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Learning from the COVID-19 Pandemic on Protecting the Right to Health for People with Disabilities: A Systematic Review

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ABSTRACT:

Background: The COVID-19 pandemic and the measures used to contain it, such as lockdowns and restrictions on social isolation have severely affected people's livelihoods. The pandemic has put considerable pressure on the health system, equitable access to health services, especially for people with disabilities. These often experience worse health outcomes than people without disabilities due to many barriers to accessing healthcare. These inequalities have been particularly exposed during the pandemic, demonstrating the urgent need to strengthen health systems to be inclusive and responsive to the needs of people with disabilities including during the pandemic. Even in non-crisis contexts, people with disabilities face inaccessible services, lack of proper transportation to and from healthcare facilities, high spending, and stigma and discrimination from health workers. Therefore, it is important to ensure protection measures to *Persons with disabilities* for care services given their unique characteristics, in particular, to adapt to the current new normal. **Methods:** This paper uses literature review methods to explore the impact of COVID-19 on the right to health for people with disabilities. **Result and Discussion:** This review highlights the detrimental effects of social isolation and examines possible alternatives to mitigate the negative effects of the pandemic. **Conclusions:** This paper concludes that the loss of essential services affected by COVID-19 restrictions requires further adjustments in terms of inclusive policy frameworks, evaluation and monitoring, and broader creativity in implementing the protection of the right to health.

Keywords: *Persons with disabilities, COVID-19 pandemic, Right to health, Social isolation*

1. Introduction

The World Health Organization (WHO) claimed that more than one billion individuals, or roughly 15% of the global population, were impacted by various disabilities in 2011. This statistic is anticipated to persist in its ascent. The United Nations estimates that 10% of the population in developing nations experiences temporary or permanent impairment. In 2011, the *World Health Organization* (WHO) observed that *persons with disabilities (PWD)* encounter elevated poverty rates, diminished educational attainment, inferior economic income, and substandard health conditions compared to their non-disabled peers. This is due to the constraints people face in their daily lives, such as the inability to access healthcare and a lack of sufficient provider services. *Persons with disabilities (PWD) face* barriers in accessing primary health care services, even in nations where resources and awareness of inclusion and accessibility are abundant.

According to *the National Socio-Economic Survey (Susenas), in 2018, 14.2% of Indonesia's population, or approximately 30.38 million individuals, were classified as disabled.* To protect *persons with disabilities* (PWD), Indonesia has implemented Law Number 19 of 2011, which ratifies the Convention on the Rights of *Persons with Disabilities* (CRPD). The government is mandated to ensure the accessibility of health services and enable *persons with disabilities* (PWD) to maintain autonomous and productive lives within social and economic domains, as highlighted in Law Number 17 of 2023 about health. Initiatives to sustain the well-being of *persons with disabilities* (PWD) should focus on fostering healthy and productive lifestyles within social, economic, and dignified contexts. Law Number 8 of 2016 emphasizes that *persons with disabilities* (PWD) are entitled to have their needs addressed. For people with disabilities, the definition of disability is specified in Law No. 8 of 2016.

The Act defines *persons with disabilities* as individuals possessing long-term physical, intellectual, mental, and/or sensory disabilities. The principles of dignity, individual autonomy, nondiscrimination, full participation, human and humanitarian diversity, equal opportunity, equality, accessibility, and the dynamic nature of capability and identity underpin the realization and enforcement of the rights of individuals with disabilities.

The Covid-19 pandemic has profoundly impacted the development of Indonesia's health sector, becoming a health emergency. This epidemic compels humans to limit their mobility and potential interactions with others. Before the COVID-19 epidemic, individuals with impairments had obstacles in accessing their health rights. This issue is fundamentally caused by the challenges faced, such as quality, acceptance, availability, and accessibility, are the fundamental causes of this issue. The COVID-19 outbreak further intensified this situation, requiring the enforcement of measures like social separation and self-isolation. Nonetheless, these procedures were inaccessible for persons reliant on the support and assistance of others for eating, dressing, and bathing (Devandas, 2020). Previous studies in Indonesia revealed that *persons with disabilities (PWD*) were not supplied with personal protective equipment during the COVID-19 pandemic, including masks and hand sanitizers (Ma'ruf et al., 2021). Furthermore, the health services at the South Jakarta health center were not entirely optimized to deliver accessible health services for *persons with disabilities* (PWD) during the COVID-19 pandemic (Propiona, 2023). This study will examine the pandemic as a learning opportunity for developing a more resilient health system that protects and upholds the health rights of vulnerable populations by assessing the disparity between Indonesia and the global context. The state bears responsibility for this task. The insights gained from COVID-19 would substantially influence the enhancement of inclusive health services, especially for *persons with disabilities* (PWD) in Indonesia. This help can also be enhanced by addressing the gaps in research that examine the sectoral impacts of the COVID-19 epidemic. The research aims to investigate the following questions: 1. What is the government's responsibility in safeguarding the health rights of *persons with disabilities during* and following the COVID-19 pandemic? 2. In what manner do pandemic health interventions assess health services to improve accessibility and uphold the right to health for individuals with disabilities? This paper presents a distinct perspective on how human rights frameworks dictate the realization of health rights for *persons with disabilities (PWD*), amidst the extensive research conducted on the impacts of the COVID-19 pandemic on this vulnerable group. The document also urges the government to adopt a more innovative approach to safeguarding the right to health for individuals with disabilities, as well as to revise the framework of inclusive policies and undertake additional evaluation and monitoring.

2. Literatur Review

On January 20, 2020, the World Health Organization (WHO) declared the COVID-19 outbreak a public health emergency of international concern due to the swift and widespread transmission of the novel coronavirus disease (WHO, 2020). It was designated a pandemic on March 12, 2020, due to a substantial increase in confirmed COVID-19 cases across many countries globally. The World Health Organization (WHO) has recognized the heightened risk of COVID-19 for some groups, as those with the most severe health repercussions are generally more impacted by crises, such as pandemics (WHO, 2020). The Covid-19 pandemic is a recent global catastrophe that has affected people in a disproportionate and uneven manner (Shakespeare et al., 2021a). In this context, it is emphasized that vulnerable people, especially individuals with impairments, are disproportionately impacted by the pandemic's spread (Ghebreyesus, 2020). During the launch of the Policy Brief on Persons with Disabilities and COVID-19, UN Secretary-General António Guterres emphasized the importance of providing support to people with disabilities (PWD) during the COVID-19 epidemic. It is imperative to guarantee that *persons with disabilities* (PWD) have equitable access to healthcare and life-saving interventions during the pandemic (UN Secretary-General Guteres, 2020). The protection of these rights necessitates the formulation of inclusive social policies and the availability of accessible services to enable *persons with disabilities* (PWD) to access inclusive education, healthcare, and socioeconomic assistance (Pincock et al., 2022). In low- and middle-income nations, the maintenance of equal rights for *persons with disabilities* (PWD) is likely to be more challenging (Al-Masri & Serhan, 2024).

The epidemic has generated numerous challenges in the health sector, hindering the realization, safeguarding, and acknowledgment of the right to health for all individuals, especially marginalized populations. Individuals with disabilities, a marginalized demographic, necessitate affirmative measures to surmount the challenges they face in order to actualize their right to health during the pandemic. One positive action in question is the provision of appropriate accommodations that facilitate the participation of *persons with disabilities* (PWD) in social activities by removing barriers (Jones et al., 2024). Certain *persons with disabilities (PWD*) may be at an elevated risk of getting COVID-19 or other droplet-transmitted viruses for various reasons. The challenges encompass the implementation of hygiene measures hindered by environmental and physical barriers, the enforcement of physical distancing guidelines complicated by additional health and support requirements that demand close contact, and the exposure risks linked to the involvement of numerous external support providers and caregivers (United Nation, 2020). Moreover, specific *persons with disabilities (PWD*) are "**at risk**" of encountering negative health outcomes due to COVID-19. While disorders often coexist with disabilities or suboptimal health conditions, they typically possess negligible or no significant health consequences (Scully et al., 2020). *Persons with disabilities (PWD*) are more prone to secondary health conditions, comorbidities (such as *diabetes*), chronic medical conditions (such as *heart disease*), compromised skin barriers due to open wounds or medical devices (e.g., *ileostomy, tracheostomy, and feeding tubes*), disorders, and medication effects (Battalio et al., 2019; Hole & Stainton, 2020; McGuire et al., 2020; United Nation & WHO, 2020). The existence of these characteristics elevates the risk of morbidity and mortality associated with COVID-19 (United Nation & WHO, 2020). Moreover, the intensity of negative health effects may be amplified by the socio-economic repercussions of COVID-19 and pre-existing disparities, such as obstacles to obtaining timely and suitable healthcare. Moreover, as already stated.

PWD are at an increased risk of morbidity and death associated with COVID-19 due to pre-existing health disparities. The recognition of excess deaths enhances the assessment of COVID-19's effect on mortality. Aotearoa, New Zealand, has not recorded excess mortality rates (Stats New Zealand, 2020). However, other nations are less fortunate. In the United States, around 200,000 people died between March 1 and August 1, 2020, representing a 20% rise. Notably, only 67% of these additional fatalities identified COVID-19 as the cause of death. Remaining fatalities are associated with dementia and cardiovascular disease (Woolf et al., 2020). Nonetheless, this would represent an extraordinarily rare increase in the fundamental death rate of adults with dementia and heart illness during the year 2020. The United Kingdom also observes this phenomenon, with an elevated excess death rate among individuals over 85 (Sinnathamby et al., 2020). Thus, these incidences likely signify underreporting within the disability population, stemming from undetected or undocumented diseases.

The collecting and dissemination of COVID-19 data pertaining to *persons with disabilities* (PWD) is critically important. Without disability data, policy decisions affecting the health and well-being of persons with disabilities (PWD) will sustain health disparities and social inequities, and they will remain marginalized (Armitage & Nellums, 2020; Reed et al., 2020). Nonetheless, the existing evidence regarding disability is alarming. *Persons with disabilities account for 60% of all fatalities, according to statistics from the United Kingdom analyzing documented COVID-19-related deaths.* The age-standardized mortality rate for *persons with disabilities* (PWD) is significantly greater than that of the general population. Moreover, persons with developmental and learning difficulties exhibit an elevated mortality rate, resulting in premature death.

3. Research Method

This investigation implements a systematic literature review due to its scientific, reproducible, and dependable nature (Lestari et al., 2024; Lim et al., 2022). We base our methodology on the (Fauzi, 2022) method, which consists of four stages: time frame, database selection, article selection, and article classification.

a. Time frame

Considering the difficulty of establishing a connection between disability health and Covid-19, a literature review was conducted with a lower deadline in 2019 and an upper limit of 2024.

b. Database selection

We employed the Publish or Perish software to locate relevant publications in the Scopus database. This database, encompassing over 256 fields and approximately 22,000 titles, is considered the most credible, accessible, and comprehensive source (Sdrolia & Zarotiadis, 2018). In Publish and Perish, researchers performed a literature search utilizing four databases: Google Scholar, PubMed, Scopus, and Crossref. We acquired the results of 251 articles for subsequent refinement via Covidence. We will utilize SciSpace to conduct a more in-depth analysis of the results from 16 pieces of literature acquired during the final screening phase. Researchers can obtain the results and conclusions of the 16 literature articles using the SciSpace application, which integrates an artificial intelligence component. The AI reading results are then input into Convidence to produce the final table in Microsoft Excel. We conducted the literature search process over a two-week period in August 2024 until its conclusion.

c. Selection of articles

Keywords are utilized to search articles, with an asterisk (*) appended to the finish of each word to guarantee that the article encompasses a variety of lexical variations. Keywords are chosen by referencing thesauruses, dictionaries, and related terms in the literature. Keyword search commands are employed to identify the primary keywords, which are based on disability, health services, and Covid-19. "Health Services*" INCLUDING "Disability*" INCLUDING "*Persons with disabilities**" INCLUDING "Covid-19" AND (LIMIT-TO (DOCTYPE, "ar") AND (LIMIT-TO (PUBSTAGE, "FINAL") AND (LIMIT-TO (LANGUAGE, "English")

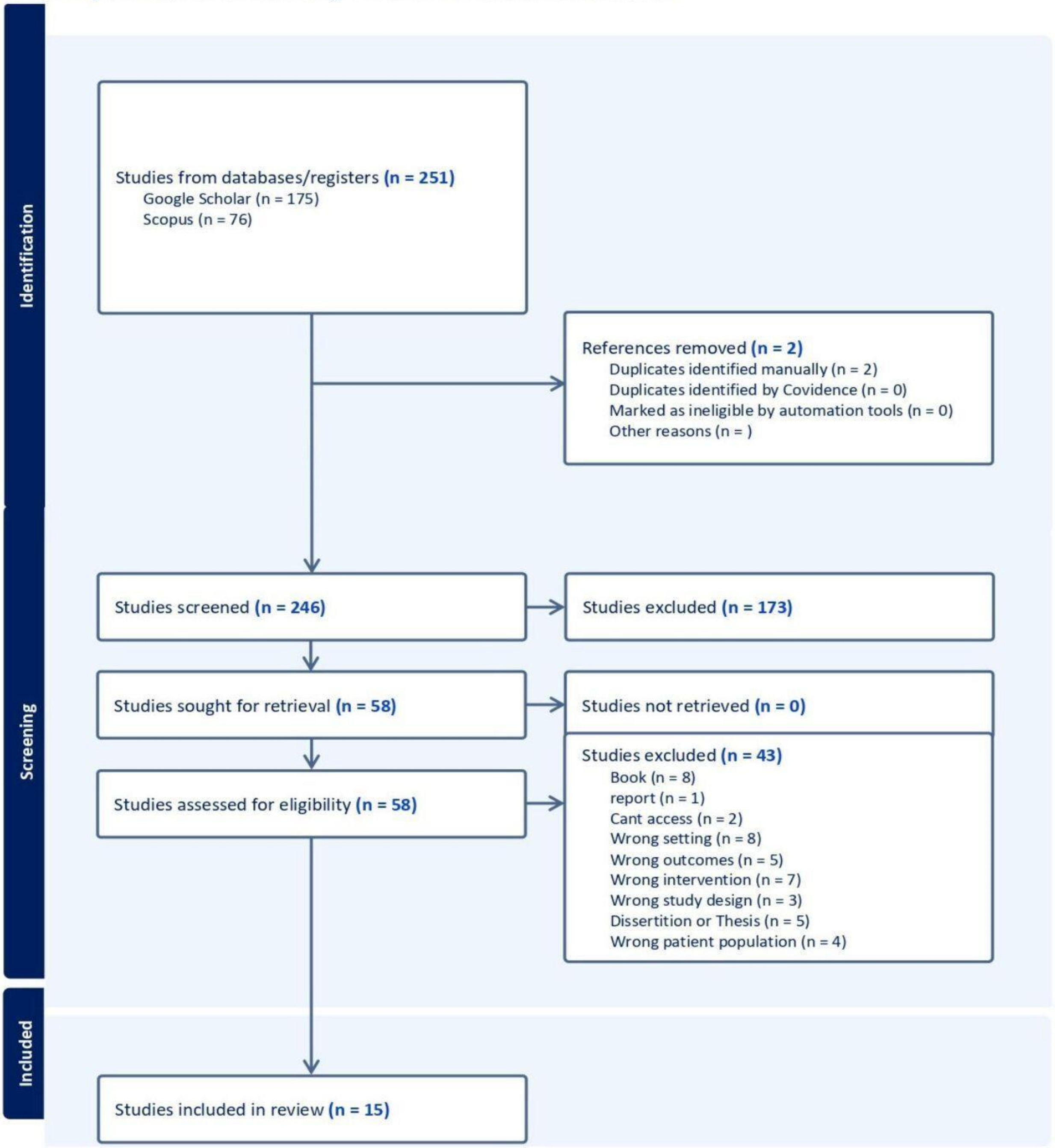
d. Article classification

To evaluate all articles, the systematic literature review uses the PRISMA, Mendeley, and PICOS standards (*population, intervention, comparator, outcomes, study design, population type, publication years, language*) for critical evaluation. Following their collection, we imported the articles into the Covidence application to screen them in compliance with the PRISMA methodology (**Figure 1**). PRISMA, or Preferred Reporting Items for Systematic Reviews and Meta-Analyses, is a reporting guideline for literature reviews that involves the identification, selection, evaluation, and synthesis of research (Yusoff et al., 2023). As a result, the article will include the removal of duplicate articles as well as filtering according to eligibility criteria. The eligibility criteria used in this study are as follows: We exclude novels, book chapters, reports, theses, and dissertations because the article must be fully available and sourced from a peer-reviewed publication. This topic concerns disability health services during the COVID-19 pandemic. We compose the essay in a universal language, targeting both persons with disabilities (PWD) and governmental entities.

Table 1. PICOS Framework

P	Population	*Persons with disabilities*
I	Intervention	Changes in health services for people with disabilities during covid-19
C	Parable	Changes in health services for people with disabilities during covid-19
Or	Result	Initial framework/determinants of health services for *Persons with disabilities* in Indonesia
S	Settings	Global

Criterion	**Inclusion**	**Exception**
Time period	2019 - 2024	Any studies outside of this date
Types of articles	Original research articles, conference papers or editorials	Any publication that does not constitute original research, systematic reviews/meta-analyses, conference proceedings, or unpublished studies. For instance, theses and reports are excluded.
Study focus	Publications that specifically address disability health services during the Covid-19 pandemic	Nile
Geographical Regions of Interest	Global	Global
Settings	For	Nile



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4. Result and Discussion

A systematic literature review that identified 16 of these studies was

No.	WRITER	YEAR	STUDY DESIGN	RESULT
1	Fortin-Bédard, et al	2023	- Thematic analysis utilizing NVivo 12 software for qualitative data examination - Mixed inductive and deductive coding approaches	- 40 participants reported decreased mental health and reduced social contact. - Participants face delays in health services, feeling at risk of contracting COVID-19. - Lack of consideration by the authorities, dismissive attitude towards people with disabilities is noted. - Opinions are mixed about protective measures, some report reduced autonomy. - Participants integrate protection measures, strategies to protect loved ones.
2	Gee, et al	2022	- Population sample size: 599 - Sampling method: Online survey using Qualtrics software	- Access to unmet healthcare needs.
3	Wang, et al	2024	- Population sample size: 778,568 individuals aged 18-65 years with disabilities. - Sampling method: Cross-sectional survey of 31 provinces in China. - Linear regression models for health care access and socioeconomic status. - Multilevel regression to explore the health of social determinants.	- Higher socioeconomic status associated with better access to health care for people with disabilities - Regional economic indicators are positively related to access to health care for people with disabilities.- Local governments in low-income countries should promote economic development.- The socioeconomic status of individuals affects access to health care for people with disabilities.
4	Doyle	2021	- Sample size population not described - Analysis of the impact of COVID-19 on disability day services in Ireland. - An examination of the financial crisis faced by disability services in Ireland. - A review of historical inequalities faced by	- Disability services are facing a financial crisis exacerbated by the impact of COVID-19. - People with disabilities experience increased anxiety, isolation during service closures. - Services are operated at reduced capacity, negatively impacting people with disabilities.

			people with disabilities in Ireland.	
5	Smythe, et al	2022	- Qualitative interviews with 24 people with disabilities and 10 key informants.	- Data is presented based on demand and supply factors for service delivery. - People with disabilities are disproportionately affected by COVID-19 in Zimbabwe. - Access to healthcare is limited due to supply and demand barriers.
6	Mzini	2021	- Qualitative study with telephone interviews at two facilities. - Involving disabilities in pandemic planning.	- Existence of a contingency plan and pandemic coordinator - Inclusive strategies needed with *Persons with disabilities* as consultants and partners - The important role of institutions in supporting service delivery and food security - Diligent planning is essential for pandemic preparedness and sustainable service delivery. - An inclusive strategy is essential for effective service support. - Institutions must have an emergency plan for COVID-19 preparedness.
7	Broker, et al	2024	- Improving access to health care for Australians with intellectual disabilities through systemic advocacy.	- Australians with intellectual disabilities represent a diverse range of people with a wide range of backgrounds and experiences. - Major geographical barriers affect people's ability to receive support, access appropriate health services especially for those living in regional and remote areas of Australia. - Improving access to healthcare for Australia with intellectual disabilities through systemic advocacy
8	Ssemata, et al	2024	- Population sample size: 27 individuals with various disabilities - Targeted sampling from Luuka district in Eastern Uganda.	- Autonomy and awareness are emphasized for healthcare decision-making by *Persons with disabilities*. - Solutions categorized based on the service delivery components of the health system framework.

				- Emphasizing the need for inclusive health care practices for people with disabilities. - Calling for a multi-dimensional approach to improve access to health care for people with disabilities.
9	Van Hees, et al	2024	- Analyzed using analytical induction - Qualitative is conducted in low-lying and hilly areas of Nepal.	- Perceived barriers from health care providers and people with disabilities are similar. - Financial, personal, and environmental barriers were reported by both groups - Transportation, family attitudes, and low self-esteem are the main obstacles. - Stigma from family and society affects the search for health care by people with disabilities.
10	Gymah, et al	2024	- A qualitative study with 45 participants, including 25 children with disabilities. - The phenomenological design with semi-structured interviews was analyzed thematically. - Interpretation using Critical Disability Theory.	- Obstacles identified: socio-economic difficulties, poor infrastructure, cultural trust, inadequate support. - Call for policy adjustments: including specialist care, establishing health centers - Ghana's 715 Act requires policy adjustments to specialist care coverage. - Systemic barriers hinder access to health care for children with disabilities. - Public education and staff training are essential to improving healthcare.
11	Goldberg	2023	- Scoping literature review. - Review of self-advocacy tools. - Semi-structured interviews with stakeholders.	- The toolkit review identifies self-advocacy strategies for people with intellectual disabilities. - Self-advocacy empowers individuals with intellectual disabilities to influence social policy. - Strategies include face-to-face representation, written communication, and social media engagement. - The inclusion of voices in policy-making increases social discourse and civic activities.
12	Liboon	2020	- A systematic review of microfinance and health initiatives since 1990. - Analysis of integrated micro and health credit	- Microfinance initiatives reduce healthcare costs through a variety of collaborative health models.

			programs in the Philippines - Collaborative efforts reduce the cost of medical care in the micro-healthcare finance model. Knowledge gaps exist due to the limited literature on cost reduction initiatives.	- Microfinance programs offer health services, reducing the cost of medical care. - Integrated microfinance and health programs increase the utilization of health services.
13	Perry	2020	- Sample size not specified	People with disabilities face inequality, needing inclusive health systems; Physiotherapy should challenge bias, support equitable health outcomes; Financial difficulties, unmet health needs contribute to unfair health outcomes
14	Chapman, et al	2024	- 17 qualitative, quantitative participants	- Participants feel most dignified when their personalities are recognized, they are recognized as decision-makers, their right to access information is realised and barriers to accessibility and inclusion in health are eliminated or minimized
15	Shikako, et al	2023	- 14 countries with systematic reviews	- It is necessary to establish comprehensive and standardized policies to address the various rights of *Persons with disabilities* in the context of the pandemic. - Developing disability-inclusive responses to future health emergencies - Proactive policy measures to protect their basic health rights
16	Ma'ruf, et al	2021	- people with mental disorders as many as 97 members of the non-governmental organization Rumah Harapan in Karang Kepatihan Village. - have electronic identity cards that they use to get government social welfare assistance, which helps ease some of the economic burden. - receive training, training in the manufacture of handicrafts, and simple schools.	- Rumah Harapan utilizes the function of close family members in delivering various health procedures directly to people with disabilities. - there are no reported cases of the COVID-19 pandemic from mentally retarded people in the community - there is no government assistance for health protocol tools such as masks and hand sanitizers and others; - It can be concluded that teaching about health procedures for individuals with mental retardation during the Covid-19 pandemic comes from the family, neighboring communities, and the

				administration of Rumah Harapan. -

In response to the COVID-19 pandemic, researchers have examined discrepancies between health service policies and practices, the involvement of persons with disabilities in emergency planning, the implementation of inclusive emergency communications, and access to health information regarding the pandemic, including vaccination and testing initiatives (Cobley, 2022; Dai & Hu, 2021; Sabatello et al., 2020). The immediate consequences of non-inclusive communication in an "infodemic situation" force policymakers and persons with disabilities (PWD) to navigate complex communication and information crises, a subject of further examination (Lundälv et al., 2022). Obtaining digital information that is explicit, timely, accurate, and transparent presents a problem (Goggin & Ellis, 2020; Lundälv et al., 2022). The COVID-19 pandemic has raised numerous ethical problems for professionals in the health and disability sectors (McGuire et al., 2020). Prominent topics of discussion include (a) the duty of professionals to care for individuals with COVID-19; (b) the revelation of COVID-19 status; (c) the distribution of COVID-19 tests amid resource scarcity; (d) the allocation of limited resources; (e) the consequences of easing research regulations and the accreditation of health professionals; and (f) the examination of end-of-life considerations (Kramer et al., 2020). Reflection on these and various other domains is necessary (McGuire et al., 2020). However, this observation focuses on two key areas: the allocation of limited resources and professional responsibility. Decisions made at "conventional," "contingency," and "capacity surge crisis levels" profoundly influence the health outcomes of persons with disabilities (PWD), especially when they exclude a disability perspective from the decision-making process. These two issues exemplify this concept.

Health-related difficulties

Lack of inclusive health policies

There was no involvement or consultation with persons with disabilities (PWD) or their caregivers in the development of emergency response plans. In accordance with other research (Kubenz & Kiwan, 2022; Mitwalli et al., 2022; Shakespeare et al., 2021b), some individuals contend that these exclusions exacerbate their negative emotions of marginalization and lack of priority. Additionally, they feel that they are burdening their communities and discriminating against others.

Inaccessible and inadequate information

As discussed in the related study (Goggin & Ellis, 2020; Lundälv et al., 2022), this discriminatory exception obstructs *Person with disabilities* (PWD) from obtaining expeditious, accurate, and clearly presented information.

Vaccination

The study indicates that *Person with disabilities* (PWD) experience fear, anxiety, and confusion as a result of COVID-19 vaccines and vaccinations for a variety of reasons. The health impact of vaccines in reducing the high risk of contracting the Coronavirus is not adequately communicated to *Person with disabilities* (PWD), particularly during the early phases of the epidemic spreading.

Lack of access to healthcare

Lockdowns and fears of getting the coronavirus have hindered *persons with disabilities (PWD*) from accessing health facilities, clinics, and hospitals for testing, immunization, treatment, and both physical and mental health services. Moreover, they lack access to medical assistance or supplements to enhance their immune systems, a situation exacerbated by economic limitations. This intensifies their physical and mental health issues, subjecting them to a dual, if not triple, burden: pandemic restrictions and inadequate healthcare. A further problem for individuals with persistent medical needs is the lack of access to regular inpatient or outpatient care due to the closure or reallocation of healthcare facilities for COVID-19 patients. The lack of access to disability-specific health care and rehabilitation, including complimentary health resort therapy as a rehabilitative measure, is another critical concern.

Inadequate quarantine facilities

As a result of the economy and poor health, quarantine centers (*which were initially schools and emergency structures and later evolved into homes, hotels, and hospitals*) are unable to accommodate the unique health requirements of *Person with disabilities* (PWD) in terms of location, safety, and health facilities, which places them at risk of infection.

Poor communication skills

Individuals with disabilities, especially those with hearing impairments, face communication obstacles with healthcare professionals in quarantine and health facilities, clinics, and hospitals due to the lack of sign language interpreters in these establishments. Individuals with impairments conveyed their discontent over the unaccommodating communication techniques utilized by specific healthcare practitioners, aligning with the results of previous research (Lundälv et al., 2022).

Mental health issues

The majority of participants indicate that the aforementioned health-related issues aggravate the mental health of persons with disabilities (PWD). The persistent apprehension over risks and problems associated with coronavirus exposure stems from a lack of thorough understanding and readily available information about the virus. This fear can lead to ongoing psychological stress, anxiety, panic, and misery, especially for those with vision impairments who believe they are at an increased risk of acquiring infections. They rely on tactile interaction with objects for self-identification, which is considered a primary method of coronavirus transmission. Furthermore, they are unaware of the importance of maintaining a safe distance from others or whether the person with whom they are interacting is wearing a mask. Lack of prompt access to public health information causes significant confusion, fear, and panic among persons with disabilities (PWD) and their families, leading to health concerns, anxiety, problems, and feelings of insecurity.

Social isolation

The COVID-19 epidemic markedly reduced social interactions and activities for *persons with disabilities* (PWD), leading to heightened isolation and an intensified sense of social seclusion. They have few options to participate in the community's social life, except for engaging through social media. The primary motivation for this inadvertent social isolation is the desire to avert the spread or acquisition of the coronavirus, particularly among those with weakened immune systems and severe health issues. The shutdown of most establishments providing psychosocial support, recreational activities, and communal worship in mosques and churches intensified social isolation. Extended lockdowns intensify the effects of the pandemic lockdown on persons with disabilities, aggravating the deficiencies in health care and assistance. These people face financial and accessibility obstacles in finding, acquiring, and sustaining necessary assistive devices or private healthcare services that cater to their special health requirements.

5. Conclusions and Implications

This research has presented a range of pragmatic and feasible techniques for service providers to navigate power relations and enhance individual recognition to safeguard dignity. *When (1) individuals with disabilities (PWD) recognize their personality, (2) regard them as decision-makers in their lives, (3) uphold their right to access information, (4) preserve their right to privacy, and (5) eliminate or reduce obstacles to accessibility and inclusion, they experience the highest level of dignity*. Enhanced flexible services and systems are critical for putting dignity into practice. It is also dependent on the co-design process and the consultation of those with lived experience. However, interactions between care providers, service environments, and persons with disabilities (PWD) execute personality recognition. Unaddressed organizational constraints on personnel, insufficient resources, and unrealistic expectations may persistently relinquish opportunities for dignity.

Subsequent studies ought to concentrate on the application of recognition strategies across diverse contexts. Ultimately, data suggests that individuals with problems perceive dignity uniquely; yet, these differences necessitate further investigation. Furthermore, it is essential to assess the influence of recognition on the well-being and quality of life of *persons with disabilities* (PWD). The study participants demonstrated diminished well-being, which was highly correlated with a deficiency in recognition and any infringement on dignity. We have yet to undertake the empirical assessment of the beneficial effects of recognition and dignity on well-being.

Suggestion

Widespread sectoral difficulties related to emergency response plans and policies, including the exclusion of *persons with disabilities* (PWD) from the policy creation process, constitute further impediments. This issue results in a divergence between the non-inclusive policies and the practices impacted (Dai & Hu, 2021; Sabatello et al., 2020). A parallel and widespread important challenge is the diminishing status of *persons with disabilities* (PWD) throughout all aspects of life, especially among senior academics, policymakers, decision-makers, education practitioners, health workers, and socio-economic professionals.

These obstacles may stem from adverse perceptions and relative misconceptions regarding *persons with disabilities* (PWD). Medical and philanthropic considerations have led to their treatment as a marginalized minority. This approach is inconsistent with the human rights framework, which asserts that all individuals in society possess equal rights and needs.

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