

Master of Public Health

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A DESCRIPTION OF THE CURRENT  
SEXUAL REHABILITATION SERVICES  
AND INFORMATION PROVIDED  
TO PARAPLEGIC MALES OF THE  
GAZA STRIP AGED BETWEEN  
16 AND 45 YEARS.

By

Student: Iyad Hassan Nasr

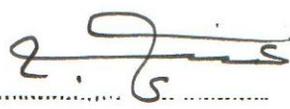
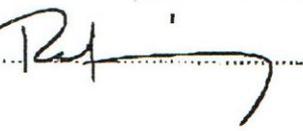
Registration No.: 9811467

Supervisor: Dr. Yehia Abed

Advisor: Dr. Marlien Reimer

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The names and examining committee members are as follows:

Dr. Yehia Abed	Head of the committee	Signature 
Dr. Bassam Abu Hamad	Internal Examiner	Signature Bassam Abu Hamad
Dr. Rafiq AL Hussaini	External Examiner	Signature 

El-Quds University  
January 2004

## **Abstract:**

The overall aim of this study was to describe the current sexual rehabilitation services provided and those available for people with spinal cord injuries of the Gaza Strip.

A descriptive study was carried out at the Gaza Strip level including 53 male paraplegic cases aged between 16 and 45 years. Data was collected via a carefully designed self-filling questionnaire containing 51 question and area of study. Cases were selected at random through lists of names of paraplegics available at the Physically Handicapped Association. Questionnaires were hand delivered and collected by the researcher himself and/or nursing student helpers from the Islamic university of Gaza.

Results of the study revealed a sharp shortage in the sexual rehabilitation services provided to SCI people (43% of the study sample reported receiving some sort of sexual rehabilitation), while the quality of the services was not as required to be useful and sufficient (13 out of the 24 cases reported receiving sexual rehabilitation described it as sufficient on the other hand 12 of them reported that they didn't ask for the information).

The study also proved that myths are affecting the lives of these individuals like any other community elsewhere. Subjects show good knowledge regarding their own religious instructions on sexuality and marriage relations.

Sexual ability is a real concern for the spinal cord injured individuals and their families as it is a key to getting married (for the single) and continuing being married happily (for the married ones prior to the injury). Seventy three percent of the study sample reported that sex means enjoying ones self and is an obligation towards wife.

Alternative sexual practices were not very well known to large number of the study sample like oral sex (Islamic definition).

86.5% reported that they are willing to receive sexual rehabilitation services.

In short the study proved that sexuality is important for the Gaza SCI people and they are willing to receive such services along with their wives. They are looking for counseling services rather than medically oriented focusing on erections only.

The study points out some recommendations to be considered; for the policy makers to include the sexual rehabilitation services in the national health plan and to support research in this area of science. While universities to include the sexual rehabilitation in their nursing and medical curriculae and encourage research in this field of rehabilitation. Funding should be made available by the donors to this field of rehabilitation. And finally for the religious leaders to study carefully the specificity of the conditions of the spinal cord injured and the sexual alternatives available from an Islamic point of view..

## ملخص الدراسة

## واقع خدمات التأهيل الجنسي لمصابي الحبل الشوكي من الذكور

إن الهدف الرئيسي من هذه الدراسة كان وصف الواقع الحالي لخدمات التأهيل الجنسي وتلك المتوفرة لمصابي الحبل الشوكي من قطاع غزة. نفذ الباحث دراسة وصفية على مستوى قطاع غزة 2001-2003 من أجل تحقيق الهدف السابق. وتضمنت الدراسة 53 ذكراً من حالات الشلل النصفي السفلي ممن تراوحت أعمارهم بين 16 و45 عاماً.

تم جمع البيانات والمعلومات من خلال إستبانة ذاتية التعبئة/الاستخدام تحتوي على 51 سؤالاً وموضوع بحث. تم اختيار الحالات بصورة عشوائية من خلال قوائم أسماء المصابين بالشلل النصفي السفلي الموجودة في جمعية تأهيل المعاقين حركياً. سلمت الاستبانة باليد وجمعت باليد للحالات المشاركة من خلال الباحث ومجموعة من المساعدين من طلبة كلية التمريض بالجامعة الإسلامية بغزة.

كشفت نتائج الدراسة عن نقص كبير في خدمات التأهيل الجنسي المقدم لمصابي الشلل النصفي السفلي (43% من عينة الدراسة قالوا بأنهم تلقوا شيئاً من التأهيل الجنسي)، بينما نوعية ومستوى هذه الخدمات لم يكن كما يجب ولم يكن كافياً (13 من 24 شخصاً تلقوا التأهيل الجنسي قالوا بأن المعلومات كافية في حين أن 12 منهم قالوا أن المعلومات قدمت لهم دون أن يطلبوها).

كما أثبتت الدراسة أيضاً أن هناك حقائق مغلوطة تؤثر في حياة هؤلاء الأشخاص كما الحال في كل المجتمعات. هذا وقد اظهر المشاركون معرفة جيدة حول التعليمات الدينية حول الجنس والزواج.

القدرة الجنسية هي موضع اهتمام للأشخاص مصابي الشلل النصفي السفلي وعائلاتهم، حيث أنها المفتاح للزواج (لغير المتزوجين) والاستمرار في الحياة الزوجية بسعادة (للمتزوجين قبل الإصابة). 73% من عينة الدراسة عبرت أن الجنس يعني المتعة الشخصية وواجب تجاه الزوجة.

الممارسات الجنسية البديلة لم تكن معروفة بشكل جيد لعدد كبير من عينة الدراسة مثل قضية الجنس بالفم حسب التعريف الإسلامي لهذا المصطلح. هذا وقد أبدى حوالي 86.5% من المشاركين بالدراسة رغبة في تلقي خدمات التأهيل الجنسي.

باختصار فقد أثبتت الدراسة أن الجنس مهم لمصابي الشلل النصفي السفلي من قطاع غزة وهم يرغبون في تلقي هذه الخدمات بمشاركة زوجاتهم. إنهم توافقون إلى خدمات المشورة وليس العلاج على أساس طبي/مرض في مركز على قضية الانتصاب فقط.

وتوصي نتائج البحث بشمل خدمات التأهيل الجنسي في الخطة الوطنية لوزارة الصحة ودعم البحث العلمي في هذا المجال من العلوم. وعلى الجامعات أن تشمل التأهيل الجنسي في المناهج الجامعية لكليات التمريض والطب والمهن الطبية الأخرى وتشجع الطلاب على إجراء الأبحاث والدراسات في هذا المجال من التأهيل. ويوصي الباحث المانحين/الممولين أن يخصصوا جزءاً من تمويلهم لهذا الجانب من التأهيل والبحوث فيه. وأخيراً توصية لرجال الدين بأن يدرسوا بعناية خصوصيات هذه الحالات المتعلقة بالشلل النصفي السفلي والبدائل الجنسية المتاحة من وجهة نظر إسلامية وشرعية.

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**Introduction:**

Paraplegia is not a simple illness or condition. It is a chronic state of disability and decreased mobility. In Gaza, where the economic and health conditions are poor and the rehabilitation services are limited, paraplegics suffer a lot. A paraplegic person suffers the lack of specialized services, the lack of proper and accessible facilities, the lack of community understanding and the lack of self-independence.

Listening to a considerable number of the paraplegics the researcher could see that once becomes paraplegic, a person loses his job, hardly finds a suitable rehabilitation facility in Gaza, and becomes overwhelmed with the burdens and problems of life. If someone is lucky enough to be admitted to a rehabilitation center in the West Bank or Israel during the acute phase of his injury, he will later -when discharged home- face the reality of barriers and inaccessible places, roads and minds.

Such people have to struggle finding suitable medical care, and a source of income where there is no body defending their rights and advocating for them.

One of the extremely neglected and un-addressed areas of the paraplegics' rehabilitation is the sexual rehabilitation. A paraplegic male spends his first days (sometimes weeks) following the injury in a hospital, and then he will be transferred to a rehabilitation center (outside Gaza) or to a nursing home (the only center available and ready to accept such cases) in Gaza. Neither the hospital nor the nursing home tackles the issue of sexuality of these people leaving them ignorant and illiterate of their abilities and/or disabilities in this regard in particular.

The traditions and cultural values of Gaza are unique and vary even within the different populations living in Gaza. Based on his practical experience in the field, the researcher

believes that the following myths related to sexuality are common beliefs of the majority of the people of Gaza:

- Male is the dominant gender type
- Sex is intercourse
- Male sex organ is a symbol of masculinity
- Female is the passive sexual partner
- Males only are the ones allowed to initiate sexual activities
- The wedding night is the only opportunity to get information on what to do, for both the bride and the groom.
- Oral sex is a sin (oral manipulation of the sex organ of either sexual partner and not ejaculation)
- Paraplegics are without sexual desires
- Erection is the only alternative for having and enjoying sex

While the following facts are true values and religiously regulated (Feqh Al Sona/Islam):

1. Men and women can't have pre or extra marital sexual relations.
2. Anal sex is a sin
3. Men are allowed to marry more than one wife
4. Women have the right -as well as men- to ask to end the marriage relation, if they want to, or incase of permanent and or chronic illness of the spouse.
5. Women can play any role in sexual life and can initiate sexual activity.
6. Foreplay is a must prior to sexual practices (intercourse) (Hadith)

A man has to initiate the marriage relationship -If he desires to marry a woman- by asking her hand from her father (family). The women's family then inquires about the man and assesses his abilities and behavior in the community. If they find his abilities to be satisfactory to their

daughter, they usually agree and the marriage process begins. Paraplegics and disabled are often rejected when they ask to marry a non-disabled woman because of their disability. The reasons for this rejection are several, but a major one is that the community thinks that such people cannot satisfy their wives sexually and are asexual (without sexual desires). Sometimes the paraplegic's family refuses to help him getting married for the same reason.

Large number of paraplegics seeks extra-marital (illegal in Gaza according to Islam) sexual relations and thus exposes themselves to dangerous risks and problems.

Usually these paraplegics are taught very little if anything at all about their sexuality in a rehabilitation center. They are exposed to the use and administration of Papavrin injections and the use of vibrators, but taught nothing about other sexual practices and sexual alternatives a couple can perform and enjoy. This makes the focus of the paraplegic go towards achieving an erection and not enjoying sex.

More dangerous is that once a married man sustains a spinal cord injury his wife's family will immediately ask the wife to leave him and goes back to her family's home as they believe that he lost his androgyny or muscularity and became asexual. This behavior has been practiced by many families and brought destructive effects on many people after their injuries. Cultural disputes emerged as a consequence to such practices.

Sexuality and sex issues are considered taboo and not of the common topics tackled in family discussions and school curriculae. Young men and women alike start mainly learning about their sexuality relatively late in life. Friends are considered a primary source of knowledge as well as the broad cast of explicit materials on the satellite channels available in many homes. Either source is far from ideal for proper sex education and can cause major damages to these young people as they become adults.

Religion (Islam) encourages sex education and sets the ideal guidelines for sex life in the society, but practicing pre-marriage and extra-marital sex is prohibited by religion (Islam).

People mix the two things and most of the time they refrain from coming close to the topic until the first night of marriage relationship, where the groom and the bride are introduced for the first time to WHAT THEY SHOULD DO AT THAT NIGHT. This situation works but in most cases leaves deep permanent traumas particularly for the wife. Paraplegics -who are most of the time young and single when they sustain their injuries- live a double dilemma where they have little if any knowledge about normal sex or normal body sexual functions and absolutely nothing about their disabled body and new sex disability related matters. It is believed that the responsibility of every member of this society to start thinking of ways of improving the sex education for all and not only the disabled.

### **1.0. Statement of Problem: (Research question)**

What sexual rehabilitation services and information do paraplegic males aged between 16 and 45 years from the Gaza Strip receive? And how do they use it in performing their sexual practices?

### **1.1. Hypothesis of the study:**

1. There is no statistical significance of differences at ( $\alpha \geq 0.05$ ) level in sexual rehabilitation attributed to hospitalization period (less than 60, from 61-120, from 121-180, from 181-240 and more than 240 days).
2. There is no statistical significance of differences at ( $\alpha \geq 0.05$ ) level in the provision of sexual rehabilitation attributed to location of rehabilitation facility (Israel- Gaza- west bank- Abroad).

spinal cord injured people.

3. There is no statistical significance of differences at ( $\alpha \geq 0.05$ ) level in the provision of sexual rehabilitation attributed to the length of stay in the rehabilitation facility (less than 60, from 61-120, from 121-180, from 181-240 and more than 240 days)
4. There is no statistical significance of differences at ( $\alpha \geq 0.05$ ) level in practicing sex after injury attributed to the level of injury (Cervical – Thoracic – Lumbar-Sacral-Don't Know).
5. There is no statistical significance of differences at ( $\alpha \geq 0.05$ ) level in sexual and other therapeutic rehabilitation services (Physiotherapy, Occupational therapy, Sexual therapy, Psycho therapy and Daily living) attributed to the different rehabilitation facilities (Israel- Gaza- west bank Abroad).
6. There is no statistical significance of differences at ( $\alpha \geq 0.05$ ) level in sexual information/rehabilitation provider attributed to the quality of sexual information provided (detailed- brief- little).
7. There is no statistical significance of differences at ( $\alpha \geq 0.05$ ) level in practicing sex after injury attributed to receiving sexual information/ rehabilitation in the rehabilitation facility (yes- no).
8. There is no statistical significance of differences at ( $\alpha \geq 0.05$ ) level in the age group (less than 60, from 61-120, from 121-180, from 181-240 and more than 240 days) attributed to what sex means to the paraplegic (enjoyment, obligation towards wife, both, other).
9. There is no statistical significance of differences at ( $\alpha \geq 0.05$ ) level in area of living attributed to the willingness of getting additional sexual information among the

## Conclusion and recommendations

### 6.0. Conclusion

Sexual rehabilitation has been introduced to some clients but has not yet been included in rehabilitation programs. Sexual rehabilitation and counseling for people with spinal cord injury must be an integral part of the total rehabilitation program. Commar and Vigue (1970) wrote, "The disabled person, as well as the able-bodied person, has the right to determine whether or not to express himself sexually... Sexual counseling should be directed as to supporting a client's ability to make choices in every aspect of his life, including use of sexual experience"

The researcher would agree with the two researchers but, of course for a Gaza culture there will be some limitations. Sexual practices available should be in the frame of marital relationship and then also some practices are prohibited by religion ( table 21, p.57)

It is clearer now that the paraplegics of Gaza are not receiving enough services to help them better cope with their loss following their injury. The rehabilitation centers they are referred to usually don't have specialized sexual rehabilitation programs that they can join. In the West Bank the Abu Raiya rehabilitation center used to provide basic services aiming at teaching how to have an erection but nothing else to some of the clients. In Israel, it is different; the Palestinian clients are not a priority for this type of service, where no one had received such service in any of the Israeli facilities according to the study findings.

Physicians were mainly the ones providing sexual rehabilitation information which made the sessions go towards being medically oriented and focus on the client himself only.

The study indicates other needs necessary for the provision of optimal rehabilitation services to these people. It also indicates the necessity of creating and/or developing local sexual

rehabilitation programs in the Gaza Strip. It helps better know points of view of paraplegics, regarding future sexual rehabilitation program.

Medications, such as Papavrin and Prostaglandin injections were used during the rehabilitation sessions where the clients were trained on administering them to obtain erections. Other sexual rehabilitation and practical information were not provided. Also considering the location of the rehabilitation centers away from Gaza made it almost impossible for the wives to join their husbands during their rehabilitation sessions as it is costly to travel back and forth. While on the other hand it is not easy to get permits from the Israeli Authorities to reach the West Bank from the Gaza Strip.

Clear relation was noted between the rehabilitation center and the provision and availability of sexual rehabilitation services for the clients from Gaza. Costly referral systems abroad and to Israel were not justified based on these findings.

It was made clear that the Gaza Paraplegics are willing to have more information and to join advanced sexual rehabilitation programs in order to enhance their sexual lives and to resume as much as possible functional sex life. Moreover they welcomed the idea of having their spouses attending and even participating in sexual rehabilitation programs.

A considerable amount of knowledge and awareness in religious rules was manifested by the participants of this study. They only lack some details related to the changes that happened to their bodies (table 2). On the other hand these paraplegics still have lots of myths and cultural disbeliefs which are affecting their integration in the community in a full way such as; erection means masculinity and without erection they will not be able to enjoy a sex life. Myths also affect the general community where parents think that paraplegics are not capable of fulfilling their sexual duties towards their wives, and thus tend to intervene to break the marriage relationship to try to ensure a better opportunity for their daughter (Rarely

happening). The divorce rate is equivalent to the rate among other able bodied people locally and also is equivalent to the international divorce rates among paraplegics.

The researcher believes that the Gaza Strip doesn't have any specialized sexual rehabilitation program, and on the other hand has an increasing prevalence of paraplegics due to the current violent situation which leads to unnecessary suffering of people. Also the paraplegics of Gaza accept and ready and willing to join a functional sexual rehabilitation program that deals with their situations.

Worth mentioning is that through the experience of the researcher, it was possible to have some couples practice sex in one medical/rehabilitation facility in Gaza as part of the rehabilitation program of one of the clients. It was fully acceptable for the couple, for the medical doctors and for the management of the facility to have such experience for the first time ever in the Gaza Strip.

## **6.1. Recommendations:**

Looks at the study findings and results, the researcher suggests the following areas of potential improvement and development in the field of sexual rehabilitation at different levels and aspects.

### **6.1.1. Policy and decision making level:**

After looking into the national health plans for the past few years, the researcher has noted that rehabilitation matters in general have not yet got the attention they deserve. And when it comes to sexual rehabilitation it is not there at all. Thus the researcher would recommend the following:

**6.1.1.1** More emphases to be put on policy and decisions regarding the mechanisms and procedures for adopting a national strategy for the provision of sexual rehabilitation services

as part of a holistic rehabilitation program for the people with spinal cord injuries at the acute, intermediary and long term phases.

**6.1.1.2.** To form a national professional and specialized committee under the supervision of the Ministry of Health to review and recommend relevant rehabilitation needs for this subgroup of the population at the national level.

**6.1.1.3.** Financial support should be given to NGOs and hospitals to encourage them have sexual rehabilitation services as part of their rehabilitation activities.

**6.1.1.4.** Staff involved (nurses, physicians and occupational therapists) should be sent for specialized training outside the country on one hand, and on the other hand experts/consultants should be invited to work with the local staff as on job training and cooperation.

**6.1.1.5.** Researchers should be given all possible support to conduct researches and surveys in the area of sexuality of spinal cord injured.

**6.1.1.6.** Research results should also be made available for the public through the outlets of the ministries and national universities.

**6.1.1.7.** Establishing a rehabilitation unit or supporting medical rehabilitation facilities establishing one is highly recommended to allow for more freedom of work and privacy for the clients with being stigmatized.

## **6.1.2. Religious leaders:**

**6.1.2.1** Sheikhs and Fatwa religious leaders should put more emphasis on this area and study its different angles more carefully way to help these people better live with their disabilities while respecting their religion.