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**Advancing the Rights of Persons with Disabilities:  
A US-Iran Dialogue on Law, Policy, and Advocacy**

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# An Overview of the Situation of the Disabled in Iran

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## Prologue

The World Health Organization (WHO) and the United Nations estimate 10 percent of the population of all countries to be afflicted with disabilities. Due to the differences that exist in the various methods of census, such as headcounts, case studies, and registration statistics, reaching an accurate figure regarding the number of people with disabilities is very difficult. Thus, these numbers tend to be much higher in advanced countries than in developing ones. Greater numbers of elderly individuals in these countries is also a contributing reason.

Results for number of disabled in Iran come from two sources. The population censuses of 1986, 1996, and 2006 constitute one of the most important sources but unfortunately lacks validity. In 1986, the disabled people were estimated to be one percent of the population, or approximately 453,090 persons. Since people with mental disabilities were not included and only obvious, observable cases were counted, the statistics were neither valid nor reliable. In 1996, instead of a census of individuals, 479,590 families were counted to include a person with a disability which amounted to approximately 3.9 percent of the total number of families in the country. The mentioned flaws in the census of the previous decade also applied to this second survey as well. However, in 2006, the situation improved through the use of questions focused on function, disability, and health—and was based on a new law on health and disability. This survey revealed an increase in the number of the people with disabilities, which according to this survey, was approximately 1,100,000. More than 60 percent of these individuals lived in urban areas. Accounting for people with mental disabilities is the most prominent difference of this survey from those preceding it. Nevertheless, a more realistic view may be to use a method developed by Professor Eric Hollander in 1994. In this method, a ratio is assigned to each population group. By multiplying this ratio by the number of people in that group, the number of disabled individuals can be determined. Therefore, around five percent of the population of the country have either severe or mid-range disabilities, which equals more than 3,600,000 people. This estimate is closer to reality.

This discussion must consider two important points. First, the numbers of disabled people are increasing. This is due to the increase of life expectancy, improved health and sanitation care, as well as improved nutrition and living conditions in society. The above-mentioned reasons enable people to have an extended life despite their disabilities. An increase in the number of elderly in different countries is another reason for the higher numbers of

people with disabilities in society. Second, there seems to be a vicious, circular relationship between disability and poverty, that being whether the disabled cannot provide for their lives or that the impoverished are bound to become disabled. Either way, this cycle causes the emergence of many other social problems which absorb the resources and attention of social welfare systems.

## **Disability, immobility, and rehabilitation**

Disability is a key phrase in the fields of social sciences and rehabilitation. It is a relative term denoting a barrier that hinders the abilities of a person to perform an action in a natural situation. Currently, within the literature and discussion of rehabilitation in Iran, the terms disabled and handicapped are used interchangeably. This is due to the relative nature of disabilities; any person can suffer some degree of disability during their lifetime. This is why a disabled person is often defined as “an individual that due to different appearance or behavior or limitation in mobility or function, is considered disabled or is considered so legally and formally.”

Individuals with disabilities, before being recognized as disabled, must be recognized as human beings in society. Human beings who are different only in behavior and appearance and function differently than others in society but as humans are entitled to social facilities and active participation in social affairs. Unfortunately, discriminatory presumptions of the past and the present have limited their access to facilities and social presence, even at bare minimums. This is because in planning legislative actions, education, and housing, only the needs of a healthy person have been considered. What creates this issue is the negative presuppositions and general ignorance about the capabilities and potentials of the disabled.

In its academic sense, rehabilitation includes measures taken in order to enable a person with disabilities to return into society. The definition of rehabilitation has undergone much change with time; currently one of the most conclusive definitions is that of Professor Eric Hollander who believes rehabilitation to comprise a set of goal-oriented measures taken over a certain period of time to reduce the effect of the disability on people with disabilities, enabling them to achieve independence, and facilitating social interactions, better life qualities, and further development of the self. Rehabilitation includes not only educating the disabled but also intervention in the foundations of society to make it more compatible with the needs of the disabled and protect the human rights of such individuals. Enforcing human rights through the government of each country is a commitment of every country, society and citizen. The disabled have the same rights to living as other members of society and there should be no exceptions. There may be need for special attention to ensure that the following needs of the disabled are met: access to social and welfare facilities, learning and career opportunities, housing, transportation, access to information and social and cultural life such as sports facilities, entertainment, social appearance, and full involvement in politics.

Thus, as one of the most important subjects in consideration for the disabled, rehabilitation has a humanitarian and social component rather than a mere clinical and medical aspect, which even by its own definition requires intervention within the structure of society to lay the foundations for the presence of disabled people in societies; it requires governments to

pay special attention to the disabled in fields of education, health, rehabilitation facilities, communication, transportation, civil life, independence, and financial independence so that they may join the level of people without disabilities in society. At times this special attention is questioned by some; however the answer is that only if such measures are indeed provided will the disabled be on equal grounds with the rest of the society.

## Rehabilitation in Iran

The appearance of rehabilitation was formalized in Iran in 1968 with the ratification of a law to establish the Rehabilitation Organization, affiliated with the Ministry of Labor and Social Affairs. Of course, before that time activities in this field were carried out by the military, or the Lion and Sun Society (an organization like the Red Cross) in Iran. According to the aforementioned law, the government would establish the Rehabilitation Organization to empower people with disabilities such as loss of limbs to restart their activities, learn skills and live their lives with a boosted morale. In 1969, the operation of the Shafahian Rehabilitation Hospital was transferred to the Rehabilitation Organization. In 1974, with the establishment of the Ministry of Social Welfare, the organization was moved to their jurisdiction and with the dissolution of the Ministry of Social Welfare in 1976, the organization was returned to the Ministry of Health and Welfare.

In the early 1980's, with the ratification of the Islamic revolution council after the victory of the Islamic revolution, the Rehabilitation Organization was among several institutions that merged to create the Welfare Organization. Since then, rehabilitation activities take place under the supervision of the Administration office for Rehabilitation Affairs of the Welfare Organization. The academic measures taken to train professional employees in this area started with the establishment of the Graduate Schools of Rehabilitation in 1973 with degrees in physiotherapy, work therapy, and speech therapy. Currently, there are more than 10 universities in Iran with graduate programs covering rehabilitation fields.

After the eight years of imposed war with Iraq, the necessity to care for those who had lost certain functions due to war grew. Rehabilitation activities expanded through the actions of the Committee for War Veterans, leading to the increase in the number of rehabilitation institutions and further attention to this field. In addition, the limited efforts for the education of the mentally challenged were enhanced with the establishment of the Institution of Special Education in 1991, and its merger with the Rehabilitation Organization. The simultaneous offering of services in rehabilitation, education, medical, and social areas brought about improvements in the situation of disabled and mentally challenged students.

Currently, most rehabilitation services in Iran are offered by the Welfare Organization. The most recent figures show over 650,000 people with disabilities to be registered and supported by these services. Rehabilitation services are also being provided by the Committee for the Affairs of War Veterans, the Special Education Institution, the Red Crescent society, and the Imam Khomeini Aid Committee, among others, as well as non-governmental organizations. With the approval of the Islamic Revolution Council, in May 2004, Iran joined 50 other countries with legal rights for people with disabilities. This number, in comparison with the 200 nations that are members to the United Nations, is very low. "The Comprehensive Disability Rights Act," although still far from being "comprehensive" from a

professional point of view, plays an important role in legally aiding the disabled in achieving most of their neglected rights. Even though it has been years since the ratification of the act, it is still on a long and arduous path to full implementation and is not doing very well at the moment.

The process of ratification of the Convention on the Rights of People with Disabilities in Iran was met with a lot of delays. Despite the timely actions of the specialists and the DNGOs, the governmental processes have been slow. It was expected that because of positive reactions from the Ministry of Foreign Affairs, the Human Rights Committee, the Parliament Research Centre, the Welfare Organization and other authorities, the process would be a rapid one, but unfortunately took over 17 months. In any case, the ratification took place in 2009 and there is hope it will be a pivotal point in the history of the disabled in Iran and that many endeavors to achieve their neglected rights will come to fruition, hence allowing the society of individuals with disabilities in Iran to unite with those around the world to attain those rights.

## Prognosis

Despite the steady development in the recognition and providing services in Iran, the disabled in Iran are still mostly unable to make a strong social presence, limited by the lack of preliminary facilities, and their families or themselves prefer that these individuals stay indoors. Inaccessibility of buildings and other environments along with the lack of accessibility in sidewalks, public areas, educational, medical, and official buildings, shopping centers, recreational and sports centers and others have created a situation that is far from acceptable and will remain so for years to come. Families and disabled individuals have many issues with housing, employment, public transportation and also limitations, deficiencies, and high prices of rehabilitation equipment and facilities. As a result of low incomes and financial problems for many underprivileged families, the solution offered by NGOs up to now has mostly been to provide pensions, the low amount of which, unfortunately, is not a dependable source of comfort; especially in families with a disabled individual where the factors pertaining to the specific kind of disability are not taken into account. It appears that negative assumptions about disability is a major reason for the insufficiency of financial support, with many arguing about how can the needs of the disabled can be tended to when the needs of even the able have not yet been fulfilled. This is, in itself, a great problem.

Rehabilitation is also one of the undertakings that define the role of NGOs. Despite the increasing growth in this department, the need for serious support of investors in this field is felt which recently has been met with much unkind disregard. In advanced countries, the use of volunteered help to offer services to the disabled has grown greatly. In the Sydney and Athens Olympic Games, the world observed the participation of tens of thousands of volunteers helping and accompanying the disabled competitors in the games. The culture of volunteer services must be fundamentally developed within the field of rehabilitation by those responsible.

Rehabilitation, in the author's opinion, is a specialized service which has the potential to be provided around the above-mentioned three poles. The experience of rehabilitation for more than a decade in society has proved that categorizing rehabilitation services is possible. Furthermore, the services can be offered in accordance with the specific disabilities of the person. On the other hand, if executive policies about rehabilitation services are customized to society, it will also become possible to decentralize the services as is mentioned in the law. In this manner, utilizing family members and volunteers to render such services will be easily achievable. Here, it is necessary to see to the requirements of the Ministry of Health for coordinating a merge between rehabilitation and primary care units in the Iranian society.

One of the problems in rehabilitation is the lack of demographic statistics regarding people with disabilities in Iran. The current figures from the Iran Statistics Center are unreliable due to many reasons and the very few case studies have no academic value. The lack of a reliable and complete database mars the credibility and usability of the current recorded statistics. It seems in this particular case, the only solution is to establish a new center for processing such data using the latest categorization systems by the ICF in tandem with the Iran Statistics Center.

Another point is the increasing presence of the disabled and their NGOs and the role they can take in enforcing the Comprehensive Act on the Rights of People with Disabilities and the International Convention on the Rights of People with Disabilities. It must be noted that only through their hard work and perseverance in social arenas and following their just and deserved rights have disabled people gained a place in society and have been able to partake in the compilation and ratification of the Convention laws.

It appears the main role of the disabled and their NGOs in following the realization of the Complete Disabled Rights Act must be reevaluated by people with disabilities themselves. There are several ways to go about this—from appearing in awareness programs to following up legal prosecution of the negligence or violation of their rights. The history of legal actions in Iran shows there is hope that with the help of the judiciary, complaints can be filed against negligence and refusal to abide by the laws, and justice regarding rights will be delivered where it was ignored in previous years.

In order to expand the culture of disabled people in society, there is a solution to enable disabled children to study in normal public schools with other children. A “partial view” to the matter may cause serious and extensive damage. I wish to point out a new concept in the science of rehabilitation. The term “holistic rehabilitation” has been presented as a leading method in rehabilitation programs for a few years now. Previously, it was the norm to divide rehabilitation into medical, educational, technical and social programs. Nowadays, this interpretation is discarded and holistic rehabilitation is focused on the needs of the disabled person and the family from the moment the disability occurs. Therefore, at the onset of an injury that would cause spinal paralysis, it is necessary to have a social worker, a physiotherapist, and a psychologist alongside with the medical team. In addition rehabilitation programs it is necessary to have an occupational therapist, a psychologist, and a psychiatrist to aid the patient and their family. If the programs are approached in a holistic manner, rather than as isolated, divided tasks, it will be possible to prevent disunity in programs, overlaps, and wasting of resources.