

Religious Participation of Persons with Disabilities in Java, Indonesia. An Explorative Study

¹Sara Franssen, ^{2*}Irwanto, ³Huib Cornielje

¹Athena Institute, Faculty of Science, Vrije University Amsterdam, Amsterdam, The Netherlands

² Faculty of Psychology, Atma Jaya Catholic University, Jakarta, Indonesia (corresponding author)

³ Enablement, Alphen aan den Rijn, The Netherlands (Director)

Abstract This descriptive qualitative study aims to explore the main physical and social barriers to accessibility of religious sites, services, and activities for people with physical disabilities in Indonesia and subsequently aims to explore possibilities to enhance their religious participation. A total of 28 interviewees participated in this research i.e., 16 self-indicated as Muslims and 12 as Christians. Among the male participants (n=16) were 10 Muslims and 6 Catholics, and among the female participants (n=12) were 6 Muslims and 6 Christians. Interviews and physical audits suggest serious need for improvements in accessibility and accommodation going to and within the establishment. Although majority of disabled persons interviewed for this study regularly participate in religious activities, they also notice that their basic needs and concerns are not being treated as priorities. Discourse on disability issues should be initiated and developed to create inclusive religious atmosphere.

Keywords: accessibility, accommodation, disability discourse, religious leaders, religious activities

1. Research background

Indonesia is the 4th largest country in the world with a population of 261 million people (estimated in 2019). Over 400 ethnic and tribal languages are spoken by people living in 13,000 out of 17,000 big and small islands. The mode of communication is unified under one national language: Bahasa Indonesia. Governance is centralized in Jakarta, the capital city. Indonesia took a decentralization policy two decades ago to improve financial independence and local development priorities. Indonesia is also known for its national credo *Bhineka Tunggal Ika* or unity in diversity. The 1945 Constitution (4th amendment) acknowledges religious freedom and provides the basis for a tolerant multi-religious state. Before the enactment of Law No. 8 of 2016 on Persons with Disabilities, diversity is understood as differences based on ethnicity

and race, religion, economic status, and political background. When the UN Convention on the Rights of Persons with Disabilities is ratified by the Indonesian Government through Law No. 19 of 2011, disability becomes a valid dimension of human diversities.

Indonesia is not alone in facing this new dimension of diversity. The inclusion of people with a disability is a global emerging topic within all sectors of national development. With a percentage of 15% of the world population, people with disabilities are considered the world's largest minority (WHO, 2011). People with disabilities often face barriers to participate in society, including having access to community organizations, recreation, sports, culture, religious, and political organizations (Adioetomo, Mont, & Irwanto, 2014; Kusumahastuti, Pradansari, & Ratnawati, 2014; Bloom et al., 2012; Bella & Dartanto, 2016; World Health Organization, 2006). Moreover, the accessibility of services and activities such as health, education, and job opportunities remain less for disabled persons

*Corresponding author: Sara Franssen

Email: sarafranssen@gmail.com

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compared to non-disabled peers worldwide, having an impact on the socioeconomic status of disabled persons and their families. The consequences are even more visible in middle and low-income countries (International Labor Organization, 2013; Krahn, Walker, & Correa-De-Araujo, 2015). Due to higher chances of exclusion in many aspects of life, mental consequences such as isolation and loss of self-esteem compounded by labeling and stereotyping are more likely to happen to disabled persons as well (Rafferty, 2005).

Active promotion and improved accessibility in all life domains has the potential to improve comfort, wellbeing, and quality of life of vulnerable groups. It can be seen as a means to fight exclusion and help vulnerable people to reach their full potential and participate in society. It (Nouvellet, 2014). Religious participation is one of the contexts in which disabled persons experience restricted accessibility. According to Creamer (2006), the lack of accessibility in religious settings can be explained by the phenomenon that on one hand religion has been ignorant when it comes to disability, while on the other hand disability studies have been ignorant of religious accessibility and participation (Creamer, 2006). Over the last decade, a lot of research, efforts, and initiatives are taking place in religious establishments about the relationship between disability and religion (Adioetomo et al., 2014; Creamer, 2009; Ghaly, 2008 & 2016; MacKinlay, 2008). However, while there is an increasingly amount of interest in this field, also in Indonesia, the reality is that 53,4% of people with severe disabilities living in urban areas reported restricted access in religious activities in 2014 (Adioetomo et al., 2014).

The religious establishment is not only a place for worship and education, but also a place for public and social events where a variety of activities take place throughout the week e.g. schooling, workshops, and seminars, weddings, and funerals (Rahim, Samad, Rahim, & Badhrulhisham, 2014). Moreover, every individual has the basic right and freedom of religion including to make use of such services and facilities regardless of their physical or mental health (CRPD, 2016). However, very

few mosques, churches, and temples in Indonesia are adapted to the needs of disabled persons, making it challenging for them to engage in public and communal religious activities (Adioetomo et al., 2014).

2. Aim of the study

The aim of this study was to explore the main physical and social barriers to accessibility of religious sites, services, and activities for people with physical disabilities in Indonesia and subsequently to explore possibilities to enhance their religious participation. This was done by assessing the religious activity and participation of people with physical disabilities in three cities on Java (Cirebon, Yogyakarta, and Jakarta) and identifying the environmental factors that influence positively or negatively their engagement in religious activities.

3. Method

A cross-sectional, exploratory study was conducted using qualitative data collection methods. Two data collection methods were used: (1) semi-structured in-depth interviews with experts, activists, religious leaders, and disabled persons, and (2) on-site observations in the form of accessibility audits. Reviewing access to religious services by people with physical and sensory disabilities asked for an in-depth, multi-dimensional exploration since barriers and facilitators to accessibility in a specific setting are part of complex interactions between diverse environmental, attitudinal, and personal factors.

3.1 Recruitment of Participants

Participants were recruited from three population groups: disability activists, people with physical and sensory disabilities, and religious leaders. The first participants were selected from the senior researcher's broad network of Indonesian disability activists. Subsequently, participants were asked to recommend other potential participants with valuable input for this study and proved to be an effective way of snowball sampling (Marshall, 1996). The sample was restricted to Muslim and Christian populations as these are the largest and most accessible religious

communities. It must be noted that in Indonesia, Catholicism is considered to be a separate religion than Christianity. In this article, we resort to the European terminology meaning that both Catholicism as Protestantism are considered to belong to the Christian belief system. A total of 28 interviewees participated in this research: 16 people indicated that they are Muslim and 12 are Catholics. Among the male participants (n=16) were 10 Muslims and 6 Catholics, and among the female participants (n=12) were 6 Muslims and 6 Catholics.

3.2. Data Collection Instruments

Three semi-structured interview guides were developed: one for disability activists, one for (lay) disabled persons, and one for religious leaders. Questions in the interview guides derived from the ICF model of the WHO (World Health Organization, 2002). Concepts were operationalized into concrete factors related to physical and attitudinal accessibility of religious facilities and activities (Fox et al., 2015; World Health Organization, 2002, 2003).

Aspects that were covered with the accessibility audit included the availability of special facilities, architecture, street and transportation conditions. These concepts were assessed with a detailed checklist based on the 'Code on Accessibility in the Built Environments,' (BCA, 2013) and 'Conduct an Accessibility Audit in Low- and Middle-income Countries' (Nouvellet, 2014). From both documents, components relevant for this study were extracted and combined into a focused accessibility audit checklist. A total number of 16 accessibility audits were conducted: four mosques and four churches in Jakarta, and four mosques and four churches in Yogyakarta were included in the assessment.

3.3. Validity and reliability

Combining two data collection methods - interviews and observations - in addition to a literature study allowed for *method triangulation*: the combination of several methodologies addressing the same issue (Kimchi, Polivka, & Stevenson, 1991). This method triangulation, allowed the researcher to also check for *data triangulation*. Data triangulation is defined as "the use of multiple data sources with similar foci to obtain diverse

views about a topic" (Kimchi et al., 1991). This applies to triangulation in time, space, and person. For this study, three groups of participants provided personal perspectives: disability activists operating within disability organizations, disabled persons, and religious leaders.

3.4. Ethical considerations

Participation in this study was voluntary and the withdrawal was possible at any stage. All participants were well-informed about the study before participation and had the opportunity to ask for more detailed information about the project. Moreover, privacy, confidentiality, and anonymity were guaranteed. Vulnerable groups, such as children younger than 18 year of age and people with intellectual impairments, were not asked to participate in this study. The researcher is certified in research ethics and completed the FHI 360 research ethics-training curriculum. Furthermore, ethical approval was obtained from the research ethics committee of Atma Jaya University before starting data collection.

4. Results

4.1. Body functions and body structures of participants

Ten people were visually impaired, of whom two had low visual acuity and eight were totally blind. For four participants their visual impairment started in early childhood due to an illness. For three participants it started during young adulthood because of an illness or accident. One participant was born blind, and for two the cause was not discussed. Three people were hearing impaired, of whom two were totally deaf. One participant was born deaf; two became deaf during childhood because of an illness and an accident, respectively. Nine people were mobility impaired due to different conditions: cerebral palsy starting during early childhood (n=2), post-polio paralysis starting in childhood (n=4), born without legs (n=1), born with reduced balance (n=1), and multiple disabilities from birth (n=1).

4.2. Challenges in daily activities

Basic activities that were affected by the disabilities were: seeing, hearing, mobility, and

self-help, especially when going outside. Most participants reported that they could easily carry out most daily activities and self-care by themselves, sometimes with a minimum assistance in specific situations such as reading, calling a taxi service, cooking or specific housekeeping tasks. All deaf participants and four blind participants mentioned communication (n=3) as the most serious challenge, because of the lack of sign language translators; lack of basic sign language skills in society; the inability to read; and lack of information provided in an accessible manner. In addition, five participants specifically mentioned that transportation and mobility outside their house was an obstacle, due to inaccessible public transport, unavailability of special parking spaces, and difficulties in communication. Other activities mentioned were cooking (n=2), watching TV (n=1), traveling (n=1), finding a job (n=3), writing (n=1), and visiting public buildings due to lack of facilities such as accessible toilets and other utilities (n=1). Reduced capability to execute all kinds of activities could lead to boredom (n=2) or even to depression and desperateness (n=3). Three participants who gained their disability during young adulthood reported this. One of them said:

"For 5 or 6 years I stayed at home because I was completely desperate, I don't know... depressed maybe because I lost my job, I lost so many things [...] I had a dream that someday I could be a career woman but suddenly I had to quit my job and I couldn't do anything." [I9]

4.3. Religious participation

Activities indicating religious participation are: praying, visiting the mosque or church, hearing, reading, singing, understanding holy scriptures, religious schooling, and achieving a certain position within the religious hierarchy. Activities that are particular in Muslim religious participation were: Friday Prayer, Pilgrimage to Mecca, *Wudhu* (a washing ritual before praying), and *Ramadhan*. Activities that are particular in Christian religious participation were attending the Sunday mass,

singing and reading during the mass, and choir participation.

4.3.1 Praying

The interviews revealed that in general, there was no barrier to the actual act of praying. All participants noted that it would be no problem to do prayers without the required body movements; or pray at home or anywhere else if it is not possible for any reason to visit the religious houses.

"[There is no barrier to pray] because it is about the connection between you and God." [I14]

Moreover, in Islam, a washing ritual called *Wudhu* is necessary before praying. In this ritual, the hands, face, and feet are washed to be clean and pure before praying. 'Dirty' equipment like sandals, shoes, wheelchairs and crutches have to be taken off before entering the praying area. Additionally, in Islam, every Friday at 12:00 to 01:30 pm there is a special prayer called *Shalat J'umat* (Friday Prayer). During this prayer, the Imam will give a speech before praying. Especially male Muslims are expected to join this prayer.

"In Shalat J'umat, no man is praying at home alone because they have to be together in the mosque. There is no Shalat Jumat alone at home." [T, I21]

Friday Prayer is mandatory for males and not for females. So, it is very important for a Muslim man to attend this event and pray together.

4.3.2. Going to and visiting the religious house

Most Catholic participants reported visiting a church regularly, generally once a week for the Sunday mass. Three of the Catholic participants with disabilities said that their disability caused them not to go to the church anymore: for two of them, the obstacles to get there were the reason, for one of them the reason was lack of understanding during the mass. The rest of the Catholic participants said they still visited the church despite the obstacles they were confronted with (n=9).

Most Muslim participants said they visited a mosque at least once a week, and often several times a week or even every day. The frequency of visiting a mosque was for some of the Muslim participants not dependent on their disability: four participants stated that even though facilities were lacking, going to the mosque was no problem for them. All four were mobility impaired and they found serious obstacles in accessing facilities. Five other Muslim participants mentioned restricted visits due to physical obstacles: three of them reported only visiting mosques that are accessible for them and otherwise resorted to praying at home; two of them said they would rather pray at home in any case.

Reading and understanding the Holy texts

Fundamental activities for participation in both religions appeared to be reading, hearing, and understanding the holy words in the Qur'an and Bible. During prayers in the Mosque, the Imam will lead the prayers and corresponding movements with words. In Catholicism, the priest will lead the Sunday mass, during which Eucharistic prayers and singing are core activities. In Islam as well as Catholicism, children learn Qur'an and Bible teachings and prayers from a young age, but this education is often not accessible for blind and deaf people. For blind participants, understanding the holy words during the mass and prayers was no problem. One of the Catholic participants with low visual ability said that even though prayers were not provided in Braille, he understands the holy words of the Bible because he hears it almost every day and understands what the content is. Both activists and deaf interviewees mentioned barriers for deaf people regarding understanding words during the mass and prayers because generally there are no sign language interpreters (n=8). One hearing-impaired Muslim participant gave the example of obstacles to follow prayers led by the Imam:

"The deaf just imitates the movement but maybe they do not know about the meaning of the movement [...] because there is no teacher to tell them about that." [T, I18]

Another activity for which reading and understanding holy texts is necessary was

singing, which is one of the main activities within Catholicism during the Sunday mass. Three of the Catholic interviewees were members of a choir for blind people. Singing is also an activity for church attendees who are not part of the choir, but can be hard for blind people to participate when the lyrics is new for them:

"Some friends shared that they didn't enjoy in the church and then I asked why? Yah because in the singing activity I just keep quiet, I cannot sing together." [I3]

Two Muslim leaders believe that understanding the teachings of Islam is not a problem for persons with disabilities, because they are prioritized; they already learned about the teachings in school, and disabled persons are considered to have a lot of time, making them able to study the teachings of the Qur'an more intensively.

Pilgrimage and Ramadan

Two important activities for religious participation in Islam are the pilgrimage to Mecca and observing Ramadan. For the pilgrimage to Mecca, the only barrier that was mentioned was about money (n=3) but nobody needs to push it. For Ramadan, five Muslim participants, including the two religious leaders, stated that there is no difference for disabled persons and people without disabilities so there are no particular obstacles. One participant emphasized that even though normally she prefers to pray at home, during Ramadan she goes to the mosque because she thinks praying together is better than praying alone.

Environmental factors

When an open question was asked about the main challenges and difficulties for disabled persons in daily life in an early phase of the conversations, physical challenges (n=19) were more often mentioned than social challenges (n=11). Three interviewees said they experienced no challenges and difficulties at all in their daily life. When the conversations progressed and became more in-depth, more social factors were discussed

Physical environmental factors

Eight Muslim interviewees stated that the mosques they visit provide no services and facilities at all for disabled persons; three Catholic interviewees said the same about churches they visit. Six participants emphasized that lack of facilities applies to most mosques and churches and not only to the ones they regularly visit themselves. Some interviewees gave the example that even the biggest mosque in East Java is not accessible, let alone smaller mosques (n=3). One of the religious leaders did not see an accessibility problem:

"The mosque is not difficult for people with disabilities to access because they are not very high to reach, so that everyone can just go in without any difficulties" [T, I28]

Problems that were mentioned about the physical facilities were the lack of guiding blocks for blind people in mosques (n=2), the lack of general wheelchair accessibility (n mosque = 1; n church = 1), toilet inaccessibility in mosques (n=2), too many stairs in mosques (n=2), and the inaccessible washing area in mosques (n=8). The main problems of the washing area appeared to be the slipperiness, stairs, and the fact that mobility-impaired people often end up crawling in and out the washing area due to the lack of accessibility for wheelchairs. All issues mentioned during the interviews were confirmed with observations by the researcher. For example: guiding blocks stopped in front of the church/mosque area, but inside the buildings, there was no signage for blind people. Also, the biggest church in Jakarta was the only building in the observations that had an accessible toilet for people with disabilities. Most buildings had stairs, which is hard to access for mobility-impaired people. Most mosques and churches had a ramp to enter the ground floor. Yet, many mosques have at least two floors but no elevators, except for the biggest mosque in Jakarta. This elevator however was locked. As stated before, the

washing area was often not accessible. Seven interviewees emphasized that not only the actual building but also accessibility of the road going to the church or mosque can cause problems for religious participation.

"Because the building is maybe friendly for difabled¹ [...] they fulfil the standards but to get there is a big hurdle as well." [T, I18]

Outside the building participants mentioned obstacles such as the lack of accessible parking lot (n=2), inaccessible street conditions (n=4), and barriers to using public transportation (n=5). The observations confirmed that street conditions in Jakarta are poor, and public transport was for most of the observed mosques and churches not close by. Only the biggest mosque and church in Jakarta had special parking places reserved for disabled persons, and most churches and mosques only had motorcycle parking spots. Also the lack of communication and information services for blind and deaf was mentioned as a problem in both churches and mosques (n=5). It was found from two interviews and seen during observations that the biggest Catholic Church in Jakarta provides sign language trainings: people from churches all over Jakarta are invited to participate. According to a Catholic religious leader, 8 or 9 out of 66 parishes in total in Jakarta provide sign language services during the mass. He mentions two reasons why it is hard to provide these services in all churches in Jakarta: not all parishes have deaf parishioners, so they can join the nearest parish that has the service; and there is a lack of people who are *willing* to be trained in sign language.

Awareness and understanding

Even though some interviews revealed that awareness of disability in the congregation has improved (n=5), all participants agreed there's still a lack of awareness about disabilities in general and especially in religious settings. One reason mentioned for the lack of awareness was that people in the

and want to put emphasis on abilities rather than inabilities

¹ Many activists in Indonesia used the term "difability" (different abilities) instead of "disability" because they find it more humane

mosque or church never see people with a disability visiting the building (n=5).

*"First, they say that we don't have any persons with disabilities here, so they say disability is not their business [...] so that is one thing that is quite challenging about how to make them understand that disability is our problem. Because persons with disability can go to the market, can go to the hotel, can go to the hospital, can use public transport... so we try to make them understand that disability is not **my** issue but is **our** issue." [I3]*

Some participants mentioned that in numerous families, parents tend to keep their children with disability at home either because they are afraid of stigma and discrimination or they are overly concerned about the health and safety of their children (n=5). One participant illustrates the necessity of providing accessibility measures with an example:

"I asked him: have you ever travelled by plane? Yes, I have, he answered. And did you see the emergency exit signs or emergency door and window? Yes, he said. And how many people use this? You can't imagine how many airplanes are built and the emergency exit door is never used. But it is something that we have to provide. [...] They don't realize that whoever can be disabled. [...] Like me, I also didn't think that I will become blind, but God made me like this" [I24]

Lack of governmental initiative and support has been a common experience by disabled persons. This was mentioned to be a problem for individuals' daily lives but also for disability lead organizations in advocating their vision and mission. Disability is not considered as a priority within the government; implementation and enforcement of existing laws is still poor; and disability measures are not implemented as a cross-sectoral issue.

"If we advocate for education, we go to the Ministry of Education but mostly they referred us to the Social Affairs Department. If we want to talk about health, we go to the

Ministry of Health and again they referred us to the Social Affairs Department [...] but the Social Affairs Department treats us as objects of charity." [I3]

Advocacy takes a lot of time and perseverance as indicated by a Catholic activist:

"So, in many churches when I came for the first time, they said 'oh you cannot do something like that'. But we tried again in another church and another church... and then finally we got one opportunity to have activity inside the church [...] and after we did, they started to be proud that we can do that." [I3]

Not only a lack of awareness but also a lack of *understanding* about disability in society is problematic (n=10). Lack of understanding is the cause that the community does not know how to properly respond to people with disabilities or how to treat them (n=5). Unfortunately, lack of understanding can turn into ignorance. People who don't know how to interact with disabled people, act like they are afraid of them, may neglect them, or pretend not to see them (n=3).

"It's like they don't care. Like they don't see, they don't look, they don't hear... Like we are all invisible." [I9]

Participants were especially concerned about children with disabilities.

"Children with special needs should go back to the community, right? So, we need family, community, and government, to understand how to interact with us." [I3]

When asked about awareness and understanding among religious leaders, we found that disability is rarely studied, discussed, and addressed in Churches and Mosques.

"They talked about orphans, about elderly people, but they never talk about disability. [...] Even as long as I am disabled and as long as I am a Muslim, I never heard from

the preachers: what do you think about disability?" [I26].

A specific concern is stated by Muslim participants on the legality of marriage of people who are deaf and those who cannot talk. One example given was about the difficulty for deaf people to learn the pronunciation of the Qur'an (n=2). It was noted that marriage is only legal when a certain statement is clearly said, which is problematic for some people.

Religious ideas and wisdom concerning disability

Both in Islam and Catholicism, the leaders and congregation belief that "men and other creatures are perfect creations – and are even in the image of a perfect God". In many instances one could not resolve the obvious contradiction when they witness a person born with a disability or imperfection. Consequently, many disabled persons were trapped in self-stigma. Two participants said that they used to be afraid that their condition had something to do with their sin or their parents' sin when they were younger. When they grew older, they realized this was their misconception. Five participants, both Muslim and Catholic, emphasized that disability had nothing to do with sinful behavior, including one of the Catholic religious leaders who stated:

"From a theological point of view, it is very clear. No problem with disability. I can say about whether they are sinful or not: NO! That's the most important thing." [I16]

Related to this topic is a misconception on the holiness of the Mosque which people equate this with cleanliness. This misconception causes many disabled persons who make use of wheelchairs to be prevented from entering the mosque.

Although it is easy to find negative examples on the interpretation of religious values for persons with disabilities, most participants thought that disability was given by God as a challenge or for a bigger reason that they would find out later in life. Persons with disabilities focus more on praying and on what God asks them to do to get a better life.

Moreover, a participant commented that a disabled person could be an inspiration to others. If someone with a disability can go to the mosque, then everybody can.

5. Discussion

Although most religious leaders suggest that everything related to accessibility is alright in the respective establishments, it is very clear from the interviews and accessibility audits that Mosques and Churches included in this study were having serious problems with physical accessibility for disabled persons. This study, which was not an in-depth study - also found some evidence of under playing if not ignorance on the rights of persons with disabilities to enjoy religious participation like other members of their congregation. Of course, there are variations in the perception about respects of one's basic rights and needs in the context of religious participation that will affect the way they cope with the presenting challenges. The way how people perceive their abilities is often linked to experiences soon after the onset of a disability and during rehabilitation. It is quite possible that people who were born with a disability, have more positive experiences as they learned to live with it from the early onset while people that retrieved their disability later in life experienced that many activities in life were easier before, so they might need more help and facilities to experience the same level of participation as before the onset of disability. Also, someone's risk perception plays a big part, which highly depends on the nature and the severity of disability (Yau et al., 2004).

Advocacy for accessible religious establishment takes a long and winding road. Only very recently some of them have improved the physical infrastructures and human resources to provide better and more proper services for persons with disabilities. Constructive discourse between authorities/leaders and their congregation is happening locally and regionally. This development has been welcomed by disabled persons.

6. Recommendations

This study illustrates the main physical and the main social barriers to accessibility in the context of religious participation in Islam and Catholicism in Java. It also reveals recommendations to raise awareness and make religious participation for people with disabilities more accessible. The following are our recommendations.

6.1. For further research, it is recommended to more extensively study the interpretations of disability in religion and culture in Indonesia. It would be interesting to study religious scripts and engage more religious leaders and academics in the fields of religion and culture to further investigate the perspectives of Indonesian culture and religion on disability. The context may be broadened to include rural areas since there may be difference in terms of acceptance and accessibility. Furthermore, it would be interesting to include within the study population people with mental illness, intellectual disability and people with leprosy related disability in future research.

6.2. It would be valuable to reach the “invisible” group of persons with disabilities that are hard to get in contact with. They might have other reasons not to show themselves to the outside world and to not participate in religion than the people that participated in this study.

6.3. Improving accessibility within, and on the way to the establishment is a crucial element for enjoyable and meaningful participation. At the same time, provision of braille text and other disability friendly facilities would help the establishment to develop an enabling environment and home for persons with disabilities. Many religious scriptures are already translated into Braille. If not available yet, this should be done. Copies of these should be available in every mosque and church. Furthermore, not only the exact words are important for people to read, but it is even more valuable to most people to learn the meaning of the words and verses. Therefore, existing religious studies about the Qur'an and the Bible should be made accessible for blind and deaf people with the help of audio, Braille, and sign language.

6.4. Building an integrated community through developing a discourse on disability that is respectful and inclusive of all is needed. It is important to engage religious leaders to discuss various issues and aspects of disability in making mosques and churches a home with a strong sense of ownership by persons with disabilities. Religious leaders, disabled people, activists, and members of congregations could collaborate to improve accessibility and create the right discourse. Information about accessibility and successful initiatives can be spread via guidelines, photographs, and stories of experience. If a small group of religious leaders is convinced and willing to involve or even take the lead in disability advocacy, it will get easier to convince more religious leaders and eventually the religious community and even other stakeholders such as the government and relevant organizations.

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