>
<td>Mental retardation</td>
<td>10.17</td>
</tr>
<tr>
<td>Physical disability</td>
<td>7.55</td>
</tr>
<tr>
<td>Visual disability</td>
<td>7.55</td>
</tr>
<tr>
<td>Mental illness</td>
<td>1.94</td>
</tr>
<tr>
<td>Multiple disability</td>
<td>6.73</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>51.64</strong></td>
</tr>
</tbody>
</table>

1.3.2 Organizations and Institutes for PWDs

For various social cultural and historical reasons there has not been much emphasis on disability issues. The China Fund for the Disabled (CFD) was not established until in 1984. CFD is a national foundation that manages benefits of PWDs. Before that, little attention or assistance was given to PWDs. In the same year, the first Child Mental Health Research Center was established in Nanjing.

In 1988, the government established CDPF, which is under the leadership of Deng Xiaoping’s son, Deng Pufang, who had been paralyzed from the waist down during the Cultural Revolution. CDPF has been successful in raising and improving the profile of disabled people in China by means such as participation in and hosting of major
international cultural and sporting events. The CDPF, affirmed by the law and ratified by the State Council, is the unified national organization of and for persons with various categories of disabilities in China. It represents the common interests, protects, and develops the undertakings for PWDs. Subsequently each province/autonomous region/municipality, city, prefecture, or town has developed local organizations for PWDs. (4).

The development of rehabilitation institutes and centers started in China in the 1980’s. China Rehabilitation Research Center (CRRC), a state owned institute, was established in 1988. CRRC provides comprehensive rehabilitation and social services for PWDs, carries out scientific research, offers professional training, conducts information exchange and servers as a technical resource to the Chinese rehabilitation network, combining educational, social and vocational rehabilitation, and conduct nation-wide community-based rehabilitation (CBR) programs. CRRC established a comprehensive medical rehabilitation system that integrated western medicine and Traditional Chinese Medicine (TCM), emergency care, early recovery and long-term care (post rehabilitation).

And now many provincial rehabilitation centers have been established, most of them are affiliated with provincial federations for PWDs; some of them belonging to the system of the Ministry of Health.

1.3.3 Law and Regulations on PWDs
Some programs, procedures, laws and policies have been constituted by the government in recent years.

By 1990, the China government had passed the Law of the People's Republic of China on the Protection of Disabled persons (LCPDP) that was implemented by a National Five Year Plan for People with Disabilities. LCPDP includes nine chapters with different aspects on PWDs, including rehabilitation, education, employment, cultural life, welfare,
environment legal liability and supplementary provisions. It can be looked upon as the most important law for PWDs in China so far(5).

In 1994, the Regulations on the Education of Persons with Disabilities was promulgated. It has nine chapters too, comprising: pre-school education, compulsory education, education at or above ordinary senior middle school level and adult education, qualification of teachers, guarantee for material conditions in schools, rewards and punishments, and supplementary provisions(6).

Table 2: Published law and established organizations, foundations and committees

<table>
<thead>
<tr>
<th>Name</th>
<th>Start date</th>
<th>Nature</th>
</tr>
</thead>
<tbody>
<tr>
<td>China Fund for the Disabled</td>
<td>1/15/1984</td>
<td>A national foundation that manages benefits for PWDs</td>
</tr>
<tr>
<td>China Disabled Persons’ Federation</td>
<td>3/15/1988</td>
<td>Represents the common needs of Chinese with disabilities; advocates for the human rights of PWDs; provides education and training, gives a general relief, and collaborates with the government in development and management of the disability field.</td>
</tr>
<tr>
<td>China Rehabilitation Research Center</td>
<td>10/28/1988</td>
<td>A state-owned institution that provides rehabilitation and social services to PWDs, carries out scientific research, offers training, and conducts information exchange and serves as a technical resource.</td>
</tr>
<tr>
<td>The Law on the Protection of Disabled Persons</td>
<td>12/28/1990</td>
<td>The first law in China to protect and safeguard the rights of PWDs.</td>
</tr>
</tbody>
</table>
National Day of Helping the PWDs 5/19/1991
The first official “National Day of Helping the PWDs” was written into the LCPDP to launch comprehensive activities that help PWDs.

The State Council’s Disability Coordination Committee 4/19/1993
To enhance the leadership of the disability undertaking and further develop unique Chinese characteristics within the disability rehabilitation movement.

1.3.4 Rehabilitation and Education
Along with the establishment of rehabilitation institutions at different levels, more and more PWDs have the possibility of receiving rehabilitation services. Mainland China has adopted many aspects of the western medical/rehabilitation system along with TCM development. Rehabilitation and education for PWDs was started systematically after the national survey of PWDs in 1987. Hong Kong, a British Colony for 99 years and a Special Administrative Region of China today, has a very advanced rehabilitation system, whose major rehabilitation services and vocational rehabilitation, is quite similar to that of the United States. Taiwan is also strongly influenced by the U.S. health care and rehabilitation systems.

Based on the 1987 survey, CDPF proposed and implemented Three Campaigns of Rehabilitation: 1) Cataract surgery for persons with visual impairments, 2) Training for children with hearing and/or speech impairment and, 3) Orthopedic surgery for persons with polio. Nowadays, the rehabilitation programs for all types of disabilities have been included in the national work plan since 1988. (2).

Regarding special education, China’s Education Law of 1986 made it obligatory to provide special education for individuals with mental retardation. CDPF consequently set
up the Rehabilitation Research Association for people with mental retardation. The Special Education College of Changchun University, the Engineering College for the Deaf of Tianjin University, the Massage Specialty for the Blind in Nanjing Chinese Medicine College were established, and Special Education Specialties were set up in 7 normal universities in the last ten years. (7).

1.3.5 Traditional Chinese Medicine in Rehabilitation

TCM has a long history in China. It is not only loved by the Chinese people, but also by people world-wide. TCM plays a more and more important role in the rehabilitation of PWDs. Before the idea of western rehabilitation was introduced in China, various TCM remedies were the only ways of rehabilitation for PWDs. These included massage, acupuncture and moxibustion, etc. In present day China, both TCM and western medicine are widely used in the medical rehabilitation process of PWDs in urban areas. TCM has few of side effects, and is not very expensive. Therefore it is popular among PWDs, especially in rural areas.

The basic theories of TCM describe the physiology and pathology of the human body, and the differentiation of symptom-complexes. This includes the theories of Yin-Yang, Five Elements, Zang-fu, channels-collaterals, Qi, blood, body fluid, and methods of diagnosis. TCM theories have two outstanding features, their holistic point of view, and their application of treatment according to the different symptom-complexes. The Zang-fu organs are the cores of the organic body. (45).

Qigong is a popular medicine healing tradition that has considerable application for persons with physical disabilities. According to TCM principles, a life-force energy called Qi fills all living things. Good health requires an ample and flowing supply of Qi, which is naturally replenished through breathing, eating, and closeness to nature. When Qi is constantly consumed, out of balance, or polluted, sickness occurs. When it used up, life will end. From the point of view of TCM in persons with a physical disability Qi can
stagnate and become unbalanced, increasing the likelihood of illness. Therefore, it is especially important for these individuals to stimulate Qi flow. (45)

Chart 1: Persons with physical disability exercising Qigong. (45).

1.3.6 Employment and Vocational Training

LCPDP emphasizes that the authorities at all levels and departments concerned shall organize and provide guidance on employment and vocational training for PWDs. State organs, nongovernmental organizations, enterprises, institutions and urban and rural collective economic organizations should employ a certain proportion of PWDs in appropriate types of jobs and posts. The specific ratio may be determined by the people’s governments of provinces, autonomous regions and municipalities directly under the Central Government in line with their actual conditions. (5). This has supplied PWDs with chances of employment, and also showed the attentions to PWDs from society.

In some professional rehabilitation institutes, departments of vocational training have been established, such as CRRC learned from the U.S. Four steps have been followed in vocational rehabilitation: 1) vocational assessment, which assesses the consumer’s vocational uniqueness and employment preference. 2) vocational guidance, which provides assistance in vocational selection and employment adjustment including job placement, employment and settlement. 3) vocational training that provides training to consumers according to their needs, background and ability. For instance, language training is given to individuals with language impairment. 4) job placement helps
individuals with disabilities find suitable employment. (40). However the vocational training system was only conducted in some big comprehensive rehabilitation centers in urban areas. Most PWDs who are in rural areas cannot get this service at all.

1.3.7 Cultural Life, Recreation and Sports

PWDs should have equal access to public cultural facilities. The China Central Television Station and twenty TV stations at provincial level have set up regular special programs and sign-language-interpreted programs for PWDs; the Central People's Radio Station and thirty radio stations at provincial level have set up regular special programs for PWDs; films and TV plays have been sub-titled; the magazine, book and audio and video publishing houses directly under the CDPF and its local organizations provide publications for PWDs, and produce films and TV plays which focus on the lives of PWDs. (7).

One hundred and eighteen sports games and matches were conducted and as many as 210,000 times of athletes with disabilities participated. In these events, some of them participated only once, others several times. Chinese athletes with disabilities took part in some important international sports games such as Paralympic Games, Far East & South Pacific Games (FESPIC), Special Olympics, World Games of Disabled Youth. (7). However, only the PWDs who are living in urban areas have some opportunities to participate in cultural life. The cultural lives of rural PWDs are quite simple and dull.

1.3.8 Community-based Rehabilitation

The term CBR has been used for widely differing varieties of work since 1976. Most CBR programs give high priority to helping families care for members with disability at home and the neighborhood, with some idea also of influencing communities and creating more space for children and adults with disabilities. According to three UN Agencies, ILO (International Labor Organization), UNESCO (United Nations Educational, Scientific, and Cultural Organization), and World Health Organization (WHO), CBR was defined as a
“strategy within community development for the rehabilitation, equalization of opportunities and social integration of all people with disabilities” (33). From the International Center for the Advancement of Community Based Rehabilitation, “CBR is a response, in both developed and developing countries, to the need for adequate and appropriate rehabilitation services, to be available to a greater proportion of the disabled population. Its aims are to rehabilitate and train disabled individuals, as well as to find ways to integrate them into their communities.”(34)

In recent years, many rehabilitation centers or departments of various types were established in China. They are divided into special rehabilitation centers like CRRC; the rehabilitation department in hospitals at different levels; and CBR stands in communities. Most of the community health workers have a medical education background although they have no higher education degree.

In the last 17 years, with the opening up to the world and the development of the economy and society, the work for PWDs in China has made progress. In 1988, the CDPF began to implement the Five-year Work for Disabled Persons in China, which established the working foundation for CBR. Subsequently CBR programs were integrated into the 8th Five-Year National Development Plan as an independent part. In 1996, The 9th Five-Year National Development Plan was formulated and issued stipulating that in order to help more PWDs to receive services, the socialized rehabilitation service system relying on communities was established. (35). In the most recent national plan for PWDs, the working guidelines enhanced the multiple departments’ cooperation to work for PWDs.

The main characteristics of CBR in China are: The national law formulates the provisions of rehabilitation such as the guiding principles, their implementation, personnel training, and supplying assistive devices; CBR in China has been integrated into the national plan and has become an indispensable part connected to the development of the national economy and society; Appropriate technology was adopted combining modern and TCM
approaches. (8).

1.3.9 Community Health Care

In China the CBR programs mainly depend on many ministries of governments to facilitate them. Among these are: the Ministry of Health, the Ministry of Education, the Ministry of Civil Affairs, the Ministry of Finance, etc. The main role of organizations for PWDs is to coordinate the government ministries working for PWDs. The Ministry of Civil Affairs and the Ministry of Health are the principal agents in the promotion of CBR although it is recognized that CBR should be a multi-sector initiative.

Starting in 1997, the government started to push for community health services, which emphasizes public health management and medical treatment for residents, with community health centers and their affiliated clinics as the major providers. Their functions cover medical treatment, disease prevention, healthcare, rehabilitation, health education, and family planning as a whole. CDPF actively coordinates with the Ministry of Health to integrate CBR program for PWDs as much as possible into the working contents of community health services. The medical professionals in community health posts or centers play the role of rehabilitation therapists, rehabilitation consultants, etc.

The community health service network has basically established models in cities such as Beijing, Tianjin, Shanghai, Shenzhen in Guangdong Province, and Ji’nan in Shandong Province. Now limited by insufficient subsidies from the government, the community health centers and their affiliated clinics still focus most of their efforts on medical treatment. (9).

1.3.10 Barrier-free Environment

Barrier-free environments, together with assistive devices, are prerequisites for the implementation of several other areas of the Agenda for Action, particularly education, training and employment, and the formation and strengthening of self-help organizations
of PWDs. (10).

The term of barrier-free environment is also called “non-handicapping environment” in some international documents. “A non-handicapping environment is one which enables people with disabilities to move about freely and safely and to use its facilities and services without undue inconvenience and danger. Ramp and lift access enables people who have difficulty in walking to overcome differences in ground level.” (10)

In China, the barrier-free environment can be seen at the airport where is the earliest barrier-free building. Through recent years development, the barrier-free buildings can easily be seen in the big cities of China. More and more people know what a barrier-free environment is and what a barrier-free building is. However, the barrier-free devices are not common in many small cities or towns or rural areas. CDPF also has been making an effort to coordinate with the ministry of architecture to make corresponding rules and regulations for barrier-free environment.

1.3.11 Stigma and Attitudes to PWDs

In many areas of China, disability is viewed as a punishment for the disabled person's parental or past-life sins. When encountering health problems, many religious people, especially those from rural areas where medical resources are not readily available or sufficient will visit temples or Taoist priest houses to pray, worship or perform rituals in order to find out the cause of and/or the solutions to their diseases or disabilities(3). This can be seen as feudal behavior.

At present Chinese society’s prejudice against the PWDs still exists. PWDs are reluctant to be exposed in public, and the family members seem not to like going out with their disabled members. Disability, particularly congenital disability has traditionally been regarded in China as a cause for shame, which is not just a financial burden for the family, but affects all members of the family, for example the marriage prospects of siblings. For
this reason it has in the past been quite common particularly in rural areas for PWDs to be kept out of sight, in some cases locked away in a room while family members were out working. (48).

It takes a long time to change man’s ideas about PWDs and this change often cannot be realized. But then, attitudes towards disability now appear to be changing, especially in urban areas. Relevant factors include greater expectations for improved quality of life generally. (48).

1.4 Literature Review

1.4.1 Criteria of Disability in China

Different countries have different criteria for assessing disability. In China the establishment of criteria for disability was created along with the nation-wide survey of disability in 1987.

In the article “Why am I not disabled?”, the author Dr Kohrman described and discussed the Chinese social context of establishing the criteria for the disability, the organization CDPF, and the situation of PWDs. The author also described the national survey of PWDs in 1987, which was shaped by an elite and by the political needs of the nation. The criteria for the disability was based on political needs and government consideration of the time.(20). Also based on the enormous population in China. The criteria for disability may be too strict, because otherwise the number of PWDs would be too large in the population. As a result, some persons may fail to meet the disability criteria in China while they could meet the disability criteria in other countries.

However these criteria have been used for near on 20 years and serves as official data since it is still in force. Since official and national criteria of disability are rarely discussed in China, there is a lack of relevant literature.
In the article *Disability Statistics in the People’s Republic Of China*, Dr. Qiu presented the figures on PWDs in China, using the Chinese classification of disability, and described how the national survey in 1987 was conducted. However, the reasons why the criteria of disability were made like this were not discussed. (15).

### 1.4.2 Needs of PWDs

The literature on the various needs of Chinese PWDs is not abundant. Helander identified the necessity of determining the needs of individuals with disabilities prior to designing any new rehabilitation interventions or technologies. (16). In China, the systematic rehabilitation work for PWDs was emphasized till 1996 in a national work plan. In the new 5-year national work plan for PWDs (2001-2005), “rehabilitation service” was brought forward. In this plan, a simple investigation of various needs of PWDs was required. The aim is to supply relevant services to PWDs in the community based on their needs. (31). However this investigation on needs and services only focuses on medical rehabilitation needs, while other needs such as education, vocational training, employment, etc are not included. Furthermore, the survey only involves daily work in a community, and there is no provision for scientific research.

Whether the needs of the PWDs are met or not reflects their quality of life. Some literature refers to this issue. For example, Tam maintained that a quality life style means engaging in the various activities of life, such as eating, studying, working and so on. PWDs also have spiritual and psychological needs, such as communicating, being respected, having a sense of self-worth. (18).

In addition, PWDs in developed countries usually live better than those in developing countries. This, of course, depends on the status of social welfare, and this conclusion has been proved by some research. For example, disability is a political privilege entitling one to financial support and a series of services in Europe and North America. Disability can cause a change in the family’s social and economic status. Chinese PWDs are not able to
enjoy much privilege in China. Some preferential policies for PWDs are not available to all PWDs, especially to those who live in remote and obscure rural areas. Hence many needs of PWDs have not been met in China. (35).

The factors that influence needs are various. Abelin’s study found that age, gender and being unmarried turned out to be independent predisposing factors for an increased need for help. However, socio-economic status is the most important risk factor relating to the need for assistance. (56). While Van found that the social and economic situation of PWDs to be generally good although they lack basic material aids. (59).

A study of the needs of Chinese old people with strokes indicated that most elderly Chinese have multiple needs, such as physical needs, psychological needs, social needs or spiritual needs. It also found that these people tend to take a passive role in expressing their needs, which is partly related to their educational, social and cultural backgrounds. The author also found that one influential factor may be culture. Although disability is similar in all societies, the priorities, interpretations and expressions of need are affected by Chinese upbringing and family values, particularly among the elderly with disabilities. (24).

In the study on the quality of life of Chinese persons with spinal cord injury (SCI), the author found social support to be the most influential factor on quality of life. Another finding in this study is that individuals who perceived themselves as having support from family members, friends, the community, and governmental service agencies were more satisfied with their lives than those who did not. These results imply that relationships developed and maintained in family and social environments may be crucial elements in maintaining quality of life among Chinese with SCI. (58).

LCPDP includes the relevant relations on employment of PWDs. Shang looks upon the employment policies for PWDs as bridging the gap between planned and market
economies in Chinese cities. His research found that, with the help of the government’s employment policies, PWDs in his research cities had benefited from both market reforms and high-speed economic growth. The relevant policies need to adjust in order to mobilize resources from the newly developing market economy.

A barrier-free environment is one, which enables PWDs to move about freely and safely and to use transport facilities and services without undue inconvenience and danger. (10). By 1998, the CDPF, the Ministry of Civil Affairs and the Construction Ministry of the Chinese Government, jointly formulated and implemented the Design Codes for the accessibility of People with Disabilities to Urban Roads and Buildings. The codes have been being spread in big and medium-sized cities step by step. (4). Standard Rules emphasizes, “States should recognize the overall importance of accessibility in the process of the equalization of opportunities in all spheres of society”, and writes that accessibility includes “access to the physical environment” (i.e., the barrier-free environment) and “access to information and communication”. (11).

Family members, as caregivers, play an important role in supporting PWDs in the community and this role is often stressful for them. A study on caregivers of elderly PWDs was conducted in Australia by Jorm. It was found that wives, daughters and husbands made up the largest categories of the caregivers and around two-thirds of caregivers were women. (22). It is not common that caregivers help or sponsor PWDs permanently as volunteers, especially in developing countries. Most PWDs depend on their family members. Namely, spouse, children and parents usually play the roles of caregivers, which is probably the same in most countries in the world.

The caregivers usually need rehabilitation knowledge, while Van found that PWDs and their family members do not need extra knowledge about how to care for their disabilities, but they would find mobility aids such as wheelchairs and artificial limbs of enormous help. The regular healthcare services are widely used although both PWDs and caregivers
are not always aware of the types of treatment, which can usefully be provided. (59).

In 1993, as a result of the International Year of Disabled Persons in 1981 and the United Nations Decade of Disabled Persons from 1983 to 1992, Member States of the UN agreed on a new international document to focus worldwide attention on the need for equal rights and opportunities for PWDs - the Standard Rules on the Equalization of Opportunities for Persons with Disabilities. (11). Standard Rules has been already translated into Chinese, which could be looked upon as a guideline for supplying the needs of PWDs and improving their participation in social life.

1.4.3 Traditional Chinese Medicine for PWDs

Before 1980, Chinese people did not understand the real significance of rehabilitation. Rehabilitation was understood as recovering or convalescent or even recreation after an illness or accident. It is also understood as a part of TCM, such as massage, Taiji, QiGong, magnetic treatment and acupuncture. Now, with the conception of western rehabilitation introduced into China, the principle of TCM has been integrated into western rehabilitation programs for PWDs. For example, the research on herbs has made some progress. Herbal medicine’s holistic focus supports wellness by enhancing the body’s inherent healing potential because it targets the causes of diseases and not merely symptoms. Due to their traditional use over the ages, herbal remedies exist for virtually all ailments, including SCI and multiple sclerosis. (45).

Although proponents and critics may debate their effectiveness, in many cases when scientists have actually tested herbal remedies, they work as well as the comparable pharmaceutical drugs. (51). More literature on TCM in China concerns the applications of TCM in clinical medical rehabilitation for PWDs. Surveys on how and why popular TCM is accepted by PWDs are rare, and also rare are the reflections and ideas of PWDs when they take TCM treatment and rehabilitation.
1.4.4 Attitudes to and Stigma against PWDs

Any culture takes a long time to establish. People of different social backgrounds have different understandings of disability. In the book *Disability and Culture*, some essays were collected from the world, from different culture contexts. The attitude towards PWDs in Botswana was surveyed by Ingstad. Attitude surveys come up with fairly similar conclusions in most countries: that disabled people are stigmatized and have poor chances in marriage, employment, and so on. (13).

Erving Goffman defines stigma as "an attribute that is deeply discrediting". In other words, a stigma is a characteristic, behavior, or experience that may cause the person with the stigma to be rebuked by others. (50). Stigma is difficult to conceptualize because it reflects a property, a process, a form of social categorization, and affective states. (55). Goffman had even said disability is a stigma. (52). Stigma is not often referred to every day, however it is there all the time. A visible stigma like amputation makes the stigma both easier and more difficult to manage. (54).

PWDs do not want or need privileges denied to others; they want opportunities to live and work within the boundaries of their abilities. There is considerable underestimation of the extent of disability, especially in developing countries where disabled people may be hidden or hide themselves. There is also a tendency for the disabled to have advocates who do not fully appreciate the problems of PWDs. As Benedicte Ingstad writes, "We should not forget, however, that these spokespeople are usually an elite as far as education and ambitions are concerned, and do not necessarily represent the needs of poor people with disabilities living in rural areas in developing countries". (53).

The state of development of the communities has an influence on the attitude of the community towards PWDs. A developed community may have better attitudes towards PWDs than an undeveloped community. (44). Attitudes are usually influenced by beliefs and personal experiences and life conditions (14). Liu’s study shows the stigma from
disability may create the family’s fear of exposure to criticism and disgrace in Chinese culture context. Guilt might be felt by PWDs themselves, between PWDs and his family members, likewise between PWDs, their family members and the ancestors. This study also refers to that “misunderstanding of or lack of knowledge about a specific disability can cause a tremendous amount of fear, hostility, alienation and blame.” (3).

In LCPDP, rights, equality and participation in socio-economic and cultural life permeate the 50 articles, which relate to employment, rehabilitation, education, culture, legal rights, environmental access, urban design, and welfare. (5). LCPDP could be treated as a legal pledge for supplying the needs of PWDs. However, Emma made many comments on LCPDP. Article 10 of LCPDP states “Disabled persons should display an optimistic, and enterprising spirit, have a sense of self-respect, self-confidence, self-strength and self-reliance, and make contributions to the socialist construction.” Emma pointed out “the language might appear flowery and hardly the stuff of which laws are made.

There is no shirking of responsibility as the pioneer of PWDs, CDPF puts raising public awareness as one of its main tasks. “The CDPF persuades the government and mobilizes society, utilizing the mass media, exhibitions, conferences, books and various activities in conducting social advocacy and public education, to change the incorrect attitudes towards PWDs, and to dispel discrimination and prejudice against PWDs and to do away with outworn concepts and myths of them”. (4). Chaya put forward that it might be necessary to change public attitudes before PWDs can be integrated into a community. Whatever the truth, it is important to examine attitudes, because it is probably the case that the real integration of PWDs and social attitudes towards them interact on each other. (60).

1.4.5 CBR in China

In China, the CBR pilot programs were carried out as early as in 1986, which was to explore a model of CBR in the urban area Jinhua Street, Guangdong province. Dr. Zhuo described the implementation of the pilot CBR program in a heavily populated city. The
structure of the program used the existing administrative and government structures of Guangdong province. Home-based services for PWDs was attempted. (19). As part of the research on CBR in China, there have been a number of experimental CBR programs established in some provinces (Guangdong, Shandong, Jilin, Zhejiang and Inner Mongolia). This was an early study on CBR in China. CBR was then getting more attention. According to the positional paper “CBR is implemented through the combined efforts of disabled people themselves, their families and communities, and the appropriate health, education, vocational and social services”. (33).

In 1993, Prejudice and Dignity-an introduction to community-based rehabilitation was published by Helander, UNDP. It discussed and analyzed background, definitions, principles, technology management, system of CBR, and described a plan of action for CBR in the future. (16). Ideally, CBR includes social and medical rehabilitation, prevention, integration, community development and participation, an increasing awareness of the need to remove disabling barriers, formation of organizations for PWDs and families with disabled members. Thereafter CBR has inspired the imagination of the Chinese government and is the first priority in the 9th Five-year Plan’s work program on disability (1996-2000), in which, the model of multiple divisions of government working jointly on needs is being conducted. (35).

Many needs of PWDs should be met at community level. In the report on responses on non-governmental organizations to the implementation of standard rules, it is reported that institutional rehabilitation programs exist at the district, provincial and national levels in China. CBR exists at the local, district, and provincial levels and between 6-20 percent of the PWDs received rehabilitation services in China. (57).

2. STUDY DESIGN

2.1 Method Design

In the light of the objectives of this study, multi-methodological study, both qualitative and
quantitative methods, were used in this study. Qualitative data and quantitative data were collected through structured interview (questionnaire), semi structured interview and focus group interview.

In addition, ethical issues were considered in this study. “Surveys should be carried out in ways designed to avoid risks to participants, respondents, and interviewers”. (26). PWDs as respondents were inquired about their willingness to be interviewed. All of them had agreed to being involved in this study. All interviewees were not asked their names, addresses or other private business that were not relevant to this study, except what they told freely. The words of some respondents were recorded on cassette tape with their permission.

The network system of the organizations for PWDs was used for conducting this research. CDPF is the headquarters of the organizations for PWDs in China. Hence, CRRC, as one of institutes with which CDPF is affiliated, contacted the local organizations, which in turn contacted and arranged to meet PWDs and their family members.

The reason CDPF has the national authority in the system of organizations for PWDs is because Deng Pufang, himself a PWD, is the head of CDPF. Deng PF is the oldest son of Deng Xiaoping, a former leader of China. Therefore Deng PF has a special and preponderant political position in China. He came back to China to establish Chinese rehabilitation centers before he finished his rehabilitation treatment in Canada. Subsequently he established the organization for PWDs, namely CDPF. Before that, the work for PWDs was in managed by the Division of Civil Affairs. In the beginning phase systematic work for PWDs, basic information and data on PWDs was necessary. At that time, a national survey, and criteria for disability were put on the agenda. Up to now, the Chinese government still has to use the criteria for disability and the statistical data on PWDs that are based the survey in 1987. The IDs of disability that the respondents had in my study were issued on the basis these criteria.
In the work areas, the assistants of local organizations for PWDs explained about the survey to the PWDs and their family members beforehand. PWDs were informed and meetings arranged at their homes or an appointed place in their communities in advance. Research assistants accompanied me to interview them. In the rural work area, the assistants often acted as “interpreters”, since some of local residents speak with a strong accent or dialect.

It is an effective measure to contact the field workers and the respondents through the administrative system. As the branches of the central organization, local organizations for PWDs usually treat carefully the demands from higher organizations. However, the shortcomings of this method are obvious. For instance, I felt sometimes that I was warmly welcomed, because some of PWDs and their family members thought that a “leader” from Beijing would talk to them. Maybe they hoped that I could help them overcome their difficulties, especially in the rural area.

In addition, due to the assistants who are from the local organizations for PWDs and who accompanied me during interviews and group discussions, perhaps the respondents had some misgivings about the assistants’ presence, which might affect the real qualitative data collection.

2.2 Study Areas

2.2.1 Dingxi County

Dingxi County is located in the middle of Gansu province, in the middle west of China. The average altitude is 1896.7m above sea level. It covers an area of 4225 km² representing 0.9 percent of the total provincial land area. There are 26 towns (Xiang and Zhen) with a population of 474 000. The number of PWDs is 22268; among them 5145 persons are physically disabled. (36).
The total cultivated land in Dingxi is 114,933 hectares, accounting for 27 percent of the total area of the county. The irrigated area is 0.86 hectare, amounting to only 7.22 percent of the total cultivated land. The county is a typically hilly and mountainous area. 86 percent of the total cultivation area is mountainous, only 14 percent is plain land. 48 percent of the total mountainous area is terraces, 9 percent is slopes, and the rest is plains. The whole region has a hand-like shape. (36).

Dingxi County is normally a very dry place and is a typical rain-fed agricultural area. The soil on the top of mountain areas is already severely eroded with no more topsoil left. Most of the residents plant potatoes that are the best crop growing in that soil. This county has been defined as one of the poorest areas by the State based on the fact that the average peasants’ income is five times less than the national figure (for instance, the net annual income was 55 US$ per peasant in 1996 when the national figure was 240 US$ per peasant (1 US$=8.3 RMB). (36)

Dingxi County is one of the counties of Gansu province. It has the general characteristics of western rural areas in China. For example, it has a considerable number of peasants and PWDs, relative poor economic conditions, relative inconvenient traffic, etc. Therefore, Dingxi County was selected for the field work in a rural area. However, Dingxi County as one of the rural counties in western China cannot represent rural areas in south China. It is representative only of the rural counties in western China. Therefore, Dingxi County was selected as the rural area work in this study.

As such, PWDs in Dingxi County cannot represent all rural PWDs of China. Because China is so large, different areas have different conditions, such as population, economy, education, and so on. Since the economic conditions in south China are generally better than those in the west of China, rural PWDs in south China generally live better than those who are in the middle west areas of China. Therefore, the samples of PWDs in Dingxi County are only representative of the local PWDs, and probably of the PWDs in Gansu.
province and neighboring provinces, but not of all PWDs in Chinese rural areas.

Chart 2: Map of China

Chart 3: Map of Gansu province

2.2.2 Fengtai District

Fengtai is one of the districts in the capital city of Beijing. It has a continental type climate, with cold and dry winters, due to the Siberian air masses that move southward across the Mongolian Plateau. The summers are hot owing to warm and humid monsoon winds from
the southeast bringing Beijing most of its annual precipitation. January is the coldest
month and July is the warmest. Winter usually begins towards the end of October.

Fengtai District is in the southwest of Beijing and includes 22 sub-districts (Jiedao). Its
area is 304.2 sq kilometers, its population 1103000. There are 51800 PWDs living here.
Among them, the number of persons with a physical disability is 7510. (37).

County and district are the same level of regionalism in China. Only the term “county”
is usually used in rural areas, and “District” in urban areas. There are 18 counties and
districts in Beijing. However, only 8 districts are looked upon as urban areas, the other 10
counties are around Beijing canton.

Fengtai district is not the richest urban area in the capital city. Here the economic situation,
living conditions, educational resources, employment possibilities, etc. are at the urban
area average level for Beijing. (37). Therefore, Fengtai district was selected for fieldwork
in the urban area, and the PWDs in Fengtai district were selected as urban samples of
PWDs in this study.

However, Fengtai district is in the capital city after all. Probably some policies for PWDs
were extended to them earlier and were conducted better than for those who are far from
Beijing. Fengtai district is representative of the urban districts of Beijing, and probably also
representative of other urban districts in the capital cities of other Chinese provinces, but
not of those in middle-sized and small cities. Therefore, PWDs in Fengtai district can be
seen as representative of PWDs in urban districts in Beijing and in other capital cities of
Chinese provinces.

Chart 4: Map of Beijing
2.3 Population and Samples

The study on physical disability provides insights into the contemporary status of PWDs in Chinese society. It also involves a large number of citizens suffering from birth defects, traumatic accidents and chronic illnesses. Persons with physical disabilities were selected as samples in this study.

The term “disabled person” refers to those with visual, hearing, speech or physical disabilities, mental retardation, mental disorders, multiple disabilities and/or other disabilities. (15). In this research, the criteria for physical disability are based on the National Practical Criteria of Disability, which was promulgated and implemented by the State Council in 1986. (38). The research unit is the person with physical disability.

In this study, the sample will be the adult with physical disability, which can be divided into four categories in China. They are: a) Loss of upper or lower limbs due to trauma, disease or congenital factors. b) Anamorphosis or dysfunction of upper or lower limbs due to trauma, disease or congenital factors. c) Anamorphosis or dysfunction of the spinal cord. d) Anamorphosis or dysfunction of trunk or limbs due to trauma, disease or congenital factors. They can be graded according to the parts and degrees of disability and functional barriers. (43).
The study population is persons with physical disabilities. In order to learn the status of the needs of and services for PWDs, male and female, young (above the age of 16) and old, rural and urban PWDs were involved in this study. There are 109 persons with physical disabilities who were selected as samples. 50 cases are from the rural area Dingxi County; the other 59 from the urban area Fengtai district.

The respondents who were involved this study were selected by the local organizations for PWDs. It was considered to be a good way to conduct the study with the cooperation of local organizations for PWDs. But the shortcomings appear also. For example, it is probable that local organizations want to show their working achievements for PWDs. Thus the PWDs who were selected as respondents are familiar to the organizations, although this study has no other correlation to their work. As the conductor of this study, I am from the central origination for PWDs.

In addition, the PWDs who were selected by the local organizations for PWDs usually were those who wanted to be involved this study. Since the samples were not chosen randomly, these PWDs might not be representative enough in particular areas.

### 2.4 Data collection

The interview is an important data gathering technique involving verbal communication between the researcher and the subject. The objectives of this study are to survey the needs of and services for PWDs. It is necessary that PWDs and their family members tell of their needs, their feelings, their thoughts and their experiences. Therefore, face-to-face interview (structured interviews and semi-structured interviews) suit this study.

The advantages of face-to-face interviews are: the interview is a valuable follow-up the questionnaire. The quality of data collection is better because the respondents can be asked further when the answer is not clear. (25). Through face-to-face interviewing, it is possible
to explain the purpose of the survey to PWDs and to encourage them to co-operate, and the interviewing questions can be clarified when there are misunderstandings, etc.

Face-to-face or personal interviews are very labor intensive, but can be the best way of collecting high quality data. This type of interview is preferable when the subjects matter is very sensitive, if the questions are very complex or if the interview is likely to be lengthy. Compared to other methods of data collection, face-to-face interviewing offers a greater degree of flexibility. However, the quality of the data collected in an interview depends on both the interview design and on the skill of the interviewer. Because of the personal nature of interviewing, the scope for introducing error and bias is quite large and can affect all the following stages of the interviewing process. (28).

There are also some disadvantages to face-to-face interviews. There may be data bias in the communication between interviewer and interviewees; the interviewees may have some apprehensions in facing the interviewer whom they meet for the first time, especially when answering personal questions. (25).

2.4.1 Structured Interview (Questionnaire)
A good way to collect data is the questionnaire where, the data are standardized. The interviewer follows a script or schedule exactly. (27). The questionnaire as the tool of structured interviews enables the interviewer to ask each respondent the same questions in the same way.

In this study, the samples are from different sites; a rural area and an urban area. The purposes are the same. Therefore, it is an effective and suitable way to collect data through questionnaires. Furthermore, it is suitable to compare the data collected from both the rural and the urban area through this method.

The questionnaire of this survey was translated into Chinese from English. Pre-testing is
an essential part of questionnaire design. Before conducting this research, the pre-testing of this questionnaire was carried out with 10 disabled persons with physical disabilities and their caregivers who were from a rural area and an urban area. The questionnaire consists of close-ended questions with one-choice answers.

For this research, the variables in the questionnaire include:

- The demographic information in the questionnaire includes gender, age, occupation, education, marital status, income, etc.
- Information on disability includes: type of physical disability, the period of the disability, cause of disability, etc.
- Needs of the persons with physical disabilities include: medical rehabilitation, functional exercise, activities of daily living (ADL), integrating into society, rehabilitation knowledge, education, employment, barrier-free environment reconstruction, etc.
- Caregivers’ data: who are the main caregivers, whether they have care knowledge, the ways of obtaining the knowledge, etc.
- Other data: the main reason for NO NEEDS, the purpose of employment. The main avenue to obtain information, the regular place for getting help, whether free help is available to them, etc.

2.4.2 Semi-structured Interview

Semi-structured interviews involve a series of open-ended questions based on the topic areas the researcher wants to cover. If the interviewee has difficulty answering a question or provides only a brief response, the interviewer can use cues or prompts to encourage the interviewee to consider the question further. In a semi-structured interview, the interviewer also has the freedom to probe the interviewee to elaborate on the original response or to follow a line of inquiry introduced by the interviewee(28).

Through semi-structured interviews, more detailed qualitative data that are lost or difficult
to achieve by questionnaire can be collected. (28). Thus semi-structured interviews were also used in this study. Some of the open-ended questions based on the topics of their needs and services were asked. Through this interview, PWDs were given more opportunities to express their real thoughts. They could also elaborate on the original response and their experiences. Therefore, semi-structured interviews are useful and suitable to this study.

10 cases (5 from the rural area, 5 from the urban area) were involved in semi-structured interviews after questionnaire interviews. The questions in semi-structured interviews just followed mainly the questionnaire more deeply. They could also focus on the urgent needs, on difficulties in meeting the needs, on rehabilitation remedies (TCM or modern western medicine), stigma, employment, and so on.

### 2.4.3 Focus Group Interview

Focus groups work particularly well in determining the perceptions, feelings, and thinking of people about issues, products, services, or opportunities. (29). In the light of the objectives of this research, the main discussion topics at the group meetings include: the needs and difficulties in your family, the rehabilitation experiences, the situations of PWDs in society, stigma, and the life experiences of family member. Two focus groups were conducted in the rural area and the urban area respectively in their communities. Family members of PWDs as participants shared their experiences in the focus groups. The group meeting was composed of 5 participants, and went on for 45 minutes in Dingxi County, and 7 participants, for 40 minutes in Fengtai district.

Focus group discussion is a good way to collect data in a study. Compared to individual interviews, focus group discussion aims to elicit individual attitudes, beliefs and feelings, focus groups bring forth a multiplicity of views and emotional processes within a group context. In an individual interview it is easier to take an initiative. However, the researcher can gain a larger amount of information in a shorter period of time through focus group
discussions. (39). Group discussion methods can uncover and explain issues and reactions, which may be unexpected. Discussions also provide rich and insightful information, data and feedback. (41).

In this study, the participants are the family members. They have similar experiences of living with PWDs; they can talk and share their feelings. And during discussions more and rich qualitative data can be collected when the participants remind and encourage each other. The data from the focus group can be profitable supplements to the data from questionnaires and semi-structured interviews. Hence focus group interviews are also suitable for this study.

On the other hand, the method of the focus group discussion has some disadvantages. The participants are speaking in a specific context, within a specific culture, and sometimes it may be difficult for the researcher to clearly identify an individual message. This too is a potential limitation of focus groups. It needs good skills to organize a successful focus group. (39). In this study, the participants had strong dialects. It takes much time to interpret their words, and some of the participants were a little nervous, which hindered them in expressing their ideas.

2.5 Data analysis
The process of data analysis involves making sense out of text data. It involves preparing the data for analysis, conducting different analyses, moving deeper and deeper into understanding the data, representing the data, and making an interpretation of the larger meaning of the data. (30).

2.5.1 Analysis of Qualitative Data
Through reading all the data, a general sense of the information on the needs of and services for the persons with physical disabilities was obtained. The field notes, the participants’ words, even body language of the respondents were considered
comprehensively and summarized.

The transcripts of all the interviews were examined, and the tapes of the interviews were re-listened to. Time was taken to organize the contents and points, and to divide them into different categories. Some issues and ideas emerged during the analysis of the data.

2.5.2 Analysis of Quantitative Data
Frequency analysis was used in this study. Since the female sample size was not large, the significant statistics on females may not be enough. The variables in the questionnaire were coded and entered into a computer, then analyzed using software SPSS 10.0 after checking for errors. The data were given frequency analyses.

Frequency counts show how many times something occurred or how many responses fit into a particular category. Numerical counts are typically presented as tables, for ease of interpretation. The percentage expresses information as a proportion of a whole. They are also useful when we want to show a frequency distribution of grouped data. The frequency distribution is a classification of answers or values into categories arranged in order of size. Percentages were displayed using tables.

3. FINDINGS
The results analysis, interpretation of questionnaire and interview data comprised the main findings. Verbatim comments from the PWDs and their family members are used to support these findings.

3.1 Samples Distribution
There were a total of 109 participants involved in this research. 50 cases were from a rural area, 59 from an urban area. Among them, 88 were male, 21 were female. The age span is between 16 and 71.
Table 3: Genders and areas

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<td>59(54.1)</td>
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Table 4: Ages and areas

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<td>Urban area</td>
<td>14(23.7)</td>
<td>30(50.8)</td>
<td>12(20.3)</td>
<td>3(5.1)</td>
<td>59(100)</td>
</tr>
<tr>
<td>Total</td>
<td>21(19.3)</td>
<td>54(49.5)</td>
<td>28(26.7)</td>
<td>6(5.5)</td>
<td>109(100)</td>
</tr>
</tbody>
</table>

There are more male respondents than female in formants in this study. This may be because the male PWDs with IDs for disability are more than the female. In the rural areas of China, the ideas that “favor boys than girls” and “men’s social position is higher than women’s” are still common. So male PWDs may be more likely to register and get the ID card for disability. Men often participate in “social activities” more actively than women. So male PWDs are more likely to be involved in a study like this.

3.2 Occupations and Income

There is a significant difference of occupation and income between rural and urban areas. Over half of rural PWDs are peasants; they have no regular job or regular income.

Table 5: Occupations in rural and urban areas
The statistics indicate that 24.0% PWDs in the rural area have no job. And 66.0% of the respondents are peasants, which means they have no regular job. In other words, they have no regular income. However, in the urban area, 45.8% of PWDs are cadres, which means they have permanent jobs, and regular incomes every month. This table implies that the PWDs in the urban area are better off those who are in the rural area.

Table 6: Income per month (RMB/month) in rural and urban areas

<table>
<thead>
<tr>
<th></th>
<th>Non</th>
<th>Less 200</th>
<th>201-500</th>
<th>501-1000</th>
<th>Over 1000</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>N (%)</td>
<td>N (%)</td>
<td>N (%)</td>
<td>N (%)</td>
<td>N (%)</td>
<td>N (%)</td>
<td>N (%)</td>
</tr>
<tr>
<td>Rural area</td>
<td>17(34.0)</td>
<td>23(46.0)</td>
<td>6(12.0)</td>
<td>3(6.0)</td>
<td>1(2.0)</td>
<td>50(100)</td>
</tr>
<tr>
<td>Urban area</td>
<td>6(10.2)</td>
<td>1(1.7)</td>
<td>3(5.1)</td>
<td>20(33.9)</td>
<td>29(49.2)</td>
<td>59(100)</td>
</tr>
<tr>
<td>Total</td>
<td>23(21.1)</td>
<td>24(22.0)</td>
<td>9(8.3)</td>
<td>23(21.1)</td>
<td>30(27.5)</td>
<td>109(100)</td>
</tr>
</tbody>
</table>

The table 6 shows the fact that the income of urban PWDs is truly higher than rural PWDs. In rural area, the rate of PWDs with income at the “501-1000” and “over 1000” are respectively 6.0% and 2.0%, and near half (46.0%) of PWDS with income less than 200RMB per month. However 49.2% urban PWDs’ income are over 1000RMB per month.

Table 7: Income per month (RMB/month) of male and female PWDs

<table>
<thead>
<tr>
<th></th>
<th>Non</th>
<th>Less 200</th>
<th>201-500</th>
<th>501-1000</th>
<th>Over 1000</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>N (%)</td>
<td>N (%)</td>
<td>N (%)</td>
<td>N (%)</td>
<td>N (%)</td>
<td>N (%)</td>
<td>N (%)</td>
</tr>
<tr>
<td>Male</td>
<td>18(20.5)</td>
<td>18(20.5)</td>
<td>7(8.0)</td>
<td>20(22.7)</td>
<td>25(28.4)</td>
<td>88(100)</td>
</tr>
</tbody>
</table>
From table 7, we can see the income of female PWDs is a little bit less than male PWDs, but not very significantly. In China, especially in rural area, men usually work outside to support the home, women stay at home. So it is not strange that female PWDs do not work and stay at home. Male PWDs more likely than female PWDs can find a job to do.

When asked about their incomes, some respondents’ faces appeared a bit despondent.

“I have no work to do. I have stayed at home many years. I cannot do anything and am cared for by my wife. Ahi (sigh). She has bad eyesight because she is old. She has no work either. In our area, we are peasants; our only job is to plant crops. We have no formal work.” A demobilized soldier said.

“We are peasants without any regular way to get money. All year round we grow potatoes to sell for money. That is too little! We have to carry potatoes to town ourselves to save the transportation fee if we had hired a tractor”. Another rural PWD said.

In China, peasants are a poor group of people with low social position. A rural area implies poverty; a peasant who lives in a rural area implies uneducated and dropping behind; an urban area implies rich; an urban person implies influence, good employment and civilization; an urban person implies a rich person. Therefore a native peasant in China admires of the life of urban people; and longs for a creditable job; he hopes a good job will bring him a good income. However, the citizenship of peasants is very strict in China, they generally cannot leave the fields and as a peasant will have a hard life forever, unless they get work after studying in a university.

Generally, there is a big income gap between a rural area and an urban area in China.
Surely the gap among PWDs is bigger. In recent years the reform of enterprises has caused many workers to be laid off. The situation of unemployment has become more and more serious. Non-disabled workers are employed in the reformed of enterprises first; workers with disabilities will come the second. Once the urban workers have lost their jobs, their lives become very hard immediately, because they need to buy everything for daily life, even running water, and in cities, prices are higher than rural areas. Although the income of urban PWDs looks better than rural PWDs’, their lives are difficult too.

“I will not try to find a new job although I can do something, my unit pays me every month after I became disabled.” An urban PWD said, “I was injured at work, so my unit pays me”.

“The prices often increase, we have to consider how to spend our wage on what family needs most. We try not to spend any money on things that are not necessary.” An urban PWD said.

In China, peasants have always had a lower position in society in all ages. Their lives have always been hard. There is no doubt that a peasant will meet more difficulties if she/he becomes disabled.

The rural area is far from the big city. The chances of employment are less than in an urban area. Many people leave their families to look for temporary work in the city to make money, because the agriculture is not developed in Dingxi area. However the rural PWDs have difficulties in looking for some work in the city because most of them have not a good education or any technical skills. The jobs that they take are usually simple physical work. This simple work is definitely without a good salary.

Table 8: Gender and regular jobs
Whether male and female, the rate of “without regular job” is higher than “with regular job”. And the 9 female PWDs with regular jobs are all from the urban area. These results show that disability causes a person to lose their job, or makes it difficult to get a job. It also shows that female PWDs in urban area have more possibility to get a regular job. However, in a rural area, most of the PWDs do not have regular jobs originally, so they would have more difficulty to get a regular job.

3.3 Education

From statistics, the education levels of rural PWDs are generally lower than those in urban area. Female PWDs receive less education generally than male PWDs.

Table 9: Education in rural and urban areas

<table>
<thead>
<tr>
<th></th>
<th>Illiterate</th>
<th>Primary school</th>
<th>Middle school</th>
<th>University</th>
<th>Master/ doctor</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N (%)</td>
<td>N (%)</td>
<td>N (%)</td>
<td>N (%)</td>
<td>N (%)</td>
<td>N (%)</td>
</tr>
<tr>
<td>Rural area</td>
<td>10(20.0)</td>
<td>21(42.0)</td>
<td>19(38.0)</td>
<td>0(0)</td>
<td>0(0)</td>
<td>50(100)</td>
</tr>
<tr>
<td>Urban area</td>
<td>1(1.7)</td>
<td>3(5.1)</td>
<td>28(47.5)</td>
<td>24(40.7)</td>
<td>3(5.1)</td>
<td>59(100)</td>
</tr>
<tr>
<td>Total</td>
<td>11(10.1)</td>
<td>24(22.0)</td>
<td>47(43.1)</td>
<td>24(22.0)</td>
<td>3(2.8)</td>
<td>109(100)</td>
</tr>
</tbody>
</table>

Table 10: Gender and education
It is found that 62.0% rural PWDs are “illiterate+primary school”, while this parameter is only 6.8% in urban area. It is a fact that there is a lack of education for PWDs in rural areas in China. Education itself in rural areas in China is not developed. PWDs have less chance of getting an education than non-disabled persons.

Firstly, many rural people think education is not useful for PWDs; it is to “hold a candle to the sun” as the Chinese saying goes. In interviewing and group discussion, some respondents disclose that they hold this idea too. In other words, rural people ignore the importance of education.

“Persons with physical disability need others help them to go somewhere. They have difficulty in moving even to go shopping nearby.” A rural woman said.

“Yes, in our place, it seems to make no differences whether a person has been to school or not. Everyone does the farm work all year round, so the knowledge that they learned is not useful,” another one added.

Secondly, the stigma for disability of the PWDs themselves and their family members prevent PWDs from participating in community activities, even receiving education. That PWDs stay at home and do nothing is very common. The study shows PWDs whether young or old usually stay at home all day round and even all year round.

However, the stigma in an urban family seems less than in a rural area. Some urban PWDs
actively learn something to become independent.

“I am trying to send my son to school. He is now 16 old. I taught him at home these years. Many schools would not like to admit him. But we would pay more. I do not understand why!” An urban mother said. This urban PWD is a young boy sitting in a wheelchair.

His mother continued “when he was one year old, he could not stand, we went to see many doctors but they could not make a specific diagnosis at first. I was told that some children develop slowly. He understands everything although he does not speak clearly. He can walk with my support. I am sure learning is good for him. So I have been teaching him at home some years. I also often bring him out in public. I do not care that others look at us. He needs to see the outside world, needs to communicate with others.”

Thirdly, the education resources in rural areas are less and poorer than those in urban areas. In a rural area, usually a school covers many villages and lacks teachers. Teachers do not like to work in a rural area because they cannot advance, and they receive poor wages. Therefore, the rural area teachers, especially young teachers try to find a new position in an urban school.

Fourthly, they need pay for education, which is an important factor. Education in China is not free. It is very expensive for a poor rural area.

“The education of persons with disabilities shall be carried out in compliance with the state’s educational policies to raise in an all-round way the quality of persons with disabilities according to their physical and mental needs, and to create conditions for their participation in social life.”(6). This is the article 2 of the Regulations on the Education of Persons with Disabilities, which was started to be carried out in 1997. However there is such a large number of PWDs in China. It is very difficult to reach all parts of China, especially remote rural areas.
This regulation also stipulates “The administrative department of education under the State Council shall be in charge of the education of persons with disabilities throughout the country. The administrative departments of education of the people’s governments at or above the county level shall be in charge of the education of persons with disabilities within their respective administrative areas. People’s government at or above the county level and other their respective functions and responsibilities, is responsible for the relevant work of education of persons with disabilities”. (6). However, the distribution of PWDs is very widely in Chinese rural areas. The education resources such as schools, teachers cannot cover such a wide distribution.

The study also shows that female PWDs receive less education generally than male PWDs. In addition, it is found that among the 21 female respondents, four respondents who are illiterate are all from the rural area, while five with university education are all from the urban area.

“I had difficulties in going to school when I was young, because I could not walk without a walking stick and was a big burden because of the school fee in my family, so I gave up finally” a person with polio said.

“When I was child, there was no school in my village, my home is too far from the neighborhood school”. Another one said.

“I like going to school, but my home was poor. And my father told me it is not useful to go to school for a girl. I stopped school after I finished grade two”. A female PWD said.

Economic problems are probably the main reason for PWDs receiving no education and poverty also leads to dropping out of school. Usually a poor area is with a “poor” education. However, the poorer education will bring a poorer economy. This will create a
“vicious circle”.

3.4 Needs for Medical Rehabilitation

Needs for medical rehabilitation are ignored in rural areas. Rural PWDs try to recover from their disabilities, and urban PWDs hope to improve their physical functions through medical rehabilitation. Herbs are popular in the rehabilitation process of PWDs.

Medical rehabilitation includes: rehabilitation diagnosis, operation, medicine or herbs treatment, rehabilitation nursing, and transferring medical care. Medical rehabilitation can be seen as the precondition of education rehabilitation, vocational rehabilitation, etc. This item intends to find out whether PWDs have a need for medical rehabilitation, and what rehabilitation they need. “Diagnosis” means PWDs need to diagnose or further diagnose their disabilities. “Operation” means PWDs need to have an operation or not. “Medicine or herbs” means PWDs need to take medicine or herbs for their rehabilitation or not, including taking TCM. “Nursing” means whether PWDs need professional rehabilitation nursing or not. “Transferring medical care,” means PWDs need to go to better institutes or hospital to take rehabilitation remedies. (31).

Table 11: Needs for medical rehabilitation in rural and urban areas

<table>
<thead>
<tr>
<th></th>
<th>No need</th>
<th>Diagnosis</th>
<th>Operation</th>
<th>Herbs or medicine</th>
<th>Nursing</th>
<th>Transferring medical care</th>
<th>Others</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N (%)</td>
<td>N (%)</td>
<td>N (%)</td>
<td>N (%)</td>
<td>N (%)</td>
<td>N (%)</td>
<td>N (%)</td>
<td>N (%)</td>
</tr>
<tr>
<td>Rural area</td>
<td>20(40.0)</td>
<td>0(0)</td>
<td>6(12.0)</td>
<td>18(36.0)</td>
<td>6(12.0)</td>
<td>0(0)</td>
<td>0(0)</td>
<td>50(100)</td>
</tr>
<tr>
<td>Urban area</td>
<td>8(13.6)</td>
<td>4(6.8)</td>
<td>10(16.9)</td>
<td>16(27.1)</td>
<td>15(25.4)</td>
<td>4(6.8)</td>
<td>2(3.4)</td>
<td>59(100)</td>
</tr>
</tbody>
</table>
From this study, the choice of “no needs” on medical rehabilitation in the rural area is 40.0%; in the urban area is 13.6%. That seemingly shows that the PWDs in the rural area do not need more medical rehabilitation than PWDs in the urban area. Both in the rural area and the urban area, a considerable rate of respondents have a need to take medicine or herbs, which implies the herbs are highly popular and welcomed by the PWDs. Some remedies of TCM, including herbs are used only by private doctors and have been handed down from their ancestors.

However, when interviewing it was found that many PWDs in the rural area ignore medical rehabilitation. In the rural area, many PWDs think the medical rehabilitation is a “time-taking” and “money-wasting” behavior. They also think that medical rehabilitation cannot “cure” them. Maybe due to the wider disseminations of information on rehabilitation in the urban area than in the rural area, the urban PWDs are able to pay more attention to medical rehabilitation.

“I have been disabled so many years. Amputation, I lost a leg, nobody can give me a new one. This is it. I have not and will not see a doctor. I do not think they can help me ” a middle-aged woman said. “The artificial leg is impossible for me, and it is too expensive. I have used the walking stick everyday. I also think I am bad looking...”

Some of the terrible experiences they have encountered have led them to give up seeking medical rehabilitation. One cerebral palsy (CP) victim, a man aged 21 told his story:

“I know about my disability that is motion difficulties. My mentality is normal. I know that I need functional exercise life-long. I have tried to find some way to cure myself although I know it is impossible for CP, but now I have given up. I know a great deal about CP”
“Three years ago, there was an old man who titled himself a doctor and said he was good at healing CP. My parents believed him and pre-paid him a lot of money, however, he only gave me some herbs that did not work at all. He stayed in my village some days then suddenly disappeared. We realized that he was a swindler … since then, I decided not to look for any treatments any more”.

Interesting information has come to light from the group discussions: the family members of PWDs in the rural area are interested in how to cure; however, in the urban area the interest is in how to rehabilitate. Some persons have tried to find some remedies in books. Maybe urban people have better education than rural people. And urban people have more chances to get books on these subjects to read. So rehabilitation is understood differently by rural people and urban people.

“We went to the city to see doctors many times, doctors asked us go home to exercise ourselves. But we do not know how to exercise at all. I have also tried to find some medicine for stroke, but in fact, there seems no way to make a recovery” a rural family member said disappointedly.

“Our families have read some books, now we are looking for a good therapy, not to find medicine. I know the only way is to better my functions”.

“Rehabilitation takes too long and a lot of money, I retired early to look after my husband. At the beginning of his illness (hemeplegia), we sometimes invited a therapist to come to help him exercise at home, but later, we had to stop because of lack of money. Now he is stable. I exercise him sometimes. I have known that he cannot be cured; he has been trying to improve his body functions” a urban wife said.

For each PWD, disability is a continuous losing or missing. Rehabilitation can help to improve but cannot bring recovery. The real meaning of rehabilitation is understood by
more urban PWDs than rural ones.

3.5 Traditional Chinese Medicine

*TCM is a popular remedy for PWDs. TCM is welcomed and favored by most of PWDs both in rural and urban areas.*

As motioned in the previous analysis, herbs are popular in the rehabilitation of PWDs. Various types of TCM, including herbs, traditional massage and acupuncture, etc. are favored by most PWDs in China. At the group discussions, the family members of PWDs also talked about their ideas of TCM. Some of them have a preference for TCM over western medicine.

“*After the emergency stage of the stroke, we liked to use TCM to improve his physical functions. Practice proves it works. We mainly use massage and acupuncture. I do not know medicine, but I believe in that.*” A family member said.

“*TCM is very mysterious, the points and meridians are invisible, they are in our body indeed, but we can not see them. My friends recommended us to see a TCM doctor*”. An urban person said.

“In our rural area, we have often seen a TCM doctor, because it is cheap.” A rural family member told us.

“I took both western medicine and Chinese medicine, I think that is the best way. ”An urban PWD said. “*TCM has no side effects, so a western doctor recommended me to take TCM too*”

Many of the remedies of TCM are in the beginning scientific research, which means there is a need to collect clinical experiences and do research in depth. Massage and
acupuncture are generally used to release muscle spasms. Acupuncture-related therapies consist of stimulating specific points on the skin by inserting needles or applying heat, pressure, or massage. Acupuncture usually is combined with a variety of other Eastern therapies, such as herbal treatments, food and nutrition therapy, exercise, and meditation. The thin, usually disposable, needles rarely draw blood, and any discomfort is mild. (47).

A TCM department is a necessary section in different hospitals in China. In CRRC, the professional rehabilitation institute, TCM plays a very important role for PWDs. TCM doctors are studying hard to put TCM into clinical rehabilitation practice. TCM has been introduced into the world. This includes such classical literature as *huang di nei jing* as well as the abridged book *Yixue sanzijing*. (42). TCM will surely play a more and more important role on rehabilitation process of PWDs.

### 3.6 Needs of Integrating into Society

*PWDs have difficulties in getting married. If married, they are generally married to another PWD. Many PWDs develop the family crisis stability. Urban PWDs are able to participate in social life actively. More female than male PWDs have the desire to work outside home.*

PWDs are a special group in a society. Because of their disability, they are in difficulty in acclimatizing in a social environment and participating social life. In this study, the needs of acclimatizing for PWDs were explored through their needs such as: “Communicating”, “doing housework”, “working outside ”, “making boy/girl friends”, and “marriage/ a stable family”.

<table>
<thead>
<tr>
<th>Table 12: Needs for integrating into society in rural and urban areas</th>
</tr>
</thead>
<tbody>
<tr>
<td>No need N (%)</td>
</tr>
<tr>
<td>----------------</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

54
There are 42.0% of the rural respondents expressed they had no need to improve their ability to integrate into social life while 15.3% urban respondents had no this need. Urban PWDs get more attention than rural PWDs in China, which probably is the reason for this result. As previously mentioned, CBR programs have developed pilot facilities in urban areas. Therefore, urban PWDs can obtain the benefits from CBR programs earlier than rural PWDs.

There are 42.0% of the rural respondents expressed they had no need to improve their ability to integrate into social life while 15.3% urban respondents had no this need. Urban PWDs get more attention than rural PWDs in China, which probably is the reason for this result. As previously mentioned, CBR programs have developed pilot facilities in urban areas. Therefore, urban PWDs can obtain the benefits from CBR programs earlier than rural PWDs.

Table 13: Needs for integrating into society of male and female PWDs

<table>
<thead>
<tr>
<th>No need</th>
<th>Communicating</th>
<th>Doing</th>
<th>Working</th>
<th>Making</th>
<th>Marriage/</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>N (%)</td>
<td>N (%)</td>
<td>N (%)</td>
<td>N (%)</td>
<td>N (%)</td>
<td>N (%)</td>
<td>N (%)</td>
</tr>
<tr>
<td>Male</td>
<td>25(28.4)</td>
<td>17(19.3)</td>
<td>17(19.3)</td>
<td>16(18.2)</td>
<td>6(6.8)</td>
<td>7(8.0)</td>
</tr>
<tr>
<td>Female</td>
<td>5(23.8)</td>
<td>2(9.5)</td>
<td>5(23.8)</td>
<td>6(28.6)</td>
<td>1(4.8)</td>
<td>2(9.5)</td>
</tr>
<tr>
<td>Total</td>
<td>30(27.5)</td>
<td>19(17.4)</td>
<td>22(20.2)</td>
<td>22(20.2)</td>
<td>7(6.4)</td>
<td>9(8.3)</td>
</tr>
</tbody>
</table>

28.6% of the female PWDs expressed their needs for working outside the home, which implies that the ideas of the women are changing. In other words, female PWDs have the idea of being independent, not depending on others or their families. On the contrary, only 18.2% of the male PWDs have this need. This is might be because of the men’s family position is higher than women’s in Chinese tradition. Men like staying at home when they become disabled.

Lower rate of needs on “marriage/ stable family” are found in both male and female
PWDs in the structured interview. However these needs were expressed in the semi-structured interview and focus group discussion.

When the respondents were asked to talk about their needs on integrating into society, their answers were as follows:

“I think I have acclimatized to the social environment. I long for more persons to communicate with. However few people care about me. I often feel that I have been ignored”, one rural PWD said.

“I do not like to communicate with my neighbors, because I do not think they like to chat with me for I am disabled, nor do I like to do something in public, only to stay at home” a man with polio said.

From their comments, we find that PWDs need to communicate with others. They are lonely and self-contemptuous, as a PWD said they are ignored.

To marry and maintain a stable family are serious problems for PWDs.

“Most of PWDs marry other PWDs. It is nearly impossible for a disabled person to marry a non-disabled person; however, once a PWD has married a non-disabled, they generally do not divorce ” The group members reached this same idea when discussing this matter.

“It is so lucky for a PWD to marry or to be married, but many of them can not marry so will be single all life-long because of their disabilities”

“Marriage is an extravagant hope for me” a young man with CP said.

From the above-mentioned phenomenon, “difficulties in getting married for a PWD”, “a
disabled marry a disabled”, it can be said that the prejudice against disability still generally exists in the countryside. In Chinese tradition, divorce is a humiliating thing. This is a strong idea for people in a rural area, which maybe why people rarely divorce.

It is almost impossible that a non-disabled person marries a disabled person in China, especially in a rural area. The family will disagree strongly if a family member wants to marry a disabled person. One is stigmatized if one marries a PWD. Reversely, if a PWD marries a non-disabled person, the PWD is not stigmatized, although this almost never happens.

It was found in interview that most of the disabled couples (husband or wife with disability) there has been a marriage crisis. “I am sure 90% of disabled couples has marriage problem!” An urban person with an amputation assuredly said to me. He saw I was a little surprised, so he continued, “Especially among young disabled couples, they will divorce sooner or later.” After a paused, “I am 50 years old, 14 years have passed since my amputation. I did not divorce, but I tasted the bitter life of a disabled couple, I have some friends with disabilities, we sometimes talk about our private lives” it seems that his words are true.

Regarding his number 90%, I have no way to check whether this is true or not, but it has already been proven that marriages of disabled couples have had serious problems. They have the desire that the marriage should last forever; they do not want the family to break up. Therefore it is a tremendous disaster for a family when a family member becomes disabled.

In urban areas, some PWDs are able to participate actively social life and are able to be independent.

“I stopped working after I got injured. I am now working at a factory near my home. My
duty is to deliver letters and newspapers from yard gate to offices, it is not difficult for me” an urban PWD said. “I do not expect to make much money, but this job gives me chance to do something for others. I do not like to stay at home. I would be very bored if I had nothing to do.”

“I have managed a small shop at home, I like to do something more than just being at home,” said an urban person with a mild leg disability.

The terminal goal of rehabilitation is returning to society and participating in social life. This study shows the situation of integrating into society of the urban PWDs is better than that of rural PWDs. this is mainly because the urban area has a better cultural and policy environment for PWDs. Many new policies and laws on PWDs are implemented firstly in the urban area in China, for example the rules on barrier-free construction. Therefore, urban PWDs benefit more from the new rules for PWDs. In addition, new things appear and things change faster in urban area. Urban PWDs will not be limited by bad traditions. They prefer to go outside the home to participate in social activities relatively more than rural PWDs.

3.7 Stigma against PWDs

Stigma against PWDs is still common in present society although PWDs have being paid more and more attention by the government. Stigma against urban PWDs seems to be less than rural PWDs.

Prior to 1980, persons with disabilities in China were almost invisible and devalued as indicated by the use of the Chinese character "canfei" meaning crippled and useless or worthlessness when describing individuals with disabilities. Nowadays a new term "canji" for describing PWDs is gradually being used more. “Canji” could be translated as “disability associated with illness.” In recent years, the term "gong neng zhang ai zhe" meaning "individuals with disabilities", which is without any derogatory meaning is being
used by more and more professionals, but it is not common so far.

Chinese PWDs are ashamed when they are outdoors. They worry about others staring at them and tattling about them. Many of them are self-contemptuous. Stigma from disability as a heavy burden presses on PWDs themselves and on their family, and also affects various aspects of their lives. Because of the disability, PWDs are reluctant to go to school or to look for some simple work they can do.

Stigma is also from the family members of PWDs. Some family members do not encourage PWDs to communicate with others. They prefer to leave PWDs at home although society encourages PWDs to participate the social activities constantly. This mainly happens in rural areas.

A rural PWD told about his experience. “Once an opera came to our village to play. I accompanied my disabled wife to see it. We came back home before that play ended, because some children teased us although their parents stopped them right away. From then on I have not gone to any place where there are many people”

Even so, family is regarded as most important for Chinese. So PWDs are seldom sent to community homes or other places to be cared for in China. PWDs generally are cared for by family, because they have to pay much money if PWDs are cared for by other persons or an institute. Also because it is not easily accepted by Chinese to send disabled family members outside their families.

3.8 Needs for Rehabilitation Knowledge

*Urban PWDs have a stronger desire to obtain knowledge about rehabilitation than rural PWDs, and the ways of obtaining this are various. Around one third of male and female PWDs prefer to obtain information by reading simple materials on rehabilitation. Urban PWDs hope that their family members will have the chance to be trained in*
Rehabilitation knowledge is very important for PWDs themselves, they can help themselves through that. There are different ways for PWDs to obtain this knowledge; this question is to find out if they have the needs for obtaining rehabilitation knowledge and which ways they prefer to obtain it.

Table 14: Needs for rehabilitation knowledge in rural and urban areas

<table>
<thead>
<tr>
<th></th>
<th>No needs</th>
<th>Listening to lectures</th>
<th>Reading simple materials</th>
<th>Training family members</th>
<th>Others</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N (%)</td>
<td>N (%)</td>
<td>N (%)</td>
<td>N (%)</td>
<td>N (%)</td>
<td>N (%)</td>
</tr>
<tr>
<td>Rural area</td>
<td>23(46.0)</td>
<td>5(10.0)</td>
<td>17(34.0)</td>
<td>4(8.0)</td>
<td>1(2.0)</td>
<td>50(100)</td>
</tr>
<tr>
<td>Urban area</td>
<td>11(18.6)</td>
<td>13(22)</td>
<td>18(30.5)</td>
<td>16(27.1)</td>
<td>1(1.7)</td>
<td>59(100)</td>
</tr>
<tr>
<td>Total</td>
<td>34(31.2)</td>
<td>18(16.5)</td>
<td>35(32.1)</td>
<td>20(18.3)</td>
<td>2(1.8)</td>
<td>109(100)</td>
</tr>
</tbody>
</table>

Although many PWDs are not interested in learning something about their disabilities, they have a strong desire to obtain simple and practical publications on rehabilitation, such as books, booklets, newsletters, or something like that.

From the statistic results, more urban PWDs have the need for their family members to be trained than in the rural area. This indicates that urban PWDs have realized the importance of having family members with rehabilitation knowledge. While in the rural area, only 8.0% of PWDs hope their family members are informed. Naturally, the poverty and lower education probably are the effective reasons.

Table 15: Needs for rehabilitation knowledge of male and female PWDs
The result of statistics shows, there is a similarity in the needs for rehabilitation knowledge between male PWDs and female PWDs. Both male and female PWDs prefer to read simple materials on rehabilitation. The respondents with this point of view are about one third of the sample.

From interviewing, it is also found that some PWDs feel rehabilitation technologies are too professional for them; only a person with professional training could do that. So they never tried to learn some skills by themselves, although some skills are simple, practical and good for their physical functions.

“I have always thought that rehabilitation therapies belong to professionals. I can not make use of them, so I never tried to learn”.

“I only graduated from middle school, so I think I don’t have the capacity to master rehabilitation skills”

“I can treat myself? I doubt it. It is difficult to find some guidebooks for us”. A rural PWD said.

“I don’t think the community doctor can help me, those doctors from a big hospital may be better. Regarding rehabilitation knowledge, I learned something from books that I bought, but nobody is able to teach me and my family the so-called practical exercise.
At group discussions, the family members talked about their needs for rehabilitation knowledge and their hopes to be managed some training course for them.

“We need to have some skills to treat my wife, I don’t think it is very difficult.” A family member said. “We must pay a lot of money to exercise in the rehabilitation department of a big hospital. If you can organize some training here, I will be the first to register.”

Obviously, some of the respondents thought the rehabilitation was too mysterious, and some of them have the desire to learn, but the training was not available. Thus expanding CBR training should be considered.

3.9 Needs for Employment

Over half the respondents have a need of employment; nevertheless approximately half of the PWDs have difficulties in getting employment. Over one third of rural PWDs have the need to raise livestock, while urban PWDs have different types of work to do.

Employment is one of the needs of PWDs, which could reflect whether PWDs have become independent or not. PWDs are usually at a disadvantage regarding employment whether in the developed or developing world. It is certain that economic status affects the needs of PWDs. as is confirmed in this survey. (21). In this study, some ordinary jobs PWDs could do were listed in the questionnaire to survey which job they would like to do.

Table 16: Needs for employment in rural and urban areas

<table>
<thead>
<tr>
<th>No needs N (%)</th>
<th>Tailoring Office worker N (%)</th>
<th>Raising livestock N (%)</th>
<th>Repairing Electric devices N (%)</th>
<th>Weaving N (%)</th>
<th>Others N (%)</th>
<th>Total N (%)</th>
</tr>
</thead>
</table>

62
Although LCPDP rules provide a quota of employment for PWDs, the poor status of employment in present China cannot supply more job opportunities for PWDs. The statistics in this research show 40.4% of PWDs chose “no need for employment”. However, many PWDs have great difficulty regarding employment.

Over one third (38.0%) of rural PWDs have the need to raise livestock, which is because of their limited environment. Most the rural PWDs have lower education, and not much knowledge is needed to raise livestock, so “raising livestock” is probably the best choice of rural PWDs.

Table 17: Needs for employment of male and female PWDs

<table>
<thead>
<tr>
<th>With the desire of employment</th>
<th>Without the desire of employment</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N (%)</td>
<td>N (%)</td>
</tr>
<tr>
<td>Male</td>
<td>54(61.4)</td>
<td>34(38.6)</td>
</tr>
<tr>
<td>Female</td>
<td>11(52.4)</td>
<td>10(47.6)</td>
</tr>
<tr>
<td>Total</td>
<td>65(59.6)</td>
<td>44(40.4)</td>
</tr>
</tbody>
</table>

The statistic results shows that over half (59.6%) of PWDs have no the desire for employment, and the rate of male PWDs is higher than female PWDs. However, most of the PWDs expressed their desires for employment in interviews. The discrepancy is because of they thought employment must be the undertaking of a formal and stable job. They did not think that temporary or self-management is employment.
Some respondents claimed that the prejudice from society is difficult in employment too. Even an urban PWD said, “nowadays the situation of PWDs is better than some years before, but people still look down on disabled persons. They think we are disabled and cannot work. So they do not provide job opportunities for us.”

“I want to obtain some vocational training, such as home appliances repairing. Then I can operate a private repairing shop,” a young urban young PWD said, “now many workers are laid off by their units. PWDs can not find a job, it is impossible.”

“I tried to discuss with the unit of my husband after he became disabled, I hoped they could arrange a simple job for him, but the directors of his unit refused my request and just made excuse” the wife of a PWD said.

“I do not want to find job in society, because they will laugh at me. I can not bear their staring at me”

It seems that there are more choices for self-support in an urban area than a rural area.

“I could carry passengers downtown if had a motor tricycle. I also want to pick up some knowledge on computers and I could type something at home. I saw this type of shop managed in the street” a PWD said of his hope of employment.

The LCPDP encourages PWDs to be independent. In article 31 of LCPDP, “government departments concerned shall encourage and assist disabled persons to obtain employment through voluntary organizations or to open an individual business” (5). However, the current situation in China is hard, many non-disabled persons have difficulty finding employment let alone PWDs.
3.10 Purpose of Employment

Over one third of the PWDs in this study whether in the rural area or the urban area, whether male or female, said that main purpose of employment is to make money to receive further rehabilitation treatment. More urban PWDs, and more male PWDs set “showing self-worth” as their main purpose.

The needs of human being have different stages. Eating is a basic need, just keep on living. Generally the higher needs come after the needs in lower stage are met. For PWDs, the purpose of employment is not only for eating, also for higher needs.

Table 18: Purpose of employment in rural and urban areas

<table>
<thead>
<tr>
<th></th>
<th>Further rehab-treatment N (%)</th>
<th>Live independently N (%)</th>
<th>Recreation N (%)</th>
<th>Participating in social life N (%)</th>
<th>Showing self-worth N (%)</th>
<th>Others N (%)</th>
<th>Total N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rural area</td>
<td>23(46.0)</td>
<td>21(42.0)</td>
<td>2(4.0)</td>
<td>2(4.0)</td>
<td>2(4.0)</td>
<td>0(0)</td>
<td>50(100)</td>
</tr>
<tr>
<td>Urban area</td>
<td>17(28.8)</td>
<td>11(18.6)</td>
<td>4(6.8)</td>
<td>10(16.9)</td>
<td>16(27.1)</td>
<td>1(1.7)</td>
<td>59(100)</td>
</tr>
<tr>
<td>Total</td>
<td>40(36.7)</td>
<td>32(29.4)</td>
<td>6(5.5)</td>
<td>12(11)</td>
<td>18(16.5)</td>
<td>1(0.9)</td>
<td>109(100)</td>
</tr>
</tbody>
</table>

36.7% of the respondents thought their main purpose to get employment was to make money, and then to spend the money on further rehabilitation treatment. The rate is high both in rural and urban PWDs, as well both in male and female PWDs.

Table 19: Purpose of employment of male and female PWDs
Generally, the PWDs are in a lower social position, and are limited by their disabilities to participate completely in social life. In this study, 16.5% of the PWDs claimed that their main purpose for employment is for showing their self-worth. However, the surprising finding is that the rate of this selection by male PWDs is 18.2%, while female is 9.5%. This result implies that more male PWDs prefer showing their self-worth than female PWDs. The reasons perhaps are due to Chinese tradition. Men are core persons in a family all the time in China. So the core position would be changed when a man becomes disabled. However, being a man, he doesn’t wish to accept the truth, therefore, they tried to do something to show their capabilities. This maybe why more male than female PWDs set “showing self-worth” as their main purpose of employment.

“The purpose of employment, just to make money” said a rural PWD, “oh, regarding the purpose of making money, it is of course for seeing a doctor to get rehabilitation treatment”

“I think if have a job to do, I could reduce the burden on my family.” An urban PWD said, “but it is difficult for us to find a job”

“I am independent. I am doing a job, which shows that I am useful. The purpose is just to be independent,” an urban female PWD said.
### 3.11 Reasons for Difficulty in getting Employment

*Over half of rural PWDs think the reasons for difficulty in employment is that they themselves have no specialty and that over one third of urban PWDs think the reasons due to the fact that they are at a disadvantage in competition in present society. Both male and female PWDs think “no skills” is the main reason. The social prejudice against PWDs is also a considerable reason.*

The reasons for difficulty in getting employment can be various. They include society problems, employment policies, and the employment market, etc. The reasons for unemployment in the eyes of PWDs were explored in this study.

Table 20: Reasons for difficulty in employment in rural and urban areas

<table>
<thead>
<tr>
<th></th>
<th>Social prejudice</th>
<th>No skills</th>
<th>Disadvantage in competition</th>
<th>Others</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N (%)</td>
<td>N (%)</td>
<td>N (%)</td>
<td>N (%)</td>
<td>N (%)</td>
</tr>
<tr>
<td>Rural area</td>
<td>6(12.0)</td>
<td>32(64.0)</td>
<td>8(16.0)</td>
<td>4(8.0)</td>
<td>50(100)</td>
</tr>
<tr>
<td>Urban area</td>
<td>18(30.5)</td>
<td>8(13.6)</td>
<td>21(35.6)</td>
<td>12(20.3)</td>
<td>59(100)</td>
</tr>
<tr>
<td>Total</td>
<td>24(22.0)</td>
<td>40(36.7)</td>
<td>29(26.6)</td>
<td>16(14.7)</td>
<td>109(100)</td>
</tr>
</tbody>
</table>

“No skills” and be at a “disadvantage in competition ” were deemed as main reasons by rural and urban PWDs respectively. Moreover, the statistic shows 30.5% of urban PWDs think “social prejudice” is the main reason of difficulty in employment.

Table 21: Reasons for difficulty in employment of male and female PWDs

<table>
<thead>
<tr>
<th></th>
<th>Social prejudice</th>
<th>No skills</th>
<th>Disadvantage in competition</th>
<th>Others</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N (%)</td>
<td>N (%)</td>
<td>N (%)</td>
<td>N (%)</td>
<td>N (%)</td>
</tr>
<tr>
<td>Male</td>
<td>23(26.1)</td>
<td>31(35.2)</td>
<td>22(25.0)</td>
<td>12(13.6)</td>
<td>88(100)</td>
</tr>
<tr>
<td>Female</td>
<td>2(9.5)</td>
<td>8(38.1)</td>
<td>7(33.3)</td>
<td>4(19.0)</td>
<td>21(100)</td>
</tr>
<tr>
<td>Total</td>
<td>25(22.9)</td>
<td>39(35.8)</td>
<td>29(26.6)</td>
<td>16(14.7)</td>
<td>109(100)</td>
</tr>
</tbody>
</table>
Both males and females have a high rate at the point of the main reason of difficulty in getting employment, which is “no skill”. Holistically, the main reason of difficulty in employment for PWDs is they have no technical skills in employment market. The second reason is due to the social situation of employment today “dog-eat-dog”.

“These years, even university students have difficulty in finding a job, let alone us disabled” a urban PWD expressed his idea. “a man without a special skills has difficulty in getting a job.”

“I think the main reason is the social prejudice: the employer look down on PWDs” said an urban PWD. “Yes, there are many people who discriminate against PWDs even in an urban area”

3.12 Needs of Barrier-free Environment Reconstruction

Many PWDs ignore reconstructing their living environments. The main reason is they do not think it is important, especially in rural areas. Another reason is they cannot afford it.

| Table 22: Needs for barrier-free environment reconstruction in rural and urban areas |
|-------------------------------|------------------|------------------|------------------|------------------|
| No needs                      | Need, nobody helps | Reconstructed already | Unnecessary | Total |
| N (%)                         | N (%)             | N (%)             | N (%)        | N (%) |
| Rural area                    | 28(56.0)          | 8(16.0)           | 2(4.0)       | 12(24.0) | 50(100) |
| Urban area                    | 22(37.3)          | 20(33.9)          | 8(13.6)      | 9(15.3)  | 59(100) |
| Total                         | 50(45.9)          | 28(25.7)          | 10(9.2)      | 21(19.3) | 109(100) |

This question is to find out whether PWDs have the need of reconstruction in their environment and what are the reasons that they do not have this need. Some reasons, “nobody to help to reconstruct”, “reconstructed already”, “unnecessary to reconstruct” were listed in the questionnaire.
Many respondents do not think the environment reconstruction is necessary. PWDs and their families pay more attention to the PWDs themselves. In other words, PWDs tried to improve their physical functions, but not to make the living conditions for their daily life more convenient. According to the study statistics, we find that 56.0% rural respondents have “no needs” on barrier-free environment reconstruction, while 37.3% of urban respondents have “no needs”. The statistic also shows that, only near one tenth of PWDs wherever in rural and urban area, have already reconstructed the free barrier environment.

Table 23: Needs for barrier-free environment reconstruction of male and female PWDs

<table>
<thead>
<tr>
<th></th>
<th>No needs</th>
<th>Need, nobody helps</th>
<th>Reconstructed already</th>
<th>Unnecessary</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N (%)</td>
<td>N (%)</td>
<td>N (%)</td>
<td>N (%)</td>
<td>N (%)</td>
</tr>
<tr>
<td>Male</td>
<td>35(39.8)</td>
<td>25(28.4)</td>
<td>8(9.1)</td>
<td>20(22.7)</td>
<td>88(100)</td>
</tr>
<tr>
<td>Female</td>
<td>15(71.4)</td>
<td>3(14.3)</td>
<td>2(9.5)</td>
<td>1(4.8)</td>
<td>21(100)</td>
</tr>
<tr>
<td>Total</td>
<td>50(45.9)</td>
<td>28(25.7)</td>
<td>10 (9.2)</td>
<td>21(19.3)</td>
<td>109(100)</td>
</tr>
</tbody>
</table>

The statistics show more male PWDs have “no needs” for barrier-free reconstruction than females. This may be because more male PWDs ignored the importance of barrier-free reconstruction. The statistics also show 22.7% of the male PWDs thought barrier-free reconstruction was “unnecessary”. While only 4.8% of the female PWDs thought so.

Some PWDs do not care about their environment reconstruction:

“It is not important, I can overcome this small difficulty. It just means I have a chance to exercise when I go up and downstairs,” a young PWD said.

“I never thought about that, but it is a big engineering job to change the house, and I would still have difficulty. If only my home would be changed, but the street and other
Actually, they hope their living conditions will be changed. If the reconstruction is free and somebody can help them, and the price is low enough, then they will reconstruct, otherwise they would rather keep the status quo.

“I prefer to spend money on rehab treatments than on changing my house.” A rural PWD said.

“Nobody can help to change the steps. And I can not pay for that”, another rural PWD showed his bitterness.

At the group discussion, one participant said, “I have never thought to change the steps in my home, but it is only five steps, so we did not do anything.”

“He stays in room all day round, so we did not change anything for him, if he wants to go outside, we will help him”

“We live crowded together with neighbors. It will be a big engineering job if we reconstruct” said a urban family member of a PWD. “Yes, it is very troublesome for us to change” another urban person added at a group discussion.

The ignorance of the possibility reconstructing a barrier-free environment made me think that the word rehabilitation not only means the medical aspect. To achieve comprehensive rehabilitation, PWDs have to use various means, such as social, engineering, education and so on. The barrier-free environment reconstruction is just one of many important ways to get real rehabilitation.
3.13 Obtaining Information

*For both rural and urban PWDs, both male and female PWDs, their main avenue of obtaining information is through TV and radio.*

The information in this study means rehabilitation information, including rehabilitation guidance, new therapies for disability, and new regulations on PWDs, etc. There are different ways of obtaining information. However different PWDs have different ways of doing this.

<table>
<thead>
<tr>
<th>Table 24: Ways of obtaining information in rural and urban areas</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internet</td>
</tr>
<tr>
<td>N (%)</td>
</tr>
<tr>
<td>Rural area</td>
</tr>
<tr>
<td>Urban area</td>
</tr>
<tr>
<td>Total</td>
</tr>
</tbody>
</table>

As statistics show, the main avenue of obtaining information of rural PWDs is through TV and radio, which is 62.0% of the sample; the second avenue is through family members, relatives or friends, which is 24.0%; the rate of the avenue through internet is only 2.0%.

In the urban area, the main avenue of obtaining information of PWDs is also through TV and radio, which is 45.8% of the sample; the second avenue is through newspaper, journal or magazine, which is 23.7%. 15.3% of respondents often use Internet to obtain relevant information.
Table 25: Gender and obtaining information

<table>
<thead>
<tr>
<th></th>
<th>Internet N (%)</th>
<th>TV/radio N (%)</th>
<th>Newspapers or journals N (%)</th>
<th>Family members relatives or friends N (%)</th>
<th>Others N (%)</th>
<th>Total N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>10(11.4)</td>
<td>46(52.3)</td>
<td>15(17.0)</td>
<td>16(18.2)</td>
<td>1(1.1)</td>
<td>88(100)</td>
</tr>
<tr>
<td>Female</td>
<td>0(0)</td>
<td>12(57.1)</td>
<td>4(19.0)</td>
<td>5(23.8)</td>
<td>0(0)</td>
<td>21(100)</td>
</tr>
<tr>
<td>Total</td>
<td>10(9.2)</td>
<td>58(53.2)</td>
<td>19(17.4)</td>
<td>21(19.3)</td>
<td>1(0.9)</td>
<td>109(100)</td>
</tr>
</tbody>
</table>

The statistics show that 11.4% of the male PWDs obtain information through Internet. No female PWDs use Internet. The main avenue of obtaining information for female PWDs is watching TV and listening to radio. To communicate with family members, relatives and friends is another main way to obtaining information for female PWDs. Internet is a modern media tool, which is not common in China. Therefore the regular information media is still used widely.

When PWDs were asked how they obtained information on rehabilitation, current social news on disability, etc. they answered as follows:

“I listen to radio everyday. There are some programs about disability, but very few.” A rural PWD said.

“I can only write my name, I can not read books or newspapers. My children will tell me about rehabilitation knowledge when they get it,” a rural PWD said. “My children often pay attention the information on disability,” he added.

“I know what a computer is. But I cannot operate it. Internet? Oh, I do not know about that, I have never heard of it” a rural PWD said.

“My parents bought a laptop for me after I was injured, because I have nothing to do all
day long. I go on Internet everyday,” a young urban PWD said. “Now I can not leave internet”

“I prefer to read books at home, my children bought some professional journals and books from bookstore for me” a middle aged urban man said.

“For a long time I have not listened to the radio, but I watch TV everyday.”

Because of the gap in development between the rural and the urban area, Internet as a modern communication tool and resources has not been used widely, even in the urban area. Most of the people who are using Internet are young. TV and radio are popular in present day China. Almost all the families have TV in the rural area. So naturally that has become the main avenue of obtaining news and information.

3.14 Caregivers

*Family members usually are the caregivers of PWDs whether in the rural area or the urban area. Some PWDs do NOT want to be independent. They think they should be cared for by their families because they are disabled.*

<table>
<thead>
<tr>
<th>Table 26: Caregivers in rural and urban areas</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family members</td>
</tr>
<tr>
<td>N (%)</td>
</tr>
<tr>
<td>Rural area</td>
</tr>
<tr>
<td>Urban area</td>
</tr>
<tr>
<td>Total</td>
</tr>
</tbody>
</table>

Whether in the rural or the urban areas, the study shows the spouse, parents or children are the caregivers of PWDs. This rate is 76.0% in the rural area and 66.1% in the urban area.
Table 27: Gender and caregivers

<table>
<thead>
<tr>
<th></th>
<th>Family members</th>
<th>Relatives/friends/neighbors</th>
<th>Employees</th>
<th>Nobody</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N (%)</td>
<td>N (%)</td>
<td>N (%)</td>
<td>N (%)</td>
<td>N (%)</td>
</tr>
<tr>
<td>Male</td>
<td>62(70.5)</td>
<td>18(20.5)</td>
<td>6(6.8)</td>
<td>2(2.3)</td>
<td>88(100)</td>
</tr>
<tr>
<td>Female</td>
<td>15(71.4)</td>
<td>2(9.5)</td>
<td>1(4.8)</td>
<td>3(14.3)</td>
<td>21(100)</td>
</tr>
<tr>
<td>Total</td>
<td>77(70.6)</td>
<td>20(18.3)</td>
<td>7(6.4)</td>
<td>5(4.6)</td>
<td>109(100)</td>
</tr>
</tbody>
</table>

For both male and female PWDs, most of their caregivers are their family members. 20.5% male PWDs are being cared for by their relatives/friends/neighbors. The statistics show more female PWDs who have no caregivers. Of course, some PWDs are independent. They do not need caregivers at all.

The family traditionally has been the most fundamental and important unit of society among the Chinese and this is still true. The family is also an important economic unit. The roles of members of a Chinese family are highly interdependent. In today’s China, it is still very common for three generations to live under one roof, especially in rural areas. Therefore, the family is the best haven for a PWD. Family members usually give PWDs great support psychologically and in daily life. At the same time, the family has to bear the economic burden for rehabilitation, etc.

However a new problem has emerged because PWDs are cared for by their family members. The study shows that many PWDs do not want to be independent. They think that to be cared for by family is the correct thing.

“That I am disabled, is unfair. They must look after me because they are not disabled,” a PWD said. “I will not be independent, if I do everything myself, they would not help me.”

In China, parents are the highest authority in the family. To maintain family harmony, children are reared to be obedient, to show proper conduct, to control emotions, personal
desires, and impulses, to show achievement and acceptance of social obligations, instead of being trained to function independently.

Chinese people are able to sacrifice themselves for their family members. They tend to seek help from immediate and extended family first before turning to neighbors, friends, communities and professionals. Since respect for the elders and filial piety are so important, it is very natural that the non-disabled actively take over the responsibility from their parents to look after disabled siblings, and the family members with disability feel this is a common or natural thing.

3.15 Rehab-knowledge of Caregivers

*Over one-third of caregivers have no rehab-knowledge; near half of female caregivers have not rehab-knowledge; the main avenue of obtaining rehab-knowledge is from nursing practice.*

This is to study who are the caregivers of PWDs, and how the caregivers obtained the caring knowledge.

| Table 28: Rehab-knowledge of caregivers in rural and urban areas |
|----------------------------------|----------------|----------------|----------------|
|                                  | No knowledge  | From training  | From practice  | Others | Total |
|                                  | N (%)          | N (%)          | N (%)          | N (%)  | N (%) |
| Rural area                       | 24(48.0)       | 4(8.0)         | 21(42.0)       | 1(2.0) | 50(100) |
| Urban area                       | 19(32.2)       | 9(15.3)        | 30(50.8)       | 1(1.7) | 59(100) |
| Total                            | 43(39.4)       | 13(11.9)       | 51(46.8)       | 2(1.8) | 109(100) |

The results show that 39.4% of PWD caregivers have no knowledge of rehabilitation. In the rural area, nearly half (48.0%) of the caregivers have not rehabilitation knowledge. The main avenue of obtaining rehab-knowledge is through nursing practice.
Table 29: Gender and rehab-knowledge of caregivers

<table>
<thead>
<tr>
<th></th>
<th>No knowledge</th>
<th>From training</th>
<th>From practice</th>
<th>Others</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N (%)</td>
<td>N (%)</td>
<td>N (%)</td>
<td>N (%)</td>
<td>N (%)</td>
</tr>
<tr>
<td>Male</td>
<td>33 (37.5)</td>
<td>11 (12.5)</td>
<td>43 (48.9)</td>
<td>1 (1.1)</td>
<td>88 (100)</td>
</tr>
<tr>
<td>Female</td>
<td>10 (47.6)</td>
<td>2 (9.5)</td>
<td>8 (38.1)</td>
<td>1 (4.8)</td>
<td>21 (100)</td>
</tr>
<tr>
<td>Total</td>
<td>43 (39.4)</td>
<td>13 (11.9)</td>
<td>51 (46.8)</td>
<td>2 (1.8)</td>
<td>109 (100)</td>
</tr>
</tbody>
</table>

As caregivers, nearly half (47.6%) of female caregivers have no rehab-knowledge. Whether male or female caregivers, their main avenue of obtaining rehab-knowledge is also through caring practice.

It is very important for PWDs that their caregivers have some rehabilitation knowledge, such as rehab-nursing, rehab-exercise, which can help PWDs to improve physical functions and to prevent them from getting complications. In interviewing and group discussion, it was found that the main tasks of caregivers are simple help in ADL, such as feeding and help with getting dressed. Of course, the quality of nursing would be better if there are caregivers with professional knowledge. Providing caregivers with simple and practical rehab-knowledge is one of the CBR programs, which is very important to improve PWDs life. However, the current truth is that the main avenue for caregivers to obtain rehab-knowledge is through their nursing practice. Definitely, practice is a good way of learning something; but it takes much time, and sometimes the learning can be wrong. If a professional CBR worker gives some correct guidance, the caregivers can master more rehab-knowledge and more correct methods or skills of helping PWDs.

“It is said we have to register for training in the city, and pay much money to attend a training course. No, I will not attend it. The money should be spent on other things,” a rural family member said. “And that training is not often held. Even if I attend, I worry that I will not be able to understand what they teach.”
“Yes, I heard about some professional training, but that is not for us, it is for doctors. In fact we need to learn some simple knowledge that is good for PWDs.”

“I have to work everyday, and have many things to do. I want to buy some books or get some training. But I have not arranged that so far. I will do that. It is good that he has acclimatized himself to daily life. I listed a detailed activities schedule for him” an urban lady said.

Some caregivers think that it is enough to know some rehab-knowledge through nursing practice.

“I am afraid that is not very necessary for us, he is familiar with his disability, he can care for himself well enough. As a caregiver, I do not want to learn that. ”

The reasons for caregivers’ lack of rehab-knowledge were explored. They have no chance to learn or no time to learn or no money to learn or no interest in learning. Also some of them do not want to learn.

3.16 Free help

*Only a few PWDs can receive free help. Free help does not reach PWDs in present day China.*

All PWDs hope to receive free help, however, free help is rarely available in China. Here the “free help” means help that is not from family, but from community, society or governments. This help includes professional help, such as physiotherapy, home exercise guidance; also includes regular help for ADL, such as eating, bathing, toileting, and so on.
Table 30: Free help in rural and urban areas

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N (%)</td>
<td>N (%)</td>
<td>N (%)</td>
</tr>
<tr>
<td>Rural area</td>
<td>5(10.0)</td>
<td>45(90.0)</td>
<td>50(100)</td>
</tr>
<tr>
<td>Urban area</td>
<td>7(11.9)</td>
<td>52(88.1)</td>
<td>59(100)</td>
</tr>
<tr>
<td>Total</td>
<td>12(11.0)</td>
<td>97(89.0)</td>
<td>109(100)</td>
</tr>
</tbody>
</table>

The rates of “free help available” in the rural and urban area are respectively 10.0% and 11.9%. That is to say, most of the PWDs cannot get free help regardless of where they are.

In the urban area, the street clinics, which are the most immediate level of health care in urban neighborhoods, serve as places where people with personal problems can go for advice or help. Medical workers in these clinics can give all the local residents basic medical guidance and help. However these services usually are not free. On some special days, like the National Day of Helping the PWDs, the local PWDs can get free help from the community health care, such as rehabilitation consultation. However these special days are not more than five days per year.

Table 31: Gender and free help

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N (%)</td>
<td>N (%)</td>
<td>N (%)</td>
</tr>
<tr>
<td>Male</td>
<td>10(11.4)</td>
<td>78(88.6)</td>
<td>88(100)</td>
</tr>
<tr>
<td>Female</td>
<td>2(9.5)</td>
<td>19(90.5)</td>
<td>21(100)</td>
</tr>
<tr>
<td>Total</td>
<td>12(11.0)</td>
<td>97(89.0)</td>
<td>109(100)</td>
</tr>
</tbody>
</table>

There are no differences between male PWDs and female PWDs regarding “free help”.

China is reforming its political and economic systems. It is after all a developing society.
Social welfare in present China is not developed. It is impossible that the burden of the PWDs be borne totally by society. As many PWDs expressed: their lives are better than before, but they are suffering from a lack of free help.

“There is no free help, we have to pay to get some professional therapy from a community clinic. We must pay even more if we go to see doctor in big hospital. Rehabilitation exercises for disability need a long time, need a lot of money...” a rural PWD said.

“Sometimes the community leaders or the staff of the organization for PWDs come to see me with some present on the Spring Festival or the National Day of helping PWDs.”

“I feel that PWDs are getting more and more attention from government in recent years. The number of PWDs in China is too large. Government has difficulties in helping all PWDs at the same time. Some years ago, it seemed that nobody was concerned with PWDs.” an urban PWD expressed his understanding government’s achievements.

4. DISCUSSION

4.1 General Discussion
The findings of this study indicate there are many differences in various aspects between rural PWDs and urban PWDs; male PWDs and female PWDs. An overview of these findings shows that rural PWDs have more difficulties in life than urban PWDs. Most of the rural PWDs are peasants; suffering from the troubles of poverty. Because of poverty, transportation difficulties and limited avenues of obtaining information, many needs of rural PWDs cannot be met. They have no way of getting more services. Comparatively the life of urban PWDs is better than rural PWDs. However, they are still PWDs. They are a weak group in Chinese society. They need more attention from government, from society, from every citizen.

In this study, it seems that rural PWDs received more of my sympathy. In fact, wherever
PWDs are from they deserve sympathy. Maybe the hard situation of rural PWDs led me to talk more about them than about urban PWDs.

In China, urban areas are generally more developed than rural areas in all aspects, such as economic conditions, education, welfare, medical conditions, provision of information, and so on. Regarding the services for PWDs, it seems that urban PWDs have more opportunities of obtaining more services, more care and more attention from society, which is natural. Therefore, it is easier for urban PWDs to benefit from the social services.

From the description of the provisions for social welfare, it might seem that a “good” environment for Chinese PWDs has been available. The life, situation of PWDs should be better than seen here. To sum up that could be for the following reasons:

- Firstly, the Chinese government has been trying to improve the situation of PWDs in recent years; however, the number of Chinese PWDs is too big, and increasing.
- Secondly, most PWDs live scattered in remote rural areas and outlying regions, so some of the work for PWDs suffers from lack of finance and human resources.
- Thirdly, some laws and regulations for PWDs are not completely implemented by local governments, which means some of the rights of PWDs are not protected.

Relatively, urban PWDs have the advantage of receiving better services from government and society. Indeed, the so-called “better status” of urban PWDs is only relative to that of PWDs who are in rural area.

It is worthwhile mentioning that the most important thing for a PWD is not merely to have his physical functions improved, but to be able to participate in social life, which also is the final goal of rehabilitation. Just as Tam says: “through rehabilitation, persons explore their own potentials and build up behavioral performance competence, with interventions in role and habit reformation, e.g. in living routine planning. Their functional independence is rebuilt through optional self-concepts and they have good volition to pursue further life role demands. Though a person may have a quite severe disability,
rehabilitation effort aims to actualize his/her potentials to achieve maximal independence, self-acceptance and social acceptance.” (18).

4.2 Main Findings

Needs for medical rehabilitation, as previous stated, should be one of the basic needs of PWDs. Rural PWDs have tried to use various remedies to cure their disability. Actually, disability usually cannot be cured. (13). Probably all PWDs have tried to do that. One of the primary goals of rehabilitation for a person with physical disability should be to improve physical functions; and join the mainstream of society. Disability is also often connected with rehabilitation including all measures aimed at reducing the impact of disability on an individual, enabling him or her to achieve independence, social integration, a better quality of life and self-actualization (16). The types of traditional herbs play indeed an important role in the field of rehabilitation medicine. Their efficacy needs to be researched in depth. For many reasons such as poverty, transport problem etc., a considerable number of PWDs have not yet had their needs for medical rehabilitation met.

This study shows PWDs have many difficulties on the way to integrate into society. Most of the PWDs have difficulties in getting married, especially to marry a non-disabled person. The traditional notion of marriage is one of the reasons. Chinese people and their families can hardly accept a person with disability becoming a family member. Of course, the PWDs would feel fortunate if they were to marry a non-disabled person.

Regarding the independence of PWDs, it is found that more female PWDs prefer to work outside home than male PWDs do. At the same time, another finding of this study shows that male PWDs are more like to show self-worth through employment, especially in the urban area. These two findings seem to be contradictory. However, it could be understood that “showing self-worth” is one of the purposes of employment for a male PWDs, but maybe male PWDs prefer to be employed by himself at home, not in public. The purpose of employment and work outside home are two entirely different things.
Because the comprehensive education level of urban PWDs is higher than rural PWDs, the need for rehabilitation knowledge of urban PWDs is more than rural PWDs. They have hope of obtaining rehabilitation information material, etc. At the same time, some of the PWDs need their family members to have chances to gain some rehabilitation knowledge to care for them better. A good way to help PWDs in present-day China is by providing rehabilitation knowledge to them and their family members.

Barrier-free environment reconstruction is an inseparable part of rehabilitation measures for a person with physical disability. A considerable number of PWDs in this study have declared that they do not need it. The reasons were explored in interviewing: they are poverty and no one to help. Furthermore, there is the fact that PWDs made light of the role of barrier-free environment in their daily life.

Most families in China have TV and radio, and these have become the main tools of obtaining information on PWDs, disabilities and rehabilitation, especially in rural areas. In fact, the information that PWDs can receive from TV and radio is not much. In these circumstances, government should issue more relevant information through TV and radio in order to reach more PWDs.

Family members, acting as main caregivers of PWDs, are seriously in lack of rehabilitation knowledge. Care practice is their main avenue of obtaining rehabilitation knowledge. This finding tallies with another finding that some PWDs hope their family members will acquire some professional rehabilitation knowledge.

Free help might be an overly extravagant need for PWDs in China, because of the present level of society development. Keeping in mind the realities of life for Chinese PWDs, the important problem to solve is how to improve their situation under current conditions.
Now let us return to the objectives of this study. Through analyzing the variables of “education”, “needs for medical rehabilitation”, “TCM”, “needs of rehab-knowledge”, “stigma”, “needs of employment”, “caregivers”, and “free help”, etc, We can see the differing needs of PWDs who are from the rural area and the urban area, as well as the different needs of male PWDs and female PWDs.

This study shows that almost half of the PWDs have “no need” of employment. In addition to the external reasons, such as a difficult employment situation, stigma, etc, it should not be ignored that some PWDs themselves lack the consciousness of what independence can be. They depend on their parents, their siblings and society. Therefore, the more important thing is to encourage them to be independent, overcome their inertia rather than supply them with material goods.

Another reason for “no needs” is that some PWDs have not realized the importance of some needs that they should have. For example, some feel they do not need rehabilitation knowledge, because they feel the pressure of stigma and lack of confidence to face a disabled life; therefore, they think rehabilitation is “useless”. In fact rehabilitation is a lifelong process for a PWD. Moreover knowledge is always being updated. This also means that PWDs need to pay attention to improving their position in society. It is important that organizations for PWDs should disseminate the updated rehabilitation ideas and knowledge.

4.3 Traditional Chinese Medicine for PWDs

It is undoubted that the position and role of TCM is important in rehabilitation processes for PWDs in China. TCM is favored by most of them. Many Chinese scholars claim that western medicine and TCM should be integrated into the rehabilitation processes of PWDs. Professor of TCM, Xu, emphasizes that acupuncture has good effects in the treatment of hemiplegia, but it must be combined with western rehabilitation exercises. (49).
TCM has already become one of the world’s most popular healing exercises in terms of the total number of practitioners. For example, *Qigong* is increasingly being embraced by health-conscious westerners. (46). Surely TCM still has many undiscovered fields although it has been developed with a long history. (49). The research fruits of TCM would surely greatly benefit PWDs.

Besides acupuncture, massage, etc., the traditional herbs are quite widely taken by PWDs. In this study many respondents mentioned they had often taken herbs for their disabilities. Western medicine has high-technology approaches, especially useful in treating acute disease and in emergency care, while herbs are more suitable for dealing with the chronic ailments, including long period of rehabilitation process. It needs to be stated that modern medicine’s drug use is based on rigorously designed clinical trials, while herbal use is based on centuries of experience, because scientists readily decide the appropriate dosing after knowing clearly the elements of the drug, cause and effect, mechanisms of action. In addition, herbal medicine is used in other health-care. (51).

TCM is encouraged and advocated by the government to be developed and play a role for PWDs as much as possible in China. As a result, it is becoming more and more important for PWDs.

### 4.4 Stigma against PWDs

Stigma is an inescapable problem for PWDs: it relates to various aspects of their lives, education, employment, and integration into social life. Disability, as a stigma, is a heavy burden and a shackle in their lives. Stigma limits them living in a dark world, they are ashamed to meet others, and they are guilty towards their family. Stigma, like a horrible shade, cannot be eliminated, and follows not only PWDs, but also their family members all the time.

When a hope becomes hopeless, when a person knows he will be disabled forever, how despairing he is! It could be said nowise exaggeratedly, disability is a disaster for a person
and his/her family members! Stigma comes into being subsequently. This distress cannot be tasted by non-disabled persons.

In this study the stigma of the PWDs along with inferiority complexes has appeared during interviewing. Socially, disability creates great disadvantages or social stigmas for PWDs that many people want to avoid. They may be in the habit of thinking of disability as total, believing that a person with disability is disabled in all respects. So PWDs may fear that if they identify themselves as disabled, others will see them as wholly disabled and fail to recognize their remaining abilities, or perhaps worse, see their every ability and achievement as “abnormal”. In fact, persons without disability should pay attention to PWDs’ “ability”, not their “disability”.

Stigma is one of the causes of the discrimination, much more than the disability itself. It could be argued that the disability itself is not the cause; the social reaction to disability is the cause. It is very important for everyone, including PWDs themselves to reject the stigma and disability-based discrimination.

A positive attitude to PWDs is necessary in a society, which then can give PWDs great courage and confidence that can help the PWDs to face disability fearlessly, to overcome difficulties in life, to participate in social life equally, and to exhibit their inherent value to society as human beings.

4.5 Improving Services for PWDs

The needs of PWDs can be various. Many needs are difficult to meet. Through this study, factors can be found that influence the needs of PWDs themselves, their families, society and government.

Firstly, the PWDs generally are in a lower position. The stigma from disability has been branded in their heart, which makes them usually passive in participating in family and
social life, in receiving education, in looking for employment, in communicating with others, even in receiving rehabilitation. Because of their “silence”, it is easy for them to be ignored by society; because of their “silence”, their needs and desires are easy to be hidden; because of their “silence”, non-disabled persons think the PWDs are fine.

Secondly, the family members of PWDs also are too “quiet”. Family members also suffer the stigma against the family. Stigma has become their barrier to getting along with society. So the family members should try to overcome difficulties with PWDs and actively participate in social life. At the same time, all family members could associate with each other and establish their own organization to appeal to society and government to pay more attention to PWDs, to protect the rights of PWDs. There are very few self-organized associations of PWDs or family members.

Thirdly, government plays an important role in meeting the needs of PWDs. Because the number of PWDs in China is so big, and most of them live in wide-spread rural areas. Together with limitation of economic conditions, it is really hard work for the government. However, the government could make more favorable regulations in order to meet the various needs of PWDs step by step.

Fourthly, the social atmosphere needs improvement. Discrimination of and prejudice against PWDs should be censured. Society has not accepted PWDs, which leads them to stay in a “corner”. All citizens should be mobilized to treat PWDs in the right way, improve consciousness towards them, help and contribute to their welfare.

However, it is worrying that services would be unlikely to develop in rural areas – where disability is so closely correlated with poverty. LCPDP asserts in lots of articles that not just the state, but also the whole of society, has a duty to support PWDs in prevention, rehabilitation, education and employment programs. This is consistent with the general direction of social welfare policy. But policy statements seldom distinguish between
commercial and non-profit. Hence LCPDP is still a highly restrictive legal environment for non-profit activity for PWDs. Nonetheless, social forces are emerging from its positive roles. (48)

4.6 Community-based Rehabilitation for PWDs

It is very necessary to further facilitate the CBR program, to activate PWDs themselves, to activate their family members, to activate all citizen, specially in rural areas, to enhance dissemination of rehabilitation knowledge, to train PWDs and their family members, to create chances of employment for PWDs. Regarding the components of the CBR programs, the following should be considered: providing functional rehabilitation services; improving positive attitudes to PWDs; providing education and vocational training; creating chances of employment for PWDs; preventing disability; administering and implementing the CBR program. All this seems a “perfect CBR”, but it is the best choice for improving the situation of PWDs. (16).

In fact, CDPF has already done much of this. Therefore, it is quite important to enhance the cooperation of several divisions of government for implementation of the CBR programs. These divisions should include the health system, the civil affair system, the education system, the finance system, etc. The key point is which role these divisions should play. As long as PWDs themselves, family members, and society acts together and cooperates organically. PWDs could benefit from CBR programs. The complexity of CBR is the result of the current concept that CBR programs should be multi-sector (or multi-disciplinary) so that they can provide assistance in all of the areas, which are central to improvement of the quality of life of PWDs. This complexity recognizes the need for close coordination, collaboration and cooperation between governmental and non-governmental organizations of all types and at all levels.

The PWDs themselves and their families should be actively involved in CBR programs. They know what the effects of local conditions are on themselves. They also know what
impairment really means in the context of their family and community. Families have the primary responsibility for caring for all of their members. They are the first line of support and assistance for PWDs at the local level. As such, families must be included in CBR program activities. Community members should be involved in CBR programs at all levels because they already know the local environmental conditions, the local economic situation, the local political situation and how to work with them. They also know about the accessibility, availability and effectiveness of locally available rehabilitation services. Governments on all levels have the most important role in the development of CBR programs. They could coordinate different sectors to work for PWDs. Then CBR programs will be easier to conduct.

This research has only selected persons with physical disabilities as respondents. The findings are only from them. Different types of disability have different needs. Two individual PWDs have different needs due to their different living areas, different economic conditions, different educational backgrounds, different understanding of rehabilitation, etc.

Therefore society should actively supply services for PWDs, and encourage them to become independent and participate in family life and social life. It is society’s obligation to create necessary conditions for them to bring their abilities into full play. China is experiencing a transition from a society in which people are adequately fed and clothed to one in which people enjoy a comfortable life. Whether PWDs can keep abreast with rest of the nation in social development and the attainment of prosperity not only concerns the 60 million people and their families accounting for nearly one fifth of the nation’s total as well as their relatives in the hundreds of millions, but also affects various aspects of society. It is an important question bearing on China’s development, social stability and further emancipation of productive forces, so this matter must be taken seriously.
When I finished my fieldwork in Dingxi country, I pondered on the survey. I had seen the really hard life of rural PWDs. I had tried hard to find out the reasons for this. Maybe their economic conditions are too poor; maybe they are ignored too much by society; maybe they have accepted the current situation; maybe they are lacking the human resources to help them; maybe they have never had the idea of changing their status, and maybe…….

On the way back home, I thought back to one episode that my local assistant had told me about. “Three years ago, a UN officer reached a conclusion after visiting Dingxi area: this area is not suitable for human life since there is a lack of basic conditions for living here”. It is regrettable that my assistant could not tell me the officer’s name. Perhaps this officer’s words are right, however, the truth is: local people not only lived here in the past and will live here in the future, generation by generation, certainly including persons with disabilities…….
5. REFERENCES


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6. ANNEXES

6.1 Questionnaires: Survey of the needs of and services for persons with physical disability in China (English)

<table>
<thead>
<tr>
<th>Code of community</th>
<th>code of case</th>
</tr>
</thead>
</table>

I. General information

1. Gender:
   (1) Male
   (2) Female

2. Age: ______

3. Occupation:
   (1) None
   (2) Laid off work
   (3) Peasant
   (4) Worker
   (5) Cadre
   (6) Others:

4. Education:
   (1) Illiterate
   (2) Primary school
   (3) Middle school
   (4) Bachelor
   (5) Master or doctor
5. Marital status: [ ]
   (1) Single
   (2) Married
   (3) Divorced
   (4) Lost spouse

6. Income from: [ ]
   (1) Yourself
   (2) Family
   (3) Your organization
   (4) Social alms
   (5) Others:__________

7. Income per month: [ ]
   (1) Non
   (2) Less 200
   (3) 201-500
   (4) 501-1000
   (5) Over 1000

8. Type of disability: [ ]
   (1) Hemiplegia
   (2) Paraplegia
   (3) Cerebral palsy
   (4) Amputation
   (5) Poliomyelitis
   (6) Disease of muscles or joints
   (7) Others or multi-disability:
9. The period of the disability: [   ]
   (1) Less then 1 year
   (2) 1-5 years
   (3) 5-10 years
   (4) More than 10 years

10. Causes of disability: [   ]
    (1) Congenital
    (2) Disease
    (3) Medicine
    (4) Accident
    (5) Others: ____________

II. Information on needs and services

11. Needs for medical rehabilitation: [   ]
    (1) No needs
    (2) Diagnosis
    (3) Operation
    (4) Herbs and/or medicine
    (5) Nursing
    (6) Transferring medical care
    (7) Others: ____________

12. Needs for functional exercise: [   ]
    (1) No needs
    (2) Turning over, sitting up, standing up
    (3) Walking, operating wheelchair
    (4) Transferring from bed, wheelchair to closestool
(5) Others: ______________

13. Needs for ADL exercise:  
(1) No needs  
(2) Eating and dressing  
(3) Washing and toileting  
(4) Others: ______________

14. Needs for integrating into society:  
(1) No Needs  
(2) Communicating, expressing and understanding  
(3) Doing housework  
(4) Working outside home  
(5) Making girl/boyfriend, marriage  
(6) Keeping stable family

15. Needs for rehab- knowledge:  
(1) No needs  
(2) Listening to lectures  
(3) Reading simple matter  
(4) Training family members  
(5) Others: ______________

16. Needs for education:  
(1) No needs  
(2) Going to common school  
(3) Going to special school  
(4) Going to vocational school  
(5) Learning yourself
17. Needs for employment: [   ]
   (1) No needs
   (2) Tailoring
   (3) Office worker
   (4) Raising livestock
   (5) Repairing electric devices
   (6) Weaving
   (7) Others:__________________

18. Needs on barriers-free environment reconstruction: [   ]
   (1) No needs
   (2) Need, but nobody helps
   (3) Reconstructed already
   (4) Unnecessary

19. If you selected NO NEEDS, the main reason is: [   ]
   (1) Unimportant or unnecessary
   (2) Never considered it
   (3) Can not afford it
   (4) Transportation problem
   (5) Had the ability already
   (6) Do not know how to obtain them
   (7) Others:__________________

20. Purpose of employment: [   ]
   (1) Further rehab-treatment
   (2) Life independent
   (3) Recreation
(4) Participating in social life
(5) Showing self-worth
(6) Others:

21. Reasons of difficulty in employment: [   ]
   (1) Social prejudice
   (2) No skills
   (3) Disadvantage in competition
   (4) Others:

22. Do you often chat with someone? [   ]
   (1) Never
   (2) Several times per month
   (3) Several times per week
   (4) Every day

23. Means you obtain information are from: [   ]
   (1) Internet
   (2) TV or radio
   (3) Newspaper, journal or magazine
   (4) Family members, relatives or friends
   (5) Others:

24. Your caregivers often are: [   ]
   (1) Spouse, parents or children
   (2) Relatives, friends or neighbors
   (3) Community health workers
   (4) Employees
   (5) Nobody, because:
25. They have rehab-knowledge? How they got? [ ]
   (1) No, because: _____________
   (2) Yes. From training
   (3) Yes. From practice
   (4) Other ways: _____________

26. The place where you get help often is at: [ ]
   (1) Home
   (2) Community health station
   (3) Others: _____________

27. Can you often get free help? [ ]
   (1) Yes
   (2) No
6.2 Questionnaires: Survey of the needs of and services for persons with physical
disability in China (Chinese)

社区代码： 调查对象代码：

中国肢体残疾人康复需求与服务现状调查

<table>
<thead>
<tr>
<th>基本情况</th>
</tr>
</thead>
</table>
| 1. 性别：  
(1) 男  
(2) 女 |
| 2. 年龄(周岁)： |
| 3. 现职业：  
(1) 无  
(2) 下岗  
(3) 农民  
(4) 工人  
(5) 干部  
(6) 其他： |
| 4. 受教育程度：  
(1) 文盲  
(2) 小学  
(3) 中学  
(4) 大学  
(5) 研究生 |
| 5. 婚姻状况：  
(1) 单身  
(2) 已婚 |
(3) 离异
(4) 丧偶

6. 经济来源：
   (1) 自己
   (2) 家庭
   (3) 工作单位
   (4) 社会救济
   (5) 其他：

7. 每月收入水平：
   (1) 无
   (2) 少于 200
   (3) 201-500
   (4) 501-1000
   (5) 1000 以上

8. 肢残类别：
   (1) 偏瘫
   (2) 截瘫
   (3) 脑瘫
   (4) 截肢
   (5) 儿麻后遗症
   (6) 肌肉或骨关节疾病
   (7) 其他或综合：

9. 残疾时间：
   (1) 少于 1 年
   (2) 1-5 年
(3) 5-10 年
(4) 多于 10 年

10. 致残原因：
(1) 先天
(2) 疾病
(3) 药物中毒
(4) 事故
(5) 其他：

11. 医疗康复需求：
(1) 无需
(2) 诊断
(3) 手术
(4) 药物
(5) 护理
(6) 转诊
(7) 其他：

12. 功能训练需求：
(1) 无需
(2) 翻身、坐起、站立的训练
(3) 行走、驱动轮椅训练
(4) 床、轮椅、便器等之间的转移训练
(5) 其他：

13. 生活自理能力的训练需求：
(1) 无需
(2) 进食、穿脱衣训练
(3) 洗漱、使用便器的训练
(4) 其他：

14. 社会适应能力的训练需求：
   (1) 无需求
   (2) 交流、表达和理解能力
   (3) 做家务训练需求
   (4) 劳动、外出需求
   (5) 恋爱、成家需求
   (6) 婚姻家庭稳定需求

15. 康复知识需求：
   (1) 无需求
   (2) 听讲座
   (3) 普及读物
   (4) 亲友接受培训
   (5) 其他：

16. 教育需求：
   (1) 无需求
   (2) 上普通学校
   (3) 上特殊学校
   (4) 上职业学校
   (5) 自学

17. 就业和技能培训需求：
   (1) 无需求
   (2) 裁剪
(3) 文秘
(4) 养殖
(5) 电器维修
(6) 编织
(7) 其他：______________

18. 无障碍环境改造需求：[   ]
   (1) 无需求
   (2) 无人帮助
   (3) 已改造
   (4) 不需要

19. 以上题目部分或全部“无需求”，原因是：[   ]
   (1) 认为不重要或不必要
   (2) 从未考虑过
   (3) 无经济能力
   (4) 交通不便
   (5) 能自理或已具备该方面的能力
   (6) 不知如何获得
   (7) 其他：______________

20. 就业的主要目的是：[   ]
   (1) 获得经济收入进行康复治疗
   (2) 生活自立
   (3) 增加乐趣
   (4) 融入社会
   (5) 体现自身价值
   (6) 其他：______________
21. 就业困难的主要原因是：
(1) 社会的歧视
(2) 无技能
(3) 竞争力弱
(4) 其他：

22. 你经常和朋友交流吗？
(1) 从来不
(2) 数次/月
(3) 数次/周
(4) 每天都有人聊天

23. 你获得各种信息的主要途径是：
(1) 互联网络
(2) 电视、收音机
(3) 报刊、杂志
(4) 亲友
(5) 其他：

24. 经常提供帮助的人员是：
(1) 配偶、父母或子女
(2) 亲戚、朋友或邻居
(3) 社区卫生人员
(4) 雇人
(5) 无，因为：

25. 他们是否具有康复知识及获得的途径：
(1) 无，因为：
(2) 有，参加培训获得
(3) 有，自学或实践获得
(4) 其他途径：__________________

26. 你得到帮助的地点经常在：
   (1) 家中
   (2) 卫生站
   (3) 其他：__________________

27. 你是否能经常得到免费服务：
   (1) 是
   (2) 否
6.3 Questions for focus group interview family members of persons with physical
disability (English)

1. What are the main needs and difficulties in your family?
2. Please talk about which rehabilitation remedies you often use.
3. Which rehabilitation knowledge for nursing your disabled family member do you have?
4. How did you obtain rehabilitation knowledge for caring for PWDs?
5. What treatment of Traditional Chinese Medicine do you often use for PWDs?
6. What do you think about the current position of PWDs in society?
7. What do you think about the current situation of employment for PWDs?
8. What do you think about the current situation of education for PWDs?
9. How much do you know about the barrier-free environment?
10. What are the marriage status and family relations of PWDs in your area?
6.4 Questions for focus group interview family members of persons with physical disability (Chinese)

1. 在你家庭最大的需求和最大的困难是什么？
2. 请谈一谈你经常采用哪些康复疗法。
3. 你掌握了哪些照顾残疾人的康复知识？
4. 你是如何获得照顾这些康复知识的？
5. 你经常接受哪些中医疗法？
6. 你如何认识当前残疾人的社会地位？
7. 你如何认识当前残疾人的就业形势？
8. 你如何认识当前残疾人的教育形势？
9. 你对无障碍环境了解多少？
10. 在当地，残疾人的婚姻状况和家庭关系如何？