

# PEOPLE WITH MOTOR DISABILITIES, KNOWLEDGE AND USE OF THEIR FUNDAMENTAL RIGHTS<sup>1</sup>

## *PESSOAS COM DEFICIÊNCIAS MOTORAS, CONHECIMENTO E USUFRUTO DOS SEUS DIREITOS FUNDAMENTAIS*

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**ABSTRACT:** In Brazil, there is a large number of legislation that evoke the rights of people with disabilities. However, there are few studies about the awareness of this population about their rights. Thus, understanding this theme will allow the formulation of proposals for future interventions in the sense of the effective access of these people to take advantage of their fundamental rights. Therefore, the purpose of this paper is to verify if people with motor disability are aware and take advantage of their rights. For this, a descriptive cross-sectional study was drawn up with a convenience sample composed of 39 people with physical disabilities. The participants answered a questionnaire about awareness and use of the rights of the person with disability. As a result, it was verified that the group was comprised of mainly female adults who can move around and are socioeconomically disadvantaged. Most of them stopped working after an event/illness, receive some benefit from the Government and practically do not leave home, except for health treatment. Accessibility in and around external places, was identified as a difficulty for the majority of the participants. The group demonstrated to know little about their specific rights, and they take advantage from the most propagated ones, such as: social security benefits and priority service. Thus, it is important not just to approve laws, but also to educate part of society including the people with disabilities about their rights, so they can benefit from them.

**KEYWORDS:** Special Education. Education of people with disabilities. Human rights.

**RESUMO:** Existe, no Brasil, vasta legislação que evoca os direitos das pessoas com deficiência. No entanto, há carência de estudos sobre a real ciência dessas pessoas acerca de seus direitos. Compreender essa temática permitirá, dessa maneira, a formulação de propostas de intervenções futuras no sentido do efetivo acesso dessas pessoas ao usufruto de seus direitos fundamentais. Assim sendo, o objetivo deste artigo foi verificar se as pessoas com deficiência motora têm consciência e usufruem de seus direitos. Para isso, traçou-se um estudo transversal descritivo com uma amostra de conveniência composta por 39 pessoas com deficiência física. Como resultados, verificou-se que o grupo foi formado por adultos que deambulam, são desfavorecidos socioeconomicamente e de maioria feminina. A maioria parou de trabalhar após o evento/doença, recebe algum benefício do Governo e saem pouco de casa, exceto para tratamento de saúde. A acessibilidade em locais externos foi apontada como dificuldade pela maioria. O grupo demonstrou conhecer pouco sobre os seus direitos específicos, usufruindo daqueles mais propagados, como: benefícios previdenciários e atendimento prioritário. Dessa forma, é importante não apenas aprovação de leis, mas a educação de parte da sociedade, inclusive das próprias pessoas com deficiência, acerca dos seus direitos para que elas possam usufruir deles.

**PALAVRAS-CHAVE:** Educação Especial. Educação das pessoas com deficiência. Direitos humanos.

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## 1 INTRODUCTION

According to the International Convention on the Rights of Persons with Disabilities (PwD), people with disabilities are “[...] those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others” (United Nations [UN], 2006). Therefore, the concept of PwD covers the domains of the International Classification of Functioning, Disability and Health (ICF): structure and function of the body (disability), activity (activity limitation) and social participation (restriction on participation) (World Health Organization [WHO], 2003). When in the context of adversity, personal factors and physical, cultural and attitudinal barriers, these domains can lead to the difficulty of inclusion, preventing full exercise of citizenship and taking advantage of their fundamental rights (Diniz, Barbosa, & Santos, 2009).

Disability can be understood in two distinct ways: as a manifestation of human diversity or as an impediment/bodily deformity. In the first perspective, considering the expanded concept of health, we perceive an individual who demands social adequacy to adapt the environment to his bodily diversities. Secondly, the idea that medical and rehabilitation care will be responsible for providing adequate treatment for the improvement of people’s well-being is maintained (Santos, 2008).

International studies on disability grew in the early 1980s and were preceded by discussions based on social commitment and political activism in defense of human, civil and social rights for specific segments of the population. In 1981, the United Nations [UN] recognized the responsibility of governments to guarantee equal rights for people with disabilities (Santos, 2008). According to Santos (2008), this can be considered a democratic mark of social, structural and political adjustments, starting to treat the theme in the human rights sphere, representing an important change in the approach of the theme by the international organisms. The author also affirms that this political turn was promoted, on the one hand, by the political activism of the social movements and organizations of the people with disability, and, on the other hand, by the emergence of studies on disability in the academic environment.

Brazilian Law guarantees its citizens the fulfillment of social rights, such as housing, health, leisure, education, among others, through the principle of dignity, protection and respect for differences (Constituição da República Federativa do Brasil, 1988). Brazilian Law on the Inclusion of Persons with Disabilities, also known as Persons with Disabilities Statute – Law N° 13.146/2015 (Lei n° 13.146, 2015), has also been put into force since 2015 all over the country. This new legislation, which focuses on social inclusion and citizenship, brings important advances, such as ensuring better access to health and education, and provides punishments for discriminatory behavior. It is important to note that it does not exclude existing laws that address the issue, but it improves upon them (Lei n° 13.146, 2015). Article 8 of this Law states that:

It is the duty of the State, society and the family to ensure the disabled person, with priority, the realization of the rights related to life, health, sexuality, fatherhood and motherhood, food, housing, education, vocational training, work, social security, habilitation and rehabilitation, transport, accessibility, culture, sport, tourism, leisure, information, communication, scientific and technological advances, dignity, respect, freedom, family and community coexistence,

among others arising from the Federal Constitution, of the Convention on the Rights of Persons with Disabilities and its Optional Protocol and of laws and other norms guaranteeing their personal, social and economic well-being (Lei nº 13.146, 2015).

Although there is a large number of legislation that evokes the fundamental rights of PwD in Brazil, that is, norms based on human rights principles, guaranteeing freedom, life, equality, education, security, among others, are people with motor disabilities aware of and take advantage of their fundamental rights? There is vast Brazilian literature on prejudice and social exclusion of people with disabilities. These studies are mainly associated with access to work (Bittencourt & Fonseca, 2011), to architectural barriers (Lamonica, 2008) and school inclusion (Matos & Mendes, 2015). However, there is a lack of studies on the actual awareness of the PwD about their rights and the use of them.

A better comprehension of this issue from the point of view of the PwD may allow future proposals for interventions aimed at the effective access of people with disabilities to the use of their fundamental social rights (Associação Brasileira de Normas Técnicas<sup>6</sup> [ABNT], 2004). The objective of this study was therefore to verify the degree of knowledge and use of the legal order in the daily life of a group of PwD. Given the complexity of the theme and different types of impairments, the focus was on a group with motor impairment.

## 2 METHOD

A cross-sectional, quantitative, descriptive study was approved by the Research Ethics Committee of the *Universidade Federal dos Vales do Jequitinhonha e Mucuri* (UFVJM) under Protocol no 1123415.0.0000.5108. The study was developed in the city of Diamantina, Minas Gerais. It is a historical city, characterized by a rugged terrain, with approximately 45,000 inhabitants and a Human Development Index of 0.72. Its current main economic activity is tourism and the provision of services (Portal ODM, 2013). The public transport system consists of buses, serving few neighborhoods.

Those participating in the study was a convenience sample of patients attending the Physiotherapy school-clinic - neurofunctional area. The inclusion criteria were: to have a medical diagnosis of neurological disease; to be a person with motor impairment; to be at least 18 years old; to agree to participate and sign the Free and Informed Consent Form. Those who had the cognitive difficulty of organizing thinking and expressing their own ideas were excluded from the study. Those with expressive aphasia participated with the assistance of their primary caregiver.

For this study, a questionnaire based on the documents on the rights of people with disabilities was elaborated (Constituição da República Federativa do Brasil, 1988; Decreto nº 6.949, 2009; Lei nº 12.587, 2012; Lei nº 13.146, 2015). In this questionnaire, data were collected for sociodemographic characterization of the participants. The data collection was performed individually at the time the patient was waiting for his/her appointment or after it from September to December of 2016, in a place reserved in the premises of the Physiotherapy

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<sup>6</sup> Brazilian Association of Technical Standards.

school-clinic. In cases where the patient could not stay a little longer after their care, a home visit was scheduled.

The questionnaire was applied by a single examiner, with a Law degree. The questions concerning fundamental rights had dichotomous answers, 'yes' or 'no'. If the participant answered 'yes', then they were asked 'what' or 'why', depending on the pertinence of the question. The examiner took notes of the responses in the participant's questionnaire. The interview time varied from 30 to 60 minutes according to the special needs of each participant. The data were analyzed in a descriptive way through measures of central tendency and dispersion, besides frequency. Microsoft Office Excel 2007 was used for analysis and graphing.

### 3 RESULTS

#### 3.1 CHARACTERIZATION OF PARTICIPANTS

Thirty-nine patients with a mean age of 53 years (standard deviation 14.97), participated in the study. The majority of the participants lived in Diamantina and were female. About a third were married and received up to a minimum wage. Most had worked before the event or neurological disease, with a major change in the condition after the event. Table 1 presents the sociodemographic characterization of the participants. As for the medical diagnosis, the majority had encephalic involvement, then spinal cord involvement and, to a lesser extent, peripheral nervous system involvement, movement disorders and neuromuscular diseases.

	Characteristics (n=39)	Nº (%)
Residence	Diamantina	29 (74.4)
	Out of Diamantina	10 (25.6)
Gender	Male	15 (38.5)
	Female	24 (61.5)
Marital status	Married	15 (38.5)
	Stable union	3 (7.7)
	Single	11 (28.2)
Schooling	Divorced	6 (15.4)
	Widow(er)	4 (10.3)
	Less than 8 years	20 (51.3)
	From 8 to 11 years	6 (15.4)
Per capita income * (38 participants)	12 years	11 (28.2)
	More than 12 years	2 (5.2)
	Less than one minimum wage **	20 (60.5)
Work	One minimum wage	12 (23.7)
	More than one minimum wage	6 (15.7)
Worked before the event/illness	Yes	33 (84.6)
	No	6 (15.4)

Worked after the event/illness	Yes	4 (10.3)
	No	35 (89.7)
Medical diagnosis	Encephalic involvement	21 (53,8)
	Spinal cord involvement	8 (20.5)
	Neuromuscular diseases	2 (5.1)
	Peripheral Nervous System Diseases	5 (12.8)
	Movement Disorders	3 (7.7)

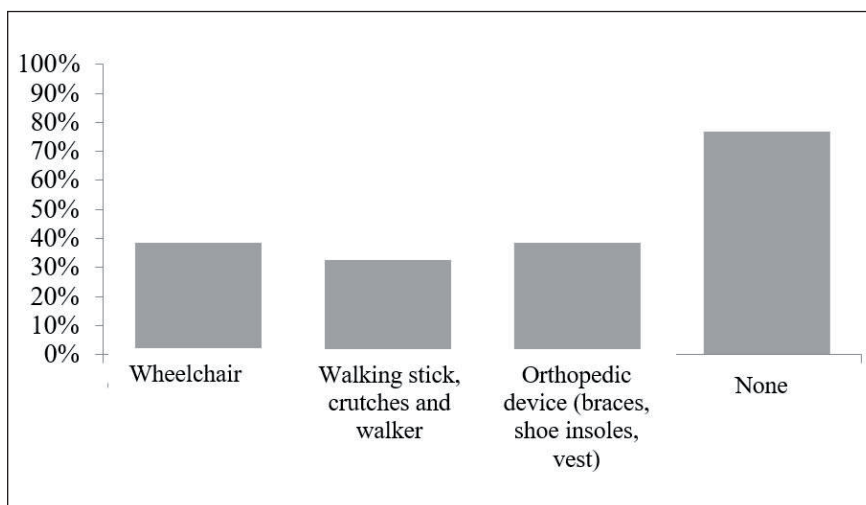
**Table 1.** Sociodemographic characteristics of the participants interviewed

Source: Elaborated by the authors.

Legend: \* A patient did not know how to report; \*\* One minimum wage: R\$ 880.00. (US\$227,31).

### 3.2 AUXILIARY LOCOMOTION DEVICE

Graph 1 shows the type of auxiliary mobility device. Less than 40% make use of wheelchairs. More than two-thirds of the participants move around without auxiliary devices, and less than a third need some auxiliary device for mobility. It is important to note that, in some cases, the patient was using a wheelchair for community mobility, although he/she performed ambulatory or home walking. About one-third use some type of orthopedic device.

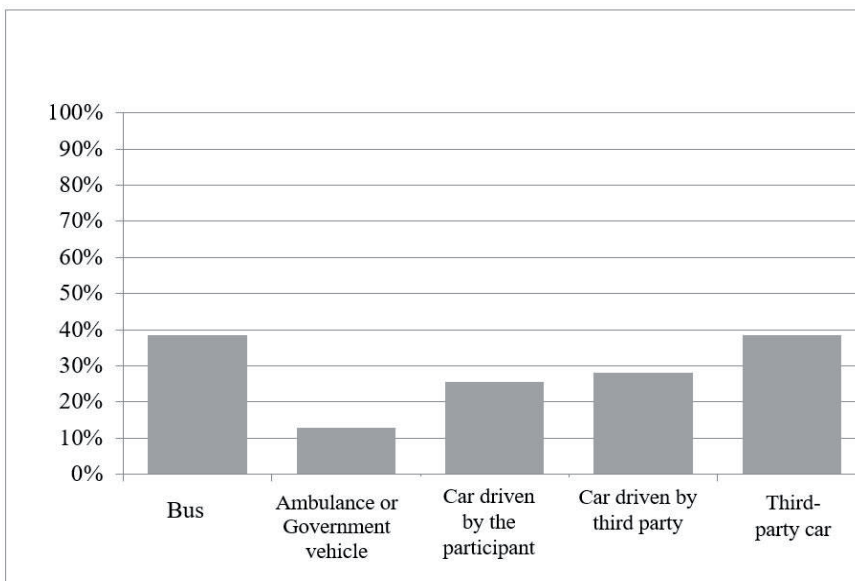


**Graph 1.** Type of auxiliary device used by participants interviewed in Diamantina - MG

Source: Elaborated by the authors.

### 3.3 TYPE OF TRANSPORTATION USED FOR PHYSIOTHERAPY SCHOOL-CLINIC

Graph 2 shows that more than two-thirds of the participants used the bus or third-party car (taxi, friend or relative’s car) to go to the Physiotherapy school-clinic. Less than a third of them drove their own vehicle. A little more than 10% used an ambulance or Government vehicle.

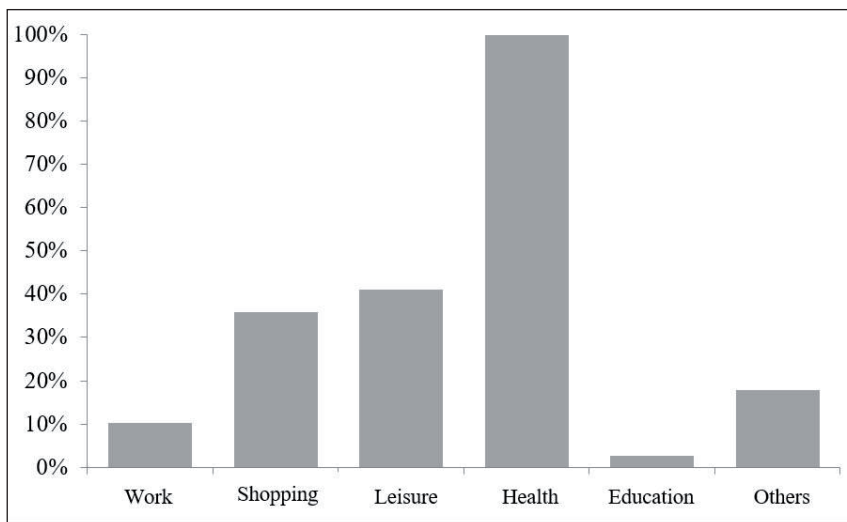


**Graph 2.** Type of transportation used by participants interviewed in Diamantina, MG

Source: Elaborated by the authors.

### 3.4 SOCIAL PARTICIPATION

Graph 3 shows the social participation of the PwD in relation to the activities carried out in their daily lives. With the exception of travel to health care, fewer than half of the participants leave home for any other type of activity.



**Graph 3.** Percentage of participants interviewed leaving home due to activities, in Diamantina – MG

Source: Elaborated by the authors.

### 3.5 RIGHTS OF THE PERSON WITH DISABILITY

In Table 2 and Graph 4, the answers to the questions about knowledge and use of the rights of the PwD are presented. Category I, 'general', refers to the more general questions about the rights of PwD. When asked about the specific rights of PwD, it was found that most respondents were aware of their rights. However, when questioned about what rights they knew, it was possible to verify that the maximum number of specific PwD rights known by the participants were three, however, one third of the people could not cite any rights (Table 2). Some participants recalled and cited universal fundamental rights, such as 'access to health care', 'free medication' and 'being treated well'.

For category II, 'accessibility', it was verified that the majority have difficulties in external public spaces, but little more than half declared to have difficulty moving around in internal public spaces (Table 2).

Regarding category III, 'use of rights', it was observed that more than a third receive disability retirement and Continuous Benefit Assistance (CBA), belonging to the specific rights of the PwD, and also they take advantage of other benefits such as: sickness aid, family allowance, private pension, rights regulated by laws. Although many use buses, a small segment of the participants receive a free pass, since in the municipality of Diamantina, the right to transport of the PwD is not yet regulated by Organic Law.

Rights (n=39)		Nº (%)
I. General		
Knows there are rights	Yes	31 (79.5)
	No	8 (20.5)
	None	15 (38.5)
How many rights the participant knows	One	8 (20.5)
	Two	12 (30.8)
	Three	4 (10.3)
	None	22 (56.4)
How many rights the participant uses	One	12 (30.8)
	Two	5 (12.8)
II. Accessibility		
Difficulty moving around streets *	Yes	37 (94.9)
	No	2 (5.1)
Difficulty moving around public spaces*	Yes	21 (53.8)
	No	18 (46.2)
III. Use of benefits		
Receives benefits	None	12 (30.8)
	CAB	3 ( 7.7)
	Invalidity	14 (35.9)
	Sickness Aid	7 (17.9)
	Family Allowance	2 (5.1)
	Private Pension Plan	1 (2.6)

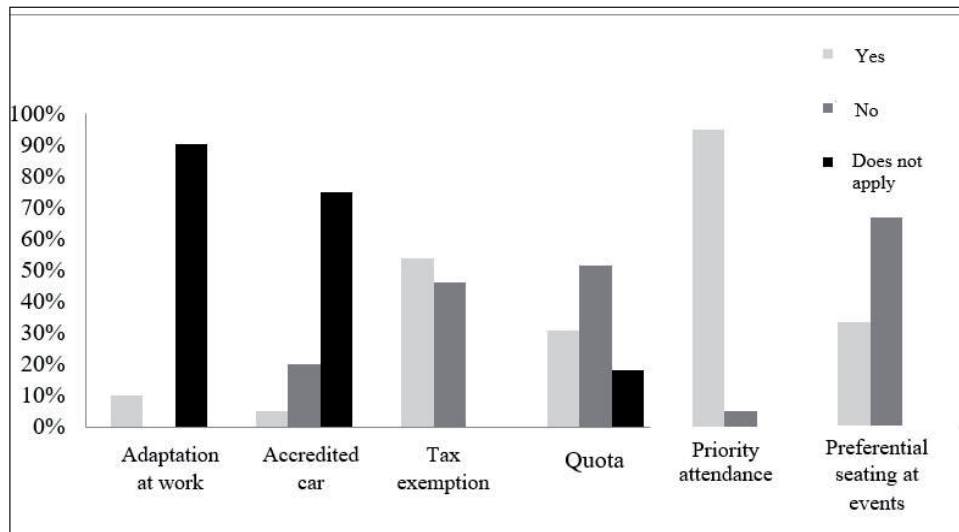
Receives free pass	Yes	5 (12.8)
	No	34 (87.2)

**Table 2.** Knowledge and use of the specific PwD rights of the participants interviewed

Source: Elaborated by the authors.

Legend: \*38 participants answered; CAB: Continuous Assistance Benefit

It can be observed in Graph 4, in category IV, ‘awareness on the rights of the PwD’ that more than 90% of the participants answered to know the priority service. Subsequently, more than half are aware of the right to tax exemption for the acquisition of various goods. Preferential seating at events (e.g. cinema and theater) and quota system were rights noted as known by a little less than a third of the participants. In Graph 4, it is also observed that, in relation to adapting the work environment, accredited car and quota system, the answer ‘does not apply’ appears with considerable emphasis. It is justified that several participants were not included in the labor market, showed no interest in formal education, and also most of them did not have their own vehicle.



**Graph 4.** Knowledge about the rights of PwD by participants interviewed in Diamantina - MG

Source: Elaborated by the authors.

#### 4 DISCUSSION

The Federal Constitution of 1988 provides for the guarantee of integral human rights for people with disabilities within the three spheres of Government - Municipal, State and Federal. However, for this segment of the population there is a marked index of inequality and social injustice, since this part of society do not have access to decent living conditions, such



as income, work, education, transportation, housing and health services (Gomes & Tavares, 2014; Marmot, 2005).

When considering that many social barriers restrict the social participation of PwD, they have, guaranteed by law, specific rights. However, awareness about these rights would be the first step towards effective access to justice, promotion of inclusion and the full exercise of citizenship (Diniz et al., 2009). Thus, in this study, it was sought to verify, from the application of a questionnaire to a group of people with motor disabilities, what knowledge the PwD have in relation to their rights.

The group was formed of mostly married female adults who were socioeconomically disadvantaged, when considering indicators such as income and schooling. From literature, it is often observed that the issue of social vulnerability is associated with PwD, as they have limited access to education, food, housing, transport and income (Marmot, 2005). According to Gomes and Tavares (2014), the disability of the person, added to the difficulty of adapting to the environment and the fact of further discriminatory issues, makes accessibility to the rights of the PwD impossible. Accessibility for PwD and their inclusion in society does not depend only on the protection laws. There are other factors that make it impossible to include PwD, such as gender, race, economic situation or living in an area of social exclusion. These factors frame these people to discriminated minorities.

Regarding the majority of the participants being female, it is worth mentioning that women with disabilities are even more discriminated. Beauty in our society consists of a value system, a coercive cultural ideology, in which the woman's body must be regulated by corrective medical interventions and give support to cosmetic manufacturers (Nicolau, Schraiber & Ayres 2013).

It is observed that the majority of the study participants had a professional occupation before the event/illness; however, although the group is made up of adults, with a mean age of only 53 years, most of them left the labor market after the event/illness. The majority received benefit from the Government, CAB, disability retirement and sickness aid. According to Silva, Prais and Silveira (2014), some factors contribute to discourage inclusion in the labor market of PwD. These people would often receive remuneration equal to or less than that provided by law as a benefit. In this way, many beneficiaries prefer to stay at home than to risk themselves being in an uncertain and hostile work environment. Receiving social security benefits as a discouraging factor does not reduce its importance because it is a social achievement. However, it is salutary to discuss what would be the best strategy to promote the inclusion of PwD in the labor market.

With regard to the inclusion of PwD in the labor market, there is legislation that has been sanctioned for more than 20 years (Law on quotas) and recently revised by the Person with Disabilities Statute (Lei nº 13.146, 2015). The ineffectiveness of the norm is demonstrated in the high number of benefits granted by the social security system. The noncompliance with the law has occurred because the market situation itself makes it impossible to meet such determination. In addition, there is lack of professional qualification, as well as the inadequate conditions of public transport and urban fixtures and fittings, making the mobility of PwD in Brazilian cities difficult (Silva et al., 2014).

Another factor to be considered is the lack of knowledge about the specific rights of the PwD related to labor standards. The quota system and even adaptations in the workplace, for example, were little known rights to the participants of this study. Regarding access to the quota system and reintegration into the labor market, a considerable number of participants are apt for inclusion in the labor market. When considering the new concept of disability, focused on the functionality and environment in which an activity is developed, reintegration into the job market presents itself as a real possibility. However, most of the participants already use benefits provided for in the social security system, which creates discouragement to the user of the social security system to return to the labor market (Ribeiro & Carneiro, 2009). Thus, access to the work activity of the PwD requires a broad restructuring of the whole process of social inclusion, which should include attractive remuneration, qualification of the worker, work/home mobility, adapted work environment and equal ascension within the company (Silva et al., 2015).

The main means of transport to the physiotherapeutic care place is the bus, although the minority have access to the free pass. Would this happen due to a lack of knowledge? In fact, when questioned what rights of PwD they knew, many pointed to the free pass as one of them. Also, a demanding attitude is necessary, together with the knowledge of the paths to be followed in order to be effective beneficiaries of the rights. The second means of transport used was a 'third party vehicle'. Less than a third of the participants have their own car driven by the patient or driven by third parties. This data can confirm, in addition to relevant socioeconomic factors, the restricted access (lack of knowledge) of the participants to the use of the tax exemption law. The legal system provides for tax exemption when buying a new car:

[...] people with physical, mental, severe, visual or autistic disabilities, even under the age of 18, may purchase directly or through their legal representative, exemption from some taxes (IPI, ICMS, IOF, IPVA) on the purchase of passenger cars or mixed vehicle of domestic manufacture (Lei nº 13.146, 2015).

As for social participation, the interviewees hardly left the house for other activities, except health treatment. It is possible that the predominant low income in this group and the difficulty of mobility on streets, pointed out by them, are factors that can negatively influence the integration of the subjects to everyday social life. Badia, Orgaz, Verdugo, Ullán and Martínez (2011) verified in a Spanish study, that environmental barriers pose a greater influence than personal factors and those related to disabilities for participation in leisure activities of PwD. Moreover, in this study, many are unaware of the right of access to cultural activities, as well as the preferential seating in cultural spaces. In Brazil, after the 1988 Federal Constitution, there has been a legal provision with a focus on access to culture, leisure and education. Theaters, cinemas, museums and parks have been planned or adapted, albeit in an incipient way, to contemplate accessibility of people with disabilities (Mazzotta & D'Antino, 2011).

In the first instance, disability should be understood as a socially constructed condition, and it is up to society to reorganize itself to guarantee universal access of the PwD to all spaces, equipment and services, organizations and resources publicly available to the community. Accessibility by people with disabilities must be understood as a logical and

legal consequence of the principle of equality, since it includes both the requirement of equal treatment and the prohibition of discriminatory treatment (Barbosa, 2016).

It is worth mentioning that the participants, when asked about their specific rights of the person with disability, showed little knowledge of the legal norm. Some cited rights foreseen in the legal system that contemplate universal fundamental rights. Those who identified the specific rights of the PwD cited the norms that are most widely publicized on a daily basis - priority service and preferential seating - leaving aside the effectiveness of some essential rights, such as the right to transportation, quota systems, tax exemption and access to leisure and education. Although some progress has been made in the last decade in Brazil regarding the social inclusion of PwD in the labor market and in the sociocultural sphere, many still do not have access to basic services. 'Some are even unaware of welfare services and social rights, leaving them confined to the domestic space, often in a state of social isolation' (Fiorati & Elui, 2015, p. 330).

As for accessibility, internal public spaces were not a problem for the PwD of this study; however, external physical space was considered a barrier for most of them. The Convention on the Rights of Persons with Disabilities in 2006 (Decreto nº 6.949, 2009) brings to light several legal advances and also establishes some concepts that break old paradigms. Regarding accessibility of environments, universal design and reasonable adaptation are mentioned. This means that public spaces, public roads and public transport must be prepared for people to live in an all inclusive way. However, the difficulty of complying to the specific norm, among others, is of a budgetary nature, according to the Government. States and municipalities do not have enough budget to adapt all the buildings, streets and public spaces. The intention of the proposal to implement accessibility in a universal way is to contemplate the universal designs in all new public construction.

Accessibility, provided for in the 1988 Federal Constitution (Constituição da República Federativa do Brasil, 1988), is understood, in item III of art. 4 of Law No. 12,587, of January 3, 2012 as: 'Facilities made available to the people that allows everyone autonomy in the desired form of mobility, respecting the current legislation' (Lei nº 12.587, 2012) – it is about getting to and from places safely with the ability to use buildings, spaces, furniture and urban equipment (Lei nº 12.587, 2012).

Accessibility and mobility are a real need nowadays, especially in urban centers, where to circulate and access goods and services is essential. However, for people with disabilities, this task is made more difficult by the natural and artificial obstacles encountered in urban centers. In the historical centers of Brazilian cities, the difficulty of accessibility and mobility are even higher (Ribeiro, Martins, & Monteiro, 2012). The original layout of these cities is the result of a historical process, the design generally obeyed criteria of defense or, in the case of cities of the state of Minas Gerais, Brazil, economic aspects. For a long time, people with disabilities were excluded from social life. The elimination of physical and social barriers to spaces and services for the enjoyment of cultural heritage is essential for people with disabilities to have access to cultural assets. These spaces and services should be adequate to enable people with disabilities to be included in the process of reformulating the national identity, through knowledge and appreciation of culture and history.

In Europe, a new awareness and concrete actions have promoted the effective accessibility of people to public spaces, through the approval of devices for the elimination of barriers (Ribeiro, 2014). In many cities, central areas remain important commercial centers, where religious, political and social institutions (churches, city halls, courts, register offices, schools, hospitals) are also concentrated. This urban dynamic generates pedestrian, people with disabilities, individual vehicles, public transportation and cargo flows, who must share the same space. Therefore, it is important to plan how the activities, the flow and the parking lots will be, in order to prioritize the pedestrian and not the vehicles (Ribeiro, 2014).

In the international context, the European Community has been advocating, for some time, that the development of sustainable mobility policies uses the main objectives of energy independence, efficiency and effectiveness, reduction of health and environmental impacts and reduction of emissions of CO<sub>2</sub>, in addition to ensuring conditions of accessibility and mobility for all people, with safety and reliability; reduction of the number of transport accident victims; reduction of the environmental impacts of the transport sector; improving energy efficiency in transport and reducing dependence on fossil fuels; ensure a good integration between the activities of territorial planning, urban planning and transport systems (Ribeiro, 2014).

From a social point of view, accessibility can also be considered a practice that covers all aspects of life in society (housing, health, work, education, culture, leisure). It constitutes the right to access goods and services in order to have a quality of life (Soares, 2003). Accessibility must be understood not only as a purely technical matter, but above all, a social one. In this way, this study brings a contribution to promoting discussion about the importance of the knowledge of the PwD about their rights, as people with disabilities do not have access to society on an equal basis as other people, in areas such as transportation, employment, education, social participation and politics. The right to participate in public life is essential for the creation of stable democracies, active citizenship and the reduction of inequalities in society.

However, it is important to emphasize that this study has addressed a convenience sample and the results found should be analyzed within the sociodemographic characteristics of the group of PwD participants in the study living in a historic city of Minas Gerais. Future studies should be developed by increasing the size and variability of the sample and, in addition, the impairment/disease time should be investigated, considering that this factor may influence the use of the rights of the PwD.

This study instigated the participants to know more about their rights, in order to arouse their interest in the search for their rights. Paulo Freire (1970), a remarkable education thinker of the twentieth century, brought the term empowerment to Brazil. Although the word Empowerment already existed in the English language, meaning 'giving power' to someone to perform a task without the permission of other people, the concept of Empowerment in Paulo Freire follows a different logic. To the educator, the empowered person, group or institution is the one who performs the changes and actions that lead to their own development and strengthening. Empowering is to make people with disabilities take control of their own affairs, of their own lives, with an awareness of their ability and competence to produce, create and manage their destiny (Dantas, Silva, & Carvalho 2014).

In this process of empowering the PwD, it is important to support and disseminate this knowledge in various spheres of society, such as neighborhood associations, public organs and health professionals who deal directly with motor PwD. Within a biopsychosocial perspective, a rehabilitated PwD is one that can exercise his/her full capabilities and take advantage of his/her fundamental rights. For this reason, it is important that this theme is also introduced in the academic curricula of health courses.

## 5 CONCLUSION

It is important not only to pass laws, since Brazil already has a vast legal framework on the rights of persons with disabilities. In this study, it was observed that the PwD are unaware and have little knowledge of their rights, except those considered universal, such as care and priority seating. Actions are needed that aim at the social awareness of people with or without disabilities. Educating and empowering people to demand their fundamental rights is the goal to be achieved. It is necessary to mobilize this segment of society and demand from the public power the implementation of public policies aimed at the inclusion of the PwD and compliance with the laws in force.

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