

Research Article



Investigating the Solutions for the Implementation of Articles 25 and 26 of the Convention on the Rights of Persons with Disabilities

Zahra Najafi¹ , Kianoush Abdi^{1*} , Mohammad Saeed Khanjani² , Hamid Dalvand³ , Mehdi Amiri¹

1. Department of Rehabilitation Management, School of Rehabilitation Sciences, University of Social Welfare and Rehabilitation Sciences, Tehran, Iran.

2. Department of Counseling, School of Behavioral Sciences, University of Social Welfare and Rehabilitation Sciences, Tehran, Iran.

3. Department of Occupational Therapy, School of Rehabilitation, Tehran University of Medical Sciences, Tehran, Iran.

**Citation** Najafi Z, Abdi K, Khanjani MS, Dalvand H, Amiri M. Investigating the Solutions for the Implementation of Articles 25 and 26 of the Convention on the Rights of Persons with Disabilities. Journal of Modern Rehabilitation. 2024; 18(1):84-92.

Article info:

Received: Jul 14, 2022

Accepted: Nov 21, 2022

Available Online: 01 Jan 2024

ABSTRACT**Introduction:** In 2008, Iran acceded to the convention on the rights of persons with disabilities (CRPD), including the right to health and rehabilitation. However, the goals of this convention have not yet been achieved in Iran. This study provides solutions for implementing articles 25 (health) and 26 (rehabilitation) CRPD in Iran.**Materials and Methods:** This was a qualitative study conducted through content analysis. A total of 21 individuals were selected via the purposive sampling method. The data were collected through semi-structured interviews. The interviews continued until we reached information saturation. Data analysis was performed manually using the MAXQDA software version 10.**Results:** After the interviews, 860 initial codes were obtained. After removing the unrelated codes and merging the codes by overlap, 725 codes remained. The concepts were classified into four main categories and 15 subcategories: Development of a comprehensive rehabilitation program, culture and education, capacity building, and compliance with legal requirements.**Conclusion:** According to the results, because of severe problems in the field of health and rehabilitation of disabled people in Iran, taking necessary measures to solve these problems is essential. Hence, a comprehensive plan should be developed. Meanwhile, proper education, culture building, talents, and opportunities should be considered more carefully. Also, by facilitating services for people with disabilities and paying attention to the importance of being demanding, we can build capacity in the country. The findings of this research will provide a bright way for policymakers, administrators, and planners of the country.

Keywords:

Convention of the rights of persons with disabilities; Persons with disabilities; Health; Rehabilitation

*Corresponding Author:

Kianoush Abdi, Associate Professor.

Address: Department of Rehabilitation Management, School of Rehabilitation Sciences, University of Social Welfare and Rehabilitation Sciences, Tehran, Iran.

Tel: +98 (912) 7603800

E-mail: k5sabdi@yahoo.com

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Introduction

According to a report by the World Health Organization (WHO), about 15% of the world's population suffers from diverse types of disabilities [1]. At the same time, official sources in Iran constitute approximately 4% of the population [2]. Historically, social approaches to disability vary. Sometimes, in primitive communities, people with disabilities were expunged at birth to avoid the burden, and sometimes they pitied them. This means that disabled people deserve pity and charity [3].

Even today, people with disabilities have too many social restrictions in various societies since they are more likely to lack primary education, receive less formal education, and have less chance to find a job and have an income. They are discriminated against when receiving public services [4]. Currently, neither society nor people with disabilities accept these views, and rather than seeking particular concessions, they want to play equal roles, have responsibilities with other society members, and maintain strong organizations following their neglected rights [3]. Disability is a human rights issue because people with disabilities are experiencing inequalities simply because of their disability. For instance, they have been deprived of equal access to health care, employment, education, and political participation. Also, they are often abused and degraded [1].

The convention of the rights of persons with disabilities (CRPD) is an international treaty for protecting and promoting the rights of people with disabilities approved on December 13, 2006, at the United Nations General Assembly with 50 articles covering different aspects of their lives, including civil, political, cultural, and social rights [5]. CRPD is the first document that guarantees the rights of people with disabilities with particular concerns [6], puts their problems on the global agenda, and calls for greater participation in society as citizens with munificence. The international CRPD, as a law, redefines the world and the life conditions of people with disabilities [7].

Article 25 of this convention states the right to have an acceptable standard of health without discrimination based on disability [5]. This right is further extended in article 26, and governments are obliged to take effective and appropriate measures, including the support of peer groups to enable persons with disabilities to achieve their maximum independence and maintain social, physical,

mental, and professional abilities, as well as full participation in all aspects of life [5].

Paragraph E of article 25 of the CRPD states that health and life insurance should be provided fairly and non-discriminately to people with disabilities [5]. Some studies showed that health insurance covers few women with disabilities, and there is a considerable difference in the quality of care among the two insurance subgroups [8]. Article 25 of CRPD also states that for persons with disabilities, the same quality and free and payable standards of health care and programs are provided to others, including sexual and reproductive health and population-based health programs [5].

Article 26 states that governments must organize, strengthen, and develop rehabilitation services and programs, especially in health [5]. According to article 25, health and rehabilitation services must be provided in a manner appropriate to the gender, needs, and age of the individual [9, 10].

People with disability experiences show that, notwithstanding the ratification of the international convention, their rights to promote and enforce human rights, especially in developing countries, remain an important challenge [4]. In Abdi's study (2015) that explained the challenges of providing rehabilitation services to people with disabilities in Iran, six categories of challenges, including the lack of knowledge, negative attitudes toward disability, inadequate support for people with disabilities, problems for the providers, access problems, and payment costs was identified [11].

Iran joined the international CRPD in 2008 [12]. Despite the value attitude of the Islamic worldview and other points in Islamic texts, and due to underdevelopment, the right approach to people with disabilities has received less attention. For different reasons, it has not been effective in achieving the objectives set forth in the constitution and religious doctrine [13].

According to the statistics, people with disabilities are more deprived of access to health, employment, and education than non-disabled people. A study conducted in 2018 on the obstacles to the implementation of article 25 and article 26 of the CRPD in Iran showed that the implementation of these two articles includes seven categories as follows: Structure inefficiency, a lack of a comprehensive rehabilitation program, insufficient awareness, the neglected economy of people with disabilities, weak access to services, cultural challenges, and ignoring new technologies [14]. Considering the existence of ob-

stacles and their identification, the researcher performs this study to identify the appropriate solutions to remove them and help people with disabilities achieve optimal health and rehabilitation conditions.

Materials and Methods

Study design

The conventional content analysis approach was used in this research. The team used no preconceived hypothesis and collected the data based on the participants' information. The first author gathered the data through semi-structured interviews. The interviews lasted from June 2018 to May 2019. During the interviews, the interviewer introduced herself, explained the study's objectives, and received informed consent from the participants. After receiving the participants' agreement, the interviews were recorded. Each interview lasted between 15 and 50 min. At first, the researcher asked general and open-ended questions to understand the participants' perceptions and identify the strategies to eliminate obstacles to the implementation of articles 25 (health) and 26 (rehabilitation) of the CRPD in Iran.

Study participants

The participants included 21 people (19 men and 2 women), including 1 general surgeon, 12 PhDs, 6 masters, and 2 experts with at least five years of experience in policymaking or implementing programs and activities related to people with disabilities or providing and receiving rehabilitation services. The purposeful sampling method with the most diversity was used for sampling and continued until data saturation, meaning no more new data were extracted.

Data analysis

The data was processed using the content analysis method. The interviews were tape-recorded and transcribed verbatim. The obtained information was repeatedly read to gain a general understanding. Then, the data were analyzed using the Graneheim and Lundman approach (2004). Accordingly, the data were divided into meaning units, condensed, labeled as codes, and constantly compared to develop sub-categories and categories [15]. Condensing meaning units was done by reducing the text while maintaining their core, and they were coded accordingly after coding and grouping the codes. Finally, to obtain the underlying meanings, they were discussed by the research team and revised as main categories. Data gathering and data analysis were con-

ducted simultaneously. Each section used a peer check to reach a consensus between research team members. Data analysis was done manually using MAXQDA software version 10.

Initially, the research supervisor held several training sessions to use the software. Interviews, simultaneous coding, and joint meetings with the research team were conducted. After conducting several interviews, the initial classification began by transferring the relevant codes and naming the subcategories. This process continued until the extraction and classification of the main categories in the software were completed. After finalizing the categories and subcategories by activating the main categories and all participants, the citations for each category were selected from the retrieval window for transferring in the article.

Trustworthiness of data

We used Lincoln and Guba's criteria, including credibility, dependability, conformability, and transferability [16]. Long-term engagement with data provides credibility. Therefore, the researchers were involved in data collection for 13 months and, using member checks with participants at the end of each interview and after coding, the participants confirmed the reflected interviews [17]. In addition, dependability was assessed by the peer check strategy [18]. All the backgrounds and stages of the study, especially the data analysis, were documented to enhance conformability. Therefore, other researchers had access to these documents to use them in possible future studies [16]. For transformability, our research team provided the conditions to use the results in various settings. To facilitate transferability, it is valuable to give a clear and distinct description of culture and context, selection and characteristics of participants, data collection, and analysis process. A rich and vigorous presentation of the findings and appropriate quotations also enhance transferability [15].

Results

The findings of this study, which came from the experiences of 21 participants (Table 1), revealed a new perspective on the strategies for eliminating barriers to the implementation of article 25 and article 26 of the international CRPD. The findings, including four categories and 15 subcategories, are presented in (Table 2).

Table 1. Demographic characteristics of the participants

Code	Field	Sex	Education	Experience (y)
1	Higher education management	Male	PhD	25
2	Healthcare management	Male	PhD	20
3	Health education	Male	PhD	30
4	Occupational therapy	Female	MSc	27
5	Psychology	Male	PhD	15
6	Graphic	Female	BSc	16
7	Physiotherapy and management	Male	PhD	30
8	Strategic management	Male	PhD	28
9	Elderly science	Male	PhD	10
10	Management	Male	MSc	27
11	Rehabilitation management	Male	MSc	20
12	Rehabilitation management	Male	MSc	30
13	Rehabilitation management	Male	MSc	20
14	Rehabilitation management	Male	MSc	25
15	Speech therapy	Male	BSc	24
16	Psychology of exceptional children	Male	PhD	15
17	General surgery	Male	Specialist	18
18	Healthcare management	Male	PhD	18
19	International law	Male	PhD	8
20	Health and social welfare	Male	PhD	12
21	Rehabilitation management	Male	MSc	15

JMR

Comprehensive rehabilitation program

Developing a comprehensive rehabilitation program was the essential solution that the interviewees provided for removing the obstacles to implementing the health and rehabilitation provisions of the CRPD and improving the provision of services. The mentioned program includes the following subclasses: Attention to prevention, credit provision, improvement of the insurance system, outlining the service delivery process, timely interventions, and intersectoral cooperation.

One of the participants maintained the following opinion:

“We suggest that the [Ministry of Health and Medical Education](#) and the [State Welfare Organization of Iran](#) should be able to have a memorandum of understanding in the field of health or have a joint headquarters so that they can plan for the health of people with disabilities.”

“There should be a comprehensive program in the country for health and rehabilitation or social policies, such as the law of the sixth development plan. In rehabilitation, they should negotiate and formulate a comprehensive plan and a specific strategy by helping the stakeholders and their different work partners and people involved and formulate an action plan for it and outline the processes” (Participant 4).

Table 2. Strategies to eliminate barriers of article 25 and article 26 of the convention on the rights of persons with disabilities

Categories	Subcategories
Comprehensive rehabilitation program	Paying attention to prevention
	Credit
	Improving the insurance system
	Outline the service delivery process
	Timely interventions
	Inter-sectoral cooperation
Cultivation and education	Informing
	Change attitude
	Reforming the educational system
Capacity Building	Increased demanding
	Facilitate service delivery
	Investing and supporting non-governmental organizations
	Expand special services for people with disabilities
Compliance with legal requirements	Oversight of policy-making institutions
	Documentation

JMR

Cultivation and education

Cultivation and education were highly emphasized by most of the participants, who said that a positive step could be taken toward implementing the programs by running them. This group has three subcategories: Awareness, attitude change, and educational system reform. In this regard, one of the interviewees maintained the following opinion:

“Effective measures should be taken to increase people’s awareness; for example, broadcasting organizations play an important role and should create more programs for awareness. Awareness programs involve many organizations, for instance, the [State Welfare Organization](#)” (Participant 7).

Capacity-building

Capacity-building was one of the classes obtained from the analysis of the interviewees’ statements, which includes increasing demand, facilitating the receipt of services, investing and supporting non-governmental organizations, and expanding special services for people

with disabilities. An interviewee maintained the following opinion:

“I believe there are capable people who can work. We should trust these people and trust them with work. Then, these people should form their groups and communicate with the environment. Therefore, the role of partnerships is essential and can be helpful. We must provide the opportunity. In some places, there are many opportunities. It exists in our society, but we do not have that opportunistic thinking” (Participant 10).

Another participant stated the following opinion: “In my opinion, it should be invested in domestic companies that work about disability, especially knowledge-based companies. We can benefit from this good investment, The production cycle is in motion, and the domestic consumer utilizes its output” (Participant 9).

Compliance with legal requirements

Compliance with legal requirements has two essential and practical subcategories, including monitoring of policy-making institutions and documentation.

A participant maintained the following opinion about this class:

“When policymakers and senior officials accept a law, they must obligate the government to implement it, and in case of non-compliance with the law, the government must be held accountable through international institutions, which may also happen. For example, a delegation from the Islamic Republic was asked to respond last year. In this case, it means that we are determined to take steps towards achieving the goals and articles contained in the convention” (Participant 14).

Discussion

This study was conducted because of the emphasis on providing rehabilitation and health services for people with disabilities. According to the study's findings, there are various ways to remove barriers to implementing the rehabilitation and health articles of the international CRPD in Iran. The solutions include developing a comprehensive rehabilitation program, cultivation and training, capacity building, and compliance with legal requirements.

The findings of this study have been briefly compared with the findings of other studies and have been analyzed and interpreted. In previous studies, only barriers and solutions were not mentioned. This is the main distinction of this study.

Comprehensive rehabilitation program

According to the participants, developing a comprehensive program with precise mechanisms and processes is one of the most critical issues that should be done to facilitate health and rehabilitation programs for people with disabilities. This class includes the sub-classes of attention to prevention, providing credit, improving the insurance system, outlining the process of delivering services, timely interventions, and intersectoral cooperation.

Jeffrey et al. (2006) and Salti et al. (2010) showed that insurance can increase access to and use of healthcare services by people with disabilities. Insurance brings many positive results, some of the most important of which are increasing the probability of receiving primary care, reducing the need for special cases (for special care), and reducing the delay in receiving health care [19, 20]. The findings of this study also confirm the importance of insurance in facilitating and quantifying the

receipt of health and rehabilitation services for people with disabilities.

According to Salti study in 2010, targeting rehabilitation services can help improve results and reduce unnecessary costs [21]. This is in line with the results of the current research on the need for a comprehensive program in which goals are specified. Furthermore, the present study also emphasizes credit provision and intersectoral cooperation, which can be considered in the program of policymakers and managers.

Cultivation and education

Most participants mentioned the cultivation and education class as one of the most vital actions that should be taken in the country because cultural problems and weak education were some of the main reasons for not achieving the goals of article 25 and article 26 of the convention in this study. This category includes awareness, attitude change, and educational system reform.

According to the findings of Kermani et al. in 2007, the mother's awareness of the correct way to deal with the child's problems and how to provide necessary care can have a significant effect on the mother's proper care of the child and eliminate many wrong beliefs and methods in this field [22]. Powell et al. (2006) concluded that increasing parents' awareness of proper care methods for children with cerebral palsy can probably be the source of changes, including changes in attitudes and beliefs, and this leads to an increase in their adaptation and ultimately a reduction in stress and improving the quality of life [23]. The present study also confirms this finding and is in line with them. The superiority of the present study emphasizes the change in the attitude of officials and trustees.

Capacity-building

The interviewees of the current study believe that a big step can be taken to improve the health and rehabilitation of people with disabilities by building capacity within the country and relying on internal capabilities and assets, as well as using the capabilities of people with disabilities, non-governmental organizations, and increasing investment. The analysis of participants' interviews included four subcategories: Increasing demands, facilitating the receipt of services, investing and supporting non-governmental organizations, and expanding special services for people with disabilities. These solutions were among the innovations of the present study and only some stud-

ies have pointed out the problems in receiving services for people with disabilities [24, 25].

Compliance with legal requirements

Compliance with legal requirements is another class that plays an essential role in achieving the goals of the International CRPD regarding the health and rehabilitation of persons with disabilities, which our study participants pointed out. This category includes two sub-categories: Monitoring of policy-making institutions and documentation. Emphasizing the importance of organizational supervision and monitoring the provision of rehabilitation services is an essential issue mentioned in Abdi et al.'s studies (2015, 2016) [26-28] and is consistent with our findings. Also, the requirement of documentation and reporting is one of the findings of this study.

Conclusion

The developmental strategies for rehabilitation and health of people with disabilities were identified in this study, which can help all stakeholders in providing rehabilitation and health services to people with disabilities, including policymakers and managers, therapists, people with disabilities, and non-governmental organizations, to meet or reduce needs, challenges, and concerns of people with disabilities, and finally achieving comprehensive planning regarding the promotion of rehabilitation and health services for people with disabilities.

According to the findings of the present study, it is necessary to take measures to solve these problems, considering the serious issues that exist in the field of health and rehabilitation of people with disabilities. With the help of developing a comprehensive program in which the service delivery process is outlined, efforts should be made to improve inter-departmental cooperation and pay more attention to influencing issues, such as service insurance and credit provision.

In addition to the program's existence, more concentration should be placed on culture building. Proper and serious education, existing talents and opportunities, and capacity building and its strengthening in the country should be on the agenda by facilitating and expanding services for people with disabilities and the importance of being right and principled, especially by people with disabilities.

It is hoped that the results of this research will provide a clear path for the policymakers, managers, and planners

of the country and the field of people with disabilities so that they can help people with disabilities similar to other individuals in the country in achieving their human rights in the field of health and rehabilitation by reforming executive structures and developing comprehensive plans.

Study limitations

The most important limitation of our study is the lack of sufficient time to conduct research within the framework of the postgraduate academic year and, subsequently, the absence of methods such as field notes and observation as complementary methods in the present study were limitations of the research team. The study also did not interview the families of disabled people, which may be useful in future studies.

Study suggestions

We suggest conducting courses, workshops, and media meetings on the articles and their findings, which would be helpful, and performing quantitative research to evaluate each of the barriers identified in this study for a more comprehensive understanding and necessary interventions.

Ethical Considerations

Compliance with ethical guidelines

This study was approved by the Ethics Committee of the [University of Social Welfare and Rehabilitation Sciences](#) in Tehran (Code: IR.USWR.REC.1397.105) and informed consent was obtained after the objectives and methods were explained to them.

Funding

This study was supported by the Deputy of Research and Technology of the [University of Social Welfare and Rehabilitation Sciences](#).

Authors' contributions

Design and methodology: Kianoush Abdi, Zahra Najafi, Mohammad Saeed Khanjani, and Hamid Dalvand; Search strategy and writing the initial draft: Zahra Najafi and Kianoush Abdi; Final approval: All authors.

Conflict of interest

The authors declared no conflict of interest.

Acknowledgments

The authors thank all participants in this research.

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