Exploring Quality of Life Among People with Disabilities in Malaysia

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ABSTRACT

This research focused on understanding what quality of life means for people with disabilities in Malaysia, emphasizing physical functioning, psychological well-being, social relationships, and experiences of stigmatization. Through a qualitative research design, six Malaysian adults who were living with a disability and residing in Klang Valley were involved in the research purposefully. The data were collected through virtual, semi-structured interviews and analysed using thematic analysis. The participants' quality of life was affected by a combination of health-related limitations and social-emotional challenges. While some participants mentioned they had no concerns about their general health, they were bothered by chronic illnesses, disability-related complications, and mobility restrictions that seriously affected their sense of well-being, independence, and function in performing day-to-day activities. Stress, anxiety, loneliness, depression, and not knowing where they stand with employment and relationships were other occurrences. The social aspect was another challenge, with barriers of communication, exclusion, lack of mutual understanding by others, and loss of confidence in social settings greatly affecting the friends and relationship circles of the participants. Stigmatization also proved to be a significant issue as participants discovered that they were misunderstood, underestimated, overprotected, and treated unfairly. Nevertheless, most of the participants were so full of tenacious spirit and determination in overcoming the challenges facing them in their quest to live beyond the limits that life sets forth for them. Above all, research goes on to make us realize that life quality is decided for people with disabilities by factors well beyond their physical health, and it has been defended by their psychological and social experiences.

Keywords: Quality Of Life, People with Disabilities, Psychological Well-Being, Stigmatization.

INTRODUCTION

The definition of "disability" has undergone a fundamental transformation since the 1970s, when disability organizations began their first advocacy efforts. The World Health Organization (WHO) defines disability as the combination of an individual's health conditions, which include cerebral palsy, down syndrome, autism spectrum disorder, dyslexia, hearing and speech impairments, together with their personal and environmental circumstances. The factors that impact this situation include negative attitudes toward people with disabilities and the lack of accessible transportation, the shortage of social support, and the existence of stigma and discrimination. The legal system established new rights for people with disabilities to protect them from discrimination, which occurs in work environments and public services of state and local governments, and in public spaces and during transportation and phone communication. Discrimination and stigmatization against people with disabilities continue to exist because society maintains persistent biases and prejudices about disabilities.

According to the International Classification of Functioning, Disability and Health (ICF) cited by Duplaga and Szulc (2019), three types of issues influence the human performance: (1) Disabilities: complications with bodily functionality or changes in the body structure; (2) Activity Constraints: difficulties carrying out every day routine, (3) Participation Limitations: challenges with being active in various parts of life. These three categories are interconnected and may have an influence on how a disabled person may access and participate in society.

Furthermore, people with disabilities commonly encounter barriers to participating in social activities. They are also at risk of mental health issues because of their disabilities and limitations.

Can social stigmatization and discrimination affect the quality of life of people with disabilities? In a study by Mfoafo-M'Carthy and Sossou (2017), it was observed that stigmatization can significantly influence people's quality of life and utilization of essential community resources. Besides, the emergence of the information society is understood and perceived as an opportunity to increase the inclusion of people with disabilities in social activities, but this can also be an added source of frustration and exclusion, as they face other difficulties that, for others, are considered easy and achievable. Hence, making them vulnerable to mental health illnesses such as depression, anxiety, and stress.

While existing research highlights the health-related disadvantages and barriers faced by individuals with disabilities, such as stigma (Pasin & Dogruoz Karatekin, 2024; Trani et al., 2020), there is still a limited number of qualitative studies exploring how these factors intersect and manifest in the daily experiences of disabled adults in Malaysia. According to a review of existing literature, many reports overlook different facets of life, often because they are discussed in a global or regional framework. The physical activities, mental health, social, and stigma occasioned quality of life have never received enough attention in concert within the Malaysian context. The present study is an attempt to provide a holistic understanding that encapsulates the physical obstacles imposed by disability and the negative social environmental relations associated with disability (Erez & Gal, 2020; Oliver, 1990).

Current research thus limits to reveal health disadvantages and barriers for people with disabilities and the mental ones, such as stigma (Rajati et al., 2018; Pasin & Dogruoz Karatekin, 2024; Trani et al., 2020), and few qualitative studies have considered how these intersect with the lives of disabled adults in Malaysia.

Purpose of the study

The purpose of this study was to explore the quality of life among people with disabilities, focusing on how aspects like physical and mental health, social connections, and stigmatization impact their happiness and life satisfaction. The study also aimed to delve into the lived experiences of those with disabilities to see how these experiences impact their perceived quality of life, particularly in areas such as emotional functioning, social inclusion, and their capacity to manage health-related and environmental challenges. Given the documented barriers to accessing health services, participating socially, and being included, this inquiry holds great importance, as these challenges can significantly affect their health and quality of life (World Health Organization, 2023; United Nations Department of Economic and Social Affairs, 2024).

LITERATURE REVIEW

Quality of Life

Erez and Gal (2020) define quality of life (QoL) as a concept that emerged from ancient Greek traditions to the early twentieth century through different terms, which included good life satisfaction, happiness, self-actualization, hedonism and eudemonism. It includes both objective aspects, which measure socioeconomic status and subjective aspects, which track social activities and participation throughout all life areas. The World Health Organization (WHO) defines quality of life (QoL) as "individuals' perception of their position in life, in the framework of the culture and value systems in which they live, and in connection to their goals, aspirations, and standards." The term describes subjective aspects of quality of life (QoL) which develop through the complex interactions between a person's physical health and emotional state, their level of individuality and social connections, personal beliefs and their connection to important environmental elements (Erez & Gal, 2020).

Furthermore, the concept of quality of life (QoL) for people with disabilities emerged concurrently with considerable societal developments in the second half of the twentieth century (Erez & Gal, 2020). The concept of normalization functions as the beginning of a new framework through which society now understands and manages disability because it combines medical and social aspects of human development to demonstrate how people perform in various situations. The historical development of attitudes toward disabled people showed a

pattern in which political and social movements, together with civil rights activism and the emergence of self-advocacy movements, created a foundation for people to demand their rights and participate in service delivery (Culham & Nind, 2003; Harris et al., 2012). The shift resulted in society giving more weight to disabled people, who had active roles in selecting their own treatment and support methods, as well as establishing their personal goals and life ambitions. The person-centred approach now supports disabled individuals through collaborative planning instead of providing support through direct assistance, which ensures they can make their own decisions while actively taking part in their community (Westgate & Blessing, 2005).

Impact on Quality of Life of People with Disabilities

People with disabilities worldwide face significant health and social challenges which continue to impair their ability to engage in daily activities across low- and middle-income countries. The general population experiences better well-being and higher quality of life (QoL) than these individuals who face participation restrictions (United Nations Department of Economic and Social Affairs, 2024; World Health Organization, 2023). The construct of quality of life represents a complex multidimensional measurement which people perceive subjectively, and which encompasses their physical health, psychological state, personal autonomy, interpersonal connections, and the totality of their living environment (The WHOQOL Group, 1995; World Health Organization, n.d.). Recent studies show that disabled individuals experience worse life outcomes because they face social participation constraints, mobility limitations, and joblessness and reduced personal well-being (Pasin & Dogruoz Karatekin, 2024). The findings show that disability-related quality of life depends on both health conditions and socioeconomic environmental factors that determine people's capacity to participate and their ability to function and experience happiness. Therefore, managing and optimizing this concept without forecasting its determinants is challenging. In a study conducted by Rajati et al. (2018), some of the QoL determinants included anxiety and depression. Mental health problems such as anxiety and depression have a detrimental impact on QoL, however, the cooccurrence and combined effect of these factors on QoL remain unknown. A study conducted among the Korean and Chinese patients showed that anxiety and depression were linked to a worse QoL. Nevertheless, satisfied patients and those with met needs who face fewer social barriers were found to have a higher QoL, less anxiety and depression, and hence better mental health. Nonetheless, previous reports showed that the more chronic pain is associated with the more depressive moods, fatigue, and anxiety (Rajati et al., 2018).

Many people living with any form of disability prioritize their physical care, for those with physical disabilities, behavioural management and educational needs, for those with intellectual disabilities, communication methods, and for those with hearing or speech disabilities. However, when an individual’s disability impacts their quality of life, it usually has a direct influence on all areas of their well-being, including mental health, and their daily experiences (Troutman, 2021). In a study conducted for people with disabilities by the National Alliance on Mental Illness (2022), researchers found that many people with disabilities suffer from traumatic stress because of the painful treatment they receive for their physical condition, as well as depression and anxiety because of the isolation they face. Physicians treat these physical issues that they are faced with; however, it was noted that mental health symptoms were frequently viewed because of physical experiences. Hence, these mental health issues are frequently ignored, overlooked, and disregarded to provide physical comfort or pain relief.

One of the discussed indicators of quality of life among people with disabilities in Erez & Gal (2020) is accessibility. Individuals with cognitive difficulties or Intellectual and Developmental Disability (IDD) may require a "cognitive bridge" to engage and thrive in the mainstream setting compared to people without disabilities, according to their study. Cognitive accessibility approaches include language and process simplification, sign and symbol mediation, an interpreter, modifying the pace and time necessary to act, and the use of assistive technology. Hence, their study concluded that these accessibility characteristics can significantly impact quality of life.

Similarly, according to the American Psychiatric Association, people with high-functioning autism spectrum disorder (ASD) may have a high intellectual level but may demonstrate social interaction issues as well as limited, repetitive, and habitual patterns of behaviour, interests, and activities in terms of accessibility. As a result, individuals may find it challenging to participate socially in a variety of settings, such as the school and

recreational area for children or the workplace for adults. They may struggle with adjustments in schedules and specific duties, restricting the potential professions they can accomplish. The most serious challenges that autistic people face in their daily lives stem from their sensory processing problems. The behaviours which people with this condition show can include self-stimulatory and self-regulatory activities like repetitive rocking or spinning, together with their practice of sensory avoidance through actions such as covering their ears when they hear common sounds and their tendency to stop responding to their name and other sounds from their surroundings. The current research shows that atypical sensory processing exists in autism spectrum disorder (ASD) at high levels, which affects most autistic people and creates obstacles for them to engage in their daily activities at home, schoolwork, and community locations (Camino-Alarcón et al., 2024). The condition of autistic spectrum disorder (ASD) usually develops together with additional disorders, which cause people to experience sleep problems and eating issues, along with psychiatric and neurological disorders such as anxiety and depression and epilepsy (Micai et al., 2023; World Health Organization [WHO], 2025). The core sensory features of ASD, together with their associated conditions, create major obstacles for people who need to maintain their daily activities, their mental and physical health, and their general lifestyle quality.

National Council of Social Services (2017) stated that to understand the quality of life of adults with disabilities, one of their major findings was that people with disabilities had a lower quality of life than the general population. One of the explanations given in the survey was that people with disabilities felt a lack of freedom and authority over their lives and life choices. Participants in their survey stated that they felt excluded from making a significant contribution to society and that they did not think they could satisfy their own talents. The researchers of the National Council of Social Services (2017) further discussed that a person's experiences and impression of quality of life are closely linked to his or her environment, which includes those close to him or her, as well as the attitudes of the society at large. However, findings from the focus group in their study revealed a tension between people with disabilities and their environment. While they made the attempt to be active and involved as productive members of society, they were frequently hindered by well-meaning but sometimes overprotective caretakers, as well as society's preconceived beliefs and stereotypes about their abilities. A sample of the discussion shared by the participant is expressed in the following:

"*…they think (I) cannot contribute to society…when they talk to me, they won't talk directly to me but to my sister or parents…but I'm only physically challenged, not mentally challenged.*" (National Council of Social Services, 2017, p. 45).

Hence, the study further details that an individual's life relates to others and is, in turn, influenced by them. Undoubtedly, the society in which an individual lives has a major influence on how that person conducts themselves, thinks, and experiences, both towards themselves and others. Shofany (2017) in her research noted that well-being, self-esteem, and overall quality of life have been correlated with acceptable levels of physical and mental performance and physical condition. A society that views a person differently because of his or her disability has a significant effect on the quality of life of the afflicted individual. In the face of a predominant history that characterizes disability with challenge, it was noted that people with disabilities come to terms with everything from everyday thoughtlessness, diminished career prospects, and even cultural aversion (National Council of Social Services, 2017).

METHODOLOGY

In this study, a purposive sampling technique among those living in Klang Valley, Malaysia, was used to select participants based on certain criteria. This sampling technique indeed allows researchers to identify participants who can communicate experiences and provide information relevant to the study of the area (Jordan, 2021). The inclusion criteria include: (a) persons with disability, (b) diagnosed with any form of disability as stated in the Malaysian's Persons with Disability Act 2008, (c) aged 18 and above, (d) able to speak the English language, Malay language, or communicate using Bahasa Isyarat Malaysia (BIM), (e) Malaysian citizens.

The researchers employed purposive sampling to select adults capable of sharing in-depth insights into their disability experiences and overall quality of life. The study did not aim for statistical representativeness; rather, emphasis was placed on depth, relevance, and diversity of lived experiences across different disability types.

Recruitment of participants by the team persisted until they collected sufficient information to develop primary themes for their qualitative research.

A virtual semi-structured interview was conducted on a one-to-one basis with six participants, based on their convenience, via a virtual meeting. This method allowed flexibility during the interview procedure since the researcher was able to ask open-ended questions and further examine the thoughts, feelings, and in-depth experiences of the persons with disabilities (DeJonckheere & Vaughn, 2019). Additionally, the participants also felt at ease engaging in a meaningful two-way conversation with the interviewer, and thus the interviewer was able to evaluate the interviewee's nonverbal expressions and establish a close relationship with them (Magaldi & Berler, 2020). The interview was conducted in English, and some participants who were non-hearing communicated using *Bahasa Isyarat Malaysia (BIM*) with an interpreter present. The interview sessions took approximately 45-60 minutes to complete. Table 1 represents the participants' demographic background.

Table 1: Participants' Demographic Background

	Age	**Gender**	**Marital Status**	**Occupation**	**Diagnosed Disability**
P1	38	Female	Single	Designer	Hearing Disability
P2	38	Female	Married	Admin & Accounts Assistant	Hearing Disability
P3	25	Male	Single	Master's Student	Learning Disability (Dyslexia, Dysgraphia)
P4	24	Male	Single	Master's Student	Visual Disability
P5	45	Male	Single	Musician	Physical Disability
P6	24	Male	Single	Degree Student	Mental Disability (ADHD)

The interview questions were constructed based on the perceived stress score for the mental health conditions domain (Sharma & Devkota, 2019). Secondly, WHOQOL-BREF-ID and WHOQOL-DIS for the quality of life (QOL) domain of people with disabilities (Jani et al., 2020; DIS-QOL Group, 2011). Thirdly, barriers and enablers to accessing mental health services for people with intellectual disability, for the domain of barriers faced to receiving mental health care (Whittle et al., 2018). Fourthly, the interview questions by Sakız et al. (2017) that studied 'does disability matter in counselling' were adopted and modified for the domain of counsellors' involvement. These questions, once modified and adopted, were reviewed by two research experts to be validated.

The study applied thematic analysis to its collected data. The data analysis method used by the researchers followed six phases to achieve an extensive data examination according to Clarke and Braun (2018). The first phase involved familiarisation with the data through reading and re-reading the transcripts and making preliminary notes to understand their semantic content. The second phase involved generating initial codes by labelling meaningful sections of the data with short phrases or words; accordingly, open coding was used. The researchers used axial coding to re-analyse the codes, which identified similar patterns and created essential themes. The proposed themes were subsequently reviewed to determine whether they accurately represented the data.

The coding process was carried out methodically and repeatedly to enhance the thoroughness of the analysis. Initial codes were identified through repeated involvement with the interview data, combined into larger categories, and finally refined into themes and sub-themes through constant comparative processes across participants' accounts. By using open-ended questions that went through along the length to help the researcher keep an eye out for meanings that were common across the participants in relation to the study objectives (Braun & Clarke, 2006; Corbin & Strauss, 2015; Nowell et al., 2017).

The researchers increased their research credibility after they assessed the trustworthiness of their data analysis methods. The analysis process generated findings that became more reliable through the complete examination of transcripts and the simultaneous verification of participant statements and developing themes. The research team provided details about the participants and their data collection environment to establish the transferability of the study results. The research achieved dependable results because the analytic process maintained transparent different coding and theme development methods, which verified that researchers understood the raw interview data according to participant views (Lincoln & Guba, 1985; Nowell et al., 2017).

FINDINGS

Limitations in Physical Functioning

Participants in this study reported that they are generally in good overall health. However, some participants expressed some health concerns that they have had since a young age. For instance, some were not only born with disabilities, but also had other comorbidities that they had to go through since their early years. This was expressed by Participant One (P1) and Participant Two (P2), who were born with hearing disabilities but developed other diseases that contributed to difficulties in their overall health. Some other participants were born with no disabilities but were affected due to diseases in their early years that later resulted in their disabilities. This was expressed by Participant Five (P5), who expressed that he was born a healthy child but in his early years caught the polio virus, which caused his body to become paralysed. Participant Six (P6) expressed that, besides being diagnosed with ADHD, he also developed hypertension over the years, which requires him to monitor his food intake.

My blood pressure is very high, 150+ Very stress. I have to eat medicine. I affected with my heath. Make me feel not comfortable. I also vomit and have a high fever because stress. Make me anxious. (P1, Female, 38 years old)

Actually, I am not only Deaf, right after I born find out that I got Rubella then later few days doctor found out that I also got hole heart. So, this still affects me, I cannot do very heavy activities, like I go marathon, I still very slow and take my own time, I just join for fun. I have to be careful, and I also have to take medication to help manage my health. (P2, Female, 38 years old)

I was born a healthy baby, but in my early years, I was infected with the polio virus that caused my disability, to be honest, my condition was much worse when I was much younger, I was fully paralyzed, but now I am at least able to move about slowly, all because I had a lot of physiotherapy. (P5, Male, 45 years old)

I do constantly monitor what I eat as I do have hypertension. (P6, Male, 24 years old)

The quality of life for adults with disabilities depends on their physical health. The participants who had chronic illnesses with comorbidities and ongoing medical needs explained how their conditions reduced their physical comfort and mobility and their ability to complete daily activities. The participants who assessed their health as good still experienced reduced physical health and diminished life quality because of their long-term health conditions and complications from disabilities. The participants demonstrated that health-related quality of life depends on both the presence of disabilities and the existence of additional medical conditions, which included hypertension and congenital heart disease, and the persistent effects of past illnesses that required ongoing self-monitoring, self-management, and behavioural adjustments. The research results demonstrate that disabled adults achieve a higher quality of life when they successfully maintain their physical health, their capacity to perform daily tasks, and their ability to control health-related pain.

Psychological Wellbeing

In this dimension, some people with disabilities showed higher anxiety and stress in terms of their disability. Other participants expressed their vulnerability towards their psychological health due to factors such as their jobs, relationships, and other matters. P1 expressed feeling sad as she cannot hear what her colleagues and boss speak and wishes to know, as she feels bored when not involved in a conversation. Whereas P2 expressed feelings of worry as a Deaf mother to her kids due to the perception of disability among their friends' circles. Participant Three (P3) and Participant Four (P4) expressed their feelings of loneliness that stems from not being in a relationship or having any commitment, as well as not being able to secure a job, as shared by Participant Three.

I cannot hear anything, so I am sad. I don't know what they are talking. Sometimes bored during meeting boss and colleagues. (P1, Female, 38 years old)

Because I am Deaf mother, I worry that my kids will get bully and people make fun. (P2, Female, 38 years old) I'm graduating, so not being able to secure a job yet is troublesome. And that is like the biggest thing that is bothering me, so yea, I'm not able to sleep properly where I was very insomniac, I you know was, stressed constantly thinking about going down the spiral, like being attached to my phone like on LinkedIn, not just on my phone generally, but on LinkedIn a lot. The second one is the sense of loneliness strikes a lot, umm just because I haven't found like a very, a relationship that's very meaningful that's attached to me, umm, the past that comes back haunting me. Ummm so like I went through my first ever break-up with someone I was very very very very deeply in a relationship with, umm and then whatever preceded past that break-up has really put me in a, yah it has changed me a lot. (P3, Male, 25 years old)

I am doing my master's now and sometimes I feel depressed but at the same time I want to complete my studies, but sometimes, I can help feeing lonely sometimes, because I also have not entered a relationship yet and that sometimes makes me feel lonely. I also go through depression when I was doing my final year degree, but then no matter who wanted to help me, I find it difficult, and I shut everything off. This also is something I regret so much because they try and help, but I just cannot, my progress of my paper, I was so down, and I shut everyone out. (P4, Male, 24 years old).

Psychological well-being, which affects life quality, serves as an essential aspect of life assessment for adults who have disabilities. The participants reported multiple negative effects on their daily lives from their experiences of stress, anxiety, sadness, and loneliness, which created emotional tension. The results show that these experiences developed through two main sources, which included disability-related challenges and family issues, along with academic demands, relationship problems and work-related uncertainty. The participants' psychological distress reduced their life quality, which created a requirement for emotional support and the need for mental health services that should be accessible to all.

Social Relationships

In terms of the social relationships of people with disabilities, they are, to an extent, affected negatively due to their disabilities. As per P1 and P2, since they are Deaf, they feel left out among their group of friends and colleagues in their conversations. This affects their ability to maintain and sustain meaningful relationships with others who are unable to communicate with them in sign language. On the other hand, P5 found difficulty connecting with other people or friends, caused by feelings of inadequacy and not being 'normal' like the other peers. P6 also expressed difficulty in social settings due to his disability. The participants expressed similar feelings when they shared their experiences and thoughts about their social life.

It not affect my work, my colleague directed me so no problem. I feel want to know what they talk only. (P1, Female, 38 years old)

Some hearing people can speak fastly, some hearing don't know how to communicate. But when they speak very fast, hard for me to lip read, then I cannot understand what they say, so then I'm left out. (P2, Female, 38 years

old)

I felt left out and awkward because of how I used to walk, and the equipment I needed to even move. I was left out from almost all sports activities simply because I felt so incapable and even my teachers deemed me incapable. I was anxious in hoping I would be able to make understanding friends and would sometimes wish I was "normal". It made meeting new people nerve-wracking. (P5, Male, 45 years old)

I actually am prone to social awkwardness and sensory overload in social settings. And, truthfully, sometimes I cannot comprehend social cues or sometimes just get lost in conversations. (P6, Male, 24 years old)

The findings reveal that people with disabilities build their social networks through three key elements: their capacity to communicate, their experiences of social exclusion, and the socializing challenges they face. Deaf participants described their experience of being excluded from discussions with friends and colleagues because others did not know sign language or spoke too fast to enable lipreading. Other participants reported struggles in forming connections due to feelings of inadequacy, social awkwardness, sensory overload, and difficulty understanding social cues. Disability affects communication with others because it reduces confidence and feelings of belonging, and it impedes the development of important social connections, according to the World Health Organization (2023).

Stigmatization

In this theme, most of the participants revealed how they have been, in one way or another, unfairly treated due to their disability and how it caused feelings of unpleasantness in their lives. P1 expressed memories of hostility towards her for being Deaf, while participants three and five expressed feelings of ill-treatment when organizers, family, and other people within their circle pre-set their abilities without giving them a chance to try. Meanwhile, P4 and P6 have similar experiences where their actions and decisions were misunderstood by their peers. The most prominent feelings among these participants that can be derived from the expert are the indifference projected towards them due to their disability. The participants indeed expressed similar feelings towards these treatments.

Got old fashionable lady get scream at me but I don't know and can't hear. I don't see what she do. My mother quickly dragged me so she don't want me to see people. She can hear so she sure know. (P1, Female, 38 years old)

Some organizers don't let me join when I tell them I am Deaf because they say no point joining because I won't understand. (P2, Female, 38 years old)

When doing my assignment with my group, everyone picks the part they want to do and leave the rest of it for me to do, so I don't mind doing. They split the work 3 or 4 days before the submission, but they don't tell me what they pick and then ask me if I finish. They split among them all but don't tell me. They can finish fast, but me, I have difficult seeing or using my eyes for long hours, if I strain my eyes for more than 30 minutes, I will have headache and eyes will hurt also. I know my limits, but they do this to me, and I struggle to finish on time, they only see me wear glasses, but don't understand that what issue I am facing with my eyes. Actually, I also don't understand why they do like that, they don't have the disability that I am facing, they don't have the limitation that I have, but they do that to me who have all this limitation. (P4, Male, 24 years old)

People just tend to treat me like I am completely handicapped. As if I am incapable of doing anything. So, people, including my family, they try and do everything for me, without giving me the chance to try. (P5, Male, 45 years old)

Most people just say, "Then just do it!" or "How could you forget something so simple?" but I can't help it. It makes me feel worse because it is valid in their standpoint. I don't look in any way disabled, and my social mask will just smile it off like a goof but internally even I hate myself for being "stupid" or "lazy". Before I got diagnosed, it was worse because I assumed I was just "broken". (P6, Male, 24 years old).

Although the participants revealed how they have been unfairly treated by their friend's circle, their employees, and their family by pre-setting their capabilities, they still believe in their abilities even if they have to put in

double the effort. This is indeed an aspect that most of the persons with disabilities had expressed in relation to their girt of doing better.

For me, I can improve myself, but it takes some time so slowly. For example, I like to focus one thing only, finish one only, but I can do it, just slowly. (P1, Female, 38 years old)

I actually work 10 times more than any people because it takes 10 times more for me to learn something due my dyslexia, and I'm used to that 10 times more effort. (P3, Male, 25 years.

Because I have visual disability I can request for extra hours for exam and one week extension for assignment. This also because like I say I cannot use my eyes for more than 30 minutes, so difficult for me to read for long time also. But still I put in extra effort and extra time so I can study and do well even compared to my other friends. I struggle a lot, especially with paper cauz the font is smaller, I have my limitation, but I keep trying always. (P4, Male, 24 years old)

This theme shows that participants often experienced unfair treatment, misunderstanding, and low expectations because of their disabilities, which caused emotional distress. They were often judged based on assumptions about their limitations, whether through exclusion, unequal treatment, overprotection, or misunderstanding of invisible disabilities. However, despite these experiences, the participants still showed strong determination and belief in their abilities. They emphasised that although they needed more time and effort, they were still capable of improving, succeeding, and doing well.

Table 2 represents the summary of themes, subthemes and explanations of the findings.

Table 2: Summary of Themes and Subthemes

Theme	Subtheme	Explanation
Limitations in Physical Functioning	Health-related constraints and reduced independence	Participants described health conditions, fatigue, mobility difficulties, pain, and the need for ongoing monitoring or medication, all of which affected daily functioning and reduced their sense of comfort and independence.
Psychological Wellbeing	Emotional strain and uncertainty	Participants reported stress, sadness, anxiety, loneliness, depression, and worry about family, study, work, and future relationships, showing how disability-related challenges intersected with broader psychosocial pressures.
Social Relationship	Communication barriers, exclusion, and social awkwardness	Social participation was weakened by limited access to sign language, fast-paced conversations, difficulty interpreting social cues, and feelings of being left out, which affected belonging and relationship-building.
Stigmatization	Unfair treatment, low expectations, and misunderstanding	Participants experienced prejudice, exclusion, overprotection, and assumptions about incapability, including in relation to invisible disabilities, which created emotional distress and reinforced social barriers.
Stigmatization	Resilience and self-belief despite stigma	Despite stigma and unequal treatment, several participants emphasised persistence, extra effort, and belief in their own abilities, reflecting determination to function and succeed within disabling environments.

DISCUSSION

The findings of this study show that the quality of life of people with disabilities in Malaysia is influenced by physical, psychological, and social factors, with stigmatization emerging as a major cross-cutting issue. In line with the broader concept of quality of life, participants' experiences suggest that well-being is not determined solely by health status, but also by independence, emotional well-being, and social inclusion (Erez & Gal, 2020; World Health Organization, n.d.). Although some participants viewed themselves as generally healthy, chronic illness, comorbidities, and disability-related complications still affected their physical comfort, mobility, and ability to carry out daily activities independently. This supports previous findings that physical limitations and health burdens can reduce quality of life among persons with disabilities (Rajati et al., 2018; United Nations Department of Economic and Social Affairs, 2024). In the Malaysian context, this also reflects the importance of accessible and supportive systems for persons with disabilities in higher education and daily living (Ghazali et al., 2024).

This can be viewed in the light of a social model of disability, where disability is the result of impaired conditions and of the interaction between individual limitations and disabling social, institutional, and environmental conditions. As a result, the personal situations of those involved in the study were affected by discriminatory attitudes, lack of accessible communication, and limited chances for fair participation in schooling, jobs, and social interactions. This research aligns with different conceptualizations and models of quality-of-life improvement, showing that well-being encompasses more than physical health alone; it also involves autonomy, social connections, and environmental support, and having a label does not necessarily define its true meaning (Oliver, 1990; The WHOQOL Group, 1995).

Psychological well-being also emerged as an important issue in this study. Participants described experiences of loneliness, stress, sadness, anxiety, depression, and uncertainty about employment and relationships. These emotional challenges suggest that disability-related struggles are often accompanied by broader psychosocial pressures that affect daily functioning and overall well-being. This is consistent with Levine et al. (2021), who described psychological health as an individual's ability to cope with life stressors, function productively, and contribute meaningfully to society. When such well-being is disrupted, quality of life is negatively affected.

In addition, participants' social relationships were often shaped by communication barriers, exclusion, and reduced confidence. Some participants felt left out of conversations, misunderstood by peers, or unable to connect with others because of social awkwardness or difficulty interpreting social cues. These findings are consistent with evidence that persons with disabilities often face barriers to inclusion and participation in social life, which can weaken their sense of belonging and lower their quality of life (World Health Organization, 2023). The findings also show that social relationships are closely linked to how accepted, understood, and included individuals feel in their surroundings.

Stigmatization was one of the most consistent issues reported by participants and appeared to intensify both psychological distress and social difficulties. Participants described being judged, underestimated, excluded, overprotected, or misunderstood because of their disabilities, including invisible disabilities. These experiences are consistent with Trani et al. (2020), who found that stigma is associated with depression, low self-esteem, and emotional distress among persons with disabilities. Despite this, several participants showed resilience, determination, and belief in their own abilities, even when they had to put in greater effort to succeed. This finding is also supported by recent UNITAR-affiliated research, which found that assistive technology is important in enhancing workplace skills and supporting the continuous professional development of adults with disabilities (Hamedani et al., 2025). Overall, the study highlights the need for a more holistic approach to disability support in Malaysia, including accessible services, psychological support, inclusive communication, and greater public awareness to reduce stigma and improve quality of life.

Societal barriers and disability-related social responses create a direct impact on people with disabilities' experience in their day-to-day living conditions. The existing research shows that disabled people experience reduced life satisfaction because they face social exclusion, participation limits, and stigma. The present study demonstrates how disabled people experience multiple pressures in their daily lives because these challenges do

not function as independent issues. The research demonstrates that communication problems, misidentification and low expectations about disabled people create emotional distress, which decreases their social confidence and social engagement while increasing their disability challenges.

CONCLUSION

In conclusion, the research demonstrates that physical, psychological, and social elements combine to determine how disabled individuals in Malaysia experience their quality of life. Stigmatization operates as an ongoing obstacle that impacts all three areas. The findings show that to understand quality of life, researchers need to study both medical conditions and functional abilities along with social environments, personal relationships, and society's perception of disability.

The study further highlights that people with disabilities need more than physical facilities that support their mobility needs. Supportive environments that provide emotional support, together with inclusive communication, vital social engagement, and equal access to opportunities, establish essential requirements. The Malaysian system requires improved health, educational and psychosocial support mechanisms to enhance citizens' quality of life.

In terms of policy and practice, the findings highlight the need for coordinated responses among health, education, employment, and community systems and with institutions and service providers to enhance accessible communication, expand the provision of psychosocial support, improve disability-sensitive workplace and campus accommodations, and further public education to insert chinks in the assessed negative stereotypes about disability. In terms of research implications for practitioners such as counsellors, educators, and support staff, there is a vital need to consider not only physical disabilities but also those disabilities that are less visible or hidden. Understanding the lived experiences of disabled individuals and creating strategies that foster autonomy, dignity, and inclusion within society are key priorities.

Overall, by sharing real-life experiences, the study expands existing knowledge on disabilities and underscores the necessity of fully developed human support networks. Future efforts should continue addressing both structural barriers and negative social attitudes so that people with disabilities can experience not only improved functioning but also dignity, belonging and a better quality of life.

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