Narratives Of People With Disabilities Of The Role Of Islam In Enhancing Health And Quality Of Life

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ARTICLE INFO	ABSTRACT
	This qualitative study explored narratives of Saudi people with disabilities regarding the role of Islam in improving health and quality of life based on their lived experiences. Semi-structured interviews were conducted with 8 individuals with disabilities in Saudi Arabia. Thematic analysis revealed two overarching themes: 1) Islam's role in improving health and 2) Islam's role in improving the quality of life for persons with disabilities. Findings indicate Islamic principles translating into multidimensional frameworks aligned with individual needs and abilities according to perspectives. Religious emphasis on rights, dignity and inclusion was seen to facilitate well-being. Insights connect doctrine with supportive practices and systems, contributing understandings of faith-disability intersections to inform future research, policy and advocacy.

Keywords. People with disabilities, Islam, disability, health, quality of life, inclusion |

Introduction

The global conversation surrounding disability rights and inclusion has gained significant momentum in recent years. Within this context, exploring the perspectives and approaches offered by various religious traditions becomes increasingly important. Islam, with its emphasis on compassion, justice, and the inherent worth of every human being, offers a rich framework for understanding disability and promoting inclusion.

This research looks into how Islamic principles translate into practical action to ensure the health, well-being, and social integration through the eyes end experiences of people with disabilities. Statistics from the World Health Organization (WHO) indicate that roughly 1.3 billion people globally experience some form of disability, highlighting the critical need for inclusive and supportive environments (WHO, 2023). Islamic doctrines, as reflected in the Quran and Hadith, offer clear guidance on the treatment and support of individuals with disabilities. Prophetic traditions emphasize the importance of respect, dignity, and integration.

Furthermore, this research analyzes the efforts of the Kingdom of Saudi Arabia in upholding the rights of people with disabilities. Recent initiatives by the Saudi government, such as the National Transformation Program 2030, explicitly prioritize the inclusion of people with disabilities in all aspects of society (Al-Barakati, 2024). It's noteworthy that Saudi Arabia ratified the United Nations Convention on the Rights of Persons with Disabilities (CRPD) in 2006, demonstrating their commitment to aligning their efforts with international human rights conventions. By examining these initiatives and the ways they integrate Islamic principles with international standards, this research tries to gain valuable insights for creating a more inclusive and supportive society for all.

Literature Review

Numerous research have explored the intersection of Islam and disability. A significant contribution is the study by Bazna and Hatab (2005) which offers an Islamic perspective on disability through a close examination

of the Quran and Hadith, the primary sources of Islamic doctrine. This study meticulously analyzes references to terms signifying disability, demonstrating that the conventional notion of disability doesn't find explicit articulation within the Quranic texts. This finding opens doors for further exploration of how Islamic principles can be applied to support and empower people with disabilities. Further research delves into the practical implications of these principles. For instance, Mortensen et al.'s (2014) study in New Zealand examines how refugee resettlement programs consider disability. Their findings highlight the growing need for support services within child health and disability sectors as refugee populations diversify. This underscores the importance of integrating Islamic values of inclusion and support for people with disabilities within broader social contexts.

Mörchen et al. (2018) conducted a synthesis evaluation to assess the impact of inclusive eye health programs for individuals with disabilities. Their study examined ten programs implemented across six countries (Cambodia, Egypt, Ethiopia, Indonesia, Pakistan, and Vietnam) between 2011 and 2016. These programs involved training medical personnel and government officials, leading to increased awareness of disability rights and improved physical accessibility of eye health facilities. Some countries even incorporated disability inclusion topics into national eye health training curricula. A key strength of these programs was the collaboration between eye health staff and organizations representing people with disabilities. This collaboration improved significantly, although its impact on program accessibility for people with disabilities remained unclear. The collection of disability-disaggregated data proved challenging, making it difficult to definitively demonstrate increased access to eye health services for this population.

Badran et al. (2023) investigated the influence of religion on professional interactions with clients who have intellectual disabilities and mental health conditions. Their study focused on Muslim social workers in Israel and how their religious beliefs might affect decisions regarding marriage, divorce, and child custody for clients with Intellectual Disability Disorders (IDD) and Mental Illness (MI). The researchers employed a vignette methodology, presenting participants with simulated religious court cases. A total of 138 Muslim social workers analyzed 25 vignettes depicting court rulings adapted for the study. Each case included a summary of the religious court's decision (qadi's decision) framed as a recommendation based on religious considerations. Participants then indicated their agreement or disagreement with these recommendations. The study revealed a tendency for Muslim social workers to prioritize religious recommendations, especially when the client with MI came from a devout family. Additionally, the specific issue (marriage, divorce, or child custody) and the client's IDD status significantly influenced the social workers' inclination to follow religious recommendations.

Alenaizi (2009) conducted a critical review exploring the interplay of cultural and religious narratives in shaping perceptions of disability within the Arab and Islamic world, with a specific focus on Kuwait. The review examines the enduring influence of Islam on disability perceptions throughout history and across diverse cultures. This sets the stage for a deeper analysis of Kuwaiti culture, investigating how cultural and religious discourses interact to form prevailing attitudes towards disability. Utilizing poststructuralist (a perspective that questions fixed meanings in language and society, arguing meaning is fluid and shaped by power) and foucauldian (a perspective that analyzes how power shapes knowledge, discourse, and social control through institutions) frameworks, the study analyzes the perspectives of six young Kuwaiti individuals with disabilities. These voices are contrasted with those of a Kuwaiti Salafi Imam, highlighting potential discrepancies between lived experiences and religious interpretations. The findings suggest that societal attitudes and certain religious interpretations contribute to a distorted portrayal of individuals with disabilities. Furthermore, participants tend to internalize the concept of disability as a "challenge," often using terms like "healthy" or "normative" for non-disabled individuals, potentially reinforcing notions of normalcy.

Materials and Methods

Methodology
This study employs narrative research methodology Craig and Orland-Barak (2014) to explore participants' narratives of the position of Islam on improving the health and quality of life of people with disabilities. Narrative research focuses on understanding participants' lived experiences and perspectives through their own stories (Clandinin & Connelly, 2004). While not intended to establish causal relationships as established by Hays and Wood (2011), this approach allows for a deep dive into participants' reflections on Islam's role in their health and well-being. By analyzing these narratives, it tries to capture rich details and gain insights into how Islamic principles are interpreted and applied in the context of disability.

Participants and Context
This study employed an intentional, non-probabilistic convenience sampling strategy (Etikan et al., 2016) to recruit participants. This approach intended to gather in-depth narratives from individuals actively engaged with a support organization for people with disabilities. Convenience sampling allows researchers to select readily available participants who meet the inclusion criteria (Polit & Beck, 2017).

The Hail Club for People with Disabilities in Saudi Arabia served as our recruitment site. This social club offers various programs and activities designed to foster social interaction, cultural awareness, and leisure opportunities specifically tailored to cater to the needs of individuals with disabilities. By recruiting from this organization, we ensured that participants possessed a connection to a support network and actively participated in activities promoting their well-being. The inclusion criterion for this study was strictly limited

to active members of the Hail Club for People with Disabilities. This ensured participants possessed a lived experience within a supportive environment that actively promotes the well-being of individuals with disabilities. This focus allowed us to delve into rich narratives about how Islamic principles are interpreted and applied within the context of an individual's experience with disability and participation in a dedicated support organization. A total of eight participants were recruited for this study, with ages ranging from 17 to 36 years old, with an average age of 29. While this sample size allows for a focused exploration of individual narratives, it's important to acknowledge that convenience sampling has limitations. The participants may not be representative of the entire population of people with disabilities in Saudi Arabia, particularly those who are not actively connected to support organizations. This limitation will be addressed further in the study's limitations section.

Data Collection

This study employed semi-structured interviews to gather rich and detailed narratives from participants. The interview guide was designed and rigorously validated by the research team to ensure its effectiveness in eliciting relevant data. This validation process involved collaboration between two qualitative research experts and feedback from two additional researchers, adhering to the principles of data triangulation (Denzin & Lincoln, 2018). The interview guide itself comprised two distinct sections. The first section focused on collecting basic sociodemographic information about participants. This included data points such as age, type of disability, and duration of membership in the Hail Club for People with Disabilities. This information provided valuable context for understanding the participants' backgrounds and experiences.

The second section of the interview guide consisted of two opened questions directly linked to the research questions guiding the study. These opened questions were designed to encourage participants to share their perspectives and experiences freely. These main interview questions were followed with questions to support the continuous of the narrtives:

1. Share your opinion and own story on the role of Islam in the health of persons with disabilities, if any.
2. Let us know about your view and experiences on the role of Islam on improving the quality of life of persons with disabilities, if any.

These questions were carefully phrased to prompt participants to reflect on their understanding of Islamic principles and how these principles relate to their own health and well-being within the context of their disability. By utilizing a semi-structured format, the interview guide allowed for flexibility in the interview process while ensuring that core research questions were addressed. The interviewer could delve deeper into specific topics that emerged during the conversations, further enriching the data collection process.

Procedure and Data Analysis

The research team conducted the data collection in person. After contacting the Director of the Club for People with Disabilities in the Hail Region to obtain permission for the study, three researchers visited the Club in February 2024. There, they interviewed participants with disabilities who voluntarily agreed to participate. With prior informed consent from the participants, audio recordings were made of the interviews to ensure accurate data capture. These recordings were subsequently transcribed into narratives for further analysis. A mixed (inductive-deductive) approach was employed to analyze the transcribed data. The research team developed a draft code map based on their reading of the narratives, the research questions, and the conceptual framework. This initial map underwent minor revisions based on feedback from experts in qualitative education and research. The analysis involved manual qualitative coding. This process entailed identifying units of meaning within the narratives, assigning relevant codes to them based on their thematic content, and subsequently grouping similar codes into broader themes. The research questions remained central throughout the analysis, ensuring that the identified themes directly related to the study's objectives.

Results

The analysis and presentation of the results were organized around the different themes that emerged from the data. Two main themes were identified: (1) Islam's role in improving health, and (2) the role of Islam in improving quality of life for persons with disabilities. The table 1 below presents a detailed description of the relevant subthemes, and example quotes from the participants.

Table 1 *Thematic Analysis Result*

Theme	Sub-Theme	Description	Supporting Quote
Islam's role in improving health	Provision of Comprehensive Health Services	The participants discussed how Islam supports improving health for persons with disabilities by providing, strengthening, and expanding comprehensive health services	*"A person with a disability has the right to obtain health care services, including preventive and curative services, medical rehabilitation, general health care, home care, and other health services according to the*

		and rehabilitation programs. Several participants noted that the government in Saudi Arabia funds these services to ensure persons with disabilities have access to necessary healthcare.	*medical requirements of each disability.*" (P3)
	Promotion of Mental Health and Wellbeing	Several participants discussed how Islam promotes the mental health and wellbeing of persons with disabilities. They noted that Islam teaches patience, encourages society to support people with disabilities, and sees them as equal members. This helps improve psychological health and quality of life. Services like psychological therapy and rehabilitation were also mentioned as important.	"*The Islamic religion encourages people with disabilities to be helped in public places. We always notice that in hospitals we are served well, and doctors are always helpful. This indicates that the role of Islam is clear in making all people help us*". (P3)
The Role of Islam in Improving Quality of Life for Persons with Disabilities	Provision of Support Services	The participants discussed how Islam supports improving quality of life for persons with disabilities through providing various support services. This includes accessible education, transportation, housing, public facilities, assistive devices, vocational training and employment opportunities. The government of Saudi Arabia funds and implements these services.	"*In the Kingdom of Saudi Arabia, it had a clear role in providing assistive means in accordance with the highest international standards in place in providing safe and appropriate means of transportation for people with disabilities.*" (P1)
	Social Inclusion and Community Support	The participants noted that Islam promotes social inclusion and community support for persons with disabilities. This was evident through easy access to places like roads, streets, buildings and mosques, as well as help and kindness from community members and employees in public settings.	"*Even at airports we have special services and helpful employees who smile to help us.*" (P5)

Discussion

The findings of this study provide valuable insights into how Islamic principles and doctrines relate to improving health and quality of life for people with disabilities based on the lived experiences of participants.

Two main themes emerged that capture Islam's role in a holistic manner - through the provision of comprehensive support services as well as promotion of inclusion and well-being.

The first theme illustrates how Islam supports enhancing health according to participants. It was evident that access to healthcare, rehabilitation, and therapy as emphasized in Islamic teachings is realized through government-funded services in Saudi Arabia. Participants affirmed receiving quality medical care aligned with their needs. Interestingly, some also noted the kind, respectful treatment by doctors as indicative of Islam's emphasis on compassion. This highlights the link between religious beliefs and behaviors in practice. Several studies have examined how Islamic principles emphasize equitable access to medical care and rehabilitation. Bazna and Hatab (2005) analyzed verses from the Quran highlighting obligations to care for those experiencing illness or disability. Similarly, Alghamdi et al.'s (2022) scoping review of disability in Islamic context concluded religious rulings promote rights to health and rehabilitation. The finding that government-funded health services in Saudi Arabia align with participants' medical needs echoes Mortensen et al.'s (2014) research on refugees with disabilities resettled in New Zealand. They reported service provision played a role in meeting healthcare requirements according to individuals' circumstances. Mörchen et al.'s (2018) evaluation of inclusive eye health programs in multiple nations demonstrated the importance of collaboration between medical professionals and disability organizations for improved care aligned with rights and abilities. This connectivity parallels participants experiencing respectful treatment from doctors within hospital contexts. The link between religious beliefs and behaviors highlighted by participants resonates with classic sociological theories of the relationship between religion and social action. Émile Durkheim, a seminal theorist, argued religion plays a crucial role in reinforcing moral solidarity and collective conscience within a society (Durkheim, 1915). Through shared beliefs and rituals, religion socializes individuals into normative codes of conduct. From this functionalist perspective, Islam's emphasis on compassion and justice would cultivate norms of respect and kindness guiding interpersonal interactions. Doctors treating patients respectfully could thus exemplify the translation of social solidarity rooted in common religious belief into caring attitudes and practices. Their behavior demonstrates assimilation of religiously-mandated virtues into professional conduct. Similarly, Weber's seminal writings on the sociology of religion posited belief systems have the power to "routinize charisma" by shaping worldviews that justify and standardize behaviors (Weber, 2000). Medical compassion portrayed as a manifestation of Islamic teachings could represent one such process of routinization. Doctors may perceive acts of kindness as religiously-sanctioned professional responsibilities tied to normative codes of appropriate care. Viewing the findings through these sociological lenses opens possibilities for understanding religion not just as an abstract set of principles, but as an active agent that motivates and coordinates social relationships through normative formations. Both Durkheim and Weber's theories arguably help explain participants' interpretation of doctors' respectful demeanor as a lived reflection of underlying religious doctrines promoting compassion. This substantiates religion's potential to influence behaviors through moral socialization and institutional routinization of values.

The second theme centered on quality of life improvements through support. Access to specialized education, assistive devices, housing, employment and other amenities allow fuller participation and independence. Community support through easy access and kindness reassures inclusion as a religious virtue. Government initiatives were recognized for upholding rights and standards of living. Participants conveyed appreciation for these services upholding religious and international frameworks. Multiple studies have documented positive impacts of targeted services, accommodation policies, assistive technologies and community support on quality of life indicators. Al-Faouri et al.'s (2022) work in Jordan and reviews by Alghamdi et al. (2022) emphasized customized education, transportation, housing and employment enabling fuller rights realization according to abilities. The United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), which Saudi Arabia has ratified, establishes inclusion as a moral imperative through provisions guaranteeing non-discriminatory access, participation and independent living (United Nations, 2006). Participants' recognition of initiatives upholding religious and international rights frameworks suggests norm-building efforts translate ideals into improvements. Sociologist Erving Goffman proposed the idea of "total institutions," wherein architectural features and social dynamics constrain independence for some groups (Goffman, 1961). Findings indicated targeted measures overcoming structural and attitudinal barriers to participation, countering "normalization" effect of disabling environments (Finklestein, 1998). Communitarian theory advocates socioeconomic rights as preconditions for meaningful participation in collective life (Walzer, 1983). Inclusion of people with disabilities aligns religious solidarity with this emphasis on equality of opportunity through multi-level support (Etzioni, 1993).

Conclusion

In conclusion, it can be said that this study finds that Islam plays an active role in improving health and quality of life for individuals with disabilities according to the perspectives of participants. Through its emphasis on equitable access to healthcare, rehabilitation services, and multifaceted community support; as well as principles of inclusion, dignity and empowerment, Islam was seen as effectively facilitating health, rights realization and participation for people with disabilities. While not generalizable, the findings contribute meaningful insights into how Islamic doctrines translate into supportive practices and systems upholding well-being and social integration.

Limitations and Suggestions

This study has several limitations that need to be acknowledged. The small sample size of eight participants (and the research design) means the findings may not be generalized to represent the wider population of people with disabilities in Saudi Arabia. Results, however, can be transferred to another context based on the evaluation of the subsequent researchers as thick descriptions of participants' narratives were shared. Using a single organization for recruitment also limits perspective. As a qualitative study, causal relationships cannot be determined. Cultural and socioeconomic factors beyond religious interpretation alone likely influence support experiences. Intersecting identities like gender, ethnicity, or type of disability are also not examined here but deserve dedicated research. General limitations of self-report data apply, as do potential social desirability biases shaping responses. Lack of data triangulation restricting analysis to interviews diminishes rigor. Self-selection among those volunteering further impacts representativeness of this convenience sample. Moving forward, incorporating mixed-methods designs, and diverse recruitment strategies across multiple geographic locations would strengthen rigor and generalizability. Comparative research exploring religious interpretations, policies and challenges faced by various disability sub-groups can yield rich insights. Examining resilience factors beyond just challenges through strengths-based lenses holds promise. Longitudinal studies tracking policy impact over time on measurable quality of life indicators could demonstrate religious-legal frameworks' real-world effectiveness. Further deconstruction of religion's interaction with cultural norms and identities regarding disability is merited. Theorizing religio-historical evolution of inclusive doctrines also invites philosophical inquiry. Overall, continued empirical examination of faith-disability intersections through intersectional, community-engaged lenses can further equal rights and well-being worldwide.

Implications

The findings carry valuable implications for supporting inclusion of people with disabilities through multi-dimensional frameworks and leadership. Policymakers and religious authorities can collaborative strengthen enforcement of rights incorporating specialized, compassionate services addressing unique medical and socioeconomic circumstances. Targeted allocation of funding to accommodate diverse needs reinforces dignity across communities. Healthcare administrators may enhance disability-sensitivity training while leveraging faith-based values of kindness as motivators for inclusive, respectful care. Hiring people with lived expertise also ensures person-centered, barrier-free access essential to well-being. Educators working to counter stigma can emphasize theological endorsements of inherent worth promoting solidarity. Disability accommodations integrating assistive technologies optimize independent participation deserving of all. Community engagement fostering meaningful roles and welcoming attitudes cultivates a sense of belonging integral to mental health. Disability advocacy amplifying diverse voices empowers self-determination and resilience. Further integrating religious scripture analyses emphasizing justice with modern disability rights conventions holds promise for advancing social movements globally. Policy evaluations assessing impact on measurable outcomes can optimize frameworks over time. While challenges undoubtedly remain, lessons highlight religion, science, law and grassroots efforts as allies in inclusion when aligned compassionately. Continued progress respects infinite diversity within our shared humanity.

Acknowledgements

Conflict of Interest

The authors declare no conflict of interest.

Data Availability Statement

The data collected for this study contains private information and cannot be made publicly available due to ethical restrictions. Data are available from the corresponding author upon reasonable request.

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