



Impact of Community based Rehabilitation Program among Persons with Disabilities in Suka Village, Karo Regency

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ARTICLE INFO

Keywords: Community, Rehabilitation, Disability Empowerment, Social Inclusion

Received : 16, June

Revised : 30, June

Accepted: 27, July

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ABSTRACT

This study explores the impact of the Community-Based Rehabilitation (CBR) program on persons with disabilities requiring lifelong assistance in Suka Village, Karo Regency. Using a mixed-methods sequential explanatory design, the research combines quantitative data with qualitative insights to assess improvements in physical, psychological, social, and environmental aspects of participants' lives. The findings reveal that the CBR program significantly enhances the quality of life, self-confidence, vocational skills, and social inclusion of individuals with disabilities. The participatory approach involving families, village leaders, health workers, and local volunteers fosters empowerment and a sustainable support system rooted in Karo culture. Results indicate improved access to health services, inclusive education, economic independence, and reduced stigma. The study concludes that community-driven and culturally adaptive CBR models can provide a holistic, sustainable pathway for disability empowerment and social equity in rural settings.

INTRODUCTION

The number of people with disabilities in Indonesia in 2024 is quite significant. Based on the latest data from the Central Statistics Agency of Indonesia, the number of people with disabilities in Indonesia in 2024 is around 28.05 million people. This is equivalent to around 10.3% of the total population of Indonesia. In addition, around 60% of people with disabilities live in villages and there are 6.1 million people with disabilities in the severe category, namely requiring lifelong assistance (BPS. 2024). Based on data from the Karo Regency Social Service in 2021, the number of people with disabilities in Karo Regency is around 1836 people and 30% of them are disabled who require lifelong assistance. Of that number, there are 45 people with disabilities in Suka Village, Tigapanah District, Karo Regency and 15 of them are disabled who are not independent and must be accompanied throughout their lives. Suka Village has an area of 1,859 ha with a population of 2,588 people. Based on livelihood, 80% of the Suka Village community work as farmers, 15% are traders, 10% are civil servants, and 5% others.

The Suka Village community is a community that strongly upholds Karo customs and culture. The Karo community has a Karo cultural system that influences the way of thinking and acting towards fellow Karo people and people from other tribes. In particular, the Karo community is very thick with the kinship system. The kinship system in the Karo community, namely Merga Silima, Daliken si Telu, and Tujur si Waluh, is an important thing that binds the entire Karo community. In general, it can be said that among relatives in the kinship system, there is an obligation to help each other in various forms. The magnitude of the obligation is correlated with the closeness of the kinship relationship, namely the closer the kinship relationship, the greater the obligation to help. (Edi, 2010).

Based on the social reality of people with disabilities who need lifelong assistance in Suka Village, more maximum attention is needed. However, the government has not shown concern for this problem. Social assistance programs such as PKH (Family Hope Program), BNPT (Non-Cash Food Assistance), KIS (Healthy Indonesia Card), KIP (Smart Indonesia Card), BST (Cash Social Assistance), Rutilahu (House Renovation Assistance), YAPI (Orphans) have not been distributed properly to the right targets. Rehabilitation programs by the government are generally still centered in cities and in the form of shelters. This of course makes parents separated from their disabled families. In addition, health facilities in health centers are not yet equipped with access and health workers who are trained to serve people with disabilities. This condition results in a very heavy burden for families of people with disabilities who must struggle to meet economic needs and also provide full care for families with disabilities. According to the World Health Organization (WHO), rehabilitation is a process to enable individuals with health disorders to achieve and maintain optimal levels of physical, psychological, and social activity (WHO, 2011).

The community-based rehabilitation program in Suka Village began in 2020, initiated by the Disability Welfare Foundation of the Batak Karo Protestant Church (GBKP) Alpha Omega. This program aims to increase the independence

of people with disabilities through a community-based rehabilitation approach (Community Based Rehabilitation/CBR). The RBM program is a regional development program in terms of preventing disability, detecting, and rehabilitating/habilitating all aspects of life that allow for increasing social integration and empowering all aspects of life for people with disabilities, families and communities (Idris, 2017).

Community empowerment is a development capital rooted in the people and is an effort to improve the dignity of some of our society who are trapped in poverty and backwardness (Hidayat & Aisha, 2022). Empowerment for groups of people with disabilities aims to increase their participation in various social lives (Syobah, 255). The process of empowering people with disabilities can be carried out through the process of creating access for people with disabilities to education, economics, information, health services and improving the welfare of people with disabilities. Creating access and improving welfare will raise awareness among people with disabilities of the rights and power they have to bring about change.

Community empowerment is a capital for development rooted in the people, an effort to improve the dignity of some of our society who are trapped in poverty and backwardness (Hidayat & Aisha, 2022). Empowerment is a "process of becoming", not an "instant process". It can be said that empowerment is a comprehensive process, a process between motivators, facilitators, and community groups that need to be empowered through increasing knowledge, skills, providing various facilities, and opportunities to achieve access to social welfare resource systems in improving community welfare.

LITERATURE REVIEW

Community empowerment is a development capital rooted in the people, an effort to improve the dignity of some of our society who are trapped in poverty and backwardness (Hidayat & Aisha, 2022). Empowerment is a "becoming process", not an "instant process". It can be said that empowerment is a comprehensive process, a process between motivators, facilitators, and community groups that need to be empowered through increasing knowledge, skills, providing various facilities, and opportunities to achieve access to social welfare resource systems in improving community welfare. Isrok (2010) said that the goals of the Indonesian nation are divided into two, namely first, the general goal is to realize a just and prosperous society; second, the specific goal is in accordance with the fourth paragraph of the opening of the 1945 Republic of Indonesia Law. In addition, under national and international law, all people have the right to access basic services, social protection, and equal opportunities to participate in community life (Dalimunthe & Ananda, 2024).

This also applies to citizens, namely people with disabilities who are also supported by the decision of the Convention on the Rights of Persons with Disabilities (CRPD) in 2011 which ultimately resulted in the issuance of Law No. 8 of 2016 concerning people with disabilities. Specifically for people with disabilities in severe cases and requiring lifelong assistance, their existence is almost forgotten. In addition, within the family, there are still those who view

children with disabilities as unable to think, have no talent, and have no future, which has implications for children with disabilities, namely feeling inferior, closing themselves off from socializing in society, to feeling miserable with an environment that does not care about them (Musoliyah, 2019).

This movement is also called community development efforts. Community development began to grow as a social movement in the 1970s following the rise of progressive awareness from some of the international community to pay attention to the needs of welfare services for the weak, accepting a radical redistributive welfare model, implementing an active citizenship model and providing space for citizen participation in the development process (Patty, 2005). This community-based development emerged based on the motivation to develop and encourage community structures to be more empowered and oppose oppressive structures through the creation of regulations based on the principle of justice. The approach used in the community-based development model is local-level development, integrated with local culture, not imposing a development model from outside and highly including the participation of local people (Zubaedi, 2013).

The occurrence of backwardness in a community is not caused by the stupidity and inability of the community but due to the inability of the community to deal with structural pressures caused by a growth development model that ignores human rights (Susilowati, 2007; Ritonga et al., 2023). A country that cares about disabilities can be seen from inclusive development. A country that supports inclusive development is measured by the empowerment of people with disabilities. There are several definitions of empowerment. Empowerment is a way in which people, organizations, and communities are directed to be able to control or have power over their lives (Suharto, 2020; Kholil et al., 2024).

According to Poerwoko, the success of community empowerment can be seen from their empowerment regarding economic capacity, ability to access welfare benefits, and cultural and political capacity. These three aspects are associated with four dimensions of power, namely: power within, power to, power over, and power (Sanhueza, 2021). The RBM program aims to achieve rehabilitation, equal opportunities, and social inclusion by involving people with disabilities in the community development process. Thus, people with disabilities get the same good life opportunities as non-disabled people. In addition, people with disabilities will live side by side well with the whole community. This is in line with social change in the meaning of macro change (changes in the social system) and micro (concerning changes in the dimensions of interaction between individuals) (Nanang, 2021).

According to Salim & Syafiie (2015), future life planning is a process that guides in taking one preparation for the whole life, helps in clarifying dreams, goals, talents, challenges, and identifying the steps needed to create the desired life. The planning includes financial aspects, social support and others. The majority of families with people with disabilities in Indonesia do not have adequate future planning and often rely on siblings or other relatives to continue

the role of care after parents are no longer able, without structured legal or financial support.

METHODOLOGY

This study is field research with a mixed research method approach, which combines quantitative and qualitative methods in one study. A mixed research method is a research method that combines quantitative methods with qualitative methods to be used together in a research activity, so that more comprehensive, valid, reliable and objective data are obtained (Sugiyono 2014). In this study, the researcher used a sequential explanatory designs design type. Sequential explanatory designs are a combination research method that combines quantitative and qualitative research methods sequentially, where in the first stage the research is carried out using quantitative methods and in the second stage it is carried out using qualitative methods (Sugiyono 2014). The research method used is quantitative descriptive. In this study, quantitative data is used to describe the reality of people with disabilities before and after the RBM program was implemented in Suka village. Therefore, this study is not to explain the relationship and test the hypothesis. The qualitative approach will be carried out through direct observation to the location that is the main subject of the study. Qualitative research data can be interpreted as data that is present or expressed in the form of words, sentences, and narrative expressions (Abdul, 2023). This field study is mainly used to identify the objective situation and conditions of community dynamics. Descriptive observational qualitative research can describe phenomena that occur in real, realistic, actual, real ways at this time, because this research is to create descriptions, pictures or paintings systematically, factually and accurately regarding the facts, characteristics and relationships between the phenomena being investigated (Rukajat, 2018:1). In addition, this research is also a documentation study so that it guides this research to the collection of secondary data. In other words, this study is a combination of field work and library work with secondary data mining through tracking of authentic documents. Field work is intended to be able to explore and obtain primary data (firsthand information) and library work is intended to study secondary data (second hand information).

RESEARCH RESULT AND DISCUSSION

Analysis of the Impact of the RBM Program on the Quality of Life of Persons with Disabilities

The purpose of this study is to see the impacts generated through the implementation of the RBM program in Suka village. These impacts are seen based on the aspects contained in the RBM program. In addition, the implementation of RBM will also be an interesting finding to see how the process provides changes to people with disabilities in Suka village. This study also shows the involvement of various parties in implementing the RBM program which ultimately shows that collaboration is an important key to the success of this program. Unlike similar studies that talk about the impact of the RBM program in one type of aspect only, and are mostly carried out in urban areas, this study shows something different.

This study shows a fairly severe disability condition and even assessing the level of success is often considered difficult. In addition, this study was conducted in a village that has limited access with a fairly strong cultural aspect. Based on the results of the research that has been carried out, the implementation of the RBM program in Suka Village shows a fairly comprehensive implementation pattern. However, there are still various challenges in its implementation. The RBM program, which is intended for people with disabilities who need lifelong assistance, is implemented through a participatory approach that involves various components of society. The components involved include families of people with disabilities, community leaders, village officials, local volunteers and others. This finding is in line with the concept of community-based development (Community Based Development) which emphasizes community participation, planned and implemented by the community by utilizing the potential of resources that can be accessed by the local community (Theresia, 2014; DALIMUNTHE ET AL., 2025).

The results of research on respondents who have participated in the RBM program in Suka Village for five years show that many positive impacts are felt by people with disabilities who need lifelong assistance. Quantitatively, it shows a statistical increase in various aspects of the lives of people with disabilities. This increase is in line with the concept of quality of life according to the World Health Organization (WHO) which emphasizes the importance of physical, psychological, social, and environmental aspects in determining individual well-being. In addition, based on qualitative analysis, quantitative findings are strengthened by revealing deeper dimensions of change. Increased self-confidence and self-esteem in respondents indicate that the focus of the RBM program is not only on functional aspects, but also pays attention to psychosocial dimensions for people with disabilities.

From the perspective of the Community Based Development (CBD) theory, the RBM program that has an impact on the quality of life of people with disabilities shows the application of community-centered development principles. According to Zubaedi, the approach used in this development model is local level development, integrated with local culture, not imposing a development model from outside and highly involving the participation of local people. In the context of the RBM program in Suka Village, this principle is seen through community involvement in identifying the needs of people with disabilities, and planning appropriate solutions to local conditions. In implementing the program, it is done by utilizing the resources available in the community.

This method produces more targeted solutions. In addition, it creates a strong sense of ownership of the program, as well as the high level of participation and ongoing support. In the context of the RBM program, social cooperation that is built through interactions between people with disabilities, families, and the community creates an environment that supports rehabilitation and social inclusion. This can be seen from changes in community perceptions of people with disabilities. Perceptions that have changed, for example, the view of being a burden to being part of a community that has the ability to contribute.

The success of the RBM program in improving the quality of life of people with disabilities also reflects the principle of participatory development in CBD theory. As explained by Zubaedi (2013), participatory development means emphasizing broad participation, accessibility, and community representation in the planning and decision-making process that affects their fate. As an effort to answer the needs and desires of the community, the development planning process must involve the community, as conveyed by Abe (2005) that participatory planning is planning that in its objectives involves the interests of the people, and in its process involves the people (both directly and indirectly).

The active participation of people with disabilities and their families in the planning, implementation, and evaluation processes of the program shows that the programs carried out are truly trying to respond to their real needs. This is different from the top-down approach which is often not in accordance with the reality on the ground. Based on the participatory approach, people with disabilities are no longer in the position of recipients of assistance alone, but become active actors in the development process. This change in role results in developments that are reflected in various indicators of quality of life measured in this study. The process stage shows the implementation of empowerment programs in the form of various activities.

The process of identifying the needs of people with disabilities is carried out by involving families and the community. Education about disabilities is provided to all villagers to build awareness, understanding, and inclusive attitudes. Medical, social rehabilitation programs, and skills training are implemented according to the conditions and needs of each individual. The formation of disability groups (self-help groups) is a means to share experiences and strengthen each other. The ongoing mentoring process by the RBM team is carried out to solve problems and ensure the sustainability of the program.

The output of the RBM program is reflected in real results. As many as 100% of people with disabilities who need lifelong assistance in Suka Village have participated in the RBM program. There are 100% of families of people with disabilities who need lifelong assistance who receive vocational skills training in the fields of crafts, agriculture, and animal husbandry. A productive economic business group was formed which was managed directly by people with disabilities and their families with community support. Village infrastructure has increased accessibility with the construction of accessible routes in public facilities. This program also produced 10 community volunteers who were trained in mentoring people with disabilities.

Long-term outcomes show fundamental changes in the lives of people with disabilities and the Suka Village community as a whole. Economic growth for people with disabilities has increased, with additional efforts. Social participation of people with disabilities and their families in community activities, especially involvement in village deliberations and religious activities, has increased. Stigma and discrimination against people with disabilities have decreased significantly where villagers support social inclusion. The quality of life of people with disabilities has improved holistically, including aspects of

physical and mental health, social relationships, and self-confidence. The RBM program in Suka Village is now a reference model for other villages.

The RBM program has been proven to have an impact on people with disabilities who need lifelong support. This is different from the conventional rehabilitation approach which tends to be centered on institutions, namely shelters. In fact, the conventional approach results in ongoing stigma and discrimination. The RBM approach for severe disabilities is considered particularly relevant due to its sustainable characteristics, community-based, and the role of the family as the main agent of change. This is very much in line with the needs of people with disabilities who need long-term support. In this case, the family and community become the main supporters in the support process.

Significant Impact of RBM Program

This study successfully identified the specific impact of the RBM program on the lives of people with disabilities who need lifelong assistance in Suka Village, Karo Regency. The impact on people with disabilities can be seen from several main aspects that are measured quantitatively and qualitatively. Quantitatively, there is a measurable increase in the indicator of independence in daily activities. Although the changes that are seen are often very slow and very little, families feel that there is a fundamental change. One example is that if so far, children have always been assisted in doing every activity, now, children can do activities even though they have to be supervised.

Based on the aspects contained in the RBM program, there are various significant impacts. In terms of health, people with disabilities can access health services with visits from health workers. In addition, with compliance with therapy, and the provision of assistive devices according to needs, the quality of life of people with disabilities has also increased. In terms of social aspects, people with disabilities are increasingly participating and being recognized in the community. The education aspect also shows the awareness of families and communities that people with disabilities also have the right to receive lifelong education, especially in terms of education for self-development (independence). In addition, the entrepreneurial aspect shows an impact on efforts to improve the economy of people with disabilities and their families.

This is supported by skills training and business capital support. The last aspect, namely empowerment, shows that with the existence of groups of people with disabilities who support and strengthen each other, people with disabilities and their families become more confident and enthusiastic about working. Strengthening the capacity of families and communities is an important and fundamental impact found in this study. Similar research was also conducted by Diajeng Laily Hidayat and Maulita Noor Aisha (2022) which stated that the resilience of parents who accompany autistic children is through the support of family, friends and groups. However, research in Suka village showed that community and government support is more fundamental. This shows that a community-based approach has created an impactful and sustainable support system. Families of people with disabilities experience a change in role from companions who are closed off and do not have special abilities, to companions who are skilled, confident, and connected to a wider support network. Increasing

family knowledge and skills in providing care and assistance not only reduces the physical and psychological burden on families, but also improves the quality of care provided to people with disabilities. The community also shows positive changes in attitudes and perceptions towards disability. This can be seen from the stigma and neglect that have changed to acceptance and support. This change makes the social environment inclusive and supportive, and sustainable.

Improvement of the community-based service system also has an important impact on the RBM program. The coordination between various parties, such as Pustu, Puskesmas, Social Services, village government, and community organizations, is a significant improvement. This supports the creation of complete and more well-connected (complementary) care. The capacity of RBM administrators and volunteers at the community level shows the existence of local human resources that are able to provide ongoing support. The development of the RBM program in terms of providing services, such as routine visits, support groups, and accessible environmental support, shows creative abilities that are in accordance with local needs and conditions.

The change in community support from passive to active is one of the important achievements of the RBM program. Initially, the community viewed disability as a personal family problem and the community's attitude tended to ignore or even judge. Through education and involving the community directly in the RBM program, it finally changed the community paradigm. The community began to understand that disability is a social issue that requires joint support.

Key Success Factors

The active involvement of all related parties is an important factor that determines the success of the RBM program in Suka Village. The commitment of the village government is seen in providing policy support in the implementation of the program, including the allocation of resources and funds and facilitating coordination with various parties as needed. The active participation of religious and community leaders creates important social support to change the community's perspective and attitude towards disability. The active involvement of families of people with disabilities in the planning and implementation of the program ensures that the program carried out is truly responsive to the needs of people with disabilities. The RBM approach through five aspects, namely health, social, education, livelihood and empowerment, is considered successful in addressing the needs of people with disabilities who require lifelong assistance. In addition, the sustainability of the program lies in the focus on the development and involvement of the local community, the establishment of a support system that can run independently, and the creation of a monitoring and evaluation process that can be continued by the community itself. Adjustment to local culture is an important factor that allows the RBM program to increasingly land in the specific context of Suka Village. Respect and utilization of Karo cultural values, especially the concept of the kinship system and the meripe culture, create a strong social basis for program implementation.

CONCLUSIONS AND RECOMMENDATIONS

The RBM program has increased awareness of education for people with disabilities who need lifelong assistance through lifelong education based on existing abilities, especially in self-development and skills education. Economic improvement also occurs in families of people with disabilities through skills training activities facilitated by the RBM program. Based on government support, economic improvement is also increasingly effective through business capital support. Community acceptance of people with disabilities is improving. Stigma and discrimination are decreasing. The community is involved in making activities related to disability issues a success. The formation of a community of people with disabilities has succeeded in providing space for people with disabilities to share experiences, strengthen each other, and support each other in fighting for the rights of people with disabilities. People with disabilities are increasingly confident in participating in decision-making that affects their lives. The RBM program has made a significant contribution to efforts to empower people with disabilities. Positive impacts include increased functional abilities, vocational skills, self-confidence, and better social integration, which ultimately contribute to improving the quality of life and welfare of people with disabilities in Suka Village in a sustainable manner. This empowerment process is not only top-down, but also bottom-up by placing people with disabilities as active subjects involved in the planning, implementation, and evaluation of the program, resulting in a high sense of ownership of the program. The active involvement of various parties such as families as the main support system, health workers, village governments as providers of policies and resources, disability organizations as advocates, and the private sector as providers of economic opportunities, has formed empowerment efforts that are mutually supportive and sustainable. This cross-sector collaboration has ultimately realized true empowerment that not only increases the independence of people with disabilities but also builds a more inclusive and equitable society.

ADVANCED RESEARCH

Future advanced research should investigate the scalability and adaptability of community-based rehabilitation (CBR) models like the one implemented in Suka Village, particularly for regions with different sociocultural structures or more limited local resources. While the current study highlights significant improvements in empowerment, self-confidence, and social inclusion for persons with disabilities, further research could assess the long-term sustainability of these outcomes beyond the intervention period. There is also a need to explore the integration of digital technologies and remote services in rural CBR programs, especially in post-pandemic contexts. Comparative studies across various Indonesian regions or even internationally can help identify best practices in customizing CBR strategies that respect local customs while promoting inclusive development. Additionally, advanced evaluation frameworks should be developed to track holistic indicators such as community attitude shifts, intersectoral collaboration durability, and individual psychosocial resilience over time.

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